INTERPROFESSIONAL EDUCATION

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Attitudes and Perceptions of Interprofessional Education Among Nursing Faculty Teaching in Associate Degree Nursing Programs
INTRODUCTION

• Without the educational background and experiences of IPE in the healthcare professional’s curriculum, nursing and medicine will not be able to form a partnership and function as a cohesive team to deliver quality competent care (Alberto & Herth, 2009).

• In 2005, Dr. Paul M. Schyve, senior vice president of the Joint Commission had observed, “Our challenge... is not whether we will deliver care in teams but rather how well we will deliver care in teams” (p. 184).
Interprofessional education is defined as “when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes (World Health Organization, 2010).

By exploring the attitudes, barriers and facilitators of IPE as reported by healthcare faculty, changes to promote positive curricular decision-making to advance IPE can be made thus changing the fragmented approach to healthcare education (Olenick & Allen, 2013).
PROBLEM

• Greiner and Knebel (2003) stress that one of the key competencies for all health professions is the ability to work in interdisciplinary teams. Despite the endorsement and affirmation from healthcare organizations to support IPE, challenges and barriers have been identified throughout the literature related to IPE.

• There is limited research regarding faculty attitudes and familiarity with IPE from countries other than Europe and Canada (Olenick & Allen, 2013).
The purpose of this descriptive study was to:

- The purpose of this study was to investigate the attitudes and perceptions as well as barriers and facilitators towards interprofessional education as reported by nursing faculty teaching in associate degree nursing programs in New York State.
Olenick and Allen (2013) state that in their introduction that most of the literature regarding faculty’s attitudes towards IPE and familiarity with IPE is lacking with most research conducted in Europe and Canada. They conclude by stating a successful IPE curriculum requires system-wide changes and support from the administration and the faculty to transform the current siloed educational process of the professional healthcare student.

Giordano, Umland and Lyons (2012) study revealed from professional healthcare students and the faculty after participating in a 2 year interdisciplinary curriculum that a strong positive attitude towards IPE was reported thus breaking the “siloed mentality”.
Regmi and Regmi (2010) stated that the medical and nursing students reported a positive attitude towards IPE offering an environment to learn communication and teamwork from and with one another.

Hoffmann and Redman-Bentley (2012) state that IPE is hindered in its development and implementation by negative attitudes of the faculty. This may be due to the faculty’s education and professional practice did not occur in an interprofessional environment.

Bennett, Gum, Lindeman, Lawn, McAllister, Richards, Kelton and Ward (2010) conclude after their research of studying the perceptions of academic staff towards IPE from an Australian multi-campus healthcare faculty that IPE needs to be more than just an “ad-hoc” endeavor in the healthcare student’s curriculum.
Resse, Jeffries and Engum (2010) research investigated the use of simulation as a teaching strategy to support collaboration between nursing and medical students in the educational setting. The findings showed a positive response by both nursing and medical students towards building collaboration through the interprofessional educational simulation.

Conway (2009) conducted research using eight different healthcare professional students doing clinical on a multidisciplinary learning unit (MLU). The students over the 3-week experience valued the clinical but felt the expectations for the experience were unclear.

Wood, Flavell, Vanstolk, Bainbridge, and Nasmith (2009) from their interviews of healthcare professionals both pre and post licensure reported that IPE lacked consistent framework and structure for all to follow.
Baxter and Brumfitt (2008) conducted a qualitative study on the interprofessional practice of the healthcare workers on a stroke unit. The nurse was frequently seen as the coordinator of all the activity but the physician was seen as the leader holding the power and status even when not on site.

Mann, Sargeant, and Hill (2009) examined educational outcomes of the interprofessional core curriculum program especially translation of learning into practice. Some of the key findings revealed that interprofessional practice is time and labor intensive to implement, there can be resistance from other disciplines and the physician is less supportive of interprofessional collaboration.

Reeves et al. (2010) conducted a Cochrane systematic review of IPE. The authors examined research from 1999-2006. They concluded that there needs to be more rigorous mixed method studies of IPE done to provide greater clarity of IPE and its effects on professional practice and patient care.
RESEARCH QUESTIONS

1) What are the attitudes of associate degree nurse educators towards IPE in the associate degree setting in New York State?

