




Nursing students' readiness for interprofessional health education

Disponibilidade de acadêmicos de enfermagem para educação interprofissional em saúde

Disponibilidad de estudiantes de enfermería para la educación interprofesional en salud

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ABSTRACT

Objective: to assess nursing students' readiness for interprofessional health education. **Method:** in this study with nursing students from a public higher education institution in the Federal District, data were collected from March to May 2020, using a version of the Readiness for Interprofessional Learning Scale adapted for Portuguese and consisting of 3 assessment factors. An open question was added to the instrument. The data were analyzed statistically, using PSPP software, and categorically. The research protocol was approved by the research ethics committee. **Results:** by the three factors evaluated, the 31 nursing students displayed satisfactory readiness for interprofessional health education. Positive responses were obtained, particularly on factor 1, item 3 (87.1%), and factor 3, item 29 (90.3%). **Conclusion:** readiness for interprofessional health education was found to be satisfactory.

Descriptors: Nursing; Education, Nursing; Interprofessional Education; Interdisciplinary Placement; Students, Nursing.

RESUMO

Objetivo: avaliar a disponibilidade de acadêmicos de enfermagem para a educação interprofissional em saúde. **Método:** estudo realizado com acadêmicos de enfermagem de uma instituição pública de ensino superior do Distrito Federal. Os dados foram coletados no período de março a maio de 2020. Utilizou-se a escala *Readiness for Interprofessional Learning Scale*, versão adaptada para a língua portuguesa, composta por três fatores de avaliação. Adicionou-se uma questão aberta ao instrumento. Utilizaram-se duas técnicas de análise. Estatística, operacionalizada pelo software PSPP, e categorial. Protocolo de pesquisa aprovado pelo Comitê de ética em Pesquisa. **Resultados:** os 31 acadêmicos de enfermagem participantes apresentaram disponibilidade satisfatória para a educação interprofissional em saúde, observada nos três fatores avaliados. Obteve-se respostas positivas, com destaque para o item 3(87,1%) do fator 1, e o item 29 (90, 3%) do fator 3. **Conclusão:** a disponibilidade para a educação interprofissional em saúde foi avaliada como satisfatória.

Descritores: Enfermagem; Educação em Enfermagem; Educação Interprofissional; Práticas Interdisciplinares; Estudantes de enfermagem.

RESUMEN

Objetivo: evaluar la disponibilidad de estudiantes de enfermería para la educación interprofesional en salud. **Método:** estudio realizado con estudiantes de enfermería de una institución pública de educación superior del Distrito Federal. Los datos fueron recolectados de marzo a mayo de 2020. Se utilizó la *Readiness for Interprofessional Learning Scale*, una versión adaptada para el idioma portugués, que cuenta con 3 factores de evaluación. Se agregó una pregunta abierta al instrumento. Se utilizaron dos técnicas de análisis. Estadística, operadas por software PSPP, y categórica. Protocolo de investigación aprobado por el Comité de Ética en Investigación. **Resultados:** los 31 estudiantes de enfermería que participaron presentaron disponibilidad satisfactoria en cuanto a la educación interprofesional en salud, observada en los tres factores evaluados. Se obtuvieron respuestas positivas, con énfasis al ítem 3 (87,1%) del factor 1, y el ítem 29 (90,3%) del factor 3. **Conclusión:** se evaluó la disponibilidad para la educación interprofesional en salud como siendo satisfactoria.

Descriptorios: Enfermería; Educación en Enfermería; Educación Interprofesional; Prácticas Interdisciplinarias; Estudiantes de Enfermería.

INTRODUCTION

Interprofessionalism takes place when professionals from different health areas learn from each other¹. It promotes better working conditions and care quality, as well as it contributes to team practices². The constant changes in the Brazil health care scenario have led to broad debates on professional training and impelled higher education institutions to revisit and discuss their pedagogical models. Since inception of the Unified Health System (*Sistema Único de Saúde*, SUS), performance in teams and networks has been indicated as a strategy to strengthen work in health. In this sense, concepts such as multidisciplinary, interdisciplinarity, transdisciplinarity and interprofessionalism began to gain space, either in the academic or in the professional field³.

