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Interprofessional collaboration among helping professions: Experiences with holistic client care

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ABSTRACT

This study explores interprofessional collaboration for holistic client care within the helping disciplines. Specifically, the experiences of behavioral health, nursing, dental hygiene, social work, psychology, medicine, and human services professionals were examined using an exploratory design. Their attitudes and experiences are presented to help shape the definition, understanding, and parameters of interprofessionalism among helping professions. Challenges to the interprofessional relationship are also identified which lend insight toward enhancing service delivery. The role of the community in interprofessional collaborations was examined and supported the need for interprofessional collaboration in holistic client care.

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According to the U.S Bureau of Labor Statistics,[1] the helping field is expected to grow by 19% percent by the year 2024. This expansion is fueled by the implementation of healthcare legislation, which has been occurring at a consistent rate over the last 10 years. Since 2008, healthcare legislation such as the Mental Health Parity and Addiction Act (MHPEA) Affordable Care Act (ACA) and Comprehensive Addiction and Recovery Act (CARA), suggest a nationwide focus on improving and expanding behavioral health outcomes through quality health care services.[2,3] The implementation of recent healthcare legislation expands the accessibility of insurance, service options, and ultimately treatment demand, specifically from Medicaid, which is the largest insurance provider for low-income citizens.[4–6]

Recent legislations (i.e. MHPEA and ACA) have promised to reduce disparities in health care by making services more efficient and access to treatment more equitable.[7] However, there continues to be a great disparity in access, quality, and outcomes of health care services. Adepoju et al.[7] reported that utilization of preventative health services remains low and that differential access to health insurance continues to exist. It is argued that to achieve the aspired changes, knowledge must be increased among patients and healthcare providers in order eliminate disparities and increase the competency of healthcare workers.[7] Providers who aim to meet the increase in demand for quality healthcare have to consider organizational factors such as cost containment, quality of care, and how they will be able to produce affordable client solutions within the context of expanding holistic care.

In response to the rise in treatment demands, helping professionals often engage in interprofessional collaboration with individual providers or outside agencies to address diverse and holistic client needs.[8,9] These collaborations have noted benefits such as reduction in the cost of services, increased competence in delivery of services, and service accessibility for clients.[10] However, the parameters of these relationships could benefit from further exploration, specifically into the perceptions and experiences of individuals who engage in these collaborations. The present study explores the perceptions of helping professionals in their experiences of interprofessional collaboration. Professionals in this study were from various fields such as mental health, substance use and addiction, nursing, dental hygiene, social work, psychology, medicine, and human services. While the phenomenon under inquiry was explored using a mixed-method approach, this article will only present the qualitative findings of this study due to its ability to contribute to interprofessional research independent from the quantitative data.

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1. Current state of interprofessional collaboration

Interprofessionalism is the idea that skills and knowledge are to be shared across professions rather than to be protected and maintained as symbols of status, authority, and identity within one particular vocation.[11] Advances in technology increase the ease of access to interprofessional supports with interprofessional collaborations occurring in clinical practice, research, education, and a variety of healthcare disciplines.[10] As educators and professionals across disciplines continue to adjust to the needs of our global society, it becomes progressively more apparent that the ability to collaborate and work with professionals outside of one's discipline is a defining characteristic of professionalism and an ethical obligation for effective client care.[12] Ethical codes among helping professions declare a commitment to collaborative efforts with other professions.[13] Despite the fact that ethical codes encourage and require interprofessional collaboration (IPC), literature indicates that difficulties continue to exist in the movement toward a more collaborative and cooperative model of practice in helping professions.[13] Generally, studies have shown that education has focused on uniprofessional models of training where emphasis has been placed on differentiation of roles generating uniprofessional socialization and identity.[14] This emphasis often results in power differentials, lack of communication, and reluctance to collaborate.[14]

