



Inter-Professional Collaboration among Clinicians in Use of Counselling Services and Associated Factors at Selected District Hospitals in Kigali

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Abstract

Inter-professionals collaboration is necessary from varying disciplines to ensure that clinicians teams are efficient and able to provide collaboration, and joint decision making between the clinicians and counselors or psychologists in all areas of treatment planning and caring clients with highest quality of care ,in order to reach a determined outcomes ,regardless of the areas of specialization of hospital staff, nurse ,midwife, physician should remove any related factors which can hinder inter-professional collaboration in daily basis activity. Therefore, the study sought to establish factors influencing inter-professional collaboration among the clinicians in use of counseling services in selected two hospitals of Kigali City. The specific objectives were to establish professional attitude related, organizational related factors and level of inter-professional collaboration among clinicians in use of counseling services in Nyarugenge and Muhima District Hospital. The study employed a cross Sectional Survey Research Design and Self-Administered Questionnaire to collect data from 249 clinicians. Purposive sampling was used to choose the research site due the high number of health care workers and accessibility of the site. A simple random sampling technique was used to sample the nurses, midwives and physicians respectively. Data was analyzed using SPSS and relationships between variables were tested using correlation analysis and multiple regression. The study established that Professional attitude related factors ($\beta=0,054$, $p=.606 \geq p=0.05$), Organizational related factors ($\beta=0.072$, $p=0.491 \geq p=0.05$). The study concludes that professional attitude related factors determined an important influence on inter-professional collaboration such as the clinicians were not prepared in their pre-service training the concept of interprofessional collaboration with counselors or psychologists and the regulatory bodies did not instruct them to collaborate with the counselors or psychologists. The study, therefore, recommended that the hospital administration should strengthen inter-professional collaboration among clinicians and counselors or psychologists through adequate sensitization and provision of more resources in terms of financing. The study also recommends that the Hospital administration should include the Continuous Professional Development on Inter-professional Collaboration. Moreover, the study recommends that Hospital administration should organize team building sessions among the health care professionals to enable good working relations.

Key Terms: Interprofessional collaboration, Clinicians, *Counseling services, associated factors:*

1.0 Introduction

Globally, the associated factors which hinder inter-professional collaboration among clinicians with psychologists are professional attitude which give less importance on psychological problems or mental health of client, other related factor is lack training about mental and psychological issues in their previous study (Tovian, 2021). The health care system is charged solely with the responsibility of comprehensively treating patients. The mandate of Primary health care is service delivery through interprofessional's collaborative team that lay emphasis on the quality of care and health status of the client (Kenya Health Financing System Assessment, 2018). For this mandate to be achieved, it demands for knowledge, skills, and expertise that are far beyond one professional scope. For instance, managing a serious mental patient would require the services of not only; nurses, physician, midwives in case managers forming the core professional team members, but also might include mental health nurse, counselor, and psychologists (Kombo, & Tromp, 2019). In the US, an admitted patient in hospital could interact with more than 50 different hospital caregivers during a stay in hospital for four days (Leathard, 2023).

It is not a new phenomenon currently for a health system to demands for inter-professional collaboration practice. Today's client typically because of increase in health needs requires inter-professional collaboration to solve issues concerning their status of health. Inter-professional approach allows expertise with differing perspectives to develop common goal for improving, maintaining and restoration of client health outcomes by cost-effectively combining resources (Tovian, 2021). People working in teams for a common purpose has been a focus of human social organization ever since our ancient ancestors first lined up together to hunt and defend their communities (Abbott, 2021). The history of human development is largely a story of people working together to explore, achieve, and conquer. Team collaboration among clinicians implies the working together of professionals from different specialities non behavioural sciences and behavioural sciences (APA, 2018)

Collaboration is defined as a process that requires relations and interactions among health professionals, regardless of whether they are members of a formalized team or a less formal or virtual group of health professionals working together to provide comprehensive and care to a patient/client (Baldwin, 2019)

With the increase in a variation of diseases and social changes, health professionals have to provide the best care for patients who are facing complex problems. This increase of complex patient problems requires the skills and knowledge of several professionals. Since it is difficult for one single health care provider to address complex patient needs and reach goals that will help their patients, professionals need to work together in collaborative practice (Beckett & Kipnis, 2019). World Health Organization stipulated that the most factors influencing the Inter-professional collaboration is education background regarding crucial role of inter-professional collaboration in health care delivery, those pre-service training enables the clinicians to communicate effectively with others (APA, 2018). Inter-professional collaboration (IPC) is when health professionals from various professions work together to provide patient-centered care. Poor communication can be the main root cause of service errors in inter-professional collaboration among care givers. In order for collaboration between physician, nurse and psychologist need to know the scope of practice for each profession; maintain mutual respect for each other's expertise; communicate effectively and look for continuing education training opportunities to enhance collaboration between professionals (Abbott, 2021)

The study conducted in sub Saharan countries revealed that the health professionals have not been trained in order to collaborate with other students from other professionals which will have impact on IPC implementation for future professionals (Belcher, 2020). Roles and responsibilities; understanding not only one's own roles, responsibilities and expertise but also those of other varying health care providers; Communication; expressing of one's opinion and perspective to colleagues competently as well as listening to other team members; Learning and critical reflection: emphasis on means of translating inter-professional learning to the practicing setting and a critical reflection on members relationships within a team (Bronstein, 2020). Despite the literature supporting the benefits of Inter-professional collaboration (IPC), there is limited research on collaborative practices that include counsellors and psychologists. The same is true for counsellor education and the benefits of providing interprofessional education in graduate counselling programs. Similar to other health care providers, counsellors also work on health care teams and are involved in consulting, referring and seeking resources from other professionals (Bélange & Rodriguez, 2018).

Counsellors may feel less overwhelmed with the complexity of client needs if they have access to a system of shared expertise; such as availing of service resources and consulting with the complexity of client needs if they have access to a system of shared expertise; such as availing of service resources and consulting with other professionals. This in turn, could also impact the nature of the care provided to the client. As the demand for collaboration increases and more professionals are seen working closely together to help their patients, it is essential that counsellors are prepared with competencies to participate in IP collaboration (Belcher, 2020)

A collaborative relationship between psychologists and Medical Doctors would suggest a greater likelihood that Medical Doctors will refer clients to a psychologist for psychotherapy or treatment. Such a referral would increase the likelihood that clients obtain appropriate care for their mental health concerns and possibly reduce the likelihood of medication used for symptoms that could be treated less visibly. Collaboration with physicians is beneficial for psychologists so they are not left behind as healthcare practices advances (Bourgeault & Mulvale, 2020). In high income countries, team collaborations is mandatory in health system, all professionals know their roles and responsibilities for client quality care, they share the knowledge and take decision professionally (Brashers, Owen & Hazlip & Hazlip, 2019). In low income countries there are different factors which influence the implementation of team collaboration such as organizational related factors such as lack of the policies and structures which support the professionals to work together and delineate their boundaries. Professional related factors are also hinder the team collaboration, the most professionals were not taught team collaboration education then will be not easy for them to use it in service (Bronstein, 2020). According to the World Health Organization (WHO), effective team collaboration, both within and across teams, is a key feature of the delivery of high-quality patient palliative care and patient safety (CIPHC, 2019)

The coordination and delivery of high-quality palliative care and safe care demands reliable team collaboration within and across organizational, professional, technical, and cultural boundaries (Carin, & Heila, 2019)

In the US, an admitted patient in hospital could interact with more than 50 different hospital caregivers during a stay in hospital for four days (Bronstein, 2020). It is not a new phenomenon currently for health system to demands for inter-professional collaboration practice. Today's client typically because of the increase in health needs requires inter-professional collaboration to solve issues concerning their status of health. Inter-professional approach allows expertise with differing perspectives to develop common goal for improving, maintaining and restoration of client health outcomes by cost-effectively combining resources (Breen, Borresen & Gunn, 2018)

The health care providers of Aga Khan University Hospital, Nairobi pointed out that interpersonal is one of a factor among professionals which should hinder implementation of inter-professional collaboration (IPC) such as professionals' education, trust and respect, motivation, individual personality and understanding each other's roles, leadership and of each consultation based on professional knowledge relevancy (Ellison, 2019)

Regionally, the strategic health leadership is considered as associated factors crossed in a report undertaken in Uganda, South Africa and Ghana on inter-professional collaboration while take decision to the patient with chronic illness (Bronstein, 2020).