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In the context of nurses' training, the impact can be seen in the 2001 National Curriculum Guidelines (*Diretrizes Curriculares Nacionais*, DCNs), which establish the guiding axes for professional training and highlight the importance of multi- and interdisciplinary work⁴. In 2017, when presenting the principles to be incorporated in the new DCNs of undergraduate courses in the health area, the National Health Council explained interprofessional education and work as a means to overcome the challenges of health work⁵.

Interprofessional education (IPE) is understood as the process of knowledge construction among students from two or more professions who learn with, about and from each other, in order to enable collaboration and improve results in the health area. Entities such as the World Health Organization (WHO) have made efforts to disseminate diverse information and programs for encouragement and adoption of IPE initiatives. This is because, when it is implemented in undergraduation, there is the possibility for students to develop communication skills and critical analysis, valuing the challenges and recognizing the advantages of teamwork⁶.

In Brazil, a number of studies^{2,7,8} have favored dissemination of the theme and enabled IPE to be introduced in the academic agenda, fostering the development of research studies. Although these publications disclose the need to incorporate IPE in the health training settings, universities, schools and programs that have their approaches based on the principles of interprofessionalism are still incipient⁹. A study reported that, of the 883 Nursing courses and 197 Medicine courses in Brazil, only one public university has included IPE in its curriculum, and that a small number of undergraduate courses implement its principles in actions developed for the students' training⁹.

In addition to the incorporation of IPE by the educational institutions, it also becomes necessary to find out the students' attitudes and expectations regarding interprofessional work. In this sense, the Readiness for Interprofessional Learning Scale (RIPLS) is an instrument that makes it possible to investigate the availability of students in the health area for shared knowledge⁹.

In the national scope, a number of studies have presented results with application of the RIPLS instrument¹⁰⁻¹⁷, of which four researched Nursing students^{12,13,15,17}. Given the above, the objective of this research was to assess the Nursing students' availability for interprofessional education in health.

METHOD

A quantitative, descriptive and exploratory study, conducted in a Public University of the Brazilian Midwest region. The target population consisted of the 42 Nursing students regularly enrolled in the eighth semester of the undergraduate course. This stratification was chosen because this stage of the course precedes the mandatory curricular internship, a time when the students have ample opportunity to work with peers and professionals from other health areas.

The individuals included were those who accepted to formally participate in the research by filling out the Free and Informed Consent Form (FICF). The following were defined as exclusion criteria: students not regularly enrolled in the course and those who express their wish to withdraw their participation at any time. Approach to the potential participants was online, through email messages and via an instant messaging app. The final sample consisted of 31 students.

Data collection was carried out between March and May 2020, with application of the RIPLS, translated and validated for the Brazilian context⁹ and adjusted for Google Forms[®]. Questions regarding sociodemographic data were included to characterize the participants. In order to enrich data production, the open question "What is interprofessionalism?" was added to the instrument.

The RIPLS version in Portuguese was used, consisting in 32 items, with four of them reversely scored¹⁸, and grouped into three factors: Factor 1 – Teamwork and collaboration; Factor 2 – Professional identity; and Factor 3 – Patient-centered health care. Each question is evaluated by the respondent using a Likert scale whose numbers/semantic labels are arranged as follows: "Strongly disagree (1)", "Disagree (2)", "Neutral (3)", "Agree (4)" and "Strongly agree (5)". The higher the score, the higher the availability for interprofessional learning⁵. Item 12 (Factor 1) and items 10, 11 and 21 (Factor 2) refer to negative attitudes towards IPE, being analyzed in an inverse manner.

