Exploring Collective Efficacy Through Interprofessional Education: A Phenomenological Study in Selected Public Hospitals

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ABSTRACT. Background: Interprofessional education is increasingly recognized as a strategy to improve collaboration and patient outcomes in healthcare systems. However, limited research explores how healthcare professionals experience interprofessional education in South African public hospitals.

Objective: This study aimed to explore the lived experiences of healthcare professionals regarding the role of interprofessional education in enhancing collaboration, communication, teamwork, and clinical competence at four selected public hospitals in Gauteng province, South Africa.

Methods: A descriptive phenomenological design was used. Purposive sampling recruited twenty-two healthcare professionals from various disciplines responsible for training and development in their fields. In-depth, semi-structured interviews were conducted, and recordings were transcribed

verbatim. Data analysis followed a eight-phase thematic analysis process to identify and report patterns.
Results: Three main themes emerged: (1) foundational impact of interprofessional education, including role clarification and mutual respect; (2) enhancing communication and teamwork through structured dialogue and strengthened team cohesion; and (3) advancing clinical competence and patient care, focusing on holistic decision-making, and coordinated, patient-centred care.
Conclusion: Interprofessional education was viewed as a transformative tool that improves professional understanding, relationships, communication, and clinical effectiveness. Findings support integrating interprofessional education systematically into health education and in-service training in South Africa.
Contribution: This study provides insights specific to under-resourced, hierarchical public health settings, where rigid chains of command can limit contributions between multi-disciplinary team members, chronic staff shortages create heavy workloads, and time constraints lead to missed opportunities for consultations, reduced team communication, and failure to attend multidisciplinary trainings. These factors, coupled with competing clinical roles, impede collaboration. The findings demonstrate how interprofessional education can promote communication, mutual respect, and shared decision-making to enhance healthcare delivery in these environments.
Keywords: Interprofessional education, teamwork, communication, clinical competence, qualitative research, South Africa

INTRODUCTION

The growing complexity of healthcare delivery demands effective collaboration among diverse professional groups to ensure high-quality, safe, and patient-centred care. Interprofessional education (IPE), as defined by the World Health Organization (2010), involves two or more professions learning about, from, and with one another to enable effective collaboration and improve health outcomes. Globally, IPE is recognized as a key strategy for preparing healthcare professionals for team-based practice. It plays a critical role in strengthening important clinical competencies (van Diggele, Roberts, Burgess et al., 2020) by bringing together practitioners from various disciplines to promote collaborative learning and foster a comprehensive understanding of each other's roles and responsibilities in patient care (Alharbi, Alenazi, Althubaiti et al., 2024; He, Dizon, Ganotice et al., 2024;). This

collaborative model enhances teamwork by improving communication, coordination, and shared decision-making in clinical environments (Shrivastava & Savirani, 2024).

However, despite broad international endorsement, the implementation and impact of IPE remain uneven in low- and middle-income countries, including South Africa. Structural barriers such as entrenched professional hierarchies, limited resources, and fragmented health systems continue to impede collaborative practice. While evidence from high-income countries (Ly et al., 2018; Reeves et al., 2017) affirms the benefits of IPE in promoting effective teamwork and improving clinical outcomes, there is a notable lack of empirical research exploring its relevance and application in the South African public healthcare context. This study seeks to address this gap by examining the lived experiences of healthcare professionals who have engaged in IPE within public hospital settings, with a particular focus on how such experiences influence professional relationships, communication practices, teamwork, and clinical competence.

MATERIALS AND METHOD

Design

This study adopted a descriptive phenomenological design to explore the lived experiences of healthcare professionals with IPE. Phenomenology is appropriate for uncovering deep, subjective meanings associated with professional practice in complex environments.

Setting

The study was conducted at four public hospitals in the Tshwane District, Gauteng Province of South Africa. The hospitals are demarcated as tertiary, district, and regional level in accordance with the Demarcation Regulations of South Africa (Demarcation Regulations, 2017) and offers multidisciplinary services across medicine, nursing, rehabilitation, and allied health. The author chose a wide range of settings to provide a comprehensive understanding of how factors such as hospital structures and demarcation, team dynamics, and patient populations influence professional practice and clinical competence. Furthermore, exploring the perceptions and experiences of healthcare professionals and clinical educators across multiple sites enables data triangulation from varied sources and perspectives, thereby enhancing the study's credibility and reliability (Donkoh & Mensah, 2023). The study settings are chosen based on the accessibility and the geographical area to minimize costs as the study is self-funded.

