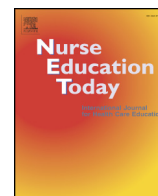




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# Facilitating classroom based interprofessional learning: A grounded theory study of university educators' perceptions of their role adequacy as facilitators<sup>☆</sup>

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## SUMMARY

The provision of inter professional learning (IPL) within undergraduate programmes is now well established within many Higher Education Institutions (HEIs). IPL aims to better equip nurses and other health professionals with effective collaborative working skills and knowledge to improve the quality of patient care. Although there is still ambiguity in relation to the optimum timing and method for delivering IPL, effective facilitation is seen as essential. This paper reports on a grounded theory study of university educators' perceptions of the knowledge and skills needed for their role adequacy as IPL facilitators. Data was collected using semi structured interviews with nine participants who were theoretically sampled from a range of professional backgrounds, with varied experiences of education and involvement in facilitating IPL. Constant comparative analysis was used to generate four data categories: creating and sustaining an IPL group culture through transformational IPL leadership (core category), readiness for IPL facilitation, drawing on past interprofessional learning and working experiences and role modelling an interprofessional approach. The grounded theory generated from this study, although propositional, suggests that role adequacy for IPL facilitation is dependent on facilitator engagement in a process of 'transformational interprofessional learning leadership' to create and sustain a group culture.

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## Introduction

Over the past decade significant changes have taken place in the education of nurses and other health care professionals to prepare them for work in an increasingly complex healthcare environment. Interprofessional learning (IPL) is now well established within many Higher Education Institutions (HEIs) in the United Kingdom. Its aim is to better equip nurses and other health professionals with effective collaborative working skills and knowledge to improve patient care experiences (Freeth et al., 2005). Although ambiguity remains regarding optimum IPL timing and delivery method, effective facilitation is essential to its success (Anderson et al., 2011). During IPL, the educator enables students to 'learn with, from and about each other' (CAIPE, 2002), encouraging student interaction and group cohesion. This educator therefore

undertakes an explicit facilitation role, leading the group process to meet diverse learning needs and professional expectations beyond those found when working uni-professionally (Freeman et al., 2010).

Facilitators possessing a positive, confident attitude, valuing IPL are more likely to enhance the students' learning experience, collaborative working capability and subsequent patient outcomes (Morison et al., 2004). To maximise positive outcomes, facilitators need to value students' unique contributions, promote team formation and manage potential conflict arising from group diversity. Although these skills are needed in profession specific group facilitation, especially where students' entry behaviour is diverse (Howkins and Bray, 2008), research suggests that even experienced educators are not always immediately effective in facilitating IPL (Egan-Lee et al., 2011).

Machin and Stevenson (1997), explored 'role' in a mental health nursing context, suggesting that optimum role performance requires that individuals perceive a balance between: 'role legitimacy', 'role support' and 'role adequacy'. In an IPL context this would be where IPL facilitators feel that their role is highly regarded within the curriculum with sufficient resources committed to it demonstrating both legitimacy and support. Additionally to be effective in their role, facilitators require the opportunity to gain knowledge and skills necessary for IPL facilitation. Freeman et al. (2010) suggest that IPL facilitation requires appropriate matching of skills to task and effective role preparation through

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structured staff development opportunities. Some HEIs provide IPL facilitator training courses to develop an interprofessional shared vision and team identity (Freeman et al., 2010). This reflects a degree of organisational legitimacy, support and recognition of the need for role adequacy (Machin and Stevenson, 1997). However research studies exploring the role attributes required for effective IPL facilitation are scarce.

At a large university in Northern England, IPL is a core feature of the health and social care programmes. Modules containing IPL sessions are delivered each year to around 1000 undergraduate students from nursing, physiotherapy, occupational therapy, operating department practice, midwifery and social work. Medical students from a different university are also involved in some IPL sessions (see Table 1). Module delivery involves a large teaching team, library and administrative staff who assist with organisation and timetabling (Machin et al., 2009). This reflects local organisational legitimacy and support for the IPL within the curriculum. Early in the process, facilitated team meetings enabled collective agreement on module activities to ensure inclusive, cross programme developments with interprofessional relevance; an essential step to engage all students in the IPL process (Derbyshire and Machin, 2011). As experienced educators the teaching team indicated a high level of perceived IPL “role adequacy” (Machin and Stevenson, 1997) and facilitation development needs were not articulated.