A South African analysis of two hospitals case study showed that leadership style and practices could be a factor of inter-professional implementation among care providers (Breen, Borresen & Gunn 2018).

Another study in South Africa is indicated the existence of range of diverse associated factors of inter-professional collaboration owing to a lack of knowledge in inter-professional across the various healthcare and medical disciplines in South African on studying inter-professional health education to enhance collaboration showed that inter-professional health education at an earlier stage of professional development was important in cultivation of a culture of teamwork and inter-professional collaboration among health providers (Ellison, 2019).

American Psychological Association (2019) showed that individual personality is one associated factor influence the degree of interactions and delegation of tasks among care providers. Person's personality influences the ability of a team member to work in an inter-professional team environment (Brashers, Owen, & Hazlip, 2019).

According to Uganda Counseling Association (UCA) (2020), another way of professionals' preparedness is shifting to professional patient-centred interaction from the current person-centred approach. It has also been pointed out that personal personality work as an influential factor in the inter-professional collaboration practices (Baldwin, 2019).

The multi-professional approach occurred when professionals from two or more discipline/professions side by side practice for whatever reason, whereas interprofessional collaboration has a component of interaction among healthcare professionals where they learn from, with and about one another. Inter-professional collaboration implies interdependence involving surrendering some aspects of their own professional role or crossing into another's sphere by inter-professional team members with alteration of professional boundaries among team members. According to Wilmot(2021), inter-professional collaboration demands an approach with integrated thus leading to a greater degree of flexibility and maturity with regards to health provider' knowledgebase (Robiner ,2016). The study was guided by the following research specific objectives;

- i. To identify the professional related factors on inter-professional collaboration among clinicians in use of counselling services in Kigali District Hospitals
- ii. To determine the level of inter-professional collaboration among clinicians in use of counselling services in Kigali District Hospitals
- iii. To evaluate the influence of organizational related factors on inter-professional collaboration among clinicians in use of counselling services in Kigali District Hospitals

2.0 Review of Related Literature

2.1 Empirical Literature

2.1.1 The influence of professional related factors on inter-professional collaboration among physician, nurses and psychologists during palliative care.

Professionalism is not clearly defined in the dictionary, but in the medical field, it is generally accepted as acting with appropriate demeanor, respect, and possessing proficiency to perform the job. A healthcare professional that is professional is compelled to always put the patient's well-being above their own self-interests. A patient will have greater trust and confidence in your abilities when you demonstrate good manners and respect (Baldwin, 2019). Consistent challenges to collaborative practice can be solved by effective collaborations, communication, conflict resolution skills including understanding of group norms, health professionals' roles, ability to tolerate differences, a willingness to collaborate, and ability to contribute to shared care plans and goal setting (Beckett,& Kipnis,2019). Inadequate collaboration affects the quality of patient care. For instance, ineffective communication, inappropriate treatment, puts patients at greater risk. In most US. Hospitals focus their plan on effective communication and collaboration is the exception, not as the rule (Belanger& Rodriguez, C.2018). In Ethiopia the government works to increase health coverage from its very limited distribution to large number of hospitals and health posts are being built in very corner of the country but the health care system is suffering from lack of qualified and diversified health professionals and conducive working environments. Nurses are not fully exercising their autonomy work with physicians and physicians show dominant role over nurses (Belcher, 2020). Educational background of certain professional influence positively or negatively to engage in interprofessional collaboration, other factors are the scope of practice of professionals which require to collaborate with others, working experience is also influencing the inter-professional collaboration (Beckett,& Kipnis,2019). World Health Organization(WHO) Framework for action on Inter-professional collaboration recommends contribute professionals strive to positively affect client care, balancing autonomy, independence and maintaining the interests of the specific discipline of the practitioners but current research shows interdisciplinary collaboration demonstrates that not all of these factors are in place and it leads to lack of sufficient team collaboration, deficient interprofessional education, collaborative practice, role confusion and a misunderstanding of the responsibilities of particular disciplines within the health care industry (Brashers,Owen,&,2019).

2.1.2 The influence of client related factors on inter-professional collaboration among physician, nurses, and psychologists during palliative care delivery.

The nature of client is one of factor contribute on inter-professional collaboration among physician, nurses and psychologist however the person needs to be taken as whole in spiritual, social ,psychological and physical dimensions. Obviously inter-professional is so (Bronstein, 2020)

Inter-professional collaboration is a core concept behind on client-centered approaches is the need to treat people with, and preserve, dignity in care settings. Client receiving palliative care are one group who may have particularly sensitive needs in terms of their condition, symptoms and life expectancy. One person in hospital is not relevant to treat the palliative care client holistically, it necessitate the inter-professional collaborative spirit in palliative care delivery (CIPHC, 2019). Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and Facilitating patient autonomy. Access to information and choice (Belcher, 2020).

2.2.3 Interpersonal factors on inter-professional collaboration among medical doctors, nurses and psychologists during palliative care delivery.

Empathy and compassion. Above all else, a good health professional can show compassion to their patients and provide comfort when they need it. At times, your patients may find themselves in difficult or frustrating situations and they need someone to listen, to understand and respect their wishes or point of view (Bronstein, 2020). Some personality traits, like respect, patience, and punctuality are valuable skills at work and in life. And other traits, like inflexible thinking and emotional whimsy, make any job harder. It's not for everyone. People who have specific personality traits see the most success and personal fulfillment in a healthcare career track. As the professionals are trained different, also they have different personality; the trait and temperament of nurse, physician and psychologist have impact to work together (Bourgeault,&Mulval,2020). Employee personality is an important factor that affects healthcare service delivery. It appears from the literature that customers perceive employees with personality traits of conscientiousness and agreeableness as more reliable and empathetic and therefore will rank higher service quality (Barr, 2019). While it must be acknowledged that other models exist, personality is most commonly divided into five big traits, namely *Agreeableness*, *Conscientiousness*, *Extraversion*, *Neuroticism* and *Openness to Experience*. (i) Agreeableness refers to the tendency to get along well with others and is associated with altruism or modesty. (ii) Conscientiousness refers to the extent to which an individual is careful, reliable and persevering. (iii) Extraversion refers to the tendency to experience positive emotions and to have a positive outlook on life. In general, extraverts are talkative, sociable, outgoing, enthusiastic, and energetic. (iv) Neuroticism refers to the tendency to experience negative emotional states including anxiety, depression or anger. (v) Openness to experience refers to the tendency to be open-minded,

imaginative, and curious (Baldwin, 2019). The impact of agreeableness, and openness to experience on health care use were analyzed in an explorative way. Moreover, we examined whether personality moderates the impact of need factors on health care use. This moderation analysis was conducted because it appears plausible that the association between need factors and health care use varies by personality factors such as neuroticism. For example, compared with individuals scoring low in neuroticism, individuals scoring high in neuroticism might be more reactive to poor health (e.g., more intense feelings of pain) (Bronstein, 2020)

2.1.4 Organizational factors on inter-professional collaboration among medical doctors, nurses and psychologists during palliative care delivery.