Participants

A purposive sample of 22 healthcare professionals was recruited, including nurses, medical officers, physiotherapists, occupational therapists, social workers, and dietitians. Inclusion criteria were: (1) having participated in an interprofessional education activity in the past 12 months, and (2) being actively involved in clinical service delivery.

Data Collection

Data were collected through semi-structured face-to-face interviews with healthcare professionals actively involved in IPE initiatives within selected public hospitals between May and June 2025. This method was chosen to allow for in-depth exploration of participants' experiences, perceptions, and insights regarding IPE, while providing the flexibility to probe emerging issues and clarify responses during the interview process.

Interviews were conducted in private, quiet settings within hospital premises to ensure confidentiality and minimize distractions. Each interview lasted approximately 45 to 60 minutes and was guided by an interview schedule comprising open-ended questions aligned with the study objectives. Key topics included the participants' understanding of IPE, their experiences with interprofessional collaboration, perceived benefits and challenges, and suggestions for enhancing IPE in clinical practice.

Interviews were conducted by both the principal researcher and the co-investigator (who is not part of the current manuscript), and audio-recorded with participants' written informed consent. Field notes were also taken during the interviews to capture non-verbal cues and contextual information. Interviews continued until data saturation was achieved, meaning that, when no new insights emerged from subsequent interviews.

Data Analysis

Data was analysed following thematic analysis to specifically focus on identifying and interpreting recurring patterns or themes within the interview transcripts. Thematic analysis involves a systematic eight-step process: (1) familiarizing oneself with the data, (2) generating initial codes, (3) searching for potential themes, (4) reviewing and refining themes, (5) defining and naming themes, (6) developing the analytical narrative, (7) validating the themes, and (8) producing the final report (Dawadi, 2022). This method enabled a structured yet flexible approach to derive meaningful insights from participants' accounts.

MANAGING REFLEXIVITY AND BRACKETING

The researchers acknowledged that their professional roles and personal backgrounds could influence data collection, interpretation, and analysis. To manage this reflexivity, they engaged in continuous self-reflection and critical dialogue throughout the study. Central to this process was the use of reflective journals, where they documented and consciously set aside their biases, assumptions, and preconceived notions to bracket their influence. Regular peer debriefing sessions and open discussions were conducted to challenge interpretations, openly acknowledge potential biases, and ensure credibility. Moreover, the researchers been from different disciplinary backgrounds (principal investigator - Nursing and co-investigator - Social Work) helped balance perspectives and minimize individual bias. Transparency about their positionality was maintained in reporting, providing context on how their experiences may have shaped the research process and outcomes. This deliberate approach ensured that participants' voices remained central and that data interpretations were grounded in the findings rather than researchers' preconceptions.

Measure of trustworthiness

This study was grounded in the qualitative principles of trustworthiness, guided by the criteria established by Lincoln and Guba (1985), as cited by Stahl and King (2020). Throughout the research process, careful attention was given to maintaining credibility, dependability, transferability, confirmability, and authenticity.

Credibility was upheld by ensuring that the findings accurately reflected the participants' perspectives. This was achieved by summarizing, rephrasing, and reiterating responses during interviews to confirm accurate interpretation. Furthermore, the data analysis process involved systematic coding, with cross-verification of themes and sub-themes to enhance the reliability and integrity of the results. To ensure dependability, the study maintained a clear audit trail. All stages of the research from data collection to analysis and interpretation were meticulously documented. This comprehensive account supports the accuracy of the data and allows for potential replication or review. Transferability was addressed by presenting results in a way that, while not intended to be generalized, can be meaningfully applied in similar contexts. The findings offer valuable insights that may inform practices in other healthcare settings facing comparable challenges. Confirmability was established through rigorous documentation and the use of literature control to validate the study's results. This allows external reviewers to assess the logic and transparency of the research

process, thereby confirming that the conclusions drawn are grounded in the data rather than the author's bias. Finally, authenticity was ensured by selecting participants with deep, experiential knowledge of the research topic and by adhering strictly to inclusion and exclusion criteria. The richness of the data was further enhanced using direct participant quotations, which helped preserve the truthfulness and integrity of the lived experiences shared.

Ethical considerations

Firstly, the main project received permission in the form of an ethical certificate from the University of South Africa (UNISA) College of Human Sciences Research Ethics Committee [NHREC Registration#: (Rec-240816-052); Ref #: 6777]. Secondly, letters of request to conduct the study were shared through the online submission to the Gauteng Province Department of Health, and through emails to the selected public hospitals' Chief Executive Officers who granted permission to conduct the study. Thirdly, prior to the commencement of interviews, signed consent forms were obtained from the participants after a thorough explanation on the purpose of the study, what was expected from them as participants and reassurance regarding anonymity and confidentiality. Furthermore, it was reinforced that participation in this study was purely voluntary.