The data obtained were organized in an Excel spreadsheet and the descriptive statistical analysis of the numerical data, mean and standard deviation was performed in the PSP software, version 1.2.0-g0fb4db. The following classification was used to interpret the mean values: danger zone (from 1.00 to 2.33); warning zone (from 2.34 to 3.66) and comfort zone (from 3.67 to 5.00). If the mean values fall into the comfort zone, the recommendation is to maintain the attitudes. When they are in the warning zone, they need improvement; and urgent changes are necessary in the danger zone¹⁹.

For the answers to the open question, a categorical analysis of the registration units was chosen, which took place in three stages: pre-analysis; exploration of the material or coding and treatment of the results - inference and interpretation²⁰. For inference and interpretation, reference studies and documents in research on the theme of IPE

and interprofessionalism were adopted^{1,21,22}. The letter “E” (“*Estudante*” in Portuguese) was adopted to designate the students participating in the research.

The research project was approved by the institution's Research Ethics Committee, observing Resolution No. 466/12 of the National Health Council²³.

RESULTS

The study participants were 31 students, mostly female (n=26; f=83.9%), aged between 21 and 36 years old, and with university admission in 2016 (n=21; f=67.7%).

Table 1 presents the results obtained by applying the RIPLS instrument, by factors. Table 2 shows mean values of 4.63, 4.32 and 4.69 for factors 1, 2 and 3, respectively, corresponding to the comfort zone.

TABLE 1: Distribution of the answers given by the Nursing students to the Readiness for Interprofessional Learning Scale items. Brasília, DF, Brazil, 2020

Factors/RIPLS items	Percentage of answers by Likert Scale scores				
	1	2	3	4	5
Factor 1 Teamwork and collaboration					
1 Learning with other students will help me become a more effective member of a health care team.	----	----	6.4	12.9	80.6
2 Patients would ultimately benefit if health care students worked together to solve patient problems.	3.2	3.2	3.2	9.6	80.6
3 Shared learning with other health care students will increase my ability to understand clinical problems.	----	----	3.2	9.6	87.1
4 Learning with health care students before qualification would improve relationships after qualification.	3.2	----	6.4	6.4	83.8
5 Communication skills should be learned with other health care students.	----	----	3.2	32.2	64.5
6 Shared learning will help me to think positively about other professionals.	----	----	9.6	32.2	58.0
7 For small group learning to work, students need to trust and respect each other.	----	----	9.6	16.1	74.1
8 Team-working skills are essential for all health care students to learn.	----	----	3.2	16.1	80.6
9 Shared learning will help me to understand my own limitations.	----	----	3.2	32.2	64.5
12 Clinical problem-solving skills can only be learned with students from my own department.	45.1	29.0	12.9	----	12.9
13 Shared learning with other health care students will help me to communicate better with patients and other professionals.	----	----	----	25.8	74.1
14 I would welcome the opportunity to work on small-group projects with other health care students.	----	----	----	22.5	77.4
15 Shared learning will help to clarify the nature of patient problems.	----	3.2	3.2	22.5	70.9
16 Shared learning before qualification will help me become a better team worker.	----	----	----	19.3	80.6
40 It is important that health care professionals establish common objectives for teamwork.	----	----	6.4	25.8	67.7
Factor 2 Professional identity					
10 I don't want to waste my time learning with other health care students.	64.5	29.0	3.2	----	3.2
11 It is not necessary for undergraduate students in the health area to learn together.	70.9	16.1	----	3.2	9.6
21 I would feel uncomfortable if another health care student knew more about a topic than I did.	54.8	19.3	12.9	9.6	3.2
38 In order to develop my professional activities, it is important to know other health care professionals' duties.	----	----	16.1	38.7	45.1

Source: Research Data, 2020.

