

2015

# Interprofessional Collaboration Between Occupational Therapists and Registered Nurses in Acute Care Settings: An Exploratory Study

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## Recommended Citation

O'Brien, Vincent P.; Loy, Bethany J.; Nguyen, Kelly; and Micheff, Holly, "Interprofessional Collaboration Between Occupational Therapists and Registered Nurses in Acute Care Settings: An Exploratory Study" (2015). *Student Research Posters*. 4.

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## INTRODUCTION

Health care in the United States is an interprofessional collaborative effort. Due to the heavily overlapping roles of occupational therapists and nurses, collaboration between these two disciplines is key to a positive prognosis for their patients. "Health care delivered by well-functioning coordinated teams leads to better patient and family outcomes, more efficient health care services, and higher levels of satisfaction among health care providers" (U.S. Department of Health and Human Services, 2012).

## STATEMENT OF PURPOSE

Currently, there is a gap in the research on professional relationships between occupational therapists and registered nurses in acute care settings. Therefore, the purpose of this study was to further examine the interprofessional collaboration between registered nurses and occupational therapy in an acute care setting.

## LITERATURE REVIEW

To begin defining the discussion of professional collaboration between occupational therapists and nurses, it is important to draw a picture from current literature of the roles that each profession holds itself to within the scope of acute care.

Occupational therapists in acute care have the responsibility for determining the rehabilitative potential for patients in acute care (American Occupational Therapy Association, 2012) In addition, their role is to pursue three primary objectives:

- Education
- Initiating the rehabilitation process
- Consultation (Pendleton, 2013).

Though differing by state laws, the broad definition of nursing practice includes those functions (independent, dependent, and interdependent functions) that provide for the basic health care of individuals with acute illness or health problems, and requires a significant amount of scientific knowledge and technical skill to provide (Board of Registered Nursing, 2011).

IPC research studies involving occupational therapists are limited. Studies have been conducted in OTs and RNs in the acute physical health care setting focusing on discharge planning (Atwal, 2002) and in the acute psychiatric settings (Fortune & Fitzgerald, 2009; Smith & Mackenzie, 2011). But studies where the focus on IPC between OTs and RNs is lacking.

## INTERVIEWEE QUOTES

### Time constraints from a RN:

*"I don't have any time...so the really fast pace is causing it to be a big barrier to collaborate with anybody."*

### Role confusion from a RN:

*"I don't think that I interacted enough with them... We just don't know how to use [occupational therapy] as a resource."*

### Role confusion from an OT:

*"[Nurses] call us physical therapists pretty often... I think they kind of see us come in and do the ADLs, the dressing, and bathing... But I think when they see us moving the patients they see more of PT. They don't realize that we do functional transfers and mobility."*

### Role overlap from an OT:

*"[Nurses] definitely do ADL's but they 'do' it. They don't facilitate the patient doing it. So that's an overlap for us."*

