**INTERPROFESSIONAL COLLABORATION**

**Advantages and Disadvantages of Interpersonal Collaboration**

Interpersonal collaboration is an act that can be employed in different institutions such as medical organisations. It’s a process, which is aimed at improving teamwork between different personnel such as doctors and nurses. It has the following advantages;

1. Empowering members of staff- in a health institution, workers are empowered through interpersonal collaboration (Bosch and Mansell, 2015). This means that various individuals such as doctors and nurses become more united through this process. Their rights are well represented when they stand united, and the quality of their services is increased significantly.
2. Effective communication- interpersonal collaboration in a health institution has the advantage of improving communication between members of staff. Communication gaps that may occur among such members or between them and patients are also eliminated efficiently (Bosch and Mansell, 2015). Working together allows these medical experts to improve the quality of their services.
3. Benefits to patients- one of the major beneficiaries of interpersonal collaboration in a medical institution are the patients. This process allows them to receive quality medical services and this means that cases of readmission are significantly minimized. Patient care is improved when medical experts work together.
4. Motivation- research shows that when a medical expert is working alone, he or she is less motivated compared to the case where they are working together as a group (Bosch and Mansell, 2015). Interpersonal collaboration leads to teamwork, which improves the mentality of the doctors involved in such groups.

Below are some of the disadvantages of interpersonal collaboration;

1. Lack of agreement- members, involved in such a collaboration may disagree over different issues (Bosch and Mansell, 2015). Disagreements may end up affecting the quality of services provided by these experts.
2. Relying on others- some of the staff members involved in interpersonal collaboration may rely heavily on other members to perform all the work for them (Bosch and Mansell, 2015). This may result in some of the medical experts being overworked without the proper payment.

**Strategies for Working as part of an Interprofessional Team**

To be part of a successful interprofessional team in healthcare, different strategies must be followed (Babiker et al., 2014). Most of these strategies enable medical experts to work effectively with other members so as to improve the services provided to patients. Some of the strategies are discussed below;

1. Training- this strategy involves training of the members to be involved in an interprofessional team (Babiker et al., 2014). During the exercise, such members are taught about different things such as ethics and handling of patients as a team. They are also trained on how to relate with one another.
2. Meetings- individuals involved in an interprofessional team are required to mean often to discuss the progress of the team (Babiker et al., 2014). The effectiveness of each member of the team is analyzed in such members, and this helps each individual to improve his or her performance in the team (Babiker et al., 2014).
3. Morbidity rounds- these are conferences that are held several times a year to help members involved in an interprofessional team to improve the quality of their services. Through the conferences, some of the mistakes that can lead to the death of patients are addressed, and this helps to improve the effectiveness of interprofessional teams (Babiker et al., 2014).

**Strategies for Effective Communication and Conflict Management in Interpersonal Teams**

Communication is relevant in interprofessional teams since it can be used to avoid the emergence of conflicts. These cases tend to interfere with the relationship that members of interpersonal teams have, and the quality of their services is also affected. This is because they are unable to work together as a team. Below are strategies that can guarantee effective communication in such teams;

1. Respecting one another- members involved in these teams should understand that they are all equal. Such an understanding can improve the level of respect that they have for one another (Rider, 2002). This can improve communication between such members and cases of conflict can be minimized.
2. Listening- this strategy requires each member to listen to the other’s opinion and reason from his or her point of view (Rider, 2002). This allows such individuals to understand one another are thinking and as a result, effective communication is obtained in the healthcare institution.
3. Improving corporation- when members of an interpersonal team cooperate, it becomes difficult for cases of conflict to be present. Corporation allows such individuals to work together appropriately since they are able to communicate effectively. Words such as “mutual” should be involved in the teams since they enhance corporation.
4. Expressing feelings- in an interpersonal team, all members should be allowed to express their concerns since this makes them feel like part of the group (Rider, 2002). This means that the opinion of each member should be considered since no one is superior to the other in such a team. Expressing feelings is a strategy that results in effective communication.
5. Accepting when one is wrong- though it can be difficult, members of an interpersonal team should learn to appreciate the fact that they were wrong (Rider, 2002). Being corrected is part of a human’s life, and such members should be used to it. Failure to accept when one is wrong results in conflicts in interpersonal teams, and this behaviour should be discouraged.
6. Appreciating the practice of conflict resolution- one of the characteristics of interprofessional collaborations that members involved in them should understand is that they can be affected by conflicts (Rider, 2002). Most of them occur because of disagreements between members of the team. Understanding the practice of conflict resolution is therefore important since this can improve the level of communication between members in the collaboration (Rider, 2002).

**Ethical Considerations as a Result of interprofessional Collaborations**

Interprofessional collaborations have become part of most healthcare institution due to its effectiveness in improving the quality of medical services (Engel and Prentice, 2013). These collaborations have been associated with some ethical issues which have ended up affecting both medical experts and patients. Some of the ethical issues are discussed below;

1. Professionalism- this is an ethical consideration where members involved in an interpersonal collaboration are required to behave in a professional manner (Engel and Prentice, 2013). This behaviour improves communication between other members and patients. Before a member is involved in the interprofessional collaboration, this ethic must be considered.
2. Social responsibility- the ability of a medical expert to provide social responsibility specifically to patients is an ethical consideration in most interpersonal collaborations. This is applied in cases where such experts are required to offer mental health care (Engel and Prentice, 2013). Their ability to tolerate the behaviour of patients with mental concerns is determined in interprofessional collaborations.
3. Case management- this is an ethical approach which is used to help members in an interprofessional collaboration to improve their services to different clients (Engel and Prentice, 2013). Case management is an ethic which is also related to professionals who offer mental health care. It enables members involved in such a collaboration to share their experiences when it comes to dealing with these cases, and this improves each member’s knowledge.
4. Public education- this is an ethical consideration which occurs as a result of interpersonal collaboration in that members in the team develop the interest to educate the public about some medical issues (Engel and Prentice, 2013). Some of the members in such teams who have the ability to provide counselling services are used to educate the public about issues such as mental health cases and how to deal with cases of cancer (Engel and Prentice, 2013).

**Conclusion**

Interprofessional collaborations have the effect of improving the quality of medical services in health institutions. As discussed in the paper, such collaborations have numerous advantages such as allowing people to work together and reducing cases of patients’ readmission. Though some challenges are associated with these collaborations, use of the strategies discussed above can help improve the relationships of members involved in the teams. One of the most important factors to consider in interprofessional collaborations is the effectiveness of communication. This factor can be used to deal with conflicts that may arise in such teams. Conflicts are considered as the principal challenge of interprofessional collaborations. The ability of members of these teams to work together means that they can deal with disagreements appropriately. Ethical considerations discussed above must also be applied in these collaborations to improve their effectiveness. It can, therefore, be concluded that interprofessional collaborations are essential in all health care institutions due to the benefits they provide to them.

**References**

Babiker, A., El Husseini, M., Al Nemri, A., Al Frayh, A., Al Juryyan, N., Faki, M. O., ... & Al Zamil, F. (2014). Health care professional development: Working as a team to improve patient care. *Sudanese Journal of paediatrics*, *14*(2), 9.

Bosch, B., & Mansell, H. (2015). Interprofessional collaboration in health care: Lessons to be learned from competitive sports. *Canadian Pharmacists Journal/Revue des Pharmaciens du Canada*, *148*(4), 176-179.

Engel, J., & Prentice, D. (2013). The ethics of interprofessional collaboration. *Nursing Ethics*, *20*(4), 426-435.

Rider, E. (2002). Twelve strategies for effective communication and collaboration in medical teams. *BMJ*, *325*(7359), 45-45.