An important influencing factor supporting collaborations is having formal organizational leaders as collaborative champions. This includes the elements: a) ability to move towards a common goal; b) leadership buy in to collaboration; and c) transformative leadership qualities and skills. This factor was less commonly raised by participants compared to other factors; nonetheless it was identified by some participants in each province and sector (Carin, & Heila, 2019). The element –ability to move towards a common goal describes attributes needed by organizational leaders to have the power to move collaborations forward. One such attribute is the importance of having a vision: So, if the leader doesn't have a vision of what it's going to look like then they are not going to lead the way (Breen, Borresen, & Gunn, 2018) Middle and senior level managers were identified as leaders with a role in enabling collaboration: And it's up to the managers, I believe. That is a key role of directors, but especially the managers, to create the environments to allow that to happen (Ellison, 2019) Leadership buy-in to the collaboration was viewed as another significant element in successful collaborations. Having leaders at senior level who "really believe in it" was essential for collaborations to work, whereas, a lack of leadership buy-in was a barrier (Robiner, 2016). Having a collaborative organizational culture is an essential influencing factor for supporting collaboration at the practice level. It consists of three elements: a) a valuing the work of the other sector, b) organizational readiness on collaboration, identified as being essential by both sectors and all provinces. A condition for valuing the other sectors was having an understanding of it. As one participant explained: There is a lack of respect sometimes for primary healthcare providers. If people understand what to deal with day in and day out and the volume of work, there be more understanding (Smith, 2022). Collaboration is very difficult without adequate fiscal, material and space resources. Given the difficulty experienced by both sectors in obtaining resources for collaboration, any resources that are available must be used optimally. Optimal use of Resources consists of four elements: a) funding mechanisms; b) investment of resources to initiate and maintain collaboration; c) geographic proximity of partners; and, d) time for working on collaboration (Tefft, & Smeonsson, 2019). The final influence on Primary Care (PC) and Public Health (PH) collaboration is ensuring that the approaches to programs and service delivery facilitate collaboration. Collaborative Approaches to programs and services delivery consists of four elements: a) engaged community; b) client-centered approach; c) inter-professional teams; and d) integrated or coordinated programs and services between health care providers such as Medical Doctors, nurses and Psychologists (APA, 2018). Finally, collaborative organizational culture (influencing factor 40 was found to be influenced either positively or negatively by the presence or absence of strategic coordination and communication mechanisms between partners. For example, a physician shared a scenario in which lack of communication (Theilke, Thompson & Stuart, 2021)

2.3 Theoretical Framework

The theoretical framework is the structure that can underpin or support a theory of a research study. The theoretical framework introduces and describes the theory which explains why the research problem under study exists. This examination will use different theories including Collaborative care model, Bio-psychosocial model, Holistic Health Care Model.

2.3.1 Collaborative Care Model

The Collaborative Care Model has the most evidence among integration models to demonstrate its effectiveness and efficiency in controlling costs, increasing access, improving clinical outcomes, and boosting patient satisfaction in a variety of primary care settings (Breen Ruddy et al, 2020). The researcher use the Collaborative Care Model to inter-professional collaboration and associated factors among nurses, psychologists and medical doctors while comprehensive management of patient with palliative problems ,the Collaborative Care Model underpin this study to demonstrate importance of collaboration between Medical Doctors Nurses, 154 psychologists and Psychologists during palliative care delivery toward well-being of client. Collaborative-based care has proven to be a cost-effective and efficient model that delivers high-levels of patient care and positive clinical outcomes (Belcher, 2020). In the last three decades, experts have identified that the Collaborative Care Model contains four core elements: team-driven, population-focused, measurement-guided and evidence-based. The Medical Doctors, Psychologists, Counselors, Nurses, and Mental health workers. Are made collaborative Caregivers in multidisciplinary team, shares roles, tasks, and together are responsible for the health outcomes of their patients. They are focused on the holistic care of their patient population regardless area of specialization of caregivers (Breen Ruddy et al, 2020). In this study the Medical Doctors, Counselors, Psychologists and Nurses are in multidisciplinary group of care delivery professionals providing and supporting care and implementing and revising the treatment plan. A Collaborative Care Team is often led by a primary care provider (PCP) and includes office and support staff, nurses, care managers, and appropriate specialists. For example, the Collaborative Care Model for mental health conditions in primary care settings may include a psychiatric nurse practitioner, social worker, licensed counselor or therapist, 154 psychologist, or psychiatrist. The team-driven approach allows for internal accountability and follow-up, checks and balances, and may help protect members from burnout and turnover when faced with stressful and challenging scenarios (Breen Ruddy et al, 2020).

The Medical Doctors, Counselor, Psychologists and nurses focus on population based care in order to get health outcomes within population, in this study collaborative care model support the Medical Doctors (MDs) Counseling Psychologists (CP) and Nurses to work together (APA, 2020).

Measurement-based care uses systematic, disease-specific, patient-reported outcome measures to drive clinical decision-making. Symptom rating scales, for example, are quick structured instruments patients can use to report the frequency and/or severity of the symptoms they are experiencing. It aims to improve the accuracy and efficiency of symptom assessment in order to shift focus onto patients who aren't responding to the treatment this includes full response, partial response, or no response at all. However, the data must be current, interpretable, readily available, and usable by the provider during care (Breen Ruddy et al, 2020).

Evidence-based care incorporates measurement-guided data into the clinical decision-making process while

2.3.2 Bio-Psychosocial Model

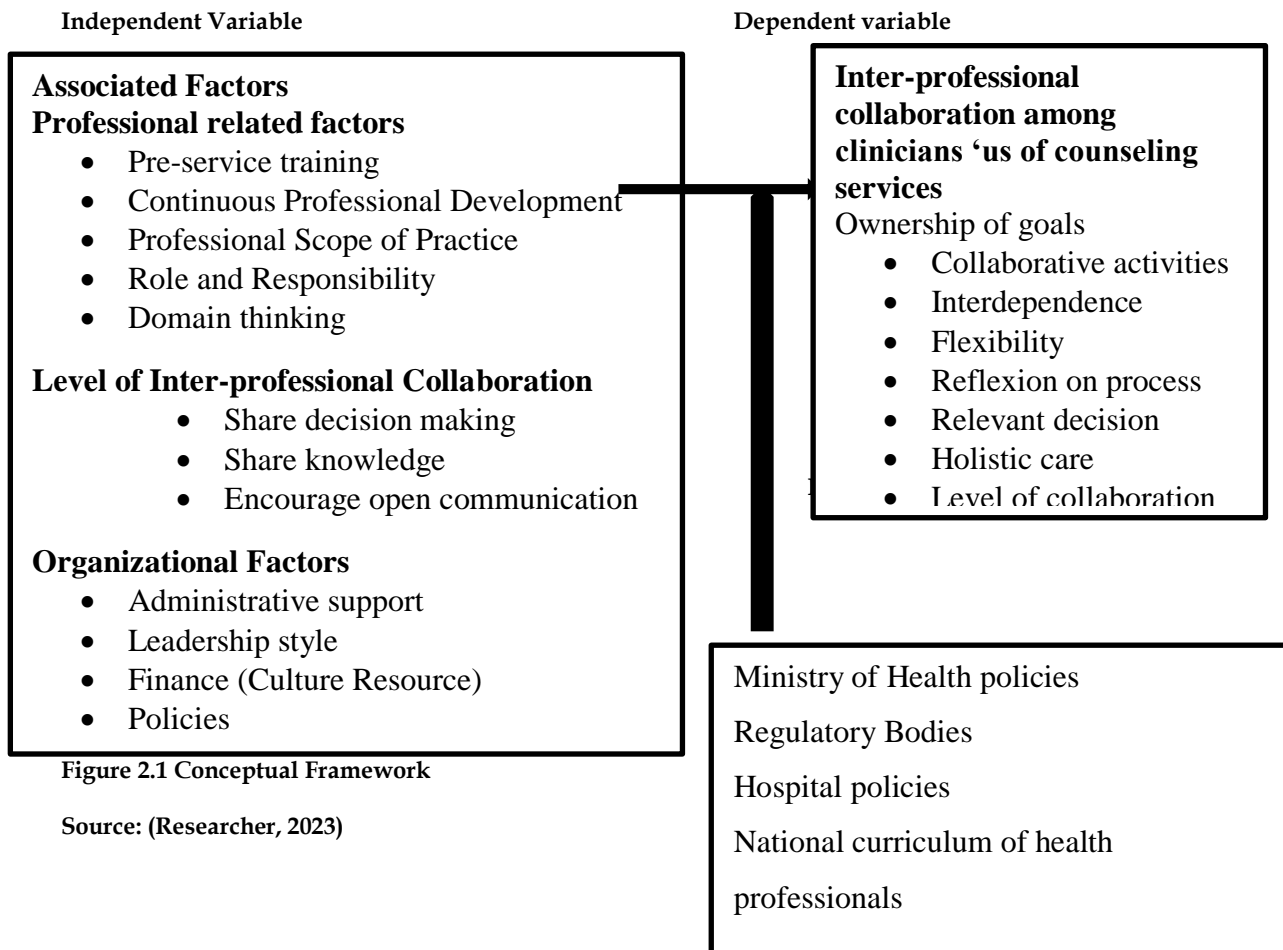
Bio-psycho-social Model refers to the use of biological, psychological, and social principles to address human wellness and health. This model supports the work between Medical Doctors, Counsellors, Psychologists and nurses while they are treating the client, the Medical Doctor stand on the side of biological issues such as physiological and anatomical diseases then Medical Doctor is expert to solve the biological health problems than Counselling Psychologist, other side the Counselling Psychologists masters to solve social and psychological problems which affect client's health. The Bio-psychological (BPS) facilitate the significant interaction among the three disciplines medicine, nursing sociology and psychology, however the Medical Doctor knows better medicine than sociology and psychology, a reason why to refer to Counseling Psychologist for intervening in psychosocial problems of client ,is not possible.(World Health Organization. 2021).