Although evaluation of the IPL modules was positive, student experience feedback across the groups suggested variation in the quality of IPL facilitation, potentially attributable to a lack of local standard preparation for the role. Newton and Wood (2009) suggest that in preparing for IPL, giving equal consideration to the content and process is a common challenge. IPL module content was well established; however, there was a clear identified need to improve facilitation and the equity of the student experience. Establishing IPL facilitators’ perceptions of the requirements for role adequacy was considered an important starting point for planning IPL role development opportunities. Therefore the research question which focused the study was: *How do university educators in an IPL delivery team perceive the knowledge and skills needed for their role adequacy as IPL facilitators?*

### Methodology

This grounded theory study (Glaser and Strauss, 1967) explored meanings university educators derive from their interactive role as IPL facilitators. Grounded theory is rooted in the theoretical perspective of symbolic interactionism (Mead, 1934) in an interpretive philosophical paradigm (Hughes, 1990). Its key premise is that reality is located in the meanings that individual actors (in this case the facilitators) derive from their social interactions (their IPL role), in the context in which they occur (Blumer, 1969). Grounded theory uses constant comparative analysis (Strauss and Corbin, 1998) to generate theory and uncover social processes inherent in situations that can explain the phenomenon being studied, in this case the perceptions of IPL facilitators relating to their role adequacy. In constant comparative analysis (Glaser and Strauss, 1967) theoretical sampling, data collection and analysis occur

concurrently, driven by continuous development and confirmation of the parameters of emerging data categories and theory. This process continues until no new data are emerging and data categories are ‘saturated’ (Strauss and Corbin, 1998). Originally grounded theory required researchers to have little knowledge of the phenomena of study, to avoid undue researcher influence. However over time it has been acknowledged that especially where researchers are undertaking studies in a familiar context, such as in this study, some contextual researcher influence should not only be expected but incorporated into the analysis (Clarke, 2005). From this perspective, a grounded theory approach is a socially constructed product of the interactions between participants, the researcher and the context, in line with the symbolic interactionism theory underpinning the original methodology (Blumer, 1969).

### Sampling

Core to constant comparative analysis is the process of theoretical sampling (Glaser and Strauss, 1967). The aim is to gain maximum variation within the sample to facilitate breadth of analysis (Strauss and Corbin, 1998). An email invitation was sent to the interprofessional module team (circa 30 staff), including a study information sheet and a short questionnaire to aid the identification of the potential sampling population characteristics. Questions included length of time as an educator, professional background and degree of IPL module involvement. Twenty five IPL facilitators responded from backgrounds in all fields of nursing, physiotherapy, occupational therapy, midwifery and social work. Although medical students were included in some of the IPL teaching sessions, no medical professionals were involved in the study because the inclusion criteria for the sample required employment at the study university. Questionnaire responses were transposed onto a sampling matrix (Miles and Huberman, 1994). Drawing on the participant characteristics summarised in the matrix and the prior knowledge of the researchers, participants were theoretically sampled on the basis of their relevance to the emerging concepts and theory from preceding and ongoing analysis (Burns and Groves, 2001). The first participant is an important “gatekeeper” to the direction of a grounded theory study (Cutcliffe, 2000). In this study, participant one was purposively selected for their IPL module experience, and assumed ability to discuss at length, issues relevant to the research question.

As identified earlier in constant comparative analysis, sampling, data collection and analysis should continue until no new data are emerging to inform the developing theory (Glaser and Strauss, 1967). Data from this interview were analysed by one researcher and the results were discussed within the research team to inform the selection of the next participant. Ongoing data analysis after the second participant indicated that the ability to draw on practice experience was important for enhancing student understanding of the importance of collaborative working. Participant three was therefore selected because the matrix indicated that they did not have a practice background, in order to explore this emerging issue from a different perspective. Similarly another participant with module co-ordinator experience indicated how important their leadership role was in supporting the development of the IPL

**Table 1**  
Undergraduate health care curriculum context.

	Year 1	Year 2	Year 3
<i>IPL component</i>	Workshops focusing on definition and rationale for IPL, professional roles, teamwork and authentic scenarios linked to the importance of collaborative working in practice.	Journal clubs on research to show the importance of interprofessional knowledge for effective collaborative working. Workshops linked to assessment on the importance of the service user perspective in collaborative working.	Whole module is IPL, students work in buddy groups during taught sessions focusing on patient/client safety, service user perspective, pathways of care and service improvement. Summative assessment is an individual service improvement project in practice which is linked to collaborative working.
<i>Professional programmes involved in IPL</i>	All fields of nursing, physiotherapy, occupational therapy, midwifery, operating department practice, social work and medicine.	All branches of nursing, physiotherapy, occupational therapy, midwifery, operating department practice, social work and medicine.	All fields of nursing, physiotherapy, occupational therapy, midwifery and social work.

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