RESULTS

Description of study participants

The participants were healthcare professionals who were directly involved in professional development and training for their specialized fields including doctors (2), nurses (4), social workers (2), pharmacists (4), dieticians (4), occupational (2), speech (2) and physiotherapists (1), radiographer (1) classified as allied healthcare professionals (6) at four public hospitals in one district of Gauteng Province. Two of the hospitals are classified as district hospitals, one tertiary hospital and one regional hospital.

Presentation of themes and sub-themes

Three main themes and six subthemes are reported in this study, namely, IPE as a tool for clinical competence enhancement, barriers to effective IPE implementation and advancing interprofessional collaboration for quality healthcare delivery. These themes and subthemes are presented in Table 1 and are described and discussed in the subsections that follow.

Themes	Sub-themes
1. Foundational impact of Interprofessional Education (IPE)	1.1. Role clarification and shared identity 1.2. Mutual respect and trust
2. Enhancing communication and teamwork	2.1. Structured communication and dialogue 2.2. Strengthened team cohesion
3. Advancing clinical competence and patient care	3.1. Holistic clinical decision-making 3.2. Safer, coordinated, patient-centered care

Theme 1: Foundational impact of Interprofessional Education (IPE)

This theme reflects the foundational role of IPE in cultivating professional understanding, clarifying roles, and fostering mutual respect among healthcare professionals. Participants highlighted how structured interprofessional engagements supported collaborative foundations necessary for effective teamwork.

Sub-theme 1.1 Role clarification and shared identity

Participants consistently emphasized that IPE helped delineate professional responsibilities, reducing role ambiguity and promoting interprofessional cohesion. The following quotes illustrate how healthcare professionals experienced increased clarity regarding their roles and the emergence of a shared identity within their teams:

"Knowing what others do is very, very important… if I know what the doctor or OT does, then I know when to refer the patient to them for specific problems." Social worker/ hospital 3

"There is confusion between roles, for example between occupational therapy and physiotherapy, so I personally go and educate others in the wards and outpatient departments." Physiotherapist/ hospital 2

"There is a lack of understanding on the management plans of certain diagnoses and who is involved. People do not even know what a social worker does or what occupational therapy actually includes." Occupational therapist/ hospital 3

Sub-theme 1.2 Mutual respect and trust

Through shared learning, participants reported increased respect and trust across professions, challenging pre-existing hierarchies and biases. The

excerpts below illustrate how IPE fostered a culture of mutual regard and professional validation:

"The doctors who were present at the meeting changed their prescribing patterns. The ones who were not there did not know, and I had to follow up. That shows the importance of engaging everyone and building trust through shared learning." Pharmacist/ hospital 1

“We come with our own clinical experience, and then we are able to also counsel the family together. It has been a good experience, teaching me how to navigate and manage my patients.” Dietician/ hospital 3

“Even if we are doing orientation and induction, we make sure that we include different members from the multidisciplinary team. Everyone shares their expertise. This shows that we value each other's roles and contributions from the start.” CETU Nurse/ hospital 3

Theme 2: Enhancing communication and teamwork

Participants described IPE as a catalyst for more structured, respectful communication and more cohesive teamwork. The learning environments promoted open dialogue and reinforced interprofessional cooperation in clinical decision-making.

Sub-theme 2.1 Structured communication and dialogue

In this subtheme, participants acknowledged that although there are efforts to hold structured meetings and training sessions, these are not always feasible due to various constraints. Nonetheless, they expressed appreciation for the initiative. Below are supporting direct quotations that illustrate their views and experiences:

"Even though not everyone can attend full training sessions, the meetings provide an opportunity to discuss prescribing issues or rational medicine use. That space has really improved how we communicate." Pharmacist/ hospital 1

"We try our best to get the whole team, but it is not always possible... maybe the doctors cannot make it, so timing is the biggest obstacle. You might plan to attend an interdisciplinary training, but then an emergency happens, and you miss it... so that unpredictability is a big challenge." Dietician/ hospital 3

“We have meetings where we discuss what is working and what is not, and talk through challenges, especially miscommunications and misunderstandings. I personally prefer to document in the patient’s file and

also call the referring professional to explain why a referral might not be appropriate." Occupational therapist/hospital 4

Sub-theme 2.2 Strengthened team cohesion

Participants noted that interprofessional learning experiences created bonds across disciplines, enhancing trust and cohesion in daily practice. The quotes below reveal how IPE improved interpersonal relationships and team dynamics:

"We work closely with all the allied workers including physios, audios, dietitians, speech therapists, and social workers. When they join us on ward rounds, we can discuss patient cases together. I always use that as a teaching opportunity." Medical doctor/ hospital 1

"Interprofessional education benefits me I learned a lot from my colleagues from other disciplines, like psychologists and social workers, because it makes me open my eyes that we are taking care of a person holistically. When we collaborate, the patient benefits because they won't come back with the same problem." CETU Nurse/ hospital 4.