2.3.3 Holistic Health Care Model

Holistic Health Care Model is about caring for the whole person, providing for physical, mental, spiritual, and social needs. Holistic Health Care Model rooted in the understanding that all these aspects affect the overall health, and being unwell in one aspect affects the client in others (D'amour, &Oandasan, 2019). The American Holistic Medical Association has the following ten principles for working in holistic medicine: Optimal health practice is the primary goal of holistic medical practice. It is the conscious pursuit of the highest level of functioning and balance of the physical, environmental, mental, emotional, social and spiritual aspects of human experience, resulting in a dynamic state of being fully alive. This creates a condition of well-being regardless of the presence of disease. The Counseling Psychologists evoke and help patients utilizes these powers to affect the healing process. The Medical Doctors embrace a lifetime of learning about all safe and effective options in diagnosis and treatment. The most Medical Doctors focus patient care on the unique needs and nature of the person who has an illness rather than the illness that has the person whilst the Counseling Psychologists continually work toward the personal incorporation of the principles of holistic health care, which then profoundly influence the quality of the healing relationship. All life experiences including birth, joy suffering and the dying process are profound learning opportunities for clients, Medical Doctors, and Counseling Psychologists (Etikan,, Musa, &Alkassim,2019). Holistic health care is actually an approach to life mean that is not good to work alone as health professional, some Medical Doctors don't integrate Holistic Health Care Model that is why the researcher assess the perception of Medical Doctors who work in private clinic how they collaborate with Psychologists in terms of decision making of clients received in their clinics (Farnsworth, Seikel, Hudock, & Holst, 2019).

2.4 Conceptual Framework

The conceptual framework guiding the study is as illustrated in Figure 2.1. The framework presents in a diagrammatic manner, the relationship between independent, dependent and intervening variable of the study. The independent variable is the associated factors which influence inter-professional collaboration among Nurses, Medical Doctors and Psychologists.



3.0. Research Methodology

3.1 Research Design

Research design refers to the overall strategy utilized to carry out research that defines a succinct and logical plan to tackle established research question(s) through the collection, interpretation, analysis, and discussion of data (Tovian, S. M. 2021). The cross-section survey was used by distributing the questionnaire and data collection one day per week, the questionnaires are based on the influence of professional related factors on inter-professional collaboration among clinicians in use of counseling services, assesses the level of collaboration among clinicians in use of counseling services, the level collaboration was assessed by using likert scale whereas the researcher subdivided into the three categories the score from 6 to 11 is considered as low collaboration, the score from 12 to 18 as moderate collaboration and 19 to 30 was taken as high collaboration, the last objective of this study was the influence of organizational factors on inter-professional collaboration among clinicians and psychologists or counselors. The researcher investigated how nurses, midwives and physicians perceive how hospital administration support inter-professional collaboration among clinicians in use counseling services. Basis by likert scale, the closed ended questionnaires were used in this study as the data collection instrument. They were preferred because of their ability to reach a wide population such as those normally encountered in survey studies easily and conveniently. Questionnaire also reduces interviewer bias significantly. The research questions were answered after analyzing data from various respondents of two District Hospitals located in Kigali City such as Muhima District Hospital and Nyarugenge District Hospital.

3.2 Target Population

A target population is a certain group of the population that share similar characteristics and is identified as the intended audience for a product, advertising or research. It is a portion of the whole universe of people selected as the objective audience (Breen Ruddy et al, 2020). In this study, the District Hospitals of Kigali City were served as target population, in total all two hospitals count 249 clinicians as given by Human resources of Muhima District Hospital (136 clinicians) and Nyarugenge District Hospital (115 clinicians).

Inclusion criteria

The respondents were included in the study on the basis on daily activities of nurses, midwives and physicians who are in contact of patient to assess, diagnose and treat the outpatient and hospitalized patients with illness.

Exclusion criteria

The nurses, midwives and physicians who no longer work on bedside or participate in assessment, diagnosing and treatment of patient, those kind of clinicians are excluded in this study.

3.3 Sample Design

The sample Design refers to the technique or the procedure the researcher would adopt in selecting items for the sample. Each element/respondent has a known probability of being included in the sample. This section covers the sampling technique and the sample size. To the number of observation or individuals in order to facilitate the researcher to access the representative of the entire population. In this study the sample size calculation is not convenient due to small size of target population, the researcher prefer to take all participants. The study used purposive was used to select two hospitals in Kigali City and total sampling technique was adopted to sample clinicians as whole numbers as given by Humana resources of each hospital.

3.4 Data Collection Methods

Data collection is defined by Olsen (2020) as the process of collecting information from all the relevant sources to find answers to the research problem, test the hypothesis and evaluate the outcomes. Data collection methods can be divided into two categories: secondary methods of data collection and primary methods of data collection. In different literature the data collection instrument is defined as a tool used for gathering information such as tests, questionnaires, inventories, interview schedules or guides, rating scales, and survey plans or another forms which are used to collect data on substantially identical items from 10 or more respondents. In this study, the researcher will distribute the questionnaires closed-ended to participants for getting the primary data on associated factors influence inter-professional collaboration among medical doctors, nurses and psychologist especially when they manage the case of palliative care. After approval of proposal, the researcher obtained a permission letter to conduct research from Mount Kenya University which will be presented to the respective District Hospital seeking permission to carry out research.. Thereafter, the researcher will approach respondents and issued them with the questionnaire. The drop and pick up point of the questionnaire will be determined by the researcher and respondents. The adoption of the questionnaire will be informed by two previously used questionnaires in related studies; index of inter-professional collaboration questionnaire, which will be used to measure the extent of collaboration among medical doctors, nurses and psychologists (Ellison, J. M. 2019) and associated factors which influence inter-professional collaboration which will be the dependent variable. The other sections will comprise independent variable, respectively; the first section will focus on Socio-Demographic information, the second section will deal the professional-related factors, the third section patient related factors, the fourth Section. Interpersonal factors and last section will be on Organizational factors. Each of these constructs will be derived from the literature review while the items will be derived from the literature review together with the index of inter-professional collaboration questionnaire and associated factors.

3.5 Data Analysis

Data analysis in research is considered as an illustrative method of applying the right statistical or logical technique so that the raw research data makes sense (Thomas, M. 2022). Data analysis summarizes collected data. It involves the interpretation of data gathered through the use of analytical and logical reasoning to determine the most associated factors influencing the inter-professional collaborative among medical doctors, nurses and psychologists in palliative delivery. Data was entered into the Statistical Packages for Social Sciences (SPSS) (Version22) software for analysis. Data will then be analyzed and presented in form of percentages and frequencies using pie charts.

4.0 Research Findings and Discussion

Table 4.1

Overall Response Rate

Hospitals' respondents	Number of Instruments administered	Number of Instruments Returned	Response Rate
Muhima Hospital	136	134	98%
Nyarugenge Hospital	113	110	97%
Total	249	244	98%

Source: (Researcher, 2023)

The result shows an overall response rate of 98% which was a very good response rate. According to the recommendations by Baruch and Brooks (2018) that a 50% response rate is acceptable while 70% response rate indicated a very good response. The researcher instituted effective research techniques and data collection strategies hence an overall good response rate. The key profiles and characteristics of each of hospital 'respondents are presented and discussed below.

