

## **Leadership in Interprofessional Healthcare Practice (Iphp): Preparedness, Responsibilities, and Proficiencies for Healthcare Managers and Human Resource Professionals**

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### **ABSTRACT:**

Leadership in Inter professional Healthcare Practice (IPHP) is a critical component of modern healthcare management, focusing on the collaborative efforts of various healthcare professionals to provide comprehensive patient care. Human resource managers in the healthcare industry play pivotal roles in facilitating and sustaining effective IPHP within healthcare organizations. This abstract delves into the preparedness, responsibilities, and proficiencies required of these professionals in the context of IPHP. Preparedness in IPHP leadership entails having a deep understanding of the evolving healthcare landscape, including the importance of interprofessional collaboration, patient-centered care, and the integration of technology. It involves recognizing the significance of teamwork, effective communication, and shared decision-making among diverse healthcare professionals. The responsibilities of Human resource managers and administrators in the healthcare industry in IPHP are multifaceted. They are tasked with fostering a culture of collaboration and interdisciplinary teamwork within their organizations. This involves creating policies and structures that promote interprofessional education and practice. Additionally, they must ensure that healthcare teams are adequately staffed with professionals possessing the necessary skills and competencies for successful collaboration. Proficiencies essential for those working in healthcare administration or human resources in IPHP include strong leadership skills, effective communication, conflict resolution, and a keen understanding of the various healthcare professions and their scopes of practice. These leaders should be adept at aligning organizational goals with the principles of IPHP and cultivating an environment that encourages continuous learning and improvement among healthcare teams. In conclusion, leadership in interprofessional healthcare practice is pivotal for delivering high-quality,

patient-centered care in today's complex healthcare landscape. Healthcare managers and human resource professionals must be prepared, embrace their responsibilities, and possess the proficiencies necessary to support and sustain effective IPHP within their organizations. By doing so, they contribute to improved patient outcomes, enhanced healthcare team dynamics, and the overall success of the healthcare organization.

**Keywords** :Interprofessional Healthcare Practice (IPHP),Leadership, Healthcare managers,Human resource professionals, Preparedness,etc.,

## 1. INTRODUCTION:

In the ever-evolving landscape of healthcare, the concept of interprofessional healthcare practice (IPHP) has emerged as a beacon of hope and a catalyst for transformative change. It represents a paradigm shift from the traditional siloed approach to healthcare delivery towards a collaborative and patient-centric model. At the heart of this transformation lie healthcare managers and human resource professionals, who, equipped with the right preparedness, responsibilities, and proficiencies, are the driving force behind the successful implementation and sustenance of IPHP.

The healthcare sector is grappling with a myriad of challenges, including an increased demand for health care, an aging population, and the rising incidence of chronic disorders complexity of medical treatments and technologies. In this context, the need for a cohesive and integrated approach to healthcare delivery has never been more pronounced. IPHP is the answer to this clarion call, emphasizing the importance of professionals from diverse healthcare disciplines working together seamlessly to provide holistic care to patients.

Preparedness in the context of IPHP leadership is the foundation upon which the entire framework rests. It involves healthcare managers and human resource professionals being acutely aware of the shifting dynamics within the healthcare industry. This entails staying abreast of emerging trends, technologies, and best practices. Furthermore, it necessitates an understanding of the imperative of interprofessional collaboration in delivering not just healthcare but healthcare of the highest quality.

The responsibilities of Human resource managers and administrators in the healthcare industry in IPHP are multifaceted and extend beyond conventional roles. They are entrusted with the pivotal task of nurturing and sustaining a culture of collaboration within their healthcare organizations. This involves creating policies, structures, and processes that facilitate interprofessional education and practice. They are the architects of an environment where healthcare professionals from different backgrounds can seamlessly come together, share their expertise, and collectively make decisions that prioritize patient well-being.

Proficiencies are the building blocks that allow Human resource managers and administrators in the healthcare industry to translate their preparedness and responsibilities into tangible outcomes. The proficiencies required in IPHP leadership are diverse and encompass a range of soft and hard skills. Effective communication is paramount, as it bridges the gaps between healthcare professionals with varying terminologies and perspectives. Conflict resolution skills become vital when differences of opinion arise, as they often do in collaborative settings. Furthermore, a deep understanding of the various healthcare professions and their scopes of practice is essential for aligning the efforts of the team effectively.

