



## Prior experience of interprofessional learning enhances undergraduate nursing and healthcare students' professional identity and attitudes to teamwork



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### ABSTRACT

**Background:** How willing are today's medical, nursing and other healthcare students to undertake some of their studies as shared learning? There is a lack of evidence of students' views by discipline despite this being a priority task for higher education sectors. This study explored the views of nursing, midwifery, nursing-emergency health (paramedic), medical, physiotherapy and nutrition–dietetics students.

**Methods:** Senior undergraduate students from six disciplines at one university completed the Readiness for Interprofessional Learning Scale prior to participating in interprofessional clinical learning modules. **Results:** For 741 students, the highest ranked response was agreement about a need for teamwork (mean 4.42 of 5 points). Nursing students held significantly more positive attitudes towards Teamwork/Collaboration, and were more positive about Professional Identity than medical students ( $p < .001$ ). Midwifery and nursing-emergency-health students rejected uncertainty about Roles/Responsibilities compared with medical students ( $p < .001$ ). One-third of all students who had prior experience of interprofessional learning held more positive attitudes in each of four attitude domains ( $p < .05$ ).

**Conclusion:** Overall, students' attitudes towards interprofessional learning were positive and all student groups were willing to engage in learning interprofessionally. Early introduction of IPL is recommended. Further studies should explore the trajectory of students' attitudes throughout the university degree.

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### Introduction

How willing are today's medical, nursing and other healthcare students to undertake some of their studies as shared learning? Competent health professionals are required to work together in complex and dynamic healthcare environments and to collaborate in teams. The higher education sector is thus bound to produce a health workforce that is adaptable, can collaborate and work across professional boundaries (L-TIPP 2009). Recent education reforms have aimed to address this by increasing undergraduate interprofessional learning opportunities in the health care professions, including in nursing (Australian Nursing and Midwifery Accreditation Council (ANMAC) 2011). This follows the lead of

international recommendations regarding a need for improvement in health professional education to ultimately improve patient-centred care (Pollard et al., 2004; Thistlethwaite and Moran, 2010; World Health Organization and Health Professions Network Nursing and Midwifery Office, 2010). These skills are ideally learned during the undergraduate years when students undertake shared, or interprofessional learning (Hylin et al., 2011).

Interprofessional learning (IPL) occurs when there is active learning 'with' and 'from' other disciplines: i.e., when two or more students learn *with, from and about each other* with the aim of improving collaboration and the quality of professional practice (Centre for Advancement of Interprofessional Education (CAIPE) 2002). For example, nursing students may learn clinical skills from a curriculum that is common to nursing, medical and physiotherapy students, with all three disciplines focussing on their contributory roles whilst learning together. Learning via working with other students provides an opportunity for students to position themselves within the healthcare team and to 'fine-tune' a

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professional persona, described by Ibarra (1999) as 'trying on a provisional self'. Rather than weaken the acquisition of professional identity, its development was enhanced by learning alongside other healthcare students (Wilhelmsson et al., 2009).

While IPL has been introduced in some university programmes via multi-professional undergraduate healthcare studies (Hamilton et al., 2008; Jacobsen et al., 2009; Mann et al., 2009), this is not implemented universally. Studies have reported various barriers to conduct of IPL ranging from resource issues and administrative differences between departments to the logistics of parallel time-tabling (Tourse et al., 2008). In addition, there are differences among students in various professional disciplines in relation to attitudes and willingness to engage in learning together (Rose et al., 2009; Wilhelmsson et al., 2011). All students enter university with an already established set of attitudes influenced by their personal, cultural, social and philosophical belief systems that shape a person's conscious or unconscious mind (Eiser, 1997). Attitudes are changed as a result of favourable or unfavourable evaluation of a person, or object, or thing- and thus alter with experience (Eagly and Chaiken, 2007). Furthermore, the literature suggests that health professional students have traditionally experienced very little contact with each other (Gilbert, 2005) with few opportunities to learn about interprofessional collaboration. Furthermore, few studies report whether individual student disciplines are willing to undertake interprofessional learning as, to date, small student samples have prevented this analysis.