4.2 Socio-demographic Characteristics of the Respondents

The study determined the demographic characteristics of the respondents as they were considered as categorical variables which give some basic insight of the respondents. The characteristics considered in the study were; range of ages of the respondents; gender; level of education attained and; duration worked in current health facility. The findings on these are summarized in Table 4.2

Table 4.2: Distribution of socio-demographic study of Interprofessional collaboration among clinicians with counseling services

Variables	Category	Frequencies	Percent (%)
Gender	Male	75	30.7
	Female	169	69.3
Age	25-30	33	13.5
	31-36	87	35.7
	37-42	79	32.4
	43-48	32	13.1
	49-54	6	2.5
	55-60	7	2.9
Level of Education	Advanced diploma	212	86.9
	Bachelor's Degree	30	12.3

	Master's Degree	2	.8
Year of Experiences	low 5years	25	10
	6-10	89	36
	11-15	57	23
	16-20	36	14
	21-25	22	9
	26 and above	15	6
Hospital name	Nyarugenge Hospital	103	42.2
	Muhima Hospital	141	57.8
Profession	Medical Doctor	17	7.0
	RN	178	73.0
	RM	49	20.1

Source: (Researcher, 2023)

Among the total of 244clinicians about more than half 165 (69.3%) were females, respondents age group belong 31-36showed 87(35.7%) and age group belong 37-42shows 79(32.4%).More than half of respondents work experience between 6-10 years shows 89 (36%) and more work experience 11-15 shows 57(23%).

The result on levels of education showed a large proportion of participants 212(86.9%) were Advanced diploma, 30(12.3%) were Bachelor's Degree, 2(.8%) were Master's Degree.

Statements (n=244)	SD %	D %	N %	A %	SA %	Mean	SD
My pre-service training prepared me well for collaboration with counselor or psychologist	9	73.4	5.	6.	5.7	2.27	.924
My current collaboration with counselor /psychologist is effective in optimizing client care.	5.7	73	3	6		2.38	.945
The professional regulatory body instructs us to collaborate with counselor or psychologist	22.5	9	6.	7.	7.4	2.66	.976
The senior professionals are role model in inter-professional collaboration with counselor or psychologist	6.1	21.3	1	8		2.82	1.09
I always refer to the counselor or psychologist when received the client with or not psycho social problems	6.6	4.5	53	9	5.7	3.10	7
The continuous professional development (CPD)have prepared me to collaborate effectively with counselor or psychologist	6.6	4.5	.7	8.		3.10	.812
I consider the counselor or psychologist as health professional partner	7.4	35.2	60	2	3.7	2.92	.836

4.2 Professional Attitude -related factors

The first objective of study was to determine professional attitude related factors influencing interprofessional collaboration among clinicians in use of counseling services in selected Kigali City District Hospital. A 5-point Likert scale was used to rate responses of this variable and it ranged from 1=strongly disagree to 5=strongly agree. The findings are presented in Table 4.3

Table4.3The professional attitude factors and Inter professional Collaboration among clinicians in use of counseling services

Source: (Researcher, 2023)

It is evident from the findings in Table 4.3 that with a mean of 2.75 and a standard deviation of 0.940 that majority of the respondents were inclined to agree with the statements regarding professional-related factors influencing inter-professional collaboration among clinicians in District Hospital of Kigali City. In particular, there were strong indications that acknowledge the scope of practice and CPD were important to interprofessional collaboration as indicated by the means suggesting strong agreement with the statements; We do have internal education day where team members would present and teach each other about different clinical topics (mean = 3.10), and; The professional regulatory body instructs us to collaborate with counselor or psychologist, the professional regulatory body is one of related factor which is underscored in contributing the interprofessional collaboration among clinicians and counselor or psychologists ,22.5% of participants are strongly disagree the influence of regulatory body in Interprofessional collaboration

My pre-service training and continuous professional development (CPD) have prepared me to collaborate effectively with other professionals (mean = 2.27). These findings underscore the value of factor contributing to inter-professional collaboration among clinicians with counseling services. The current interprofessional collaboration between clinicians and counselor /psychologist is score strongly disagreement about effectiveness in optimizing client care,5.7% of clinicians said that they don't collaborate with counselor or psychologist for optimizing effectiveness of patient care. In additional 73.4% of clinicians are disagree that the pre-services training prepared them well for collaboration with counselor orpsychologist.

4.5 The level of collaboration

Table 4.4 The level of collaboration among clinicians towards counseling services

Statements (n=244)	Never %	Rarely %	Sometimes %	Very often %	Always %	Mean	St. Dev.
How often do you involve counselor or psychologist in client health assessment?	5.7	65.2	19.7	6.1	3.3	2.36	.817
I do medical or nursing around in multidisciplinary team include counselor or psychologist	45.5	2.9	23.4	18.0	10.2	2.64	1.019
How often do you do you involve counselor or psychologist in medical or nursing diagnosis	32.8	39.8	14.3	5.7	7.4	2.45	1.463
How often do you do you involve counselor or psychologist in medical treatment plan or nursing care plan	4.5	31.1	22.5	6.6	35.2	2.66	1.149
How often do you refer the client to the counselor or psychologist?	32.8	39.8	14.3	5.7	7.4	2.15	1.161
I see the counselor or psychologist in staff meeting to discuss clinical case with other health profession	4.5	31.1	22.5	6.6	35.2	3.37	1.356

Source: (Researcher,2023)

The researcher categorizes the level of collaboration into three levels with likert scale [1=Never,2=rarely, 3=Sometimes, 4=Very often, 5=Always], the first level is low collaboration range from 6 to 11 (31.25%), second level is moderate which is ranged from 12 to 18 (62.5%) and the third is range from 19 to 30 (102%). The 65.2% of clinicians involve rarely the counselor or psychologist in health assessment whereas 35% of the counselor or psychologist participate in staff meeting for discussion of clinical case.

4.6 The organizational related factors

The fourth objective of the study was to determine organizational related factors influencing interprofessional collaboration among clinicians in use of counseling services in selected Kigali City District Hospital. The findings are presented in Table 4.5

Table 4.5 The organizational related factors on Inter professional Collaboration among clinicians in use of counseling services

Statements (n=244)	SD %	D %	N %	A %	SA %	Mean	St.Dev
Organizational protocols reflects the existence of inter-professional collaboration with counselors or psychologists	4.9	6.1	76.6	6.1	5.3	3.01	.734
Hospital administration organize and support inter-professional collaboration training with counselors or psychologists	4.5	34.	3.7	30	27	2.33	1.187
The medical and nursing leaders support inter-professional collaboration with counselors or psychologists	75.8	4	5.3	3	4	3.41	1.323
Hospital top management provides the necessary finance that support inter-professional collaboration with other professionals	2.5	7.4	5.3	8.6	52.	2.66	.814

Hospital administration avail conducive environment	75.8	18.	5.3	22.	5	1.55	.104
interprofessional collaboration with counselors or psychologists							
All hospital unit avails guideline of inter-professional collaboration among clinicians work with counselor	2.5	7.4	5.3	8.6	2.9	4.03	1.234

Source: (Researcher, 2023)

With an aggregate mean of 2.83 and an aggregate standard deviation of 1.066 ,the results in Table 4.5 reveal that majority of the respondents strongly disagreed with the statements pertaining to the influence of organizational factors on inter-professional collaboration among clinicians in use of counseling service in selected . In particular, the findings suggest that most medical and nursing leaders had proved to be not supportive whenever they were having inter-professional collaboration group (mean=3.41 St.Dev=1.323) .This shows that the hospitals accorded to inter-professional collaboration a less importance among clinicians in use counseling services. This is consistent with Speakman and Sicks (2015) who found that administrative support was significant in current health workforce, since majority of the professionals requires some coordination skills and teamwork.

4.7 Correlation for Factors affecting Inter-Professional Collaboration

In this sub-section summary of the Pearson’s product moment correlation analyses is presented.It determines the degree of inter-dependence of the independent variables.In addition,it shows the degree and strength of their association with the dependent variable separately. These results are summarized in Table 4.6

Table: 4.6

Summary of correlation

Professional Attitude Related Factors		Organization related factors	
Profession related factors	Pearson Correlation	1	.473**
Sig.(2-tailed)		0.000	0.000
N		244	244
Organizational related factors	Pearson Correlation	.555**	1
Sig.(2-tailed)		0.000	0.000
N		244	244

Source: (Researcher,2023)

** Correlations is significant at the 0.01 level (2-tailed)

The first correlation was done to determine whether there was a significant relationship between professional attitude- related factors and inter-professional collaboration among clinicians in use of counseling services in selected Kigali City District Hospital. The results in Table4.6 shows that the relationship between the variables was significant (r=0.362,p≤0.05).This means that professional attitude related factors, such as ,inter-professional collaboration pre-service training, role model of senior professionals, regulatory body instructions contributed significantly to inter-professional collaboration among clinicians use of counseling service in selected Kigali City District Hospitals. This findings agreed with Smolowitz (2020) that inter-professional health pre-service training bring a collaborative practice approach later when the then students become practionners.The findings,however, contradicts Guilliland (2021) that Inter-Professional Education Collaborative Practice could reduce the professions autonomy achieved by hard work during profession development.

