Nurse Education Today 63 (2018) 64–68

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/locate/nedt

Comparison of the Readiness for Interprofessional Learning and the rate of contact among students from nine different healthcare courses

Vítor Falcão de Oliveira[a], Mariana Fonseca Bittencourt[a], Ícaro França Navarro Pinto[a], Alessandra Lamas Granero Lucchetti[b], Oscarina da Silva Ezequiel[b], Giancarlo Lucchetti[b,*]

[a] School of Medicine, Federal University of Juiz de Fora, Brazil
[b] Department of Medical Education, School of Medicine, Federal University of Juiz de Fora, Brazil

ARTICLE INFO

Keywords:
Interprofessional learning
Nursing education
Healthcare students
Readiness for Interprofessional Learning

ABSTRACT

Background: Despite the growth in the interprofessional literature, there are still few studies that have evaluated the differences among courses and periods in relation to Readiness for Interprofessional Learning. Likewise, the relationship between the influences of contact among students from different professions is still controversial.
Objectives: To evaluate whether greater contact among students from diverse health courses could be associated with improved Readiness for Interprofessional Learning (RIPLS) at the undergraduate level and to compare the RIPLS among healthcare courses, analyzing differences among courses and periods of their academic training.
Design: Cross-sectional study.
Setting: A Brazilian public university.
Participants: Students enrolled in the first and final periods of nine healthcare courses.
Methods: The rates of contact between students and the Readiness for Interprofessional Learning were assessed. A comparison between students from these nine healthcare courses was carried out.
Results: A total of 545 (73.45%) students answered the questionnaire. The highest RIPLS scores were from Nursing (42.39), Dentistry (41.33) and Pharmacy students (40.72) and the lowest scores were from Physical Education (38.02), Medicine (38.17) and Psychology (38.66) students. The highest rates of contact between students (RC) were from Physical Education, Nutrition and Psychology students and the lowest RC were from Pharmacy, Social service and Dentistry. There was a significant effect of "healthcare course" on RIPLS. Comparing RIPLS and RC between the first and final years we found that, considering all courses, there was an increase in the RC, whereas a decrease in RIPLS scores. No correlation was found between RIPLS and RC in general.
Conclusion: The current study found that RIPLS scores are very different between healthcare students. Although we found a significant increase in the RC, there was a decrease in the RIPLS scores. These findings lead to a greater understanding of the difficulties facing and potential for interprofessional education.

1. Background

Currently, interprofessional education (IPE) is considered to have great relevance in training health professionals. Several governments and health organizations around the world have furnished significant resources in order to promote development of IPE (Coster et al., 2008; King et al., 2012; Tunstall-Pedoe et al., 2003).

Interprofessional education in health care involves educators and learners from two or more health professions and their foundational disciplines who jointly create and foster a collaborative learning environment, aiming to develop knowledge, skills and attitudes that result in interprofessional team behaviors and competence in order to improve the quality of patient care (Buring et al., 2009). This style of education prioritizes teamwork, integration, and flexibility in the work force. It should be achieved through broad recognition of and respect for each profession's particularities (D'Amour and Oandasan, 2005; Reeves et al., 2008).

One of today's great challenges is how to encourage interprofessional education at the undergraduate level and how to demonstrate to students the importance of teamwork in their future health care professions (Carlisle et al., 2004; Nolan, 1995; Tunstall-Pedoe et al., 2003). Various studies have shown that, in spite of students' high enthusiasm for IPE at the beginning of their course, they become less receptive to interprofessional learning as the years pass (Coster et al., 2008; Hind

* Corresponding author at: School of Medicine, Federal University of Juiz de Fora, Av. Eugenio do Nascimento s/n, Juiz de Fora 36038-330, MG, Brazil.
E-mail address: g.lucchetti@yahoo.com.br (G. Lucchetti).

https://doi.org/10.1016/j.nedt.2018.01.013
Received 22 August 2017; Received in revised form 11 December 2017; Accepted 19 January 2018
0260-6917/ © 2018 Elsevier Ltd. All rights reserved.

et al., 2003; Hudson et al., 2016; Pollard et al., 2006). Among the factors that can explain these findings, previous studies have shown that younger students, with less interprofessional contact and having poor previous experiences were less positive about IPE (Coster et al., 2008).

Important differences were found among the various healthcare courses. Medical students, when compared with those from other disciplines, are less enthusiastic about the concept of IPE, have more negative attitudes regarding IPE, and tend to be more protective of their own professional education. Nursing students, on the other hand, seem to be more open to interprofessional collaboration (Curran et al., 2010; Horsburgh et al., 2001; Keshtkaran et al., 2014; Wilhelmsson et al., 2011).