2) What are the barriers to IPE in associate degree education as perceived by associate degree nursing educators in New York State?

3) What are facilitators to IPE in associate degree education as perceived by associate degree nursing educators in New York State?
SIGNIFICANCE

- These emerging patient care and health care system issues require healthcare professionals to work collaboratively in teams (Thistlethwaite, 2012).

- The World Health Report highlighted the worldwide shortage of approximately 4.3 million healthcare professionals such as physicians, nurses and support workers. To resolve this issue it recommended the use of “innovative approaches to teaching in industrialized and developing countries” (p. 588) and one of the main innovative strategies is interprofessional education (Yan, Gilbert & Hoffman, 2007).
• A descriptive survey design was utilized to query associate degree nurse educators in New York State as to their attitudes, barriers and facilitators towards interprofessional education.
Data was collected from a convenience sample in New York State from both full-time and part-time nursing faculty in associate degree nursing programs.
SURVEY

• Survey questions included:

  • **Demographic data** such as title, years as faculty, employment status, institutional financial base, age, gender highest nursing degree held and how many years as a nurse.

  • **Additional questions** ask about IPE such as attendance to any workshops, conferences related to IPE and if yes please specify and if their institution is offering IPE to nursing students and if they answer yes to please explain.
SURVEY

- **Attitudes towards interprofessional education instrument**: 14 Likert-type items utilizing a five-point scale ranging from strongly agree to strongly disagree adapted from Gardner, Chamberlin Heestand and Stowe (2002).
  - The instrument is a researcher-developed attitude and opinion questionnaire about perceived value of interdisciplinary education
  - Content validity of the instrument was conducted by a panel of experts
- **Open ended survey questions** regarding facilitators and barriers of IPE.
DATA COLLECTION PROCEDURE

• After the Sage Colleges IRB approval, an email was sent to the Council of Associate Degree Nurses’ (CADN) members (which include Deans and Directors of Associate Degree Nursing Programs in New York State) requesting permission to contact AD Nursing faculty to complete an online survey regarding their attitudes, facilitators and barriers towards IPE.

• Permission was granted from the AD Council, The Deans and Directors were asked to forward the email containing survey information to the faculty members in their program.
CONFIDENTIALITY

• Participation in this research was voluntary.

• Information was anonymous but confidential.

• No individual schools or individual names were included in reporting or the survey findings.

• All data was reported as aggregate data.
DATA ANALYSIS

- Descriptive statistics of the survey were analyzed using **SPSS** to report such data as the mean and standard deviations.

- The **Likert scale questions** was computed through **inferential statistics** examining the correlation between data.

- **Content analysis** was used to analyze the open ended survey questions – themes were tracked upon reading the participants responses.
STUDY LIMITATIONS

• Study limitations included:
  • Convenience Sample
  • Homogeneous Population
  • Participants Self-Reporting
  • Sample Size
DATA COLLECTION

• First letter sent to faculty on April 16th
• Second letter sent to faculty on April 25th
• Survey closed May 4th
• Total of 80 surveys returned
• 69% of the participants answered one or more of the open-ended questions
DEMOGRAPHIC PROFILE

N = 80

- Caucasian (92.5%, n = 74)
- Female (95%, n = 72)
- 51 years old (41-60 y/o – 72.5%)
- Employed full-time (78.8%, n = 63)
- Non-tenured track position (58.8%, n = 47)
- Instructor level (47.5%, n = 38)
DEMOGRAPHIC PROFILE

- Master’s Prepared (82.5%, n = 66)
- Teaching in a Public Institution (50%, n = 40)
- Employed approximately 26.5 years as an RN
- Faculty appointment for 10.3 years
- No IPE offered at their institutions for nursing students (85%, n = 68)
- Many faculty reported attending some IPE conference or workshop (60%, n = 48)
What were the attitudes of associate degree nurse educators towards IPE in the associate degree setting in New York State?

Four dimensions were assessed.