There is an array of literature highlighting the importance of interprofessional collaboration (IPC) and the need for such efforts in various contexts. The literature is lacking the perceptions of professionals who engage in these experiences and how their perceptions might assist in gaining an understanding of the barriers to a more holistic approach to treatment in the helping professions. For example, studies have been conducted to develop frameworks for effective IPC but have neglected to provide illustrative examples of professionals' experiences, which would serve to enhance the understanding of the foundation of these frameworks and challenges to their implementation in clinical settings. Specifically in at least one study, researchers describe an IPC framework for use with various stakeholders in healthcare. However, the researchers do not share illustrative examples of the perceptions of these professionals.[15] Up until this point, the vast majority of the literature has consisted of narratives, which emphasize conceptual foundations of IPC or has focused on the problems caused due to the lack of IPC in healthcare settings.[16] While education about IPC is certainly crucial, the understanding of the experiences of individuals who have worked successfully and unsuccessfully in such environments is lacking in the literature. A study conducted by Hesjedal, Hetland, and Iverson[17] addressed this general gap by interviewing teachers and social workers regarding their collaborations which revealed the importance of equality, community, and commitment for successful interprofessional collaboration. Within helping professions, this gap in the literature has yet to be addressed. This current study aims to contribute to the literature and to specifically emphasize the perceptions of IPC among helping professions.

Achieving successful IPC requires professionals to be involved in a shared dialogue allowing for further understanding of each other's varying roles, knowledge, and skills.[18] Before a shift toward IPC can be made, barriers and assumptions must be broken down to facilitate a movement from multiprofessional and multidisciplinary work toward interprofessional and interdisciplinary efforts. The need for collaborative efforts across disciplines is supported by changes in our society with technological advances creating increased opportunities for IPC to occur.[10] The demands of many professions have fostered IPC to occur more naturally rather than purposefully.[10] Gaining understanding of these relationships is important in further supporting the field and moving towards more guided interprofessional collaborative efforts.

2. Methodology

2.1. Study design

This discussion reports specifically on the exploratory aspect of a larger semi-structured mixed-method study that sought to explore the attitudes and perceptions of helping professionals engaged in interprofessional collaboration in a variety of settings. The overarching study targeted a diverse group of helping professionals, which included the disciplines of mental health, substance use and addiction, nursing, dental hygiene, social work, psychology, medicine, and human services. Participants were selected based on their identification within targeted disciplines through educational institutions, licensing boards, and professional organizations.

Between June and August 2015, researchers electronically surveyed helping professionals by sending three separate emails at 30-day increments requesting participation. Participants were solicited through listservs, which were obtained by the researchers via educational institutions, national professional organizations and state licensing boards within the United States. Participants were included in the study if they met the following inclusion criteria: were 18 years of age or older and identified as a helping professional through affiliation with licensing, professional membership, or educational programs.

The survey instrument was voluntary and received human subjects committee approval from a large southeastern university prior to being administered to participants. While the study consisted of both quantitative and qualitative data collection methods, only the results of the qualitative data were reviewed for an exploratory analysis for to emphasize the perceptions of IPC among helping professionals.

2.2. Participants

A total of 423 professionals were solicited via a semi mixed-methods survey as a part of a much larger study that examined interprofessional collaboration. The one-question exploratory portion of this study sought to answer, "....how interprofessional collaboration impacts your clinical practice." Although 423 professionals were surveyed, 27 identified as students with no interprofessional collaboration experience, 16 began the survey but exited the survey before its completion, and 181 did not respond to the exploratory research question resulting in a final sample of 199 participants for analysis. The final response rate for this study was 47% which is consistent with the 40% response rate of the interprofessionalism mixed-method study facilitated by Doucet et al.[19]

Respondents (n = 199) were asked a series of demographic questions to identify their age, gender, ethnic identity, education, home location, professional identity and work experience. The ages of respondents were identified by range with no respondents indicating they were under the age of 20, 19.6% (n = 39) identified as age 21 to 39, 21.1% (n = 42) identified as age 40 to 49, 35.17% (n = 70) identified as age 50 to 59, 20.6% (n = 41) identified as age 60 to 69, and 3% (n = 6) identified as 70 or older. Gender of respondents was 85.4% female (n = 170), 13% (n = 26) male, and 1% (n = 2) transgender. Respondents identified their racial or ethnic identity as Hispanic or Latino 4.5% (n = 9), American Indian or Alaska Native/Islander 1.5% (n = 3), Asian 1% (n = 2), Black or African American 12% (n = 24), White or European American 77.38% (n = 154), and Biracial 3% (n = 6). Respondents identified their professional identity as dental hygiene 12% (n = 24), nursing 38% n = 75, physical therapy 2.5% (n = 5), human services 23% (n = 45),

psychology 12% (n = 24), social work 6.5% (n = 13) and other identity with no specification as 6% (n = 12). Respondents identified experience within their respective fields as less than 1 year 9% (n = 18), 2–5 years 11.5% (n = 23), 6–10 years 7.5% (n = 15), 11–15 years 9.5% (n = 19), 16–20 years 6.5% (n = 19) and 20 plus years 52% (n = 104). Respondents identified the highest degree earned as doctoral degree 29% (n = 57), master's degree 32% (n = 64), bachelors 17% (n = 34), associates 11.5% (n = 23), post masters 5% (n = 10) and high school 5% (n = 10). .

