



Students' readiness for and perception of inter-professional learning: A cross-sectional study



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SUMMARY

Background: Inter-professional education is a critical pedagogical approach aiming at preparing healthcare students for providing patient care in a collaborative team atmosphere.

Objectives: To investigate the readiness for and perception of inter-professional learning and their relationship among healthcare students.

Design: It was a correlational, cross-sectional study.

Participants: Two hundred and fifty undergraduate medical, B.Sc. nursing, and B.Sc. science in surgical technology students participated in this study.

Setting and Samples: The samples were selected from the colleges affiliated to Shiraz University of Medical Sciences using stratified random sampling.

Methods: The Readiness for Inter-Professional Learning Scale (RIPLS) and Interdisciplinary Education Perception Scale (IEPS) were used to measure the readiness for and perception of inter-professional learning. The data were analyzed using One-way Analysis of Variance (ANOVA) and independent sample T-test.

Results: The total mean scores of readiness for and perception of inter-professional learning were 82.40 (SD = 23.16) and 74.04 (SD = 14.26), respectively. Besides, the medical students' total mean score of readiness was significantly lower than that of the nursing and science in surgical technology students ($F = 76.73$, $P < 0.0001$). The results showed a significant difference between the current years of study regarding RIPLS and IEPS ($P < 0.0001$). Also, a significant difference was demonstrated among the three fields concerning IEPS and its four subscales. Moreover, the total score of RIPLS was associated with that of IEPS ($r = 0.43$, $P < 0.0001$).

Conclusion: This study indicated that the medical students had the lowest RIPLS. In addition, the nursing students reported the lowest IEPS; therefore, this group's curriculum is suggested to be revised. For evidence based practice, other studies are recommended to improve inter-professional learning.

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Introduction

Advances in healthcare revealed that it is impossible for a clinician alone to provide the necessary knowledge and skills for comprehensive care (Lee et al., 2009). As the population gets older and with the increase in variation of diseases and social changes, health professionals are required to provide the best care for the patients who face complex problems. Increase in complex patient problems needs the skills and knowledge of several professionals. Hence, healthcare professionals must at least have a willingness to share their knowledge within a team (Reeves and Pryce, 1998).

A team approach requires the interaction of two or more individuals from different disciplines who have specific roles, act interdependently, are cooperative, and follow a common goal (Neill et al., 2007). Inter Professional Education (IPE) is a crucial pedagogical approach for preparing the medical students to provide patient care in collaborative team atmosphere. The need for IPE has been recognized internationally since the mid-1980s (Buring et al., 2009).

The goal of IPE is for the students to learn to perform in an inter-professional team and enhance the patients' outcomes through inter professional collaboration in their future practices (Buring et al., 2009). An increased coordination of healthcare providers through interdisciplinary collaboration has been demonstrated to benefit the patients by preventing fragmentation of care and improving a more holistic approach toward healthcare (Lindeke and Block, 2001). Therefore, inter professional teams improve the quality of patient care (Lindeke and Sieckert, 2005; Vazirani et al., 2005), have lower costs (Vazirani et al., 2005; Baggs et al., 2004), decrease the patients' length of hospital

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stay, and reduce medical errors (Buring et al., 2009). Additionally, they might also increase job or professional satisfaction (Lindeke and Sieckert, 2005; D'Amour and Oandasan, 2005).

Since one of the major elements of improving IPE is addressing the perception of and readiness for IPE among the healthcare professionals, it is important to assess the perceptions of the students from varied health disciplines in inter professional practice (Neill et al., 2007). Attitude has been noted as the major factor preventing or facilitating the implementation of IPE (Parsell and Bligh, 1999). Individual philosophies of team working probably shape the perceptions of the need for shared vision, effective communication, role understanding, and how role contribution is valued (Freeman et al., 2000).

One of the important aspects of inter professional learning is concerned with the variation in the attitudes among the professional groups that may require exploration when considering shared learning (Parsell and Bligh, 1999). The results of a study indicated a favorable attitude toward IPE among the medical, nursing, and pharmacy students (Aziz et al., 2011). However, the same understanding may not exist in all the members of a team. It was reported that medical students were the least sure of their professional role and believed that they needed more knowledge and skills compared to nursing or pharmacy students (Horsburgh et al., 2001).