Finally, the study sought to determine whether organizational factors significantly influenced inter-professional collaboration among clinicians in use of counseling services in selected Kigali City District Hospitals.The correlation analysis in Table 4.6 indicates that there was indeed a significant relationship (r=0.426,p≤0.05) between the variables. This finding suggests that the relationship between the variables was moderate implying that improving organizational factors would necessarily translate to significant improvements in inter-professional collaboration among clinicians in selected Kigali City district Hospital. This finding is in agreement with Bynes et al (2022) who found in Canada that placing health care providers of varying professional backgrounds on a team does not mean necessarily they have the required knowledge and skills to collaborate. Therefore, a supportive working environment is required to ensure professionals adequately collaboration.

The Table 4.7: Regression of professional-related factors influencing inter-professional collaboration

Model summary	R	R Square	Adjusted R square	Std. Error of the estimate	
	362a	0.131	0.125	4.34042	
NOVA	Regression	Sum of Square	Df	Mean Square	F
	Residual	404.269	1		404.269
	Total	2675.169	142		21.459
		3079.438	143		.000b
Model Coeffecients	Unstandardized		Standardized	Coeffecients t	Sig.
a	B				
	Std.Error				

(Constant)	26.919	3.226	8.344	0.000
Audit Case	0.373	0.081	0.362 4.632	0.000

Source:(Researcher, 2023)

- a. **Dependent Variable:** Interprofessional Collaboration
- b. **Independent Variable:** Professional –Related Factors

The results in Table 3 shows that the relationship between the variables was significant ($\beta = 0.362, p \leq 0.05$). The adjusted r-square ($R^2_{Adj} = 0.125$), further, indicates that model could explain upto 12.5% of the variations in the inter-professional collaboration among clinicians in two District Hospitals of Kigali City. It also suggests that the professional related factors could improve when more nurses, midwives, and physicians were incorporated into the Interprofessional collaboration with psychologist or counselors. This means that professional factors, such as, Pre-service training about ICP, Instructions from regulatory bodies

Role model of senior professional, Consideration the psychologist and counselor as health professional partner are disagreed by clinicians toward their interprofessional collaboration, and it confirms that the most clinicians don't refer to the counselor or psychologist when receive the client with or not psychosocial problems, and in respective hospitals there are not opportunity CPD which prepare them about interprofessional collaboration.

This finding agreed with Speakman (2015) that professional collaborative activities during their learning will be more likely to bring a collaborative approach later when they become practitioners. The findings, however, disagree with Guilliland (2011) that IPECP could reduce the autonomy of professions who have worked hard to its attainment.

4.8 Regression on Factors affecting Inter-Professional Collaboration

Multivariate regression analysis was used to determine how the independent variables influenced the dependent variable collectively. The analysis was also meant to establish the extent to which each independent variable affected the dependent variable in such a collective set and which were the more significant factors. The results are summarized in

Table 4.8: Multiple Linear Regression Analysis Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.480a	0.230	0.208	4.11109

Source: (Researcher, 2023)

- a. Predictors:(Constant), Professional Attitude Related factors, Organizational Factors

The regression analysis in Table 4.8 shows that the relationship between the dependent variable and all the independent variables pooled together had a model correlation coefficient=0.480. The adjusted r-square ($R^2_{Adj}=0.208$), further, indicates that a combined model with all the independent variables could explain up to 20.8% of the variations in the inter-professional collaboration among clinicians in use of counseling service at specific selected Kigali City District Hospitals. It also suggests that the model could improve when more predictive variables were incorporated into the model. VanDongen et al.(2020) observed that patient care plans calls for improved inter-professional collaboration suggesting the integral approach to include: organizational factors, professional attitude related factors and intervening factors. The intervening factors which could have contributed the variation in explanation of the model used in the study are:organizational culture and individual disposition.

Sen and Srivastava (2011) state that for multiple regression models to be appropriate as a whole then it should be tested using Ftest. Therefore, the study also performed an ANOVA on on the independent and dependent variables and the results are summarized in Table 4.9

Table :4.9: Summary of ANOVA

Sum of Squares	Df	Mean Square	F	Sig.
Regression	688.487	4	172.122	10.184
Residual	2298.549	136	16.901	
Total	2987.035	140		.000b

Source: (Researcher, 2023)

- a. **Dependent Variable:** Inter-professional Collaboration
- b. **Independent Variables:** Professional attitude related factors, Organizational related factors

The results in Table 4.9 indicate that there is a significant difference between means of variables predicting inter-professional collaboration among clinicians in selected Kigali City District Hospitals ($F_o=10.184 > F_c=245; \alpha < 0.05; df=4.136; p=0.000$). This finding confirms that the model predicted by Table 4.9 above is indeed significant in explaining the inter-professional collaboration among clinicians working in selected Kigali City District Hospitals on the basis of the identified independent variables. In order to determine which of the monitoring and evaluation adoption variables was more important when it came to inter-professional collaboration among clinicians in use of counseling services at selected Kigali City District Hospitals, the beta value was used. The results are given in Table 4.10 provides a summary of the multiple linear regression analysis correlation coefficients.

Table 4.10: Multiple linear regression coefficients

Unstandardized Coefficients	Standardized Coefficients	T	Sig.
B	Std. Error	Beta	
(Constant)	19.075	4.55	4.192
			0

Professional attitude related factors	0.056	0.109	0.054	0.517	0.606
Organizational Factors	0.105	0.064	0.187	1.641	0.103

Source: (Researcher, 2023)

a. *Dependent Variable: Inter-professional Collaboration*

It can be deduced from the findings in Table 4.10 that there were only one significant factors in the joint model explaining inter-professional collaboration among clinicians in selected Kigali City District Hospitals, that is organizational related factors. This was the most influential inter-professional collaboration variable among the clinicians in joint model as per the beta values ($\beta = 0.263$, $p = .006 < p = 0.05$). This indicates that the dependent variable, that is , the inter-professional collaboration among clinicians in use of counseling services ,would change by a corresponding number of deviation. These findings were supportive independent variables changed by one standard deviation. These findings were supported by those of D'Amour et al.(2021) who pointed out that responsibilities sharing among clinicians in use of counseling services was an endeavor to collaboration. The clinicians could autonomously have limited to refer to the counseling center or share the information when they meet the client who is in need of counseling services. Ramsdal (2021) in a study done in Norway indicated that it is clinicians's role to refer the client's psycho social issues in order to treated in counseling center with specialists.

However,Professional attitude Related Factor ($\beta = 0.054$, $p = .606 > p = 0.05$), and Organizational Factors ($\beta = 0.187$, $p = 0.103 > p = 0.05$) were not found to be significant in the joint model. The findings could be attributed to the challenges being experienced in inter-professional collaboration in the area. According to Tsasis et al,(2021) and Xyrichis and Xyrichis and Lowton (2019) challenges affecting professionals' collaborative capabilities were disagreement differences and conflicts, which were sometimes even unconscious affect them

The study therefore establishes that both Organizational related factors was only variable affecting inter-professional collaboration among clinicians in use of counseling services at selected Kigali City District Hospitals when a joint model was considered. The resulting linear model therefore, holds under the equation:

$$y = 19.075 + 0.105X_{\text{Inter-Professional Collaboration}} + 0.105X_{\text{Organizational Factors}}$$

4.8 Discussion

In this study, the findings were discussed on basis of specific objectives and socio-demographic characteristics of respondents who participated how inter-professional collaboration were associated by different factors such as professional attitude related factors,the level of collaboration and organizational related factors.

a. **Socio-demographic characteristics of clinicians**

In this study, the most of them were female 169(69.3%) although the proportion of males 75 (30.7%) indicated that there was gender parity in the hiring of medical personnel in Kigali City District Hospital, and it is confirmed by Ministry of Health (MoH) (2022). Further, the findings indicate that majority212 (86.9%) of the respondents had diploma level of education as clinicians and had practiced for less than ten years 89 (36%). According the Health World Organization (2022) the health professionals with diploma are majority than other level of education.Most of the respondents interviewed were nurses rather than physicians and midwives, TheMoH of Rwanda count many nurses than other health professionals.

b. **The Professional Attitude related factors**

In this study, the professional related factors influence the inter-professional collaboration among clinicians with negative attitude to use of counseling services ,most of participants have not been trained in matter of inter-professional collaboration ,and their regulatory bodies did not instruct them to collaborate of counselor or psychologist ,35.2% of respondents are disagreed to consider the counselor or psychologist as health professional partner,Karim and Ross(2022) said in their study conducted in Australia that the collaborative practice among clinicians in use of counseling ,provide the basis of sharing knowledge and skills ,allowing them to understand ,share and respect the roles and responsibilities of assigned in scope of practice. Other study conducted in Makerere University confirm the role of pre-service training in order to promote ICP among clinicians in use of counseling service ,contrary of this study where the majority(21.3%) denied the role of CPD in ICP among nurses,midwives,physician and counselors. WHO (2020), highlighted that engaging students in collaborative learning activities earlier during their studies has been found to bring an inter-professional collaborative approach when they later become healthcare providers.