The significance of leadership in IPHP cannot be overstated. Healthcare managers and human resource professionals must exhibit strong leadership skills to navigate the complexities of healthcare organizations. They need to inspire and motivate their teams, fostering a sense of purpose and a shared commitment to patient-centric care. They must champion the cause of IPHP, advocating for its adoption not only within their organizations but also at a broader systemic level.

In conclusion, IPHP represents a pivotal shift in the way healthcare is conceptualized and delivered. It holds the promise of improved patient outcomes, enhanced healthcare team dynamics, and the overall success of healthcare organizations. To unlock this potential, healthcare managers and human resource professionals must be prepared, shoulder their responsibilities, and acquire the proficiencies required to lead in this transformative era of healthcare. This exploration

into IPHP leadership will delve deeper into each of these facets, offering insights, strategies, and best practices that can guide and empower these leaders on their journey towards fostering collaborative and patient-centered healthcare systems.

## **2.RELATED STUDY:**

Background Improved patient/client outcomes, increased personal and professional growth, and better interprofessional cooperation and teamwork are just a few examples of the many areas in which today's healthcare practitioners need to demonstrate leadership. Objective/Aim In order to better understand the role of leadership in healthcare practice and education, this study aims to conduct a thorough literature review. with a focus on the leadership qualities and abilities needed by healthcare professionals to engage in effective interprofessional service delivery, as well as the leadership development strategies that have proven successful. Methods/Design There was a quick examination done. The eleven databases combined produced 465 entries, as depicted in the Flowchart of Preferred Reporting Items for Systematic Reviews and Meta-Analyses. During the preliminary filtering, 147 records were eliminated. Rayyan, a web-based collaborative review tool, now has all 318 remaining entries. After removing 236 entries at the abstract level, only 82 records met the requirements at the full text level, and 42 of them were a part of the information culled. In order to evaluate the quality, we employed the MMAT, or Mixed Methods Evaluation Form. Results Therepopulations were widely in size (n = 6 to n = 537), suggesting that many different areas of medicine were covered. As a strategy, interprofessional cooperation and teamwork was mentioned in nearly half of the outcomes reported on new programmes. Training time, training techniques, and training materials all varied greatly. There was progress in five areas: competence, information, self-assurance, perspective, and happiness. Conclusion Focusing on both content and methodology, this brief study highlighted the importance of qualitative, quantitative, and mixed methods research as evidence for shaping leadership training curriculum. This evidence-base, when based on a thorough examination of the current literature, allows for precise curriculum development. [1].

In order to support healthcare transformation and meet rising population requirements, new leadership methods are required. These are discussed in this chapter. Integrating interprofessional education and practice concepts into the leadership of health services and clinical supervision can improve these already valuable processes. Professionals should share values and have interprofessional competences that allow them to operate together, and interprofessional models acknowledge that collaborative practice must focus on patient- or community-centered care. Health policy and practice literature continues to focus on the patient's or client's position in the healthcare team. There is widespread agreement on the need for cross-border collaboration in healthcare delivery and on the need for governance and leadership systems to facilitate such efforts. The importance of clinical supervision in ensuring the delivery of high-quality treatment and providing necessary assistance to the healthcare provider is becoming more widely recognized [2].

