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REPORT

From uniprofessionality to interprofessionality: dual vs dueling identities in healthcare

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ABSTRACT

Healthcare systems are at times still viewed as siloed performances of single professions, wherein some groups hold hierarchical positions based on their expertise and prestige, rather than a collective functioning of interprofessional teams. Current policies, procedures, and regulations in healthcare education and practice seem to contribute to this context in which the various health and social care professions are set in opposition to one another. The historical, and still prominent, uniprofessional education and socialization practices position health and social care professions to view each as rivals and threats toward achieving their profession/al advancement and growth. The transformation from uniprofessionality to interprofessionality in healthcare requires the application of interprofessional socialization not just at the individual level, but also at the professional and system levels. In this process of interprofessional socialization, we need to embrace the uniqueness of each profession while cultivating an interprofessional collaboration culture in the system (dual identity). In so doing, we can facilitate a shifting mind-set, culture, operations, and policies in healthcare to recognize and foster the contribution and accountability of each profession toward achieving the quadruple aim of better care, better health, better value, and better work experience.

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Introduction

The COVID-19 pandemic, despite its horrific impact and consequences on people's lives, has demonstrated the critical value of collaboration among healthcare providers, organizations, institutions, and governments (Heath, 2020; Langlois et al., 2020; Liu et al., 2020). Unprecedented crises like COVID-19 have the ability to bring out the best in people, putting aside their differences for better collaboration to overcome the challenges at hand (Langlois et al., 2020; Xyrichis & Williams, 2020). Interprofessional collaboration is defined as "multiple health workers from different professional backgrounds work-[ing] together with patients, families, carers (caregivers), and communities to deliver the highest quality of care" (World Health Organization, 2010, p. 8). With the growing health and safety issues in many societies, the concern remains high that healthcare systems may not recognize and promote interprofessional collaboration as a necessity, rather than a commodity, in the 21st century (Chen et al., 2018; Corrigan & Bishop, 1997; Haruta & Yamamoto, 2020; Jakobsen, 2016).

There are still many healthcare students and professionals who lack the knowledge, skills, and competence to practice interprofessionally (Arifin & Hafifah, 2020; Grace, 2020). In the midst of the COVID-19 pandemic, wherein teaching students how to collaborate is deemed crucial for better health outcomes, some educational institutions have failed to prioritize interprofessional education (IPE) while transitioning to their health professional education online (Khalili & Orchard, 2020; Lackie et al.,2020; Langlois et al., 2020).

Background

To ensure achievement of the quadruple aim (better care, better health, better value, and better work experience), healthcare systems need to recognize the contribution of each profession as important and as essential as others, and to require healthcare providers, professions, and organizations/institutions to work in collaboration with each other and with the broader community (Khalili, et al., 2019). In reality, however, a barrier to collaborative practice has been a mission among many distinct professional cohorts to compete for establishing their profession-specific scopes of practice and to protect their territory (Conroy, 2019; Currie et al., 2009; Khalili et al., 2014; Löffler et al., 2017), which we describe 'dueling of uniprofessionality.'

Dueling of uniprofessionality

Turf wars among professions are not new in healthcare. During the period of professionalism and specialization in healthcare (1950s to early 2000s), the existing and emerging health professions were battling to define and expand their professional

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roles and scopes of practice (Currie et al., 2009; Khalili et al., 2014; S. Price et al., 2014). The main focus of health professional education during those times was to train student members to become highly committed to their respective professions by internalizing a strong sense of belonging to that professional cohort – a concept known as uniprofessional socialization (Clark, 1997; Khalili, 2013). The resulting impact of that uniprofessional focus within education, which is still prominent in health professional training today, has been the development of an uniprofessional identity (Khalili & Orchard, 2020; Sterrett, 2015). The establishment of a strong uniprofessional identity occurs not just at the individual level, but also at the profession and system levels, which led to creating further barriers in working collaboratively in practice (Clark, 1995; Khalili et al., 2014; Khalili & Orchard, 2020; Sterrett, 2015; Veerapen, 2012).

At individual level: the current generation of healthcare professionals is very loyal to their own profession while knowing little to nothing about the knowledge and skills of their interprofessional colleagues (Franson & Gilliam, 2019; S. Price et al., 2014). In fact, many healthcare professionals and students view themselves as different and at times better than others in related professions (Appelbaum et al., 2020; Leathard, 2004). Our longitudinal research studies (Khalili & Orchard, 2020; Harman et al., 2019; Price et al., 2019, 2020, & 2021), which explore professional identity development and interprofessional socialization over time, found that students interested in health/social care professional careers are often socialized to consider the contributions of one profession over the other at an early stage of career consideration. This early uniprofessional socialization is perpetuating the historical hierarchies and negative stereotypes in healthcare education and practice, and impeding collaborative teamwork once they enter their respective professional training programs (Price et al., 2014).