2.3. Analysis

The researchers implemented the six-phase method of inductive thematic analysis developed by Braun and Clarke[20] using a qualitative data analysis software program, MAXQDA. Per Braun and Clarke,[20] this method of data analysis consists of the following steps: (1) Familiarizing yourself with your data, (2) generating initial codes, (3) searching for initial patterns, (4) reviewing themes, (5) defining and naming themes, and finally (6) producing the report. Initial codes were generated after a review of the data. Once completed, initial codes were placed into patterns and then subsequent themes were reviewed for accuracy and consistency with the data. Finalized themes were then named and defined after which the final report was produced. The final report consists of a description of each theme and a synthesis of themes to address the research question under inquiry. The data analysis concluded with the development of three themes: "client outcomes and service delivery," "professional challenges and development," and "organizational and community interprofessionalism" (see Table 1).

3. Results

At the conclusion of the data analysis, the researchers were able to identify the following themes specific to the experiences and perceptions of interprofessional collaboration among helping professionals: (1) client outcomes and service delivery, (2) professional challenges and development, and (3) organizational and community interprofessionalism.

3.1. Theme 1: client outcomes and service delivery

Helping professionals describe interprofessional collaboration as enhancing overall service delivery and as a result, improving client outcomes. This theme was supported by 36% (n = 72) of surveyed participants within two patterns, "Enhanced Service Delivery" and "Client Benefit through Interprofessional Collaboration" (Table 2).

Based on the data, helping professionals perceive interprofessional collaboration as an opportunity to enhance service delivery in specific areas of holistic client care such as case conceptualization, treatment planning, and within the client-professional relationship. Participants attributed IPC to improved case conceptualization through the opportunities IPC provides for professionals to increase their comprehension and knowledge of client issues. Statements such as "I learn from other professionals which contributes to comprehensive understanding of problems presented by patients and families and better coordination of treatment; this improves health outcomes" were consistent within this pattern.

The impact IPC has on effective treatment planning was also highlighted through statements such as "I rely on interprofessional collaboration to provide the best, comprehensive treatments and treatment options to my clients." Through statements such as "interprofessional collaboration enriches treatment options we can share with those to whom I provide clinical services" participants

acknowledged IPC as being an asset to the treatment planning as a result of accessibility to appropriate treatment options. Collectively, participants shared experiences where client treatment needs that were previously outside of the professional's scope of practice and therefore excluded from the treatment plan, could now be addressed through referrals and service linkages with IPC. In addition to supporting comprehensive treatment planning, participants noted IPC as being supportive of the client-professional relationship through statements such as "IPC helps to deliver care holistically and is more gratifying for the client which supports the helping relationship."

Participants also recognized IPC as a helpful strategy, which benefits the client by creating uniformity in client care, and increasing the professionals' awareness and ability to problem solve their clients' needs. Uniformity in care was described by participants as contributing to an increase in communication between professionals, resulting in enhanced service delivery and benefits to clients. Statements such as "as a psychiatric NP and LCSW in private practice, there is a benefit for the patient when they know their primary care provider and I are working together for their care" and, "patients find it easier to accept health advice when the various professionals are promoting a similar message" supported this perspective within the data.

In addition to uniformity of care, adopting a holistic care approach to IPC was also a vital contributor to this theme as opportunities for shared knowledge and problem solving were created through these experiences. Within the data, many participants shared their experiences collaborating with other professionals for guidance in areas that were outside of their scope of practice or exceeded their problem solving capabilities. Statements such as "IPC benefits the client when there are more than one professional working together; it makes solving problems more efficient" supported the enhanced problem solving capabilities of helping professionals who implemented a team oriented approach. This team-oriented approach was not only vital to client outcomes but also consistent with literature in holistic client care.[21,22] Considering this theme, interprofessional collaboration is perceived by professionals as being a benefit to client treatment outcomes and enhances the service delivery of the agency or organization. In addition to these outcomes, participant data suggests that interprofessional collaboration also affords professionals with challenges and opportunities for development.