The scales this researcher identified included:

1) The importance of institutions to provide IPE opportunities
2) Faculty thought colleagues and students valued teaching or taking courses outside of nursing
3) Perceived difficulty with enacting IPE curriculum
4) Valuing experiences outside of nursing curriculum.
## FACTOR LOADING 1

1. It is important for academic institutions to provide IPE opportunities (.875)
2. IPE in the classroom promotes Interprofessional collaboration in the clinical setting (.854)
3. IPE should be a goal of this campus (.850)
4. IPE better utilizes resources (.837)
5. Faculty should be encouraged to participate in IPE courses (.700)
6. Interprofessional efforts require support from campus administration (.481)
7. Students like courses taught by faculty from other health science professional disciplines (.414)
1) Accreditation requirements limit interprofessional efforts (.651)
2) Interprofessional didactic courses are logistically difficult (.647)
3) Students like courses taught by faculty from other health science professional disciplines (.637)
4) Faculty like teaching to students from other health science professional curriculums (.541)
5) Interprofessional efforts in the didactic setting weaken course content (.482)
ADDITIONAL FINDINGS FROM Q#1

• Faculty members who perceived students and faculty as valuing learning experiences with others outside their typical course offerings reported greater valuing of interprofessional education ($r (79) = .23, p < .05$), and more difficulties of instituting IPE at their institution ($r (79) = .25, p < .05$).
ADDITIONAL FINDINGS FROM Q#1

• Faculty who were newer to the nursing profession (in terms of years) reported valuing IPE more than did faculty who had been a nurse for a longer period of time ($r (76) = -.32, p < .01$).
ADDITIONAL FINDINGS FROM Q#1

• Post hoc analyses using the Bonferroni procedure indicated that faculty with a PhD or DNP valued these experiences more (M = 4.7, SE = .76) than did those with a BSN/BN (M = 4.42, SE = .58), who in turn valued these experiences more than did faculty with an MSN/MS (M = 3.98, SE = .74).
ADDITIONAL FINDINGS FROM Q#1

- Faculty at public institutions perceived more difficulties associated with enacting IPE at their institution ($M = 4.12$, $SE = .34$) than did faculty at private institutions ($M = 3.64$, $SE = .19$), $F(1,74) = 4.87$, $MSE = .93$, $\eta^2 = .06$. 
DISCUSSION OF RESEARCH

QUESTION #1 FINDINGS

• The majority of research studies to date related to IPE have examined more than one discipline and the baccalaureate degree was the minimum educational degree awarded, and the sample populations have usually included larger institutions such as academic health centers.
DISCUSSION OF RESEARCH

QUESTION #1 FINDINGS

• Example from the literature:
  • Giorando, Umland and Lyons (2012) studied the attitudes of health professions faculty and students from a large northeastern university towards IPE.
  • Curran, Sharp, & Forristall (2007) surveyed faculty teaching in medicine, pharmacy, social work and nursing.
• Associate degree nursing students and programs have not been cited in studies to assess attitudes or implementation of IPE.
RESEARCH QUESTION # 2

• What were the barriers to IPE in associate degree education as perceived by associate degree nursing educators in New York State?

• 120 responses were received from 58 participants from the total sample of 80 participants (72.5 %) regarding their perceptions of the barriers to IPE
THE FOUR TOP RESPONSES TO BARRIERS AS REPORTED IN THIS STUDY

1) **No time** (41.6%, n = 50)
   • “Ability to fit the course/seminar into the curriculum. The curriculum is already overloaded.”

2) **No faculty buy in** (8.3%, n = 13)
   • “Time, resources, time, long time faculty attitudes.”

3) **Not understanding IPE** (8.30%, n = 10)
   • “…poor understanding of the benefits of such curriculum…”

4) **No resources/money** (7.5%, n = 9)
   • “Time and money/resources.”
5) **Limited or no access to other disciplines**  
   (6.6%, n = 8)  
   • “Limited access to other health science programs.”

6) **Administration buy in**  
   (5.8%, n = 7)  
   • “Barriers I foresee are the following: administration support…”

7) **Discipline specific educational material**  
   (5%, n = 5)  
   • “…Fear of losing the ‘nursing’ perspective of the curriculum content.”
Gardner et al. (2002) and this research project stated the **number one barrier to IPE was time**.