TABLE 1: Distribution of the answers given by the Nursing students to the Readiness for Interprofessional Learning Scale items. Brasília, DF, Brazil, 2020 (Continuation)

Factors/RIPLS items	Percentage of answers by Likert Scale scores				
	1	2	3	4	5
25 I like to understand the problem from the patient's perspective (patient's situation).	----	----	9.6	29.0	61.2
26 It is important for me to establish a trusting relationship with my patients (patient's situation).	----	----	3.2	9.6	87.1
27 I try to convey compassion to my patients (patient's situation).	----	3.2	16.1	12.9	67.7
28 Thinking of the patient as a person is important to indicate the correct treatment (patient's situation).	----	----	----	19.3	80.6
29 In my profession, interaction and cooperation skills with patients (patient's situation) are necessary.	----	----	----	9.6	90.3
31 The patient is co-responsible for care.	----	3.2	6.4	12.9	77.4
32 The quality of care provided to the patient depends on knowledge and skills of various health care professions.	----	3.2	3.2	6.4	87.1
33 The patient's opinion can change my clinical approach.	----	3.2	16.1	32.2	48.3
34 Articulation between health care professionals is fundamental for quality of patient care.	----	----	----	16.1	83.8
35 Understanding the patient's life context contributes to care quality.	----	----	----	16.1	83.8
36 The patient's family must participate in the care provided.	----	----	3.2	16.1	80.6
37 The professional's bond with the patient and their family influences care quality.	----	----	9.6	19.3	70.9
39 The patient must participate in decisions about their therapeutic plan.	----	----	----	25.8	74.1

Source: Research Data, 2020.

Although positive answers are evidenced for most of the items that make up the scale, in Factor 1, "Teamwork and collaboration", item 3 stands out: "Shared learning with other health care students will increase my ability to understand clinical problems", which obtained total agreement for 87.1% of the respondents, followed by items 4 (83.8%), 1 (80.6%), 2 (80.6%), 8 (80.6%) and 16 (80.6%), which emphasize the relevance of providing opportunities during academic training for collaborative and shared learning spaces to develop essential skills for teamwork and their benefits for patient care. More variability in the answers was identified in the inversely score item 12, "Clinical problem-solving skills can only be learned with students from my own department".

Factor 2, "Professional identity" concentrates four items, of which three are reversely scored, where the "I would feel uncomfortable if another health care student knew more about a topic than I did" item showed greater dispersion in the answers.

Regarding Factor 3, "Patient-centered health care", item 29, "In my profession, interaction and cooperation skills with patients (patient's situation) are necessary" stood out as it presented 90.3% agreement among the Nursing students, followed by items 26 (87.1%), 32 (87.1%), 34 (83.8%), 35 (83.8%), 28 (80.6%) and 36 (80.6%), which indicate the value attributed to the relationships between professionals, patients and family members and how the articulated and competent work of the professionals who are part of the health teams favor the quality of care provided.

From categorization of the answers attributed to the open question, and the analysis in light of the frameworks adopted, it was identified that the Nursing students' understanding about what interprofessionalism diverged from and approached similar and complementary concepts, although not interchangeable. The categories that emerged in the qualitative data analysis were as follows: interprofessional collaboration, interdisciplinarity, multidisciplinary, grouping team, integration team and interprofessionalism, as seen in Figure 1.

TABLE 2: Distribution of the mean values and standard deviations of the answers given by the Nursing students to the Readiness for Interprofessional Learning Scale items. Brasília, DF, Brazil, 2020.