"I do not know many languages so they may be misinterpretation or misunderstanding between myself and my patient… but via the other professional who knows the patient language, sometimes certain concepts are explain better to them via an interpretation." Medical doctor/ hospital 4.

Theme 3: Advancing clinical competence and patient care

This theme highlights how IPE enhanced clinical competence and improved the delivery of coordinated, patient-centered care. Participants acknowledged that exposure to multiple professional perspectives broadened their clinical reasoning and improved the overall quality of service.

Sub-theme 3.1 Holistic clinical decision-making

Participants emphasized that interprofessional discussions led to more comprehensive care planning, drawing on the collective expertise of the healthcare team. The following quotes reflect the integration of holistic perspectives in clinical decisions:

"We are a training unit… the nurses are always the first people at the scene… they must be equipped. There was a report that said people are not competent in CPR and resuscitation, that is why we ensure training happens. We include the OTs, physios, and others in trainings like wound care and CPR... we even simulate real resus situations to debrief and build skills in a team." CETU Nurse/ hospital 2

“After a CPR, we meet with the team, nurses, doctors, anyone envolved, to analyse what went right or wrong. We look at the skills, resources, and teamwork. It helps us improve for next time.” CETU Nurse/ hospital 3

"This holistic approach helps us advocate for the patient to get proper psychological and social support as part of their care. Sometimes a traumatic injury has a social problem behind it that we only understand through collaboration." Medical doctor/ hospital 4

Sub-theme 3.2 Safer, coordinated, patient-centered care

Participants noted that IPE led to improved coordination and more empathetic, patient-centered care by aligning efforts. The statements below highlight how interprofessional collaboration translated into improved service delivery and patient outcomes:

“If you are not there and you do not hear that a medication is out of stock, you will still write the prescription. Then the patient ends up walking up and down between the pharmacy and clinic. But when we hear it directly, that is very beneficial, it prevents delays and frustrations.” Medical doctor/ hospital 1

“Our clients benefit from us working together, especially in controlling big chunks of hospital resources like drugs.” This participant further said, “When nurses delay bringing prescriptions to the pharmacy or write ‘out of stock’ dishonestly, patients do not get their medication on time.” Pharmacist/ hospital 4

“When multidisciplinary teams work well, patient care is safer, and management is easier.” This participant further said, “Advocating for patients within the system is difficult, but necessary for better coordinated care.” Social worker hospital 3

The themes presented above offer rich insights into participants’ lived experiences and form the foundation for a deeper interpretation and contextualization of the findings in the ensuing discussion.

DISCUSSION

This study explored the lived experiences of healthcare professionals regarding the role of IPE in enhancing collaboration, communication, teamwork, and clinical competence across four public hospitals in Gauteng Province, South Africa. The findings illuminate the multifaceted impact of IPE and provide insight into how structured interprofessional learning contributes to a more collaborative, competent, and patient-centered

healthcare environment. These results are discussed below in relation to existing literature.

Foundational Impact of IPE

This theme underscores the importance of role clarification and mutual respect in establishing a collaborative practice environment. Participants described IPE as a catalyst for understanding their own roles more clearly while gaining insight into the contributions of others, thereby fostering a shared professional identity. This aligns with research by Ly et al. (2019), who argue that role clarity is essential yet often elusive in interprofessional teams, and that IPE serves as a vital mechanism for reducing role confusion. Additionally, the development of mutual respect and trust among team members reflects earlier findings by Steihaug et al. (2016), who emphasized that mutual understanding and recognition of professional contributions are critical to effective teamwork. These findings reinforce the idea that IPE not only addresses cognitive knowledge gaps but also reshapes interpersonal and professional relationships.

Enhancing Communication and Teamwork

The second theme highlights the role of IPE in fostering structured, respectful communication and enhancing team cohesion. Participants noted that effective communication facilitated clearer and more efficient information exchange, results that align with Washburn, Anderson, and Schrader (2022), who argue that healthcare delivery is inherently interdependent, with no single professional solely responsible for ensuring optimal patient care or preventing harm from misapplied treatments. Similarly, Bhavani, Jayakumar, and Mishra (2022) emphasized that IPE promotes teamwork, which can help healthcare professionals reduce medical errors, prevent adverse outcomes, and enhance patient satisfaction. The sense of unity cultivated through shared learning experiences also echoes the conclusions of Reeves et al. (2017), who found that team-based IPE interventions improve interprofessional relationships and lead to better care coordination. Results from this study further suggest that IPE not only enhances technical communication but also strengthens the emotional and relational connections essential for building resilient and effective healthcare teams.