3.2. Theme 2: professional challenges and opportunities for development

Helping professionals describe experiencing many professional challenges and opportunities for growth through engagement in interprofessional collaboration. This theme was supported by 55% (n = 111) of the surveyed participants within two patterns, "challenges for the professional" and "development of the professional" (Table 3).

Helping professionals describe IPC as consisting of many challenges but also noted opportunities for professional development. Participants' challenging experiences with IPC were diverse and unique to their own perceptions and interpretations of the occurrence, with participants noting various causes and contributing factors to their experiences. Despite these diverse perceptions, two common patterns manifested; resistance to engage in IPC from other professionals and client-created barriers to treatment.

Resistance to engage in IPC from other professionals was perceived as discouraging, unprofessional, hostile and ultimately resulting in negative outcomes for holistic client care. As noted by one participant, "if there is a physician or nurse who is hostile or does not act in a professional manner, the patient will ultimately

Table 1
Results of thematic analysis.

Initial Codes	Initial Patterns	Defined Themes
Uniformity in Care	Enhances Service Delivery	Client Outcomes and Service Delivery
Case conceptualization		
Improved Tx planning		
Increased client awareness		
Client-Professional Relationship		
Holistic Client Care	Client benefit through IPC	
Increased Tx Options		
Improved client outcomes		
Benefit to Specific populations		
Patient challenges	Challenges for the Professional	Professional challenges & Development
Resistance to collaboration		
Poor recognition of professions		
Working within systems		
Necessity to Growth	Development of the Professional	
Building relationships		
Diversity in collaborations		
Increased Confidence		
Increased Competency		
Learning Opportunities		
Alternative medicine	IPC with community supports	Organizational and Community Interprofessionalism
Communication		
Information sharing		
Consultation		
Resource management		
Referrals		
Evidence Based Practice	IPC within Organizations	
In-service collaboration		
Collaborative recommendations		
Including client and family		
Multidisciplinary teams		

suffer and not have the correct care or opportunity." Participants recalled specific incidents of resistance manifesting from a variety of individualized factors which include but were not limited to power differentials within the workplace or atmospheres that encourage hierarchies and superiority within the helping disciplines. For example, one participant stated, "in the past I have had issues on occasion trying to collaborate/communicate with supervisory or external MDs who feel power issues over NPs. They have felt insulted by my input, or demeaned it in other ways." In addition to issues of power, hierarchy and superiority, participants recalled incidents of where professionals displayed a lack of recognition of the strengths of others or lacked full competency into the needs of the populations served. These incidents are attributed to ongoing resistance to engage in IPC due to frustration, or beliefs that the client's needs may not be fully understood. Represented through statements such as, "it is particularly difficult to work with doctors and lawyers who are not versed in LGBT issues and can't see the importance of many interventions or social changes that are needed in the client's life."

IPC was perceived as not only creating challenges for the

professional, but also as creating opportunities for professional development. Having the ability to build professional relationships was a large component of participants' experiences with interprofessional collaboration and highlighted through statements such as "collaboration can not only foster healthy relationships but also provide different perspective and solutions for the common good of society." Many professionals acknowledged the opportunities to develop from other professions, which resulted in increased competency and confidence for the professional. Statements such as "I believe that multiple perspectives can be very helpful, and I am open to hearing new information, as I recognize my understanding of the situation can be limited" emphasize the developmental benefit of IPC. Opportunities for growth and professional development were not unilateral as many participants recalled collaborative efforts that were mutually beneficial for both professionals involved through statements such as "I particularly enjoy the learning experience both myself and the other professional have while trading knowledge."

As a result of these benefits, many professionals acknowledge

Table 2
Sample of codes to support theme 1: Client Outcomes and Service Delivery.

Initial code	Number of Quotations	Pattern
Uniformity in care	12	Enhances Service Delivery
Client-Professional Relationship	4	
Case Conceptualization	5	
Improved T x planning	8	
Increased Client Awareness	7	
Benefit to specific populations	7	Client Benefit through IPC
Increases TX options	7	
Holistic client care	15	
Enhances client outcomes	13	

Table 3
Sample of codes to support theme 2: Professional Challenges and Development.