Factors/RIPLS items	Central tendency measures	
	M	SD
Factor 1. Teamwork and collaboration		
M=4.63		
1	4.7	0.5
2	4.6	0.9
3	4.8	0.4
4	4.6	0.8
5	4.6	0.5
6	4.4	0.6
7	4.6	0.6
8	4.7	0.5
9	4.6	0.5
12	2.0	1.3
	*	
13	4.7	0.4
14	4.7	0.4
15	4.6	0.7
16	4.8	0.4
40	4.6	0.6
Factor 2. Professional identity		
M=4.32		
10	1.4	0.8
	*	
11	1.6	1.2
	*	
21	1.8	1.1
	*	
38	4.2	0.7
Factor 3. Patient-centered health care		
M=4.69		
25	4.5	0.6
26	4.8	0.4
27	4.4	0.8
28	4.8	0.4
29	4.9	0.3
31	4.6	0.8
32	4.7	0.6
33	4.2	0.8
34	4.8	0.3
35	4.8	0.3
36	4.7	0.5
37	4.6	0.6
39	4.7	0.4

Key: M = Mean, SD = Standard Deviation, MD = Median, *Inverse Mean.
 Source: Research Data, 2020.

Categories	Answers given to the question “What is interprofessionalism?”
Interprofessional collaboration	E02: Different professional categories work as a team without any hierarchization and everyone understands the importance of each professional
Interdisciplinarity	E01: Joint work of different professionals to work towards that purpose, seeking the same result. E05: Several professions working together around a common objective. E26: These are tasks that are performed between two or more professions or professionals from different areas with a common objective.
Multidisciplinarity	E28: Something that runs under the competence of several professionals. E31: All the professions together to pursue an objective, each one in its role. E16: Actions and behaviors adopted by people from different professions, with a single object and objective.
Grouping team	E19: Professionals from different areas working together. E14: I understand it as teamwork of several professions together.
Integration team	E27: Interprofessionalism can be understood as the joint care/work of professionals from the most diverse health care areas. E25: Joint work of several health areas to pursue increasingly effective assistance. E22: Joint construction of knowledge for comprehensive health care without fragmentation of knowledge.
Interprofessionalism	E07: Interprofessionalism is the ability of professionals from different areas to work together, collaborating for comprehensive care of the individual, respecting the uniqueness of each person and, among them, making group decisions and exchanging experiences for both professional and personal growth, assisting in the effective practice of caring for human beings. E08: Interprofessionalism is the work that encompasses all professions where the central focus is not on only one of them but on teamwork, regardless of the training area of that particular professional. In the health area, it is fundamental for the patient to be treated as a whole, considering that the service will be provided by several professionals, including Nursing, Nutrition and Medicine, working together for the sake of the patient.

FIGURE 1: Nursing students' understanding about the meaning of interprofessionalism. Brasília, DF, Brazil, 2020.

Source: Research Data, 2020.

DISCUSSION

Knowing the students' availability for shared knowledge makes it possible to identify weaknesses and potentialities for adapting curricula and implementing strategies that strengthen the approach to interprofessionalism in the University. In this research, applying the RPILS instrument to group of students attending the eighth semester of the Nursing course evidenced favorable results for IPE for the three factors assessed.

IPE foresees the creation of connections that expand the relationships between the members of different health care professions. Among its objectives is overcoming the biomedical model, which is still prevalent in Brazil, as well as delivering better results to users of the Unified Health System, based on reorganizing the health care practices and work among professionals²⁴.

When inserted as a curricular element, interprofessionalism supports the training of professionals with skills for collaborative and horizontal work centered on the needs of individuals and communities. Distancing among the students during undergraduation highlights conflicts and hostilities that exert negative impacts on the process of narrowing the relations among professionals. Curriculum strategies that include IPE reduce the gaps associated with training and contribute to developing collaborative skills²⁵.

In relation to Factor 1, “Teamwork and collaboration”, a similar study¹² also obtained high agreement indices in items 1, 2 and 3. They are related to shared learning and to the positive result in the service provided to the patient. Even if at the end, the researched group acknowledged the importance of shared learning, which is corroborated by a research study that identified that students who are at the end of their courses have less potential to produce collaborative skills¹².

The importance of IPE in undergraduation is due to several aspects, such as understanding the collaborative practice that extends beyond the recognition of other professionals' performance, to acknowledging the perception of their own performance area. Nursing must consider its competences in order to qualify the care and assistance provided to the patient, with the Nursing diagnoses as an example²⁶.