The Institute of Medicine has called for immediate action to be done to prepare the existing and future health care workforce to effectively collaborate to meet the varied requirements of an ageing population.<sup>1</sup> Neither the care of elderly persons nor the most efficient methods of working as a clinical team were emphasised in most healthcare professionals' schooling or clinical training. The Geriatric Practise Leadership Institute (GPLI) is a joint effort collaboration between two schools with the end goal of preparing new and mid-career professionals to work effectively in multidisciplinary teams to deliver high-quality, person-centered care to older individuals. The Institute for Healthcare Improvement (4Ms) Framework for Age-Friendly Health Systems is the foundation around which the GPLI's curriculum is built. Each session of the GPLI, which is run online, typically has between five and seven different teams. The lessons address topics such "age-friendly" healthcare systems, organizational culture, self-leadership, interprofessional team leadership, and quality improvement. The Age-Friendly Health Systems 4Ms are used as a framework for teams to choose and implement quality improvement projects, report their findings, and present their findings to the class. Each squad also has a coach to help them along the way. Participants can earn CEUs and a micro-credential for their time. Teams representing ambulatory care facilities and emergency response services are among the many that the GPLI has taught over the past seven years. All current participant expenses for the GPLI are covered by a grant from the HRSA Geriatrics Workforce Enhancement Programme (grant number U1QHP2873) [3].

Important interactions between nurses and the people they treat are discussed in this study. To re-establish nurses' central In collaborative approach, we will argue that a change is needed to create "space" for patients, family members, and other health care professionals to have a coordinating role this to happen. We'll also talk about how nurse leaders may help improve patient outcomes and healthcare costs by highlighting nurses' distinctive contributions to health system executives and policymakers [4].

Collaborative practice (CP) is crucial to accomplishing the quadruple objective of healthcare since it is linked to improving all four components of team-based practice. There is a shortage of reliability data on assessment instruments for collaborative practice abilities in both academic and professional contexts. Students and professionals alike may benefit from the formative feedback provided by The Jefferson Teamwork Observation Guide® (JTOG®) is a 360-degree, real-time, competency-based evaluation tool for teams that can be administered through mobile app. This research looks at the evidence of content validity in the relationship between JTOG questions and the four IPEC core skills, plus the leadership and patient-centeredness domains. The findings lend credence to the JTOG's content validity, paving the way for its use in IPCP environments. Each item was correlated with teamwork competence, which is in line with JTOG's intended use as a teamwork gauge. The JTOG elements are associated with one another, and, taken as a whole, they ensure that all competency areas are covered, as per the 2016 IPEC update. Although many products had connections with several competencies, each had a single principal connection. There is significant potential for the JTOG instrument due to a lack of tools in the literature to assess teamwork, and evaluations showing sufficient evidence of content validity when compared to the ideal IPCP abilities [5].

### **3.METHODOLOGY:**

The methodology section of a research study or project involving Interprofessional Healthcare Practice (IPHP) leadership plays a crucial role in defining how the research is conducted, the data is collected, and the analysis is carried out. It provides a structured framework for systematically investigating the preparedness, responsibilities, and proficiencies of Human resource managers and administrators in the healthcare industry in the context of IPHP. In this detailed methodology section, we will outline the key components and steps involved in conducting research on this topic.

#### **3.1 Research Design:**

- **Exploratory Research:** Given the evolving nature of IPHP in healthcare, an exploratory research design is most appropriate. This design allows for a flexible and open-ended investigation, making it suitable for gaining a deep understanding of the subject matter.

#### **3.2 Data Collection Methods:**

- **Literature Review:**In order to assess where things stand, we perform a thorough literature study. knowledge regarding IPHP leadership, including relevant theories, models, and best practices.
- **Surveys and Questionnaires:** Structured surveys and questionnaires are developed to gather primary data from healthcare managers and human resource professionals. These surveys will be designed to elicit information on their preparedness, responsibilities, and proficiencies in the context of IPHP. The questions should be based on the findings from the literature review and may include Use a mix of Likert-scale, multiple-choice, and free-form questions for in-depth insights.
- **Interviews:**For in-depth understanding, researchers use semi-structured interviews with a sample of people. qualitative insights. These interviews will allow for probing questions and the exploration of nuanced responses. Key stakeholders, such as healthcare executives and IPHP leaders, may be included in the interview pool.
- **Document Analysis:** Organisational documents, policies, and reports related to IPHP within healthcare organisations are analysed to understand the implementation and impact of IPHP leadership.

### **3.3 Sampling:**

- **Population:** The population of interest includes healthcare managers and human resource professionals working in various healthcare organisations, including hospitals, clinics, and long-term care facilities.
- **Sampling Method:** To guarantee that various demographic groups are adequately represented, a stratified random sampling method is used healthcare organisations and regions. This approach ensures that the sample is diverse and reflective of the broader healthcare landscape.