Barnsteiner, Disch, Hall, Mayer and Moore (2007) and Reeves et al. (2007) in their research likewise noted the barriers of IPE included curricular restraints, scheduling conflicts and lack of time.
DISCUSSION OF RESEARCH
QUESTION #2 FINDINGS

• Salfi et al. (2012) list several challenges and obstacles to IPE which included time constraints, conflicting clinical shifts and inflexible schedules.
  • This research participants noted similar barriers: “curriculum is already overloaded,” “students schedules: class, clinical and lab can’t accommodate it,” and “lack of time.”
RESEARCH QUESTION #3

- What were the facilitators to IPE in associate degree education as perceived by associate degree nursing educators in New York State?

- Of the 80 participants in the study, 52 respondents (65%) provided 97 responses regarding facilitators of IPE; 31 of these participants offered multiple facilitators.
THE FOUR TOP RESPONSES TO FACILITATORS AS REPORTED IN THIS STUDY

1) **Faculty buy in** (24.7%, n = 24)
   • “Having all faculty on board and other departments as well”

2) **Administration buy in** (22.7%, n = 22)
   • “Buy in from administration, faculty and SUNY”

3) **Having other disciplines available to coordinate IPE activities/curriculum** (12.4%, n = 12)
   • “…cooperation and collaboration from other area colleges to bring their social sciences/technical and medical/pharm students into an IPE classroom with AD nursing students”
4) **Having IPE courses available** (9.3%, n = 9)
   - “Creating more opportunities for IPE such as simulations with students from assorted disciplines like nursing, resp, medical, etc.”

4) **Understanding and Valuing IPE** (9.3%, n = 9)
   - “Understanding what it is and why it is important. I think many faculty have limited knowledge on IPE.”
ADDITIONAL RESPONSES TO FACILITATORS

5) Accreditation agencies requiring IPE (6.2%, n = 6)
6) IPE training for faculty (5.2%, n = 5)
7) Resources/money to support IPE (5.2%, n = 5)
8) Faculty release time to develop IPE (2.0%, n = 2)
9) Creative innovative thinking for IPE development (2.0%, n = 2)
10) Prepare students for the real world (1.0%, n = 1)
DISCUSSION OF RESEARCH QUESTION #3 FINDINGS

• The number one facilitator noted by the faculty in this research project was having “faculty buy in for IPE.”

• Clark states (2011) that one of the facilitators to IPEs success is a positive attitude towards IPE by the healthcare faculty.

• To develop a successful IPE curriculum, faculty must fully support the endeavor and be actively engaged in its development and implementation (Giordano, Umland & Lyons, 2012; Curran, Sharpe & Forristall, 2007).
DISCUSSION OF RESEARCH
QUESTION #3 FINDINGS

• There is **limited emphasis on facilitators to IPE in the literature as compared to the barriers.** However, when barriers or obstacles are discussed previous researchers and authors(s) usually propose that **if these barriers were addressed then they would facilitate IPE.**

• **Bennett et al. (2010)** stated that the most frequent barrier mentioned in their research was lack of executive leadership commitment and support to IPE. They further discuss that this **barrier becomes a facilitator of IPE when there is support and emphasis put on IPE from leadership thus making the task to implement and sustain IPE not seem insurmountable by the faculty.**
STUDY IMPLICATIONS: THEORY

• **Social Cognitive Theory**
  • If faculty demonstrates positive behaviors with students in interprofessional interactions, these experiences will provide the student with opportunities to help them incorporate positive behaviors in their own interprofessional interactions and promote their own self-efficacy.
  • The constructs can have a powerful influence over the attitudes and beliefs of the faculty thus affecting their behavior to engage in IPE.
THEORY

• **Skinner and Bandura’s** theories applied to IPE in both the classroom and clinical setting
  
  • By augmenting the classroom IPE experience with an IPE clinical, Tennant (1997) believed that having the students “learn by doing,” the knowledge, skills and attitudes about IPE are put in practice and will have a lasting impact on their behavior.

  • By using both learning environments, classroom and clinical setting, the faculty and students are both mastering the skills needed to achieve positive self-efficacy.
Greiner and Knebel (2003) stated that the health professions educational process, as proposed by the Institute of Medicine (IOM), students must gain competency in working in Interprofessional teams.

In receiving IPE during the healthcare students pre-licensure level evidence indicates that it can contribute to an array of positive interactions, understanding and awareness of the other healthcare disciplines (Curran, Sharpe, Flynn & Button, 2010).
Delunas & Rouse (2014) state the two main outcomes of IPE are improved communication and collaboration.