Healthcare professionals are expected to be socialized and educated in their professions to value and practice collaboratively in the best interest of their clients. However, due to the dominant uniprofessional socialization and the development of an uniprofessional identity, these practitioners might view collaborating with other professionals as a threat to their professional independence and scopes of practice (McNeil et al., 2013). The concept of professional independence, along with turf wars, and perceived hierarchies in healthcare (as explained later), can create barriers to effective interprofessional collaboration (Appelbaum et al., 2020; Baker et al., 2011; Bollen et al., 2019).

At profession level: there still exist perceived power imbalances and hierarchy among health/social care professions (and also in the way professions view patients and populations, mainly as outsiders, rather than as part of the team) (Appelbaum et al., 2020; McDonald et al., 2012; Okpala, 2020). The themes of power, dominance, and hierarchy are prevalent among professions, which negatively affect psychological safety, team cohesion, and team effectiveness (Appelbaum et al., 2020; Cameron, 2011; Hall, 2005; Okpala, 2020). According to sociological studies of healthcare the 'power of knowledge' and the 'professional status' as the dominant discourse in healthcare education and practice historically led some professions to maintain control and hierarchy in healthcare (Cheng et al., 2013; Cockerham, 2013; Foucault, 2003; McDonald et al., 2012). Based on this dominant discourse of power, some professions are perceived to have greater knowledge, expertise, prestige, higher status, organizational support, and stability (Cheng et al., 2013; McDonald et al., 2012; O'Shea et al., 2019; Okpala, 2020; Rycroft-Malone et al., 2004).

Different sources and types of knowledge in healthcare are also viewed differently. Unlike other fields, some professional knowledge in healthcare might not be regarded equally, which leads some professionals to question the legitimacy of other professions' knowledge and expertise (O'Shea et al., 2019; Rycroft-Malone et al., 2004). These challenges increase the battle over power and control in healthcare, causing further competition (versus collaboration) among health professions. In such an environment, professions feel competing against each other to advance their autonomy and scope of practice by (re)defining their roles in healthcare; or others might experience difficulty in being able to practice to their full scope, leading to building further 'silos' among professions (Appelbaum et al., 2020; Baker et al., 2011; Cameron, 2011; Leathard, 2004).

At system level: the healthcare systems—in both education and practice—seem to still view healthcare delivery more as the performance of single-professionals rather than as a function of interprofessional teams (Joynes, 2018). There are structural role hierarchies in healthcare systems in which some professions and professionals hold hierarchical positions just based on their perceived expertise (Cameron, 2011; Joynes, 2018; Liberati et al., 2016). While hierarchical administration levels in healthcare may be deemed necessary in some decision-making contexts, hierarchical status across professions and within healthcare teams have been shown to be detrimental to the collaboration culture needed for interprofessional team-based practice (Appelbaum et al., 2020; Baker et al., 2011; Bollen et al., 2019).

Stereotypical, hierarchical and turf war behaviors among professionals are seemed to be an artifact of professional groups' and workplaces' policies and procedures, rather than a manifestation of individual psychological or personality differences (Braithwaite et al., 2016). In healthcare, there are still regulations, policies and procedures that contribute to the hierarchal healthcare structures, causing some professions to view and be viewed as more important than others (Huq et al., 2017; Mulvale et al., 2016; Regan et al., 2015; Shortall, 2012). Some of these policies and regulations were initiated at a time when only a few healthcare professions existed. However, there has been no systematic effort to modify those policies and regulations to reflect the interprofessional team-based practices needed for 21st century health service delivery (Cockerham, 2013; Frenk et al., 2010; Regan et al., 2015).

Interprofessional dualing

The question arises: *What needs to happen to help healthcare to function more as a system of interdependent professions and professionals whose goal is to advance the quadruple aim?* There has been a wealth of published literature on

this subject, yet, there is still a need to shift the mind-set, culture, operations, and policies/regulations in healthcare from uniprofessionality to interprofessionality (Health Professions Accreditors Collaborative (HPAC), 2019; Institute of Medicine, 2015; Frenk et al., 2010; Khalili & Orchard, 2020; National Academies of Sciences, Engineering and Medicine, 2018a; Regan et al., 2015; World Health Organization, 2010). We believe there is a need to embrace both the uniqueness of each profession (i.e., professional identity) and the culture of interprofessional collaboration and team spirit (i.e., interprofessional identity) (Health Professions Accreditors Collaborative (HPAC), 2019; Khalili et al., 2013; National Academies of Sciences, Engineering and Medicine, 2018b). Our research findings (Khalili & Orchard, 2020; Harman et al., 2019; Price et al., 2019, 2020, & 2021) challenge the popular belief that the establishment of a professional identity and that of an interprofessional/team identity are mutually exclusive (Sawatsky et al., 2017; Stull & Blue, 2016). We suggest that health professionals can, and need to, establish what we have termed a 'dual identity' (Khalili, 2013; S. Price et al., 2014). A dual identity includes both professional and team orientations that leverage the strengths and expertise of professionals trained in different fields (Harman et al., 2019; Khalili, Gilbert et al., 2019; S. Price et al., 2014).