Initial code	Number of Quotations	Pattern
Patient challenges	4	Challenges for the professional
Resistance to collaboration	9	
Poor recognition of professions	10	
Working within systems	5	
Necessity to Growth	18	Development of the professional
Building relationships	7	
Diverse collaborations	35	
Increased confidence	12	
Increased competency	12	
Learning Opportunities	20	

the importance of IPC to their respective professions and its necessity in providing client care. Participants acknowledged diverse perceptions to IPC among the helping disciplines while also focusing on its unifying benefit by stating, "Human services professionals fill several different roles; they are counselors, educators, caregivers, advocates, and so much more. Due to the wide range of responsibilities that a human services professional may take on, interprofessional collaboration is imperative." Considering this theme, professionals who engage in interprofessional collaboration experience many challenges as well as opportunities for development, which can either, encourage or deter collaboration. While IPC may present with logistic barriers, and challenges from the professionals themselves, the sample data supports an overall desire and positive attitude toward embracing IPC as a vital part of holistic client care. Participant statements such as "The future of health care has to be intercollaborative if people are to receive the services and benefits they deserve" were examples of this attitude.

3.3. Theme 3: organizational and community interprofessionalism

In addition to these research findings, participant data suggests that the challenges and development gained through experiencing IPC is contingent on the setting in which IPC occurs, either within organizations or in community settings. Helping professionals describe interprofessionalism as collaborative efforts for teamwork and consultation both internally within an organization as well as externally with community supports through a variety of methods. This theme was supported by 33% (n = 67) of surveyed participants within two patterns, "IPC with community supports" and "IPC within organizations" (Table 4).

Helping professionals reported experiencing IPC both within their respective organization as well as with community supports. Within their professional organizations, helping professionals reported engagement in regular treatment team meetings and case staffings, consulting with more experienced professionals as well as including the client and family in treatment decisions. Participants statements such as, "I collaborate weekly with members of the treatment team to include PT, OT, BH. This sets the treatment plan for each patient." were indicative of these organizational collaborations. In further support of this theme, participants noted the inclusion and informed consent of the client as part of the IPC within agencies by emphasizing,"I usually collaborate, but not without the person's knowledge or participation." IPC was not limited to singular organizations and was reported by participants as occurring across disciplines within various community organizations and supports.

Interprofessional collaboration manifested across community supports through the use of referrals, accessibility to community

resources on behalf of the client, case consultation as well as ongoing communication and information sharing. Participant statements such as "I have had psychologists refer clients to me. We consult with each other as to the results of each other's treatment paths. It has been more successful than not" described the outcomes of these occurrences. When deciding when to collaborate within the community the data supports a common standard that referrals and consultation were often done when the client's needs were beyond the scope of practice of the professional or when a community support offered resources that the attending professional could not. Supporting this standard, one participant stated, "I have collaborated with case managers, physicians, nurses, laboratory staff, physical therapists, mental health professionals, health educators and dietitians. I have referred patients to these professionals for services beyond my scope of practice." Further describing this standard, supportive statements such as "clients need help with locating services or my practice doesn't provide the client with everything they need. I need to be aware of all services in my area for my clients" were made across the data sample.

4. Synthesis of participant experiences and attitudes

Based on the gathered data, helping professionals described IPC as a process that occurs within an organization or with community supports to enhance service delivery and improve client outcomes. Helping professionals noted the enhancement of service delivery as well as improved client outcomes occurring when professionals are able to value the expertise of other professions in order to provide holistic care. Helping professionals perceive interprofessional collaboration as a process that creates many opportunities for professional growth and development noting incidents of shared learning experiences, improved competency, and acquisition of knowledge. These benefits are described as enhancing holistic service delivery as IPC with other professionals creates an increase in service options and access to complementary services to address service needs where they may not be knowledgeable. Interprofessional collaboration not only presents opportunities for growth and development but experiential challenges of resistance. Respondents described feelings of lack of value in the collaborative process, logistic barriers, power differentials in the workplaces, as well as client-centered barriers as common obstacles to IPC. These challenges were described as resulting in a lack of interprofessional collaboration as well as feelings of frustration and disinterest in engaging in the interprofessional collaboration process despite its benefits.