The purpose of this paper is to examine the attitudes of undergraduate health professional students towards interprofessional learning within a large multidisciplinary undergraduate cohort. We include a focus on nursing, midwifery and nursing-emergency health, among others, to explore the willingness of these groups to participate in shared learning. The present report forms part of a longitudinal study conducted by researchers from Monash University and Southern Health (Victoria, Australia) that developed an interprofessional clinical learning programme for pre-registration healthcare students (Leech et al., 2013). This paper reports discipline attitudes and explores differences between-disciplines. The students' views were examined prior to their engaging in interprofessional clinical learning experiences that were offered while the students were on clinical placement in the health service.

## Methods

The study design was a cross-sectional survey utilizing a valid questionnaire: the Readiness for Interprofessional Learning Scale (RIPLS) together with a demographic question set. This asked about participants' age, year of birth, course and year of university course, and whether they had previously experienced IPL.

The 19-item RIPLS scale (Parsek and Bligh, 1999) was developed through a survey of 120 s-year undergraduate healthcare students including medicine, nursing and six other health and social care professions (Table 1). The five-point response scale was based on agreement (1: Strongly disagree to 5: Strongly agree). The scale was reliable with a Cronbach alpha of .90, exceeding an expected .70 (Pallant, 2005). Three main constructs were identified in the scale: Teamwork/Collaboration (9 items), Professional Identity (7 items) and Role/Responsibilities (3 items). In further testing (McFadyen et al., 2005) the reliability was confirmed ( $\alpha = .84$ ) with a sample of 308 healthcare students from eight health and social care professions (but not medicine).

## Sample

The survey population was undergraduate healthcare students attending a single university and who were scheduled for clinical

**Table 1**

Four factors identified in the Readiness for Interprofessional Learning Scale by McFadyen et al. (2005) used in this analysis.

Items
<b>Teamwork and Collaboration</b>
Learning with other students will help me become a more effective member of a health care team
Patients would ultimately benefit if health care students worked together to solve patient problems
Shared learning with other health care students will increase my ability to understand clinical problems
Learning with health care students before qualification would improve relationships after qualification
Communication skills should be learned with other health care students
Shared learning will help me think positively about other professionals
For small-group learning to work, students need to trust and respect each other
Team-working skills are essential for all health care students to learn
Shared learning will help me to understand my own limitations
<b>Negative Professional Identity</b>
I don't want to waste my time learning with other health care students
It is not necessary for undergraduate health care students to learn together
Clinical problem solving skills can only be learnt with students from my own school/department
<b>Positive Professional Identity</b>
Shared learning with other health care students will help me to communicate better with patients and other professionals
I would welcome the opportunity to work on small group projects with other health care student
Shared learning will help to clarify the nature of patient problems
Shared learning before qualification will help me become a better team worker
<b>Roles and Responsibilities</b>
The function of nurses and therapists is mainly to provide support for doctors
I am not sure what my professional role will be
I have to acquire much more knowledge and skills than other health care students

placement in one large Melbourne metropolitan health service between June 2011 and July 2012. This included students in medicine, nursing, midwifery, nursing-emergency health (paramedic), physiotherapy, and nutrition-dietetics. Generally the students were in the advanced years of their course (for example, nursing years 2–3, medicine years 3–5). Surveys were conducted at two time periods with two groups of students. Commencing in July 2011, all six student disciplines scheduled for placements between July and November received an explanation of the study during orientation in the health service, and were invited to participate. The timing coincided with an offer to attend on-site interprofessional clinical learning modules to be conducted over the placement period. Students completed surveys either as a paper-based or on-line questionnaire. The recruitment process was repeated in February/March 2012 with a second set of students. Consent was implied by return of a completed questionnaire.

## Ethical approval

Ethics committee approval for conduct of the study was obtained from the university and the health service.

## Data analysis

The data set comprised students surveyed in 2011 and in 2012. As the study objective was to examine attitudes of students *prior* to them undertaking IPL modules, a filter process was applied to identify and remove 24 repeated surveys (should any student have participated during each of two semesters). Survey data were analysed using SPSS version 20 (IBM-SPSS Incorporated, Chicago, Ill: 2009) and descriptive and parametric statistics. In line with analysis of metric scales (Norman, 1997), the data was treated as

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