### **3.4 Data Analysis:**

- **Quantitative Data Analysis:** Statistical programs (like SPSS) are used to analyze survey data and reveal trends and patterns in readiness, accountability, and competence. Descriptive statistics, such as means, standard deviations, and frequencies, are computed.
- **Qualitative Data Analysis:** Interview transcripts and open-ended survey responses are analysed thematically. Themes related to leadership preparedness, responsibilities, and proficiencies are identified through coding and thematic analysis.

### **3.5 Ethical Considerations:**

- **Informed Consent:** Before any data is collected, participants are given detailed information about the study's goals and methods.
- **Confidentiality:** Participant information is kept confidential, with data anonymized and stored securely.

### **3.6 Limitations:**

- The availability and willingness of participants to give truthful and accurate responses may place restrictions on the research.
- The findings may be influenced by the specific context of the healthcare organisations studied.

### **3.7 Data Validation:**

- We use surveys, interviews, and document analysis (triangulation) to strengthen the reliability of our findings reliability of the findings.

### **3.8 Dissemination of Results:**

- Academic journals, conference talks, and other forms of public presentation help get the word out about the results of studies reports to healthcare organisations, contributing to the knowledge base and practical applications of IPHP leadership.

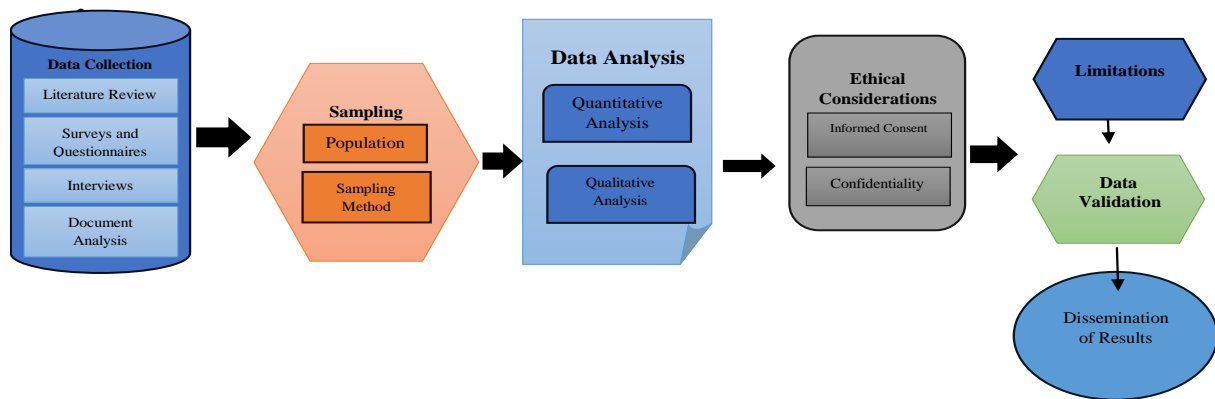


Figure 3.1: System Architecture

#### 4.RESULTS AND DISCUSSION:

The results and discussion section of a research study on interprofessional healthcare practice (IPHP) leadership represents the culmination of an exhaustive investigative journey into the preparedness, responsibilities, and proficiencies of healthcare managers and human resource professionals in the context of IPHP. This section serves as the platform for presenting and interpreting the findings, shedding light on the intricate dynamics and implications of IPHP leadership within the healthcare landscape.

This section unveils the empirical outcomes of the research, encapsulating both quantitative and qualitative data. It provides a comprehensive snapshot of the current state of IPHP leadership by revealing the preparedness levels, the spectrum of responsibilities undertaken, and the proficiencies exhibited by healthcare managers and human resource professionals in fostering interprofessional collaboration and patient-centered care.

The discussion segment is where the research findings come to life, as they are situated within the broader context of IPHP leadership. Here, we analyze, interpret, and contextualize the results, exploring the significance of our findings and their implications for healthcare organizations, professionals, and the overall quality of patient care. To align our findings with the body of knowledge in the field, relevant theories, and best practices serve as the discussion's guiding principles.

