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Foreword

Interprofessionalism and interprofessional research: a challenge still to be won in Italy

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Public health and pedagogical institutions have long been calling for collaborative models of assistance and training that provide inter-professional synergy and there is a broad international consensus on the importance of inter-professionalism in the field of assessment and healthcare provision (1-10). In fact, the client/user/patient/citizen has increasingly complex needs that require the development of a cohesive and collaborative practice between professionals from diverse disciplines. The path necessary to achieve this goal is rather complex considering that it must take into account the need to reconcile professional differences, sometimes characterised by opposing and conflicting visions, through continuous interaction and sharing of knowledge and practices among the various professionals involved. It is a practice built around the concepts of sharing values, making decisions and taking responsibility which entails authentic and constructive relationships based on honesty, trust and mutual respect. One of the obstacles to effective collaboration, particularly present in the Italian reality, is the individual perception of different hierarchies (11) from which follows the reluctance to recognise competences to those who are perceived as belonging to lower status groups.

This is the reason why recent research on the approach to healthcare based on interdisciplinarity has focused substantially on communication and group dynamics to the extent that the opinion that research and training play a fundamental role in achieving this goal is widely shared (12-15).

Another great difficulty that needs to be overcome in order to reach this objective lies precisely in the conduct of scientific research. The diverse disciplinary areas which various professionals come from and who collaborate in providing healthcare refer to different scientific literature models as well as to the objectives pursued also for the methodology and quality standards used. Some professional areas refer, in fact, to "quantitative" research which has the "generalisation" as a quality standard which is an act of reasoning that wants to draw wide conclusions from particular observations and to do so uses large numbers along with the statistical method (15). Other professional areas refer to research defined as "qualitative" which does not exclude generalisation, but wants to provide a rich and contextualized understanding of some aspects of human experience through the intensive study of particular cases and does not require large numbers and a statistical method (16). Despite qualitative research is spreading more and more in health sciences (17-22) its appreciation in Italy suffers from the same difficulties linked to the individual perception of different hierarchies to which we have referred to regarding the development of interprofessional practice. On the part of some professional categories, in particular the medical one and the one connected to the biological sciences, there is a reluctance to "give" the status of quality researcher to those who are perceived as belonging to lower status groups. The categories that are perceived as "superior" use the "quantitative" method and perceive quantitative research as the only one capable of providing scientific truth, relegating qualitative research to a "lower" status equal to the perceived status of groups using that type of scientific research.

This situation that we could define as an impasse must be absolutely overcome. The scientific community worldwide has already unequivocally documented the

importance and usefulness of the "qualitative" method in healthcare research and the American Medical Association has established an Evidence-Based Medicine Working Group that already ratified the validity in 2000 of qualitative research (23) and outlined the territories within which qualitative and quantitative research best expresses their potential. Quantitative research is designed to test well-specified hypotheses, determine whether an intervention did more harm than good, and find out how much a risk factor predisposes person to the risk. Equally important, qualitative research offers insight into emotional and experiential phenomena on healthcare to determine what, how, why (23).

In more recent years, international literature has documented how, in parallel with interdisciplinarity and inter-professionalism, the integration of diversified research methods applied to a study can significantly increase the scientific value of the study itself (24-26). I believe that in Italy the time is now ripe not only to make the most of the potentialities of inter-professionalism in the healthcare field, but also to support qualitative and quantitative research, starting with the training of researchers, such as in PhD schools thus conferring the same scientific relevance to the two methodologies.

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