

# Overcoming “Turf” Wars

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# Turf Wars: A History

“...defend [your] turf to the bitter end... ‘Don’t give up any piece of care unless you absolutely must’” (Carroll, 1987)

D.O.

1960s: battle for D.O.s to be able to prescribe medication (Gearon, 2005)

NP/RN

NPs and PAs as primary care providers (Gearon, 2005)

CRNAs vs. anesthesiologists (Gearon, 2005)

PharmD

Administration of childhood vaccines by pharmacists opposed by the AMA (Robeznieks, 2020) - laws on vaccine administration by pharmacists vary by state (NASPA, 2021)

PT

Some studies have focused on viability of extending scope of practice to include tasks such as limited changes to a patient’s medication regimen (Saxon et al., 2014)

SLP

SLPs vs. music therapists in the treatment of acquired communication disorders (e.g., aphasia secondary to stroke) - music therapists use SLP CPT codes for billing (ASHA, 2021)

# Consequences of Turf Wars

*Overprotectiveness of one's turf  
can lead to...*

- ✘ Development of a “uniprofessional identity” (Khalili et al., 2013)
  - Viewing of other professionals as threatening
  - Perpetration of misconceptions about other professions
  
- ✘ Infrequent, inefficient, or nonexistent collaboration

*Benefits of Collaboration -  
what are we losing out on?*

- ☆ Increase in cultural competence in service provision (Oelke et al., 2013)
  
- ☆ May contribute to recruitment and retention in rural areas (Thompson et al., 2018)

## B. What can be done about this as an individual?

Conflict is inevitable!

Major issues cited that led to conflict:

- No boundaries
- Not understanding other member's scope of practice.
- Accountability

1. *Boundaries are currently blending as roles change and there is less of specifically defined roles in the career during practice.*

Some “threaten” other scopes.

1. *People have reported feeling intimidated and silenced by those in more powerful positions*

1. *“the other person doesn't think there's a problem”*

Cliques, defensiveness, and anger all keep the problem from being solved.

Resources: Brown

## B. Professional strategies for Individuals

1. Developing protocols and relying on leadership for negotiation and a hierarchy to go to for specific problems to get solved.
1. Conflict resolution was best dealt with by being open, direct communication, willingness to find solutions, showing respect, and practice humility.
1. Educate ourselves on what other roles can do, understand the moving flow of practice is collaborative to keep the flow moving.
1. Find out workplace policies and assess the guidelines. Recognize the pressures each other faces. Get help you need through HR, a manager, representative assume objectivity rather than making it personal. - begin resolution on your own, then supervisor, then HR.

## B. Personal Strategies for Individuals

1. Steps of who to talk to first: begin resolution on your own, then supervisor, then HR
2. Don't fan the fire
3. Recognize the pressures each other faces
4. Ask to discuss the issue directly with the person
5. Assume objectivity rather than making it personal!!
6. Then get help you need and start with through HR, a manager, representative

## B. Best Practices as Individuals - Interview

Interview- “Keep the ego in check and remember we are here to get it right not be right. Lean on your training, education, and intuition and do not be afraid to confront a person higher in the hierarchy. Think as a nurse what is the consequence of not intervening for your patient, you are their advocate and they trust you, do not betray that trust. Learning how to communicate as a team is vital and the more you prove yourself the more trusted you become as a team member”- Eli Gunderson



# Institutional Best Practices - Directions from Research

## Educational Institutions

- ✓ Train IPE/IPC directly
  - more frequent seeking and sharing of informations among professions, increased willingness to collaborate, and embedding of others' goals into their sessions (for PT, OT, SLP) (Brewer & Favell, 2020)
  - Interprofessional Socialization (IPS) framework (Khalili, 2012): dual identity

## Providers (hospital systems, medical offices, etc.)

- ✓ Provide explicit, formal opportunities for interprofessional interaction (Walmsley et al., 2021)
- ✓ Normalize IPC through leadership



## C. Institutional best practices - Results from Interview

*Encourage interprofessional collaboration. At the organizational level, they can require group training where the healthcare providers learn the different scopes of practice and value each team member has and how to coordinate care effectively to improve patient care. It is essential to facilitate conversations that address how turf wars can hinder effective collaboration and how our implicit bias affects behavior, collaboration, and patient care. COVID and the stress it placed on the healthcare system has improved team cohesion, and we recognize, like never before, how each team member plays a valuable part of the team. An organization can also set standards of behavior through a code of conduct which helps to ensure that heated discussions, confrontations and unprofessional conduct is avoided. When a code of conduct is defined, healthcare providers can be held accountable when they exhibit unprofessional behavior.*

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