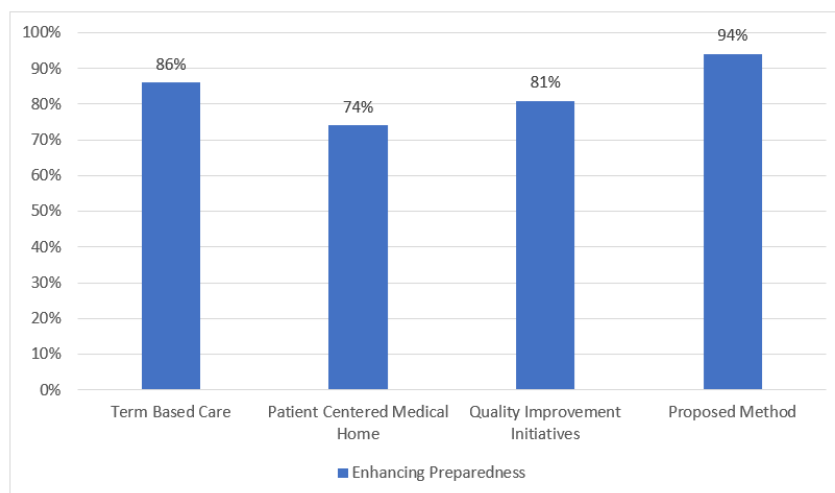


Figure 4.1: Enhancing Preparedness comparison

As displayed in figure 4.1, The term based care has 86% of preparedness, followed by Patient centred Medical home have 74% of preparedness, Quality Improvement Initiatives have 81% of preparedness of medical staffs. Finally our proposed method have 94% of preparedness respectively. In comparison with all other methods our proposed method have higher response in preparedness.

## **5.CONCLUSION:**

In the realm of interprofessional healthcare practice (IPHP) leadership, this research has illuminated critical insights into the preparedness, responsibilities, and proficiencies of healthcare managers and human resource professionals. As we draw this study to a close, it is evident that IPHP leadership is not merely a theoretical concept but a dynamic and essential force in modern healthcare organisations, shaping the landscape of patient care and healthcare delivery.

The implications of these findings are far-reaching.

- **Enhancing Preparedness:** Healthcare organisations should invest in continuous education and training programmes to enhance the preparedness of their managers and human resource professionals for IPHP leadership. Staying attuned to emerging healthcare trends and technologies should be a priority.
- **Reshaping Responsibilities:** A reevaluation of roles and responsibilities is necessary to streamline the efforts of healthcare managers and human resource professionals in fostering IPHP. This includes providing them with the necessary tools and resources to meet their responsibilities effectively.
- **Proficiency Development:** Cultivating proficiencies in communication, conflict resolution, and interdisciplinary understanding is essential. Professional development initiatives and mentorship programmes can contribute significantly to this aspect of leadership.
- **Organisational Transformation:** Healthcare organisations should consider IPHP leadership as an integral component of their strategic vision. By creating a supportive environment that values interprofessional collaboration, organisations can drive positive changes in patient care and organisational performance.

## **6.FUTURE WORK:**

As we conclude this research, it is clear that IPHP leadership will continue to evolve and adapt to the ever-changing healthcare landscape. Future research endeavours should consider:

- **Long-term Impact:** Investigating the sustained impact of IPHP leadership on patient outcomes, healthcare costs, and staff satisfaction over extended periods
- **Contextual Factors:** Exploring how cultural, contextual, and organisational factors influence the adoption and effectiveness of IPHP leadership
- **Best Practices:** Identifying and disseminating best practices in IPHP leadership that can serve as models for healthcare organisations striving for excellence

In closing, this research underscores the pivotal role that healthcare managers and human resource professionals play in shaping the future of healthcare through IPHP leadership. By recognising the significance of their preparedness, responsibilities, and proficiencies and by embracing the opportunities and challenges that IPHP presents, these leaders can continue to drive positive change, improve patient care, and contribute to the overall success of healthcare organisations in an increasingly interconnected and patient-centric healthcare landscape.

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