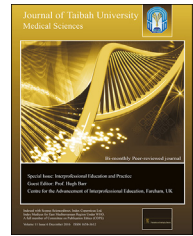




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Original Article

## Measuring healthcare students' attitudes toward interprofessional education



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### المخلص

**أهداف البحث:** للكشف عن وجهات نظر الطلبة تجاه التعليم المتداخل بين التخصصات؛ للتحري عن وجود أي فروقات ذات دلالة إحصائية لجاهزية الطلبة من مختلف تخصصات الرعاية الصحية، والتحقق عما إذا كان هناك أي تأثير واضح للخصائص الديموغرافية على وجهات نظرهم وجاهزيتهم.

**طرق البحث:** أجريت دراسة مقطعية، ووزع مقياس جاهزية التعليم المتداخل بين التخصصات على جميع طلبة السنة الثانية والثالثة والرابعة للبرامج في أقسام الرعاية التنفسية، والعلاج الطبيعي، وتكنولوجيا القلب، والتغذية السريرية، وعلوم المختبرات السريرية بجامعة الدمام. وتم تحليل البيانات باستخدام الإحصاء الوصفي والاستدلالي.

**النتائج:** متوسط الدرجة الشاملة لجاهزية الطلبة (المتوسط = 66، الانحراف المعياري = 8.7) كانت أعلى من متوسط الدرجة على مقياس جاهزية التعليم المتداخل بين التخصصات (المتوسط = 47.5). وأظهرت المقارنة بين مجموعات طلبة التخصصات الصحية فروقات ذات دلالة إحصائية في درجة استعدادهم. وكان متوسط الدرجة الشاملة لجاهزية طلبة التغذية السريرية أعلى من المجموعات الأخرى. كما كانت هناك علاقات إيجابية ذات دلالة إحصائية بين السنة الدراسية والدرجة الشاملة من نتيجة مقياس جاهزية التعليم المتداخل بين التخصصات، ونتيجة الفروع الجانبية للعمل الجماعي والتعاوني، والهوية المهنية السلبية.

**الاستنتاجات:** كشفت الدراسة بشكل عام عن وجود درجة مرضية لجاهزية الطلبة، ووجهات نظر إيجابية عموماً لدى الطلبة نحو التعليم المشترك، وقيمة العمل الجماعي والتعاوني. كما تشير النتائج إلى أن طلاب التغذية السريرية يبدون تقديراً للتعاون مع التخصصات الأخرى أكثر من طلاب التخصصات الصحية الأخرى. كما وجد أنه كلما تقدم الطلبة في سنوات الدراسة، تزيد جاهزيتهم للتعليم المتداخل بين التخصصات.

**الكلمات المفتاحية:** التعليم المتداخل بين التخصصات؛ وجهات نظر طلبة التخصصات الصحية؛ التعاون؛ التعليم والتعلم

### Abstract

**Objectives:** To explore students' attitudes toward interprofessional education (IPE); to explore whether there are significant differences in the readiness of students in various healthcare professions; and to investigate whether demographic characteristics have any significant influence on their attitude and readiness.

**Methods:** This was a cross-sectional study. The Readiness for Interprofessional Learning Scale (RIPLS) was administered to all 2nd-, 3rd-, and 4th-year undergraduate students of the respiratory care, physical therapy, cardiac technology, clinical nutrition, and clinical science laboratory professional programs at the University of Dammam. Data were analysed using descriptive and inferential statistics.

**Results:** The overall mean score of students' readiness (mean = 66, SD = 8.7) was higher than the average score on the RIPLS (mean = 47.5). A comparison revealed statistically significant differences between health profession groups in terms of readiness ( $P = .000$ ). The overall mean readiness score of clinical nutrition students was higher than that of other groups. There were significant positive relationships between year of study and the overall RIPLS score, the teamwork and collaboration subscale score, and the negative professional identity subscale score ( $r$  ranged from .117 to .189,  $P \leq .023$ ).

**Conclusion:** Overall, the study revealed a satisfactory degree of readiness and a generally positive attitude among students regarding shared learning and the value of teamwork and collaboration. The results suggested that clinical nutrition students appreciated interprofessional collaboration more than students of other health professions. Furthermore, as students advanced in their years of study, their readiness for interprofessional learning increased.

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**Keywords:** Collaboration; Health profession students' attitudes; Interprofessional education; Teaching and learning

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## Introduction

Interprofessional education (IPE) has been defined as circumstances in which students from two or more professions learn with, from, and about each other to enhance collaboration skills and promote quality of care.<sup>1</sup> At the learner level, it is assumed that students engaged in IPE are more likely to understand each other's professional roles and responsibilities.<sup>2</sup> At the faculty-member level, it is suggested that IPE encourages mutual respect and understanding among colleagues on healthcare teams.<sup>2</sup> Among important competencies for interprofessional teaching are positive role modelling and an appreciation of multiplicity and distinctive contributions.<sup>2</sup>

It is emphasized in the medical education literature that all students in health care professions should be engaged in IPE as a component of their curriculum in order to be well prepared for professional work.<sup>1,3–5</sup> Although the literature highlights the importance health care professionals' good teamwork with both patients and colleagues in health service settings, the argument regarding how and when students should be exposed to interprofessional education is ongoing.<sup>6</sup> It is argued that one of the main barriers in the development of IPE is students' attitude toward its acceptance.<sup>7</sup>

In the context of KSA, Fallatah and her colleagues<sup>8</sup> investigated the perception of IPE among medical, nursing students and graduates of the medical college at King Abdulaziz University. They found that medical students and graduates valued IPE and believed that the inclusion of IPE in their curriculum would improve patient care and increase the satisfaction of the healthcare provider. In addition, measurements performed by Al-Eisa et al.<sup>9</sup> revealed that the perception of and readiness toward IPE among female undergraduate healthcare students at King Saud University were high.

To the best of the author's knowledge, students' attitude toward IPE has not been officially measured at the University of Dammam in KSA. This paper explores the attitudes of students in health professions toward IPE, as measured by the RIPLS. It also investigates whether there are significant differences in the readiness of students of various healthcare professions, and it determines whether demographic variables have any significant effect on students' attitude and readiness in relation to IPE.

It is hoped that the results of this study will serve as a baseline for decision makers to initiate and develop IPE at different levels at the University of Dammam. The findings of this study will contribute to the existing knowledge base on interprofessional education.

## Materials and Methods

### Study setting

This study was conducted with students of five health professions at the University of Dammam, KSA.

### Study design

The cross-sectional study was conducted in the second semester of the 2015–2016 academic year.

### Target population and sample size

The target population was all 2nd-, 3rd-, and 4th-year undergraduate students of the respiratory care, physical therapy, cardiac technology, clinical nutrition, and clinical science laboratory professional programs at the University of Dammam, KSA.

### Data-collection tools

Data were collected through a self-administered questionnaire. An explanation of the term 'interprofessional education' and the purpose of the study were presented on the first page of each questionnaire, and the voluntary anonymous nature of participation and confidentiality were assured. Students' written consent was obtained, and their right to opt out was emphasized. Approximately 10–15 min was required to complete the questionnaire.

### Instrument

The Readiness for Interprofessional Learning Scale (RIPLS), originally developed by Parsell and Bligh<sup>10</sup> and revised by McFadyen et al.,<sup>11</sup> was adapted to evaluate students' attitudes towards IPE. It consists of 19 items covering four subscales: teamwork and collaboration, negative professional identity, positive professional identity, and roles and responsibilities. The items ask participants to indicate their level of agreement on a 5-point Likert scale (1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, or 5 = strongly agree). The scoring is reversed for negative statements (statements 10, 11, and 12) so that for all items, a higher score reflects a more positive attitude toward interprofessional learning. The overall possible maximum score on the RIPLS is 95, and the minimum is 19. The reported mean score on the RIPLS scale (47.5) is considered an average indicator of students' readiness.<sup>12</sup> The maximum scores for the RIPLS subscales are as follows:

*Teamwork & collaboration subscale*,  $9 \times 5 = 45$  maximum, statements 1–9

*Negative professional identity*,  $3 \times 5 = 15$  maximum, statements 10–12

*Positive professional identity*,  $4 \times 5 = 20$  maximum, statements 13–16

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