



The role of personal resilience and personality traits of healthcare students on their attitudes towards interprofessional collaboration



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ABSTRACT

Background: Interprofessional collaboration (IPC) improves communication between healthcare workers and healthcare delivery. Interprofessional education (IPE) is essential in preparing healthcare students for cooperating with other healthcare disciplines in a real work setting. Although higher education settings have a responsibility to provide collaborative healthcare practice to students, IPE has not yet been prompted worldwide as a formal division in health professional education and in Israel IPE among health professions students is scarce.

Objective: To examine the attitudes of health professions students towards IPC in correlation with their personal resilience and personality traits.

Design: A descriptive cross-sectional design was used.

Setting and Participants: Participants were fourth year nursing, occupational therapy (OT), and physical therapy students studying in an academic undergraduate program at a School of Health Professions in a central university in Israel.

Methods: Attitudes were assessed with a questionnaire consisting of the Interdisciplinary Education Perception Scale, the Connor-Davidson Resilience Scale, the Big Five Inventory of personality dimensions, and a question evaluating students' experience with the PBL (Problem-Based Learning) method.

Results: Questionnaires were completed by 184 health professions students. Nursing students' perception of actual cooperation with other professions and their perceived competency and autonomy in their profession were slightly lower than those of other students. Among nursing students, positive correlations were found between competency & autonomy and resilience ($p < 0.01$) and between competency & autonomy and agreeableness ($p < 0.05$). Positive correlations were also found between their perception of actual cooperation with other professions and: resilience ($p < 0.01$), agreeableness ($p < 0.05$), conscientiousness ($p < 0.05$), and openness ($p < 0.05$). Only OT students were familiar with and experienced in the PBL method. This experience with PBL was found correlated with more positive attitudes towards competency and autonomy in the profession and higher positive perception of actual cooperation with other professions.

Conclusions: IPE, including PBL, should be integrated in health professions students' training.

1. Introduction

Interprofessional collaboration (IPC), reflected by the capacity of different health professionals to work cohesively, improves communication between healthcare workers as well as healthcare delivery, and achieves positive patient outcomes (Williams and Teese, 2016). Interprofessional education (IPE) is directly linked to IPC, and is characterized by occasions when two or more professions learn from, with, and about each other in order to increase effective collaboration and improve the quality of care (WHO, 2010). IPE fosters among students

cross-disciplinary respect, communication, and ability to problem-solve from a broader and patient-centered perspective (Reeves et al., 2013). Experience with IPE is essential in preparing healthcare students for working and cooperating with other healthcare disciplines in a real work setting. It is especially important due to the contemporary global shortage of healthcare professionals and the increasing complex healthcare needs of the aging population, which lead to the expectation of healthcare students to work as a team that provides high-quality care (Wong et al., 2017).

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2. Background

Research shows that IPC based on IPE during the training process, prepares healthcare students for the workplace by developing positive perceptions about the advantages of a team-based healthcare approach (Williams and Teese, 2016). Early interactions among students from different health disciplines could help them recognize the significance of interpersonal skills required for effective communication in the multidisciplinary healthcare workplace (Maharajan et al., 2017). Although knowing the professional values of each profession in the healthcare team is essential for IPC, a study on how occupational therapists (OT's) and physical therapists (PT's) understand each other's values, found limited knowledge regarding their colleagues' values (Aguilar et al., 2014). A recent study found that undergraduate medical, dental, pharmacy, and health sciences students believed that shared learning with other healthcare professions students would help them to communicate with patients and other professionals and increase their ability to cope with clinical difficulties, but they nevertheless expressed a preference for working with individuals from their own profession (Maharajan et al., 2017). Similarly, a study on nursing, pharmacy, medicine, and nutrition students showed higher readiness for effective IPC after participating in an interprofessional learning program (Zeeni et al., 2016). In order to achieve high readiness of students for IPC, health programs use different teaching methods, such as problem-based learning (Seymour, 2013).

Problem-Based Learning (PBL) is an active learning method commonly used with IPE in health sciences education. PBL presents students in small groups with real world clinical cases, and based on individual inquiry, shared language, and mutual respect, requires students from different professional groups to work together in order to develop teamwork and problem solving skills (Lehrer et al., 2015). Although higher education settings have a responsibility to provide collaborative healthcare practice to students who can then enter their professions equipped to function in a collaborative context, IPE has not yet been prompted worldwide as a formal division in health professional education (Wong et al., 2017). In Israel, IPE among health professions students is scarce, and although the PBL method is embedded in the OT curriculum (Avrech Bar et al., 2017) it still needs to be embedded as a means for IPE.