We believe that the shift that needs to occur at all levels in the system is a move from *dueling of uniprofessionality* toward a *dualing of interprofessionality* (Clark, 1997; D'Amour, Oandasan, 2005; Khalili et al., 2014; Obichi et al., 2020). The best healthcare systems require a team approach wherein the strengths and expertise of diverse professionals in a collaborative manner are valued and effectively utilized to address the quadruple aim (Lutfiyya et al., 2017; Naylor et al., 2015; Reeves, Palaganas, & Zierler, 2017; Bodenheimer & Sinsky, 2014).

At system level: when the healthcare education and practice systems value and perform based on 'interprofessionality' mind-sets and structures, the uniqueness and contribution of each profession/al would be recognized and fostered as important and essential (Gilbert, 2013; Hindhede & Andersen, 2020). In such a context, the common goal of achieving the quadruple aim will become the base for health workforce planning, allocating human and financial resources, and training the current and new generation of health professionals (Health Professions Accreditors Collaborative (HPAC), 2019; Khalili et al., 2013; Lutfiyya et al., 2017; National Academies of Sciences, Engineering and Medicine, 2018a&b; Naylor et al., 2015; Vaartio-Rajalin, Fagerström, 2019).

At profession level: the regulation and accreditation of different health/social care professions and programs need to be viewed not only as the act of their own profession and program, but rather as the essential work of collective health/social care professions, programs, and the interprofessional community (Appelbaum et al., 2020; Health Professions Accreditors Collaborative (HPAC), 2019; Okpala, 2020). In education, interprofessionality and interprofessional socialization can be used as an educational pedagogy to develop educational interventions and activities to develop interprofessional practitioners who simultaneously view themselves as members of their own profession and of the interprofessional community.

At individual level: each health/social care professional learner should be socialized interprofessionally in order to organically develop a dual identity. The development of a dual identity will help professional learners to develop a sense of belonging and accountability to their own profession as well as to the interprofessional team/community (Arnold et al., 2020; González-Pascual et al., 2020; Health Professions Accreditors Collaborative (HPAC), 2019; Khalili, et al., 2019).

'*How do we get there?*' is the next critical question. For many decades, the focus in healthcare has been on uniprofessional socialization to ensure promoting professional recognition and prestige, which has resulted in the earlier-noted dueling of uniprofessional identity context in healthcare education and practice (Appelbaum et al., 2020; Conroy, 2019; Huq et al., 2017; Joynes, 2018; Khalili et al., 2014; Liberati et al., 2016). The movement toward interprofessional collaboration requires a transformation from the historical mind-set of 'us versus them' (dueling) to a mind-set of we (dualing) of interprofessionality (Arnold et al., 2020; Clark, 1997; D'Amour, Oandasan, 2005; Khalili & Orchard, 2020; Obichi et al., 2020). In order to establish a dual identity and a milieu of interprofessionality, the focus in education, practice, and healthcare systems should include valuing and applying interprofessional socialization in which the contribution, knowledge, and skills of each profession are deemed as important and essential as those of others (Arnold et al., 2020; González-Pascual et al., 2020; Khalili, 2019; Khalili et al., 2013; Tong et al., 2020). This interprofessional socialization is a journey that not only students need to undertake but also every individual, profession, program, and system in healthcare According to the interprofessional socialization framework (Khalili, 2013), interprofessional socialization needs to involve breaking down the professional/departmental silos, the stereotypical, hierarchical perceptions, and the turf wars in order to help develop an open and trusting environment for cultivating the culture of interprofessional collaboration in healthcare (Khalili & Orchard, 2020; Khalili et al., 2013).

Conclusion

The current COVID-19 pandemic has reminded us of the crucial value of interprofessional collaboration in saving lives, in which healthcare professionals managed to inherently assume a team identity in working collaboratively with each other (Xyrichis & Williams, 2020). This pandemic crisis can offer a critical starting point by serving as an exemplar for how effective we can be when we fight together as a team, rather than fighting each other. Images of nurses, physicians, respiratory therapists, and other professionals working on the front lines of this crisis provide some of the interprofessional socialization needed to ensure we overcome barriers to collaboration. The collective interprofessional contributions are greater than the sum of their uniprofessional parts.

In order to transform the healthcare system from its current uniprofessionality culture and function toward interprofessionality, we will need intentional systematic efforts to cultivate interprofessional collaboration in every aspect of the system and in every day of practice. Interprofessional socialization is an approach that could facilitate the transformation toward

interprofessionality in healthcare by assisting with the development of a dual professional and interprofessional identity and culture.

Notes on contributors

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Dr. Sheri Price's research has focused predominantly in the areas of nursing work environments, health services and women's and community health. Her current program of research is in the field of health human resources; specifically, professional socialization and interprofessional education. Her methodological expertise is in interpretive (narrative) and critical (post-structural) approaches.

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