The participants of this study disagreed in the role of regulatory body and role model of senior staff to instruct the ICP among clinicians to use counseling service,moreover, in order to deliver quality care ,the study conducted in Agakan Hospital in Nairobi found that the clinicians are required to use knowledge and skills from counseling psychology during patients' management and rehabilitation component (Benner et al., 2010; WHO, 2021).

In addition, clinicians must have various knowledge in counseling for getting optimum care to clients received in their areas of specialization. In other hand there is some concern raised by some professional bodies that ICP could reduce autonomy of professions who attainment it by working hard (Guilliland, 2021). Hall(2020) described the possibility that formal role demarcation occurred because of competencies overlap.Role demarcation is beneficial to some professionals on the inter-professional team might feel encroachment of their role and eroding of sense of professional identity.Nevertheless, others may try to do everything and still experience uncertainty on the limits of the irresponsibility's (Belanger &Rodriguez2020;Grumbach&Bodenheimer, 2020). Professionals may perceive a threat as a result of role blurring while others see opportunity in expanding their responsibilities or make inter-professional team responsive and flexible to its clients (Brown et al.,2021). Across professions, researchers widely agree that attitudes toward interprofessional collaboration and communication are important (Johnson&Mahan, 2022,Miers&Pollard,2021. It is not surprising that for decades researchers considered attitudes as a cornerstone associated factors with interprofessional collaboration. Unfortunately, determining attitudes of clinicians in use of counseling services is difficult because in most studies attitudes of clinicians were examined along with attitudes of other health professionals,the counselors were underrepresented, or counselors were excluded

by other health care providers such nurses ,midwives and physicians ,even this they don't take counselors as health professional ,it is confirmed of 35.2% of respondents who are disagreed the counselor as health professional partner.

c. The level of Collaboration

Although several level of collaboration exist,the 65.2%of clinicians don't involve in collaboration with counselors or psychologists, according to Australia association of counselors revealed that one particularly well-known level of collaboration (Doherty et al., 2021) consists of six levels of collaboration. The first level, minimal collaboration, is where professionals work in separate locations, consult as needed, and maintain full autonomy.

The second level, basic collaboration, consists of periodic communication, full autonomy, and passive knowledge of other professionals' expertise. The third level, co-located care, is where providers share a space, have limited knowledge of other professionals' expertise, yet shareresponsibility for overall client care. The fourth level, close collaboration, and the fifth level, also close collaboration, are both integrated care. The difference between the fourth and fifth level, is that at the fifth level professionals, clients, and family members share space, resources (i.e.,documentation systems), and knowledge. The sixth and rarest level, full collaboration, consists of a new professional culture based on client-centered collaboration. All resources are shared,workflows are designed with collaboration in mind, and professionals are knowledgeable about the expertise that everyone holds. Although the benefits of the latter levels may seem obvious, so are the challenges. Regardless of the level of collaboration, effectiveness requires uninhibited and frequent communication (Foy et al., 2010; Rossen et al., 2008). Understanding the levels of collaboration can help counselors understand what is required for optimal collaboration with health care professionals.

Surprisingly, researchers found that both healthcare professionals and mental health professionals may be hesitant to initiate collaboration even when beneficial for clients due to lack of training, as well as their attitudes and emotions (Glueck 2015; Ruch& Murray, 2011). Counselors also have this hesitancy (Johnson & Freeman, 2014; Johnson et al., 2021; Sperry,2013). Like any modality of care, professionals need valid reasons and some degree of comfort to engage in collaboration (Reiss et al., 2017). Not surprisingly, counselors reported having low confidence in developing an interprofessional identity (Klein & Beeson, 2022). Referral to mental health professionals is more streamlined when professionals implement higher levels of collaboration. For physicians, reasons to initiate collaboration included treating patients with depression, eating disorders (Bischoff et al., 2012), and specialized behavioral health concerns for kids (Schuster et al., 2011). Research indicated that counselors and other mental health professionals typically make the most accommodations when interacting with health care professionals (Beehlar& Wray, 2012; Biderman et al., 2005; Bischoff et al., 2012), which may be a barrier to initiating collaboration. As healthcare delivery becomes more collaborative, it is essential for counselors to be aware of their own attitudes toward embracing interprofessional collaboration.

d. The organization related factors

In this study the aggregate mean of 2.83 reveal that majority of respondents strongly disagreed with the statements pertaining to the influence of organizational factors, this is in same line of the study conducted in South Africa which revealed the relevance of psychological practice,the findings revealed that that most respondents had limited experience with counseling services and were also unaware of their role.Almost the clinicians confirms that hospital administration don't support the inter-professional collaboration among clinicians in use of counseling services ,it is found in study conducted in South Africa ,the 80% of respondents advanced the idea the stigma that hospital administration towards counselors and psychologists by saying they have limited role in health care delivery.It can be argued that because of the stigma attached to consulting with psychologists,perhaps some clients who could have benefited from psychotherapy were not referred to psychologists.In this study,it is also of concern that the respondents were unaware of the role that counselor or psychologists could not have a significant role in clients'well-being. In opposite side Papaikonomou conducted a study in 1991 in South Africa .The study examined the view of clinicians and counselors on the inadequacies of the biomedical model and the role of counselors in its extension. This study revealed that clinicians believed that counselors played a vital role in the treatment of psychosomatic illnesses,90% of clinicians had referred their patients to the counseling service center. On the other hand, counseling psychologists who participated in the study reported that most referrals were from general practioners,with a small percentage from specialists.This difference, according to Papaikomu(1991) raised concerns because specialists deal with more severe cases that might warrant more psychological attention, either before or after medical treatment, for instance, for surgery, terminal illnesses.When examining the views of those doctors who did not refer to counseling services, the findings revealed that they were not aware of psychological influences on the onset of illnesses()This therefore suggests that some clinicians were sticking to the narrow biomedical model, thus overlooking psychosocial illness.The rspondents in study ,the most 75% confirmed that hospital leaders don't support inter-professional collaboration with counselors or psychologists.Contrary to study conducted by Suntup(2022) on a support of hospital top management of inter-professional collaboration among clinicians in use of counseling services,the findings revealed that hospital leaders support ICP in 80%

5.0 Discussion

The result shows an overall response rate of 98% which was a very good response rate. According to the recommendations by Baruch and Brooks (2018) that a 50% response rate is acceptable while 70% response rate indicated a very good response. The researcher instituted effective research techniques and data collection strategies hence an overall good response rate. The key profiles and characteristics of each of hospital 'respondents are presented and discussed below.

51 The influence of professional related factors on inter-professional collaboration among physician, nurses and psychologists during palliative care.