### Communication from an OT:

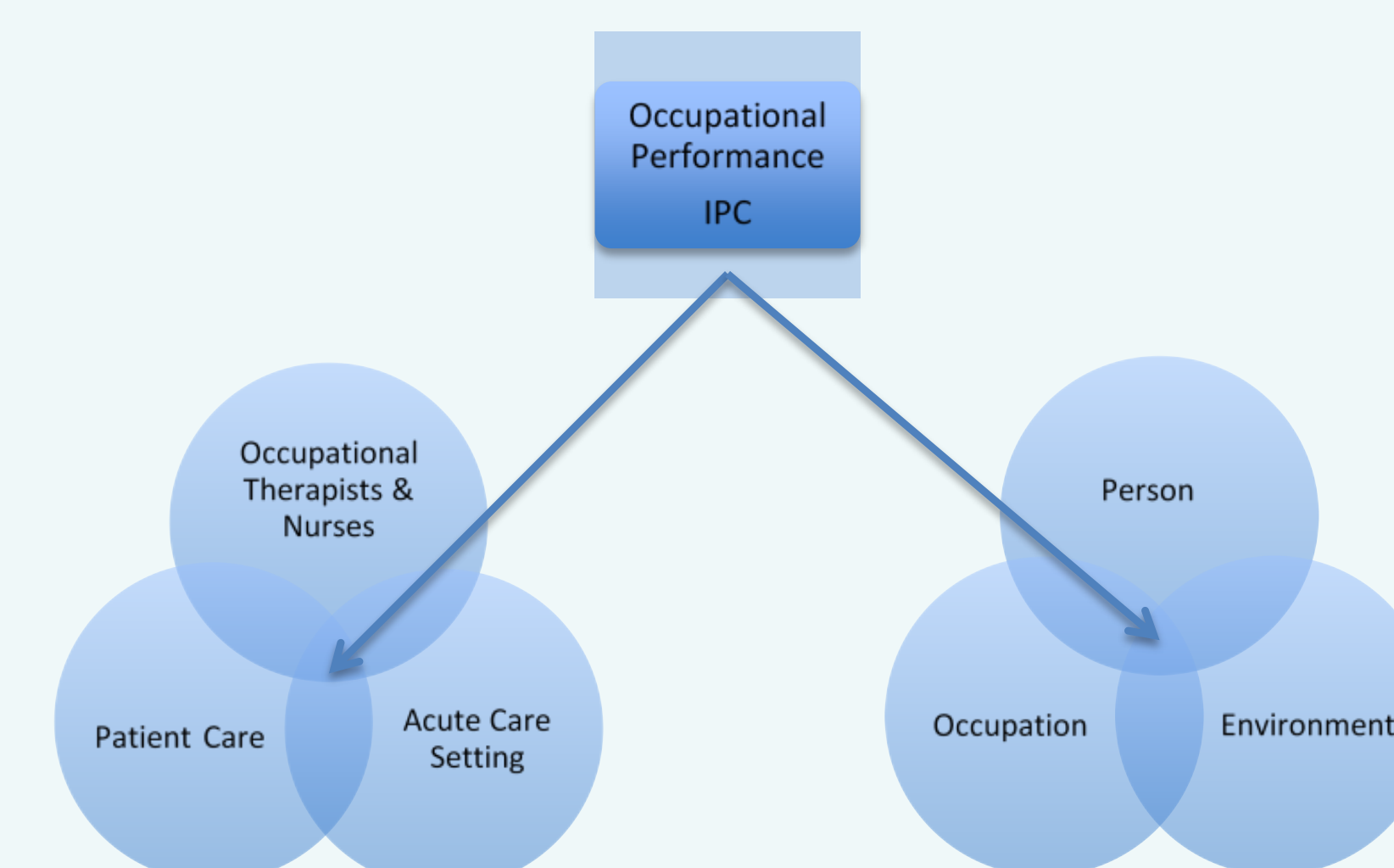
*"Sometimes with nursing or even therapists, sometimes people's attitudes can get in the way just like a lack of communication."*

### Conflicting Goals from a RN:

*"I think because nurses are so medically focused that we're more focused on the disease and I think OT's are a little more focused on the personal variable, to do for themselves; nurses get very 'nurse' and they want to nurse people."*

### Common Goals:

*"The ultimate goal is we're all there for the patient. So I mean really, you're doing your patient justice to have kind of open...communication."*



## METHODOLOGY

### Design

This study utilizes a phenomenological, qualitative design with use of semi-structured interviews.

### Subjects

The participants were occupational therapists and nurses who currently work in acute care settings in Northern California. There was no dropout. Participants were recruited through a snowball, convenience and purposive sampling.

### Data Collection

Interviews were audio recorded and digitally transcribed.

### Data Analysis

Distinct themes and sub-themes that emerged from the data. Within these themes, we compiled examples of responses and quotes that represented the theme, which were then utilized in our discussion of that theme and helped us answer the research questions.

## DISCUSSION

This study may help to guide the development of IPE to improve the collaborative relationship between OTs and RNs, which will ultimately improve quality of care for clients. It offers new insights into the effectiveness of interprofessional collaboration between OTs and RNs and the supportive contexts in which such collaboration can occur. The factors working for and against collaboration were nearly unanimous among the participants:

- Time Constraints
- Role Confusion/Overlap
- Personality Factors
- Lack of advocacy for OT profession

## CONCLUSION

Due to the exploratory design of this research, our findings are based upon conversations with individuals and their personal stories and impressions. We suggest that further research is conducted using a mixed methods research design in order to establish generalizability of the data collected.

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