5. Limitations

In this study, we implemented thematic analysis as an exploratory approach to identify and analyze patterns of interprofessional collaboration among helping professionals. While this study illuminated the benefits and importance of interprofessional collaboration, it is crucial to mention the limitations in order to make suggestions for future research. First, this study cannot be considered a true qualitative study since it aimed to answer one question, although qualitative in nature, as part of a much larger semi-structured mixed-methods study. The number of participants included in this study adds to the inability to be considered a true qualitative study, as qualitative research traditionally includes smaller populations which enhances the understanding of the phenomena being investigated. In addition, while this study indicated common themes across helping professions related to IPC, all professions represented in this study were grouped together under the umbrella of helping professions. This is certainly helpful to enhance our understanding of the

Table 4
Sample of codes to support theme 3: Organizational & Community Interprofessionalism.

Initial code	Number of Quotations	Pattern
Alternative medicine	8	IPC with community supports
Communication	5	
Information sharing	5	
Consultation	9	
Resource management	4	
Referrals	9	
Evidence Based Research	5	IPC within organizations
Collaboration	11	
Making Referrals	11	
Including the client & Family	7	
Multidisciplinary teams	9	

phenomena, however, it does not allow for a more focused description of experiences of IPC within the individual professions represented in this study.

Further analyses of specific professions would serve to provide a better idea of the implications for clinical practice within the specific discipline. Furthermore, thematic analysis is a very flexible method of analysis which permits a variety of approaches to data interpretation. Helpful as it may be, there is a potential for data to be interpreted in a broad way, creating both advantages and disadvantages. Specifically, it may become difficult to develop parameters for more in-depth analysis. Finally, the type of analysis used in this study "has limited interpretative power beyond mere description if it is not used within an existing theoretical framework that anchors the analytic claims that are made",[20] p. 27). Further research utilizing a qualitative analysis of this kind would benefit from a design grounded in theory through which interpretation of the data would occur.

6. Discussion

The focus of this study was to gain an understanding of interprofessionalism and how it is perceived and experienced by helping professionals. Findings produced three themes that lend to our understanding of interprofessionalism: (1) client outcomes and service delivery, (2) professional challenges and development, and (3) organizational and community interprofessionalism. Participants described interprofessional collaborations that assisted in providing holistic service to clients and ultimately improved client outcomes. Other benefits of interprofessional collaboration were noted as increased learning opportunities and development of professional relationships. In addition to ascribed benefits participants identified challenges to collaborative efforts which included the unwillingness of some professionals to work with individuals in their helping profession, or outside of their own discipline, as well as disdain for other helping professions. These challenges often resulted in an unwillingness or inability to share the knowledge needed to provide holistic care or develop interprofessional relationships.

Participants identified interprofessional collaboration happening in two ways; within their agency and external to their agency. Discussing client needs and providing holistic services were characteristic of interprofessional collaborations within agencies as many participants provided examples of case management and collaborative communication between physicians and other professionals. External interprofessional collaborative relationships included working with different agencies to provide holistic services to clients, and helping professionals targeting these collaborations with various entities. Examples given by respondents include collaborations with court systems to address clients legal issues that were impeding treatment and progress or accessing services that were outside of the professional's scope of practice.

Interprofessionalism in health care is a process by which professionals from various disciplines collaborate for an integrated and holistic approach to client care[23]. The necessity of interprofessional collaboration can be seen in the educational requirements of many credentialing bodies in the helping professions. Engaging in these tasks results in many benefits as well as challenges for the professional. Participants noted benefits of IPC for bot clients and professionals. These findings support previous literature, which note that interprofessionalism can result in a reduction in duplication of client services, more effective use of professionals' skills, and healthy responses to staffing issues[24].