In spite of a growth in interprofessional literature (Havyer et al., 2016), there are still few studies that have evaluated the differences among disciplines and periods in relation to Readiness for Interprofessional Learning, particularly among students in Latin American universities. By the same token, the relationship between the influence of contact among students from different professions and receptivity for interprofessional learning is still controversial (Coster et al., 2008). Understanding how these differences occur can help in the development of educational strategies and curricula that increase the potential for interprofessionalism.

Thus, our objective is to evaluate whether greater contact among students from diverse health courses could be associated with improved RIPLS at the undergraduate level and to compare the Readiness for Interprofessional Learning (RIPLS) among different healthcare courses, analyzing differences among courses and periods of their academic training.

2. Methods

2.1. Study Design and Participants

This was a cross-sectional study carried out from April to August 2016. It included students in the first and final periods of healthcare courses at a Brazilian public university. The study was approved by the Committee for Ethics in Research at the Federal University of Juiz de Fora and all students signed a Consent Form.

2.2. Eligibility Criteria

To be included, a student had to be officially enrolled in the first or the final period of one of the following disciplines: medicine, physical education, nursing, pharmacy, physiotherapy, nutrition, dentistry, clinical psychology, or social service. Students who did not sign a consent form, who had temporarily withdrawn from school or who were not present when data was collected were excluded.

2.3. Instruments Used

Data collection was done using a self-reported questionnaire, with an average duration of 15 min that included:

- Sociodemographic data: age, gender, marital status, course of study, and period.
- Readiness Interprofessional Learning Scale (RIPLS): developed by Parsell and Bligh (Parsell and Bligh, 1999) in order to evaluate students' Readiness for Interprofessional Learning, as well as their level of partnership, involvement, and collaboration among different professionals in this process. The instrument was validated for use in Brazil by Peduzzi (Peduzzi et al., 2015). It contains nine items including aspects of collaboration and teamwork. Final analysis of that scale generates a score (minimum of 9, maximum of 45). Higher scores indicate greater willingness to learn together with students from other health related disciplines, while lower scores indicate reluctance to do so. In this study, the scale's internal consistency was evaluated, revealing a Cronbach's alpha of 0.860.
- Evaluation of Contact Rate (CR): created by the authors to measure levels of contact among students from different disciplines in the area of health care. To that end, four questions were created about contact (formal, informal, practical classes, and social) that students have with each course other than their own. For example, a medical student was asked “During your medical course, have you had formal educational contact with (nursing) students? During your medical course, have you had informal educational contact with (nursing) students? During your course, have you had some contact in practical classes with (nursing) students? Have you had social contact outside of your course with (nursing) students?” These same four questions were asked regarding each discipline: physical education, nursing, pharmacy, physiotherapy, nutrition, dentistry, psychology, and social service. The rate of contact was prepared based on the questionnaire from Coster et al.'s study (Coster et al., 2008), created to promote a general idea of how contact comes about among students from different health related disciplines. Questions were organized in such a way that each item was responded to by participants in relation to contact with students from each of the other disciplines separately. Participants did not to respond about contact among colleagues from their own discipline, as it is assumed that this latter form of contact would be high. Classifications in each item varied from one (no contact) to five (great contact). A global score was summed up, determining a general score for that participant's contact in relation to the different professional groups. Higher scores (minimum of 32, maximum of 160), meant greater CR among the students evaluated. Internal consistency of the instrument was also accessed, revealing a Cronbach's alpha of 0.845.

2.4. Procedures

All disciplines' coordinators were contacted in order to provide a list of first and final year students, as well as the best occasions to apply it. Data collection was pre-arranged, in order to include times when all students would be gathered together in the same location. The self-applied paper and pencil questionnaires were answered during activities in classrooms and academic settings, with those applying them having been trained in how to approach students about participating in the research and to clarify possible doubts in relation to the instruments. Students voluntarily participated and were not financially compensated.

2.5. Data Analysis

Data analysis was done in two ways. First, a descriptive analysis was done, using frequency, percentage, mean, and standard deviation for sociodemographic data and scale results (i.e. RIPLS and CR).

Inferential analysis was used, then, to compare whether or not there were differences between undergraduate students of the nine healthcare courses in relation to scores on the RIPLS and CR scales (using one-way ANOVA for independent samples with post-hoc test of Bonferroni) and whether there was a difference between students from the first and final periods (using the *t*-test for independent measurements or Mann-Whitney test).

Then, a Spearman correlation was conducted in order to evaluate whether or not having greater contact with other disciplines (CR) could be associated with a higher RIPLS for the total population as well as for each health related course.

Statistical analysis was done with SPSS version 21.0 (SPSS Inc.) and a $p < 0.05$ was adopted as significant.

دریافت فوری ← متن کامل مقاله

ISIArticles
مرجع مقالات تخصصی ایران

✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
✓ امکان دانلود نسخه ترجمه شده مقالات
✓ پذیرش سفارش ترجمه تخصصی
✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
✓ دانلود فوری مقاله پس از پرداخت آنلاین
✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات