



Original Article

Mixed simulation course increases participants' positive stress coping abilities

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Abstract

Background: Lack of health professional awareness of interprofessional collaborative practice (IPCP) often results in stress and conflicts between team members in the medical system. Our study aimed to compare the effectiveness of mixed simulation-interprofessional education (IPE) courses to enhance coping strategies for IPCP-associated stress.

Methods: Participants (n = 54) from the disciplines of physicians (n = 12), nurses (n = 28) and pharmacists (n = 14) were enrolled. Over the course of the study period, all participants were asked to complete pre-course (T1), post-course (T2) and end-of-study (T3) questionnaires for self-assessment of perceived stress scale (PSS), stress coping preference scale (SCPS), and IPCP proficiency.

Results: Basically, physicians felt less IPCP-associated stress than did nurses and pharmacists. For physicians, nurses and pharmacists, the mean post-course (T2) PSS scores were significantly lower than pre-course (T1) PSS scores, which indicated decreased IPCP-associated stress after mixed simulation-IPE courses. In comparison with physicians, the greater difference (T2–T1 scores) in the PSS and positive coping SCPS subscales scores were noted among nurses and pharmacists. For nurses and pharmacists, the further improvements in stress coping abilities (PSS scale and positive SCPS subscale) were noted at the end-of-study self-assessment by comparison of post-course scores with end-of-study scores. For IPCP proficiency, all participants gave more positive responses to the specific questions in the end-of-study questionnaires.

Conclusion: Our study supports the use of mixed simulation-IPE courses as part of continuing education to enhance positive stress coping strategies.

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Keywords: Interprofessional collaborative practice; Interprofessional education; Mixed simulation course; Positive stress coping strategies

Abbreviations: IPE, interprofessional education; IPCP, interprofessional collaborative practice; PSS, perceived stress scale; SCPS, stress coping preference scale.

Conflicts of interest statement: The authors declare that they have no conflicts of interest related to the subject matter or materials discussed in this article.

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1. Introduction

One the ten recommendations of the Commission on Education of Health Professionals for the 21st Century is the “promotion of inter-professional education (IPE) that breaks down professional silos while enhancing collaborative and non-hierarchical relationships in effective teams”.¹ The increasing prevalence of patients having complex chronic health issues continuously challenges the staff training strategies of health-care institutions. To ensure patient safety and well-being, the collaborative involvement of a team of health professionals is necessary for delivering care to patients with complex chronic medical/mental health conditions and social disadvantage.² Inter-professional collaborative practice (IPCP) is a model of healthcare which optimizes the use of multiple professional skill sets to provide well-coordinated, high-quality and patient-centered care.³ IPE is a way of improving patient-centered and team-based care through positive shared learning activities in a non-threatening environment to respond to patients' needs.⁴ Mixed simulation-IPE offers an effective platform for training in IPCP, providing different health professionals with valuable learning experiences through communication. Including all disciplines in the mixed simulation-IPE process reinforces the unique role/contribution of each team member and provides a mechanism for the team to talk together about system improvements. Actually, good clinical care requires practitioners' ability to effectively resolve stress and conflict that develop in the process of IPCP.⁵ Good IPCP can improve health professionals' job satisfaction and enhance well-being.⁶

In our institution, regular IPE meetings in various divisions had been held for years to promote IPCP healthcare. However, the 2014 annual mini-interviews revealed some junior health professionals were not familiar with the IPE and IPCP. Moreover, most interviewees reported that their occupational stress resulted from lack of appropriate coping strategies for IPCP-related frustrations.

Accordingly, education committee organized a preliminary mixed simulation-IPE course to improve health professionals' IPCP. Intentionally, this course aimed to enhance their IPCP-related stress coping abilities.

2. Methods

2.1. Participants

Between January 2015 and May 2016, participants (n = 54) from the disciplines of physicians (n = 12), nurses (n = 28) and pharmacists (n = 14) were invited to join the above-mentioned mixed simulation-IPE course. After a brief introduction of mixed simulation-IPE courses, participants were asked to complete pre-course (T1) questionnaires at the beginning of study. Each questionnaire was numbered so that persons could remain anonymous but their numbers could be used to match their pre-course (T1) self-assessment with post-course (T2) and end-of-study (T3) self-assessment (Fig. 1). All participants continued with their usual discipline clinical training throughout the period of 3-month study. Ethics approval was obtained from the Ethics Committee of our

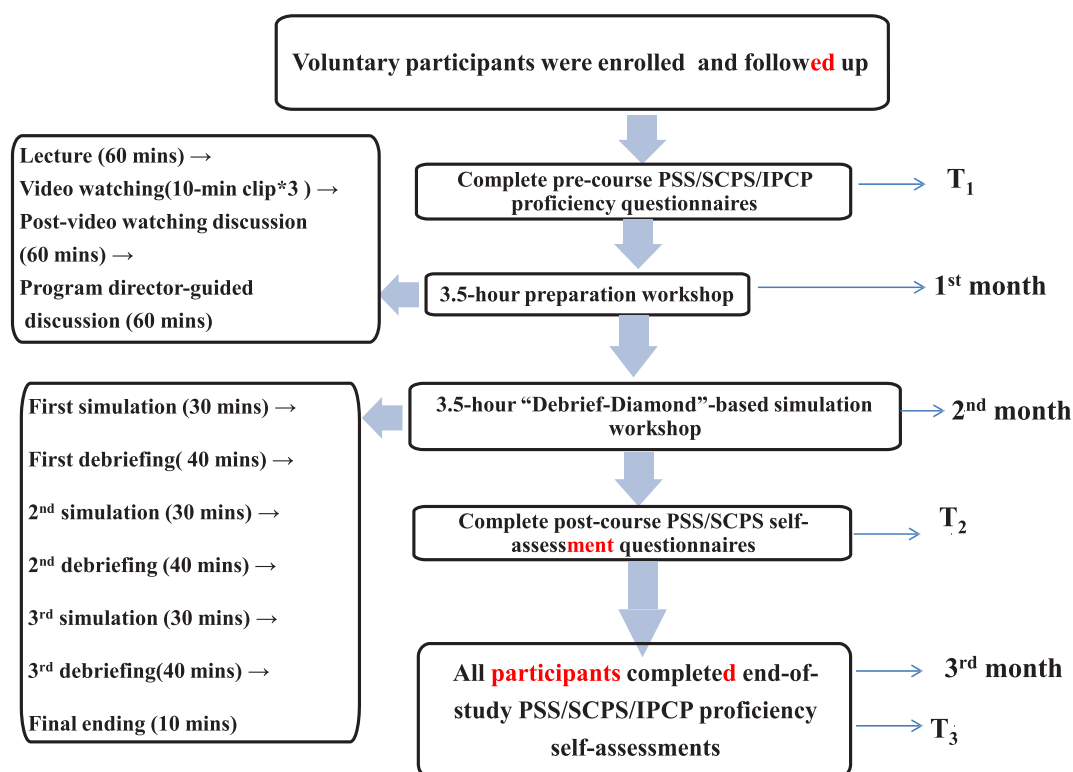


Fig. 1. Study flow chart.

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