The Dynamic Interplay between Professional Identity, Threat and Context within Interprofessional Health Care Teams

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Declarations

Statement of Originality

The thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made. I give consent to the final version of my thesis being made available worldwide when deposited in the University's Digital Repository, subject to the provisions of the Copyright Act 1968.

Signed **Dated**

(Karen A McNeil)

Thesis by Publication

I hereby certify that this thesis is in the form of a series of published papers of which I am a joint author. I have included as part of the thesis a written statement from each co-author, endorsed by the Faculty Assistant Dean (Research Training), attesting to my contribution to the joint publications.

Signed **Dated**

(Karen A McNeil)

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2 List of Publications Included in the Thesis

Paper 1:

McNeil, K., Mitchell, R., & Parker, V. (2013). Interprofessional Practice and Professional Identity Threat. *Health Sociology Review 22*(3), 291-307. doi: 10.5172/hesr.2013.22.3.291

Paper 2:

Mitchell, R., Paliadelis, P., McNeil, K., Parker, V., Giles, M., Higgins, I., Parmenter, G. & Ahrens, Yvonne. (2013). Effective interprofessional collaboration in rural contexts: a research protocol. *Journal of Advanced Nursing, 69*(10), 2317-2326. doi: 10.1111/jan.12083

Paper 3:

Parker, Vicki, McNeil, Karen, Higgins, Isabel, Mitchell, Rebecca, Paliadelis, Penelope, Giles, Michelle, & Parmenter, Glenda. (2013). How health professionals conceive and construct interprofessional practice in rural settings: a qualitative study. *BMC Health Services Research, 13*(1), 500. doi: 10.1186/1472-6963-13-500

Paper 4:

McNeil, K., Mitchell, R., & Parker, V. (2014). The paradoxical effects of workforce shortages on rural interprofessional practice. *Scandinavian Journal of Caring Sciences, Article first published online: 21 Mar 2014.* doi: 10.1111/scs.12129

The author's final versions of these publications have been included in Section 7 of this thesis.

3 List of Additional Publications

The following additional publications are relevant to the thesis and are referred to in discussion, but are not included in it.

Additional Publication 1:

Mitchell, R., McNeil, K., & Boyle, B. (2013). *Bridging professional boundaries through superordinate identity and transformational leadership.* Paper presented at the 27th Australian and New Zealand Academy of Management (ANZAM) Conference: Managing on the Edge, Hobart, Tasmania.

Additional Publication 2:

Mitchell, R., Boyle, B., Parker, V., Giles, M., McNeil, K., Joyce, P., & Chiang, V. (2014). *Making Good on a Threat: Leading Innovation across Professional Boundaries*. Paper presented at the British Academy of Management Conference: The Role of the Business School in Supporting Economic and Social Development, Belfast Waterfront, Northern Island.

The author's final versions of these publications have been included in Section 8 of this thesis.

4 Abstract

Interprofessional practice has garnered widespread attention in the literature, yet current evidence does not elucidate the key mechanisms and contextual factors that determine its outcomes. This thesis by publication, arranged in the form of an overview, four core publications and two ancillary papers, addresses the question of how professional identity, identity threat and context interact to impact on interprofessional working.

Professional identity underpins much of what occurs in interprofessional health care teams. Threats to valued professional identities can activate faultlines within teams and trigger tensions, conflict and underperformance, if not adequately managed. These threats can take the form of differential treatment of professional subgroups; divergent values and norms; and assimilation or devaluing of other professions. As the perception of threat is context dependent, this research focuses on rural settings where professional boundaries can be less distinct.

This study was part of a larger project investigating the enablers of, and barriers to, effective interprofessional practice in an Australian rural health care context. Health practitioners representing various settings, functions, locations and professional backgrounds were interviewed to gather data on the contexts, mechanisms and outcomes of interprofessional practice. Independent content and thematic analyses were integrated to present the findings.

The findings show that many rural clinicians were motivated to engage in interprofessional practice, and in doing so embraced flexible approaches and role overlap as a means to manage workforce pressures and overcome professional isolation. In contrast, interprofessional working was stymied by some practitioners who observed strict role boundaries and traditional hierarchies and who were reluctant to consider input from other health disciplines. However, workload sharing and role flexibility is limited in its application and cannot overcome continued skill deficits in rural health services. Moreover, extended role overlap or any hint of genericism is likely to provoke professional identity threat as individual professions need to maintain their distinctiveness and claims to unique expertise. Leadership strategies are required to balance a shared team identity with the salient professional identities characteristic of health care contexts.

This is one of the first studies to examine the interplay between professional identity, professional identity threat and context, with particular reference to interprofessional practice in rural settings. By employing a sociological lens to examine the mechanisms and contexts of interprofessional practice, it advances our knowledge of the nature of collaboration between the professions and how interprofessional activities translate in the workplace.

5 Glossary of Terms

Acronym	Definition
AMA	Australian Medical Association
ARC	Australian Research Council
BMC HSR	BMC Health Services Research
CEM	Categorisation-Elaboration Model
CMO	Context + Mechanism = Outcomes model
CNC	Clinical Nurse Consultant
GP	General Medical Practitioner
HSM	Health Services Manager
HSR	Health Sociology Review
IMO	Input, mediators and output model
IPE	Interprofessional Education
IPP	Interprofessional Practice
JAN	Journal of Advanced Nursing
JCR	Thomson Reuters Journal Citation Reports
LHD	Local Health District
MO	Medical Officer
MPS	Multi-Purpose Services
NSW	New South Wales
NM	Nurse Manager
NP	Nurse Practitioner
OT	Occupational Therapist
RN	Registered Nurse
SJCS	Scandinavian Journal of Caring Sciences

6 Thesis Overview

The following explanatory overview of the thesis links the published papers to the overall research thesis. It begins with an introduction that includes the study purpose and aims, research questions and an outline of the methodology, discussion and implications. This introductory section also describes the significance and contribution of the thesis, how the key concepts are integrated and how the thesis is structured. This is followed by the literature review which discusses the terminology used, teamwork and interprofessional practice in health care, the unique characteristics of rural interprofessional practice, and three theoretical approaches to understanding interprofessional practice. The remainder of the thesis overview outlines the research design and method informing the empirical papers, synthesises the findings and discussion from all the papers, and explains practice implications and potential future research.