Results from this study support existing literature emphasizing interprofessional collaboration within agencies as a positive approach that increases the quality of client care and creates a cooperative climate.[18] Additionally, Brock et al.[25] contends that collaborations promote positive outcomes and client perception of service quality. Despite this noted benefit, participants in this study perceived that other professionals (both within agencies and external community supports) are often reluctant to engage in collaborative relationships, perpetuating a sense of hierarchy and uniprofessionalism. Consistent with the findings of Droppa & Giunta,[26] it was common for participants to encounter professionals who were not committed to the collaborative relationship or did not trust the judgement of professionals from different disciplines. As discussed by Giffords and Calderon,[27] interacting with professionals from different organizational cultures is a barrier to collaboration; this was also present in the current study. Uniprofessional behavior appears to be a major barrier to interprofessionalism and is indicative of the socialization process of helping professions.[18]

In order to continue to enhance client outcomes and service delivery for all helping professions, the findings of the study support the need for purposeful engagement in interprofessionalism across all helping professions. Purposeful engagement in interprofessionalism will require the willingness of professionals to seek out within-agency and community-based supports in order to continue to provide holistic care for clients. Purposeful engagement in interprofessionalism not only has implications for improving client outcomes but also provides professional development opportunities for the professional that engages in these collaborative relationships. Research has shown that skilled professionals can continue to evolve through interprofessional collaborations. Constructing opportunities for professionals to discuss services and address problems across disciplines serves to enhance the value of the work and the quality of treatment and services.[13] Participants reported experiencing a limited scope of practice as a result of limited interprofessional engagement. Participants felt that working in settings where interprofessionalism was not always readily available, such as in private practice, contributed to a limited scope of practice. Considering the positive learning opportunities for the professional as well as the benefits for clients, purposeful interprofessionalism calls for professionals to seek out opportunities for collaboration through the establishment of new professional relationships and maintenance of existing professional relationships.

7. Implications for human service organizations

This study among others has documented interprofessional engagement to be an asset in human services organizations as interprofessional collaboration enhances service delivery and supports improved outcomes. In community practice, where resources can often be limited, enhancing service delivery while minimizing cost can ensure the client's needs are met. Collaborating with other professionals can lend to a solution that addresses client's barriers holistically as well minimizes duplication of services. Despite the possibility of challenges to developing collaborations, fostering these relationships creatively could be beneficial to client outcomes through continued implementation of interprofessional education frameworks in education programs. Interprofessional education programs serve to bridge the gaps between professions prior to entering the workforce, giving individuals the knowledge of their own limitations as a professional but also instilling the appreciation of collaboration and for the scope of work of other professions. Students would learn to effectively build relationships through the sharing of knowledge and skills while building mutual respect and trust, responsibility

and accountability, communication and cooperation, and autonomy and assertiveness.[28,29] Interprofessional collaboration provides opportunity for growth of the helping professional as shared knowledge through collaboration enhances their skills and effectiveness with clients who have comprehensive treatment needs. Interprofessional collaboration provides opportunity for helping professionals to gain understanding of diverse populations and needs clients may present with through the collaborative communication of all service providers. In addition, interprofessional collaboration creates opportunities for community and institutional support, which encourages cohesion among professionals, enhances service delivery and maximizes resources. Community relationship development can bridge the gap between clients' existing services and those services clients need to progress toward their treatment goals within human services organizations.

8. Conclusion

Interprofessional collaboration is being used to increase efficiency and effectiveness of direct client care by the helping professions. Working in silos of professional practice is not in the best interest of clients served by helping professionals as uni-professionalism does not allow for holistic client care. Previous research as well as the current study continues to support the idea that interprofessional collaborations are not without challenges. Interprofessionalism requires the willingness of professionals to recognize the collaborative benefit of this practice, which often manifests as a deterrent for professionals. This research highlighted some of the issues surrounding interprofessional collaboration for working professionals from various helping professions.

Several important themes were identified. The belief that IPC improved both client outcomes and service delivery were repeatedly stated. The participants also thought that IPC improved their ability to provide better care or service. This finding supports previous research that has shown improved quality of care through interprofessionalism.[30] Additionally, another important theme revealed the belief that IPC improved the participants' own growth and development as a professional. As seen in the literature, there were challenges identified regarding implementation of IPC.[31] Many participants voiced frustration trying to practice interprofessionally. They were faced with communication difficulties, time constraints that prevented collaboration, and lack of knowledge between professionals about the potential contributions of others. This finding sheds further light on these ongoing struggles.

Interprofessionalism is now a common theme in the helping professions. However, it is in various stages of acceptance and integration dependent on the type and setting of practice. Continuing research on issues surrounding IPC is important to help develop ways to improve this practice in the helping professions. Knowing the details of the relationships between professions and the factors that either enhance or hinder IPC can move these relationships forward. This research illuminated several important issues that can be explored further with additional study.

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