Another challenge encountered by health educators is providing an education curriculum that helps students build their resilience. Resilience refers to an individual's positive adjustment after an experience of stress or trauma (Grant and Kinman, 2012). Health professions cope with various stressors while caring for others, such as work overload and emotional exhaustion, therefore, building resilience is essential for maintaining their personal and professional wellbeing (McCann et al., 2013). The literature on resilience among nurses shows that resilience builds resources and increases their ability to cope with workplace burnout and stress (Delgado et al., 2017).

Developing resilience in health professions students during their professional training is important in order to support them in challenging situations as professionals in the future. New graduate nurses often experience a heavy workload, mental stress, and physical exhaustion while adapting to a new environment. Resilience enables them to adapt to new situations, overcome obstacles, accept and fulfill their responsibilities, and take charge of their learning (Wahab et al., 2017). Although studies show the importance of developing resilience in helping professions (Grant and Kinman, 2014), very little research has been done on resilience in more than one health discipline (McCann et al., 2013).

Previous studies found that, among doctors and healthy adults, resilience is associated with personality traits (Campbell-Sills et al., 2006; Eley et al., 2013). "Personality traits refer to the characteristics that are stable over time, provide the reasons for the person's behavior, and are psychological in nature. They reflect who we are and in aggregate determine our affective, behavioral, and cognitive style" (Mount et al.,

2005, pp. 448–449). Researchers identify five core personality traits underlying the differences between human beings. These five basic dimensions of personality are often referred to as the "big five" personality traits (Digman, 1990): Neuroticism — characterized by sadness, anxiety, and emotional instability. Extraversion — characterized by excitability, sociability, assertiveness, and high amounts of emotional expressiveness. Openness to experience — featuring characteristics such as a broad range of interests and creativity. Agreeableness — attributes such as trust, altruism, affection, and other prosocial behaviors. Conscientiousness — includes good impulse control and goal-directed behaviors (John et al., 2008a,b).

Among hospital nurses, personality traits were found to influence the balance of work and personal life, as conscientiousness negatively influenced work-family conflict whereas it was positively influenced by neuroticism (Haeruddin and Natsir, 2016). Additionally, Skodova et al. (2017) claim that personality traits should be addressed to prevent burnout, especially among health care students, since burnout has a significant influence on their well-being, the quality of their professional preparation, and their academic achievements. Nevertheless, health professions students' attitudes towards IPC, as associated with their personal resilience and personality traits, have not yet been examined. Since healthcare students are expected to cooperate with other healthcare disciplines in a real work setting, it is necessary to examine the role of personal resilience and personality traits as affecting their attitudes towards IPC. The importance of this study is that it may shed light on the factors that contribute to positive attitudes towards IPC and, subsequently, promote implementation of an IPE curriculum for healthcare students.

Therefore, the aim of the current study was to examine the attitudes of nursing, OT, and PT students, towards interprofessional collaboration, as associated with their personal resilience and personality traits.

3. Methods

3.1. Design

A descriptive cross-sectional design was used. The sample included 184 health professions students studying in their fourth and final year of an undergraduate program at the School of Health Professions in a central university in Israel: 111 (of 156) nursing, 39 (of 59) OT, and 34 (of 78) PT students. This combination of healthcare professions represents the teams working in the field together and was therefore selected for this study.

3.2. Tools

3.2.1. Student Background Characteristics

This section collected data, such as age, gender, marital status, country of birth, and native language. In addition, there was one closed standalone question for evaluating students' experience with the PBL method.

3.2.2. Interprofessional Collaboration

The Interdisciplinary Education Perception Scale (IEPS), originally published by Luecht et al. (1990) and further developed by McFadyen et al. (2007), assesses undergraduate health and social care professionals' attitudes towards IPC. This instrument includes 12 statements ranked on a six-point Likert scale ranging from 1 ("strongly disagree") to 6 ("strongly agree") and contains three factors: Factor 1 evaluates perceived competency and autonomy in the profession, Factor 2 assesses perceived understanding of the need for cooperation with other professions, and Factor 3 evaluates perceptions of actual cooperation with other professions. The general score ranges from 12 to 72 [for each factor, a participant can score up to 30, 12, and 30 (6 in each item), respectively]. A higher mean score represents a positive perception towards IPC. Content validity of the tool was reported by Luecht et al.

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