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Conference Abstract

Thriving through collaboration: developing allied health collaborative practice capability

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AUTHORS


Isabel Paton[1] PhD, Associate Head of School * [https://orcid.org/0000-0002-6672-7590]


Narelle Patton[1] PhD, Associate Dean (Partnerships and Workplace Learning) [https://orcid.org/0000-0003-3626-5564]


Anne Croker[2] PhD, Research Academic [https://orcid.org/0000-0002-7182-0642]

CORRESPONDENCE

*Dr Isabel Paton ipaton@csu.edu.au

AFFILIATIONS

[1] Faculty of Science and Health, Charles Sturt University, Thurgoona, NSW 2640, Australia

[2] Department of Rural Health, University of Newcastle, North Tamworth, NSW 2340, Australia

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Introduction: Collaborative practice models of health care are required to best meet the complex needs of contemporary patients and clients[1], particularly those in rural and remote settings. Allied health professionals are integral to collaborative practice in healthcare settings and come from diverse origins, work in many groupings and have relatively flat hierarchical structures, as distinct to medicine and nursing[2,3]. These unique characteristics of allied health professionals highlight the importance of deeply and richly understanding the notion of allied health collaborative practice capability[4,5].

Methods: This qualitative research was informed by philosophical hermeneutics, which helps deepen understandings of social phenomena[6]. We explored perceptions of allied health academics and students from two Australian universities in relation to developing capabilities key for allied health collaborative healthcare practice. This research was conducted with ethical approval from the Charles Sturt University Ethics in Human Research Committee (protocol number 2014/219). This approval covered ethics approval for the second university.

Findings & Discussion: This research explores the nature of allied health collaborative practice capability, illuminating a plurality and coalescence of underpinning capabilities interpreted from literature and experiential studies[7]. Findings highlighted nine key capabilities located in contextual, social and individual domains. Contextual capabilities comprise adaptability, responsiveness and persistence; social capabilities include friendliness, openness and reciprocity; and professional expertise, willingness and flexibility are integral individual capabilities. These capabilities are drawn on discretely or concurrently, depending on the situation at hand, and are particularly important in navigating the challenges and complexities of rural and remote healthcare settings.

Conclusion: This research invites reflection on: collaborative practice capability; how allied health professionals draw on capabilities for collaborative practice; and how a more nuanced understanding of the plurality and coalescence of collaborative practice capability may inform healthcare practice and education.

References

1 Chen D, Gerolamo A, Harmon E, Bistline A, Sicks S, Collins L. Interprofessional collaborative practice in the medical intensive care unit: a survey of caregivers' perspectives. *Journal of General Internal Medicine* 2018; **33:** 1708–1713. https://doi.org/10.1007/s11606-018-4623-3 https://www.ncbi.nlm.nih.gov/pubmed/30112736

2 Kim S, Bochatay N, Relyea-Chew A, Buttrick E, Amdahl C, Kim, L, Frans E, Mossanen M, Khandekar A, Fehr R, Lee Y-M. Individual, interpersonal, and organisational factors of healthcare conflict: a scoping review. *Journal of Interprofessional Care* 2017; **31(3):** 282–290. https://doi.org/10.1080/13561820.2016.1272558 https://www.ncbi.nlm.nih.gov/pubmed/28276847

3 Morley L, Cashell A. Collaboration in health care. *Journal of Medical Imaging and Radiation Sciences* 2017; **48(2):** 207–216. https://doi.org/10.1016/j.jmir.2017.02.071 https://www.ncbi.nlm.nih.gov/pubmed/31047370

4 Leggat S. *Changing health professionals' scope of practice: how do we continue to make progress?* Melbourne, Australia: Deeble Institute for Health Policy Research, Australian Healthcare and Hospitals Association, 2024. Available: https://ahha.asn.au/system/files/docs/publications/deeble_issues_brief_nlcg

5 Olson RE, Brosnon C. Examining interprofessional education through the lens of interdisciplinarity: power, knowledge and new ontological subjects. *Minerva* 2017; **55(3):** 299–319. https://doi.org/10.1007/s11024-017-9316-2

6 Silverman D. *Interpreting qualitative data: methods for analysing talk, text and interaction.* London, UK: Sage, 2001.

7 Paton I, Patton N, Croker A. Allied health collaborative practice capability: a coalescence of capabilities. *Journal of Allied Health* 2024; **52(1):** 45–50. https://www.ncbi.nlm.nih.gov/pubmed/38430496