One serious question which must be proposed is whether students have been adequately prepared for inter professional learning (Salamonson et al., 2009). The students' preparation is certainly very important. Therefore, assessment of the learners' preparation can be considered as one of the prerequisites to apply and benefit from IPE procedure (Horsburgh et al., 2001). Preparation is defined as the students' attitude toward the important professions and the levels of knowledge, skills, and innovative techniques that they can use (Knowles, 1980). Given the key role of the students' preparation in this field, inadequate preparation and poor attitude may place enormous obstacles ahead of the planners and educational administrators (Horsburgh et al., 2001).

In general, positive attitude toward other professionals and team working is required for successful IPE programs (Parsell and Bligh, 1999). In the review of the literature, no studies were found evaluating the relationship between the readiness for and perception of inter-professional learning. Preparation for learning communication and problem-solving skills and readiness to work with the individuals in other professions might be related to the students' perception. Understanding the relationship between the two variables indicates that a change in one affects the other, as well. Thus, when the relationships are perfect, it is possible to precisely predict the value of one variable by knowing the value of the other (Polit and Beck, 2012). Therefore, the present study aims to determine the readiness for and perception of inter-professional learning as well as their relationship among the healthcare students.

Methods

Design

A correlational, cross-sectional design was used.

Participants

The target population of this study included all undergraduate medical, B.Sc. nursing, and B.Sc. science in surgical technology students. The samples were selected from three paramedical and medical fields through stratified random sampling. At first, the population was divided into 6 strata based on the current year of study. Then, simple random sampling by a computer-generated list of random numbers was used in order to prevent the sampling bias.

Based on the studies by Williams and Webb (2013) and Williams et al. (2013) and a pilot study conducted on 30 nursing, science in surgical technology, and medical students and considering the power

of 0.9, significance level of 0.05, and $r = 0.2$, a 260-student sample size was determined for the study.

Setting

This study was conducted in two universities of nursing and midwifery (Hazrat-e-Fatemeh and Hazrat-e-Ziyab) and one medical university affiliated to Shiraz University of Medical Sciences (SUMS) in southwest of Iran. SUMS had 290 undergraduate nursing students and 150 undergraduate science in surgical technology students. In addition, 400 medical students were being educated in this university.

In Shiraz, the academic year consists of two four-month periods from September to February and February to July. The undergraduate program lasts for four years for receiving a baccalaureate of nursing and science in surgical technology. Moreover, it takes 7 years for medical students. In Iran, individuals take part in the university entrance exam and based on their ranks, start studying in their desirable fields of study.

In Shiraz, Iran, B.Sc. students of nursing have to take 130 credits including general courses (20 credits), basic sciences and practical and special courses (86 credits), and apprenticeship in filed (24 credits). B.Sc. students of science in surgical technology also should take 130 credits consisting of general courses (22 credits), basic sciences and practical and special courses (84 credits), and apprenticeship in filed (24 credits). Finally, medical students have to pass 294 credits 96 of which including basic sciences. They start their clinical practice from the eighth semester of study. On the other hand, nursing and science in surgical technology students start in clinical practice from the second year of study.

Ethical Considerations

The Ethics Committee of SUMS approved the study. Besides, the subjects were verbally assured that participation in the study would be voluntary and participation/nonparticipation would not affect their grade or training. Written informed consents were also obtained from the students. In this form, the purpose of the study as well as the confidentiality conditions was described for the students. It should be mentioned that the participants were free to discontinue their participation in the study at any time.

Instruments

The study data were collected using a form including the demographic characteristics, such as gender, current year of study, and field of study, and two scales.

The *Readiness for Inter-Professional Learning Scale* (RIPLS) designed by Parsell & Bligh was utilized to measure the attitudes toward inter-professional teams and readiness for inter-professional education. This scale included 19 items in three subscales: teamwork and collaboration (items 1–9), professional identity (items 10–16), and roles and responsibility (items 17–19). In addition, it was scored using a 5-point Likert-scale (1 = strongly disagree, 5 = strongly agree) (Parsell and Bligh, 1999). The teamwork and collaboration subscale involves the individuals' attitude toward the effect of cooperative learning with students from other professions, communication, trust, respect, and professional limitations. Besides, professional identity evaluates the value of working with other healthcare students and sharing learning experiences with other healthcare profession students for improving communication, problem-solving, and team skills. A high score in this subscale indicates that the students value these shared learning experiences with the students from other health professions. Finally, the roles and responsibilities subscale of RIPLS deals with the students' own roles and those of other health care providers (Hertweck et al., 2012). The total score of this scale ranged from 19 to 95 and higher scores indicated greater readiness for inter-professional learning.

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