Professionalism is not clearly defined in the dictionary, but in the medical field, it is generally accepted as acting with appropriate demeanor, respect, and possessing proficiency to perform the job. A healthcare professional that is professional is compelled to always put the patient's well-being above their own self-interests. A patient will have greater trust and confidence in your abilities when you demonstrate good manners and respect (Baldwin, 2019). Consistent challenges to collaborative practice can be solved by effective collaborations, communication, conflict resolution skills including understanding of group norms, health professionals' roles, ability to tolerate differences, a willingness to collaborate, and ability to contribute to shared care plans and goal setting (Beckett, & Kipnis, 2019). Inadequate collaboration affects the quality of patient care. For instance, ineffective communication, inappropriate treatment, puts patients at greater risk. In most US. Hospitals focus their plan on effective communication and collaboration is the exception, not as the rule (Belanger & Rodriguez, C. 2018). In Ethiopia the government works to increase health coverage from its very limited distribution to large number of hospitals and health posts are being built in very corner of the country but the health care system is suffering from lack of qualified and diversified health professionals and conducive working environments. Nurses are not fully exercising their autonomy work with physicians and physicians show dominant role over nurses (Belcher, 2020). Educational background of certain professional influence positively or negatively to engage in interprofessional collaboration, other factors are the scope of practice of professionals which require to collaborate with others, working experience is also influencing the inter-professional collaboration (Beckett, & Kipnis, 2019). World Health Organization (WHO) Framework for action on Inter-professional collaboration recommends professionals strive to positively affect client care, balancing autonomy, independence and maintaining the interests of the specific discipline of the practitioners but current research shows interdisciplinary collaboration demonstrates that not all of these factors are in place and it leads to lack of sufficient team collaboration, deficient interprofessional education, collaborative practice, role confusion and a misunderstanding of the responsibilities of particular disciplines within the health care industry (Brashers, Owen, &, 2019).

5.2 The influence of client related factors on inter-professional collaboration among physician, nurses, and psychologists during palliative care delivery.

The nature of client is one of factor contribute on inter-professional collaboration among physician, nurses and psychologist however the person needs to be taken as whole in spiritual, social, psychological and physical dimensions. Obviously inter-professional is so (Bronstein, 2020)

Inter-professional collaboration is a core concept behind on client-centered approaches is the need to treat people with, and preserve, dignity in care settings. Client receiving palliative care are one group who may have particularly sensitive needs in terms of their condition, symptoms and life expectancy. One person in hospital is not relevant to treat the palliative care client holistically, it necessitate the inter-professional collaborative spirit in palliative care delivery (CIPHC, 2019). Palliative care means patient and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering. Palliative care throughout the continuum of illness involves addressing physical, intellectual, emotional, social and spiritual needs and Facilitating patient autonomy. Access to information and choice (Belcher, 2020).

5.3 Interpersonal factors on inter-professional collaboration among medical doctors, nurses and psychologists during palliative care delivery.

Empathy and compassion. Above all else, a good health professional can show compassion to their patients and provide comfort when they need it. At times, your patients may find themselves in difficult or frustrating situations and they need someone to listen, to understand and respect their wishes or point of view (Bronstein, 2020). Some personality traits, like respect, patience, and punctuality are valuable skills at work and in life. And other traits, like inflexible thinking and emotional whimsy, make any job harder. It's not for everyone. People who have specific personality traits see the most success and personal fulfillment in a healthcare career track. As the professionals are trained different, also they have different personality; the trait and temperament of nurse, physician and psychologist have impact to work together (Bourgeault, & Mulval, 2020). Employee personality is an important factor that affects healthcare service delivery. It appears from the literature that customers perceive employees with personality traits of conscientiousness and agreeableness as more reliable and empathetic and therefore will rank higher service quality (Barr, 2019). While it must be acknowledged that other models exist, personality is most commonly divided into five big traits, namely *Agreeableness*, *Conscientiousness*, *Extraversion*, *Neuroticism* and *Openness to Experience*. (i) Agreeableness refers to the tendency to get along well with others and is associated with altruism or modesty. (ii) Conscientiousness refers to the extent to which an individual is careful, reliable and persevering. (iii) Extraversion refers to the tendency to experience positive emotions and to have a positive outlook on life. In general, extraverts are talkative, sociable, outgoing, enthusiastic, and energetic. (iv) Neuroticism refers to the tendency to experience negative emotional states including anxiety, depression or anger. (v) Openness to experience refers to the tendency to be open-minded, imaginative, and curious (Baldwin, 2019). The impact of agreeableness, and openness to experience on health care use were analyzed in an explorative way. Moreover, we examined whether personality moderates the impact of need factors on health care use. This moderation analysis was conducted because it appears plausible that the association between need factors and health care use varies by personality factors such as neuroticism. For example, compared with individuals scoring low in neuroticism, individuals scoring high in neuroticism might be more reactive to poor health (e.g., more intense feelings of pain) (Bronstein, 2020)

5.4 Organizational factors on inter-professional collaboration among medical doctors, nurses and psychologists during palliative care delivery.

An important influencing factor supporting collaborations is having formal organizational leaders as collaborative champions. This includes the elements: a) ability to move towards a common goal: b) leadership buy in to collaboration: and c) transformative leadership qualities and skills. This factor was less commonly raised by participants compared to other factors: nonetheless it was identified by some participants in each province and sector (Carin, & Heila, 2019). The element -ability to move towards a common goal describes

attributes needed by organizational leaders to have the power to move collaborations forward. One such attribute is the importance of having a vision: So, if the leader doesn't have a vision of what it's going to look like then they are not going to lead the way (Breen, Borresen, & Gunn, 2018). Middle and senior level managers were identified as leaders with a role in enabling collaboration: And it's up to the managers, I believe. That is a key role of directors, but especially the managers, to create the environments to allow that to happen (Ellison, 2019). Leadership buy-in to the collaboration was viewed as another significant element in successful collaborations. Having leaders at senior level who "really believe in it" was essential for collaborations to work, whereas, a lack of leadership buy-in was a barrier (Robiner, 2016). Having a collaborative organizational culture is an essential influencing factor for supporting collaboration at the practice level. It consists of three elements: a) a valuing the work of the other sector, b) organizational readiness on collaboration, identified as being essential by both sectors and all provinces. A condition for valuing the other sectors was having an understanding of it. As one participant explained: There is a lack of respect sometimes for primary healthcare providers. If people understand what to deal with day in and day out and the volume of work, there be more understanding (Smith, 2022). Collaboration is very difficult without adequate fiscal, material and space resources. Given the difficulty experienced by both sectors in obtaining resources for collaboration, any resources that are available must be used optimally. Optimal use of Resources consists of four elements: a) funding mechanisms; b) investment of resources to initiate and maintain collaboration; c) geographic proximity of partners; and, d) time for working on collaboration (Tefft, & Smeonsson, 2019). The final influence on Primary Care (PC) and Public Health (PH) collaboration is ensuring that the approaches to programs and service delivery facilitate collaboration. Collaborative Approaches to programs and services delivery consists of four elements: a) engaged community; b) client-centered approach; c) inter-professional teams; and d) integrated or coordinated programs and services between health care providers such as Medical Doctors, nurses and Psychologists (APA, 2018). Finally, collaborative organizational culture (influencing factor 40 was found to be influenced either positively or negatively by the presence or absence of strategic coordination and communication mechanisms between partners. For example, a physician shared a scenario in which lack of communication (Theilke, Thompson & Stuart, 2021)

6.0 Conclusions and Recommendations

Based on the findings of the study, the following conclusions were drawn. First, concerning professional attitude related factors hinder inter-professional collaboration among clinicians in two selected hospitals, Nyarugenge District Hospital and Muhima District Hospital of Kigali City. The study revealed that professional related factors, such as inter-professional collaboration training both in pre-service and service, instruction from regulatory bodies, knowledge the case to refer, involvement the counselor or psychologist in daily medical activities did not contribute significantly to inter-professional collaboration among clinicians and psychologists or counselors. Therefore the study concludes that professional-related factors and organizational factors were not significantly proved the inter-professional collaboration among physicians, nurses, midwives, counselors and psychologists in selected two District Hospitals of Kigali City.

The study makes the following recommendations based on the findings: Interprofessional collaboration among the clinicians in health settings can be strengthened through adequate sensitization of the medical, paramedical, nursing, and midwifery professionals on the merits of collaboration and the need to maintain professionalism during group work. This is necessary as the findings revealed that interprofessional collaboration does not work because some health care professionals dominate the meetings and also give less importance the psychological issues in their scope of practice. Finally, in relation to the last objective, Administrators are recommended to provide more resources in terms of financing inter-professional collaboration as it was evident that while most hospitals did provide the necessary financial that support. However, this was necessarily adequate for the inter-professional collaboration function.

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