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The Lived Experience of Healthcare Professionals in the Implementation of Interprofessional Collaboration

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ABSTRACT

This qualitative study explored the lived experiences of healthcare professionals who implemented interprofessional collaboration (IPC) in a public tertiary hospital lacking a formal IPC framework. Using an interpretive phenomenological design, data were collected from 9 purposively selected multidisciplinary staff members. Analysis followed a Two-Phase Interpretive Phenomenological Analysis and was mapped using the Networked Ecological Systems Theory (NEST). Findings revealed that IPC largely depends on informal workarounds and staff adaptability to address systemic barriers such as equipment failures, rigid hierarchies, and unclear protocols. Conversely, structured referral systems and professional validation enhanced collaboration. Results highlight the unsustainability of informal practices and emphasize the need for a formal IPC Manual to standardize communication, improve infrastructure support, and strengthen interdepartmental coordination. This study provides localized, evidence-based insights to guide institutional policy development toward a more collaborative and patient-centered healthcare system.

Keywords: *Interprofessional collaboration, phenomenology, healthcare professionals, NEST, lived experiences*

INTRODUCTION

Interprofessional Collaboration (IPC) is essential for delivering safe, high-quality, and patient-centered healthcare. It involves active coordination among professionals from different disciplines to improve outcomes through shared decision-making, mutual respect, and clearly defined roles (Wei et al., 2022; Huyen et al., 2024). However, despite strong theoretical support, IPC implementation remains inconsistent due to barriers such as hierarchical structures, poor communication, and limited institutional support (Kosteniuk et al., 2024).

In tertiary healthcare settings, these challenges are intensified by high patient acuity and operational demands, often resulting in fragmented care and underutilized expertise (Perrier et al., 2025). In the hospital context of this study, IPC occurs informally without a structured framework, leaving communication and collaboration unstandardized.

Objectives

This study aimed to:

1. Identify barriers and facilitators affecting IPC

2. Explore healthcare professionals' lived experiences.
3. Provide evidence-based inputs for developing an IPC Manual.

Theoretical Framework

The study is anchored in the Networked Ecological Systems Theory (NEST), which explains collaboration through interconnected domains: individual, microsystem, mesosystem, and macrosystem (Yann Foo et al., 2022).

METHODOLOGY

Research Design

A qualitative interpretive phenomenological approach was employed to understand the lived experiences of healthcare professionals. Grounded in social constructivism, the study assumes that workplace realities are shaped through daily interactions (Creswell & Poth, 2016).

Participants and Data Collection

Nine purposively selected healthcare professionals from a tertiary public hospital in Quezon City participated in the study. Inclusion required at least three years of service. Data were collected using semi-structured interviews.

Data Analysis

Data were analyzed using a Two-Phase Interpretive Phenomenological Analysis:

- **Phase 1 (Inductive):** Identification of themes from participants' narratives.
- **Phase 2 (Deductive):** Classification of themes as barriers or facilitators and mapping them onto NEST domains.

Ethical Considerations

The study adhered to ethical standards, including obtaining informed consent and complying with the Data Privacy Act of 2012.

RESULTS AND DISCUSSION

Phase 1: Emergent Themes

1. Structural and Systemic Constraints
Participants reported equipment failures, outdated systems, and unclear policies, leading to delays and increased workload.

2. Interpersonal and Hierarchical Challenges
Rigid hierarchies often dismiss allied health perspectives, resulting in poor communication and reduced collaboration.

3. Staff Adaptability as a Coping Mechanism
Healthcare workers relied on improvisation and teamwork to maintain care delivery despite systemic limitations.

4. Systemic Synergy in Structured Situations
Efficient collaboration was observed when clear protocols and coordinated processes were in place, especially in emergencies.

5. Need for Professional Validation
Recognition and inclusion of expertise significantly improved morale and collaboration.

Phase 2: NEST-Based Analysis

- **Individual Level:** Professional recognition enhances teamwork; unprofessional behavior disrupts it.
- **Microsystem Level:** Equipment issues and miscommunication hinder operations but are mitigated by adaptability.
- **Mesosystem Level:** Structured referral systems improve coordination, while administrative inefficiencies create delays.
- **Macrosystem Level:** Hierarchical culture and restrictive policies limit effective collaboration.

Synthesis of Findings

The findings reveal that IPC in the studied hospital is largely informal and dependent on individual resilience. While adaptability enables continuity of care, it is not sustainable. Effective collaboration occurs only when structured systems, clear communication, and mutual respect are present.

CONCLUSIONS

This study demonstrates that reliance on informal practices in IPC is unsustainable and potentially detrimental to patient care. Hierarchical barriers and systemic inefficiencies hinder collaboration, while structured protocols and professional validation enhance it. Institutional reforms are necessary to establish a formal IPC framework that aligns policy with clinical realities.

RECOMMENDATIONS

To improve IPC implementation, the study recommends:

1. **Standardized Communication**
   Adopt structured communication tools (e.g., SBAR) and establish mechanisms to address hierarchical conflicts.
2. **Infrastructure Support**
   Improve equipment reliability and implement fallback systems to ensure continuity of care.

3. **Strengthening Coordination**
   Expand successful collaborative models from emergency settings to routine operations.
4. **Policy and Cultural Reform**
   Develop an IPC Manual and promote inclusive leadership that values all healthcare roles.

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AI DECLARATION STATEMENT

AI tools were used only for grammar and formatting support. All data collection, analysis, and interpretation were conducted solely by the authors.

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