In Factor 2, “Professional identity”, item 21, “I would feel uncomfortable if another health care student knew more about a topic than I did”, presented greater dispersion, as well as in a 2017 study¹², in which the participating Nursing students also presented significant disagreement for that item. Nursing is essential for the proper functioning of health services in Brazil and worldwide, requiring innovation and expansion of the actions

developed by the profession through advanced Nursing practices²⁷. It is known that, despite that, the profession faces several challenges and is marked by stigmas that are even reinforced by the communication means²⁸. This discomfort presented by item 21 is a consequence of the experiences lived and reported by Nursing professionals in relation to other professions in the work environment, giving rise to the need to preserve their autonomy and avoid uncomfortable situations²⁸.

In relation to Factor 3, “Patient-centered health care”, a broader study that includes different courses in the health area¹² showed that Nursing students who are in the early years of training are more available to develop patient-centered care. The current study showed that the students attending the last period present high availability for this factor. Item 26, “It is important for me to establish a trusting relationship with my patients (patient's situation)”, stood out in both studies; in this one, there was significant agreement (87.10%) and in the larger study, there was a small decrease over the years during training.

In relation to the qualitative data, the students' knowledge about the definition of interprofessionalism¹ approaches different concepts such as interprofessional collaboration²¹, interdisciplinarity²¹, multidisciplinary²¹, grouping team and integration team²², which denotes reproduction of what has already been experienced during undergraduation. The pedagogical project of the Nursing course (PPC) of the institution under study shows that the objectives proposed for undergraduation include skills development in an interdisciplinary and multidisciplinary team, excluding IPE and interprofessionalism²⁹.

Extension projects are major opportunities to develop the skills of interprofessional and collaborative work in health^{30,31}. Although the PPC of this study emphasizes the need for complementary activities such as extension, among the projects carried out in the scope of the Nursing course under study, only a few integrate courses from different professions³².

In the context under study, the need to expand the IPE approach is identified, so that the students can develop collaborative competences. An alternative is to implement active teaching-learning strategies and methodologies such as: Seminar-based learning, Observation-based learning (shadowing), Problem-based learning, Simulation-based learning, Clinical practice-based learning, E-learning (e.g., online discussions) and Blended learning (integrating e-learning with another traditional method)³³.

The teachers of the health care courses play a fundamental role in introducing and maintaining IPE in these students' undergraduate studies. Nursing and medical students who participated in a 2018 study²⁵ showed that the professors are important mediators for shared learning to occur; therefore, it is important to have a faculty composed of various areas, which allows for this integration. From teacher training, it is necessary that IPE is introduced, so that they have greater experiences with IPE-based teaching-learning and, consequently, that there is commitment to this pedagogical practice, as their performance will contribute to breaking with the stereotypes about the health professions²⁵.

Professional performance has a strong relationship with the students' academic training, and it is necessary that, as one of the aspects of the educational process, they adopt interprofessionalism, which must be present in the health practices developed during the training process³⁴. Constant reflection on the health care students' teaching models is an important strategy to strengthen the SUS; therefore, IPE must be adapted to the Brazilian context and to our Unified Health System, so that its competences are explored and the IPE-based initiatives are implemented and attain greater visibility³⁵.

Study limitations

As limitations, we mention the number of research participants and the need to approach potential participants online, due to the pandemic situation installed in the country.

CONCLUSION

The Nursing students participating in the research presented availability for IPE in the three factors assessed by the RIPLS instrument, showing willingness for collaborative work and interprofessionalism.

In relation to the understanding of what interprofessionalism is, the results evidenced that there are still gaps in the interpretations of this term, which is confused with similar terms.

The current study offers a situational diagnosis for the researched undergraduate course and can add to the expansion of the discussion on the theme and to the production of strategies to strengthen IPE in the academic environment.

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