One of the core competencies for interprofessional collaborative practice is interprofessional communication (IPEC, 2014).

Communication between healthcare workers is a key element to improve patient safety.
PRACTICE

• To improve communication and collaboration
  
  • **SBAR**, situation, background, assessment and recommendation
  
  • **TeamSTEPPS** a program developed, by the Department of Defense’s Patient Safety Program in conjunction with the Agency for Healthcare Research and Quality, to provide quality, safe patient care through highly effective medical teams (TeamSTEPPS, 2006).
PRACTICE

• By using IPE in the classroom and clinical setting, a study found it helped prepare the healthcare student to maintain their own professional identity but have respect and the ability to work collaboratively with the other members of the healthcare team.
STUDY IMPLICATIONS: EDUCATION

• Looking at the educational preparation of the nurse educator and what instruction do they obtain related to IPE in their course curriculum.
  • Nursing faculty that answered this research survey were educationally prepared at the MSN/MS level (82.5%, n = 66).

• What educational opportunities are available for nursing faculty related to IPE?
  • The majority of the faculty (60%, n = 48) also reported attending at least one workshop, seminar or conference on IPE within the last 5 years.
EDUCATION

• The next step for the faculty is to begin working with other healthcare faculty to initiate IPE courses.
  • It has been recommended that the students begin to learn together their first year in college and that the courses should be a part of the required curriculum not an “add-on” or optional supplement (Curran, Sharpe, Forristall & Flynn, 2008).
  • Some of the possible initial courses identified include ethics, lifespan, communication or nutrition content and in the upper division courses health assessment, primary care, clinical rounds or special lab simulation sessions (Brashers, Peterson, Tullmann & Schmitt, 2012).
RECOMMENDATIONS FOR FUTURE RESEARCH

• Recommendations for future IPE research could include:

  • Studies of health care professionals who participated in IPE courses and clinical work as part of their professional programs of study and health care professionals who did not participate in IPE courses and clinical work as part of their professional programs of study to examine communication and decision making among the interprofessional team.
RECOMMENDATIONS FOR FUTURE RESEARCH CONTINUED

• Examine and compare faculty attitudes and perceptions across multiple healthcare disciplines in larger academic populations at associate, baccalaureate and graduate levels both nationally and globally.

• Faculty demographic characteristics could also be explored to determine if their initial academic and clinical preparation influenced their perception of IPE.
SUMMARY AND CONCLUSIONS

• The **purpose of this mixed method study** was to investigate associate degree nurse educators teaching in New York State attitudes towards IPE and what they reported as the barriers and facilitators to IPE.

• **Currently there is no research** regarding the attitudes of the associate degree nursing faculty towards IPE and what they believe are the perceived facilitators and barriers to IPE.
SUMMARY AND CONCLUSIONS

Based on the analysis of the findings from the survey used in this study:

- The attitudes that faculty hold towards IPE is influenced by many things and not a single item.
- Faculty members who perceived students and faculty as valuing learning experiences with others outside their typical course offerings reported greater valuing of IPE and more difficulties of instituting IPE at their institution.
- Faculty who were newer to the nursing profession (in terms of years) reported valuing IPE more than did faculty who had been a nurse for a longer period of time.
SUMMARY AND CONCLUSION

- **Faculty** with a PhD/DNP or a BSN/BS valued IPE more than those with a MSN/MS
- **Faculty at public institutions** perceived more difficulties associated with enacting IPE at their institution than did faculty at **private institutions**.
- The **barriers and facilitators** reported in this research study by the associate degree nursing faculty were **consistent** with the barriers and facilitators in the literature and more barriers were identified than facilitators.
## SUMMARY AND CONCLUSION

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<tr>
<th>Top 3 Barriers Reported</th>
<th>Top 4 Facilitators Reported</th>
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SUMMARY AND CONCLUSION

• As noted by Mann et al., attitudes and beliefs affect behaviors and how one interprets environmental cues. **Empowering faculty teaching in associate degree nursing programs to facilitate IPE may have a powerful impact on changing their attitudes and behaviors toward understanding and implementing IPE in their curriculum and clinical practicums and contribute to providing comprehensive, quality care.**
REFERENCES

- Refer to Dissertation Reference List.
THE END!!!

• Thank you for coming

• Are there any Questions??