Advancing Clinical Competence and Patient Care

This theme underscores the role of IPE in enhancing clinical decision-making, ultimately contributing to safer, more coordinated, and patient-centered care. Participants emphasized the value of incorporating diverse professional perspectives into the decision-making process, which enabled more comprehensive and informed approaches to patient care. These findings align with WHO (2010) assertion that IPE equips health professionals to

collaborate effectively in teams, thereby improving health outcomes. The emphasis on patient-centeredness also resonates with the work of Barr et al. (2014), who highlighted that IPE cultivates empathy, shared decision-making, and respect for patient preferences. Although prior research by Kong, Emma, and Andreas (2025), as well as Nawagi, Vyas, Kiguli Malwadde et al. (2025), primarily focused on healthcare professional students, the present study builds on this foundation by demonstrating how these theoretical benefits translate into the lived experiences of healthcare professionals. In particular, it offers insight into how IPE contributes to collaborative, high-quality care within the resource-limited and high-pressure context of public hospitals in South Africa.

Contextual Relevance and Contribution

Importantly, the results of this study expand the global IPE discourse by offering perspectives from healthcare professionals operating in under-resourced and systemically challenged environments. While much of the existing literature originates from high-income countries, this study illustrates how IPE can function as a transformative tool in low- and middle-income settings, where structural barriers to collaboration are often more pronounced. Despite contextual challenges such as staffing shortages, high patient loads, and entrenched hierarchies, the professionals in this study reported tangible improvements in collaboration, communication, and clinical competence demonstrating the adaptability and value of IPE across diverse health system contexts.

LIMITATIONS

While this study offers valuable insights into the lived experiences of healthcare professionals regarding interprofessional education, several limitations should be acknowledged. Firstly, the study was conducted in only four public hospitals located in the urban region of the country, South Africa, which may limit the generalizability of the findings to other healthcare settings, such as rural healthcare facilities as well as the private healthcare institutions. Secondly, data collection relied on self-reported experiences through interviews, which may be influenced by recall bias or social desirability bias. Thirdly, while efforts were made to ensure diverse representation across professional groups, some disciplines were less represented in the sample due to availability constraints despite the efforts to make prior arrangements. Lastly, the cross-sectional nature of the study precludes an assessment of the long-term impact of IPE interventions on clinical outcomes and collaborative behaviour.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed for healthcare educators, policymakers, and institutional leaders:

- **Institutionalize IPE within curricula and continuing professional development:** Health education institutions should embed IPE into undergraduate and postgraduate curricula, while healthcare organizations should provide regular interprofessional workshops and simulations as part of staff development. To support this recommendation, Lindqvist, Wilsher, Vasset et al. (2025) suggested that it is imperative to institutionalize purposeful IPE within health and social care curricula and continuing professional development, while also advancing our understanding of how this initiative is evolving within higher education settings.
- **Promote leadership support for collaborative practice:**

Hospital administrators and department heads should actively support IPE initiatives, recognizing their role in reducing siloed practices and improving patient care outcomes.

- **Foster inclusive, team-based learning environments:**

Interprofessional learning activities should be designed to encourage equal participation and voice among all professional groups, countering traditional hierarchies and promoting mutual respect.

- **Strengthen interprofessional communication training:**

Structured communication tools should be incorporated into IPE sessions to enhance clarity, reduce errors, and build team efficiency.

- **Conduct longitudinal research on IPE outcomes:**

Future studies should assess the long-term effects of IPE on clinical performance, patient outcomes, and system-level efficiencies in diverse healthcare settings across South Africa and beyond.

CONCLUSION

This study highlights the transformative role of interprofessional education in enhancing collaboration, communication, teamwork, and clinical competence among healthcare professionals in South African public hospitals. The findings demonstrate that IPE enhances role clarity, mutual respect, structured communication, and team cohesion critical foundations for delivering holistic and patient-centered care. Participants reported that interprofessional learning not only improved their understanding of each other's roles but also built stronger interpersonal relationships and reinforced their collective responsibility toward patient outcomes. Despite contextual challenges such as staff shortages and hierarchical dynamics, IPE emerged as a powerful enabler of collaborative practice and clinical excellence. These results underscore the need

to integrate IPE more systematically into both pre-service and in-service healthcare training programs.

CONFLICT OF INTEREST

None.

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