LAMK Lahden ammattikorkeakoulu
Lahti University of Applied Sciences

The opinions and experiences of nursing students about multi-professional collaboration during clinical trainings

LAHTI UNIVERSITY OF APPLIED SCIENCES
Degree Programme in Nursing
Alexandra Skripkina
Chung Yan Christy Lai
Irene Mulu

Lahti University of Applied Sciences
Degree Programme in Nursing

Skripkina Alexandra

Lai Chung Yan Christy

Mulu Irene

The opinions and experiences of nursing students about multi-professional collaboration during clinical trainings

Bachelor's Thesis in Nursing

36 pages, 2 pages of appendices

Autumn 2015

ABSTRACT

Multiprofessional collaboration in social and health care sector has nowadays become vital for better patient treatment results. Different professional come together, share ideas, experiences, skills, knowledge and opinions in patients care. This enables one to become more competent in the teamwork needed for the solution of health problems.

The aim of this thesis is to find out opinions and experiences of third year nursing students in Lahti University of Applied Sciences about multi-professional collaboration during clinical training.

Purpose of this thesis is to advance understanding of multi-professional collaboration and help to improve health care environment.

This thesis has been implemented by using qualitative research methods in order to collect opinions and experience of third year nursing students' on multi-professional collaboration during their clinical trainings. The data was collected through group interview discussion and it was carried out in two groups through tape-recorded and notes taking. Twelve third year nursing students participated in the interview.

The results revealed that the participants had valuable experience in multi-professional collaboration. And despite the various barriers and challenges the students faced during their trainings, they all admitted the importance and good organization of multi-professional collaboration. The result of this thesis could be used for improving the multi-professional collaboration in health care environment. The thesis was commissioned by Lahti University of Applied Sciences and the results of the work provide opportunity to take advantage of clinical development.

Key words: Multi-professional, inter-professional, collaboration, learning, nursing students, clinical training

Lahden ammattikorkeakoulu
Hoitotyön koulutus

Skripkina Alexandra

Lai Chung Yan Christy

Mulu Irene

Hoitotyön opiskelijoiden mielipiteitä ja kokemuksia moniammatillisesta yhteistyöstä harjoittelun aikana

Hoitotyön opinnäytetyö

36 sivua, 2 Liitesivua

Syksy 2015

TIIVISTELMÄ

Sosiaali- ja terveysalalla eri ammattiryhmien yhteistyö on tärkeää parempien hoitotulosten aikaansaamiseksi. On tärkeää, että eri ammattiryhmien edustajat jakavat ideoita, kokemuksia, taitoja, tietämystä sekä mielipiteitä potilaiden hoidosta. Tämä mahdollistaa tehokkaan ryhmätyöskentelyn ratkaistaessa potilaiden terveydellisiä ongelmia.

Tämän opinnäytetyön tavoitteena on saada selville Lahden ammattikorkeakoulun kolmannen vuoden sairaanhoitajaopiskelijoiden mielipiteitä sekä kokemuksia moniammatillisesta yhteistyöstä kliinisen harjoittelun aikana.

Tutkimuksen tarkoituksena on auttaa ymmärtämään moniammatillista oppimista. Tarkoituksena on myös tuottaa tietoa siitä, kuinka opiskelijoiden mielipiteet ja kokemukset voivat auttaa edistää terveydenhuollon ilmapiiriä kliinisessä harjoittelussa.

Tämä opinnäytetyö on toteutettu käyttäen laadullista tutkimusmenetelmää keräämällä kolmannen vuoden sairaanhoitajaopiskelijoiden mielipiteitä ja kokemuksia moniammatillisesta yhteistyöstä heidän kliinisen harjoittelunsa aikana. Aineisto kerättiin kahdessa ryhmähaastattelussa. Haastattelut nauhoitettiin. Haastatteluihin osallistui yhteensä kaksitoista kolmannen vuoden sairaanhoitajaopiskelijaa.

Tutkimustulokset osoittivat, että osallistujat arvostavat moniammatillisesta yhteistyöstä. Huolimatta lukuisista esteistä ja haasteista, joita opiskelijat kohtasivat harjoittelun aikana, kaikki osallistujat näkivät tärkeäksi hyvän yhteisöllisyyden tärkeyden moniammatillisessa yhteistyössä.

Tämän opinnäytetyön tuloksia on mahdollisuus käyttää parantamaan moniammatillista yhteistyötä terveydenhuollon ympäristössä. Opinnäytetyön

toimeksiantajana toimi Lahden ammattikorkeakoulu ja työn tuloksia on mahdollisuus hyödyntää harjoittelun kehittämisessä.

Avainsanat: Moni- ammatillinen, ammatillinen vuorovaikutus, yhteistyö, oppiminen, sairaanhoito- opiskelija, kliininen harjoittelu.

LIST OF ABBREVIATIONS

MPL	Multi-professional Learning
IPL	Inter-professional Learning
NHS	National Health Services
ECTS	The Europe Credit Transfer and Accumulation System
VALVIRA	Finland National Supervisory Authority for Welfare and Health
IAPAC	International Association of Physicians in Aids Care
WHO	World Health Organisation
CAIPE	Centre for the Advancement of Inter-Professional Education
CIHC	The Canadian Interprofessional Health Collaborative

CONTENTS

1 INTRODUCTION

Across the Health Service clinical teams of professionals from different health care fields work together in order to provide care to people. However new working practices challenged their traditional professional roles. Multi-professional collaboration is the main element in providing people with quality care. Such health care developments as supplementary prescribing or single assessment process rely on the existence of multi-professional collaboration. (Daly 2004.)

National Health Services (NHS) defines team as a group of people working together in order to produce products or deliver services for which they are collectively responsible. Members of the team have the same goals and they are collectively responsible for achieving these goals. Team members are independent in their achievements and the results are affected by their interactions between each other. (Borrill et al. 1999.)

The importance of multi-professional collaboration in health care has been stated in numbers of reports and policy documents on the National Health Service. One of the particular reasons why multi-professional is important in providing high quality care was stated as: "The best and most cost-effective outcomes for patients and clients are achieved when professionals work together, learn together, engage in clinical audit of outcomes together, and generate innovation to ensure progress in practice and service." (Borrill et al. 1999.)

In the Report #6 Jurgutis, Kummel, Mört and Grinevicius (2012) stated that, for example elderly people with multiple chronic conditions experience complex needs due to interrelated social, health and mental problems. Different international studies prove, that multi-professional team of primary care is efficient and cost-effective development, moreover it reduces hospital admissions and improves control of non-communicable diseases.

The idea that the quality of patient care can be improved through collaboration and teamwork between health care professionals leads to shared learning in health professional education. There may be a lot of difficulties in structure and organization of shared learning, but the main obstacle could be negative feelings of health care students towards this approach (Horsburgh et al. 2001, 876-883). The

term shared learning is used to cover both multi-professional learning and inter-professional learning. The term multi-professional learning (MPL) is used to indicate representatives of two or more professional groups learning new spheres together. The term inter-professional learning (IPL) means a part of educational process, where individual participants learn each other roles and move towards collaboration. (Josephine & Rosemary 1997, 319-324.)

In this thesis researchers concentrate mainly on multi-professional collaboration as an important clinical development in providing high quality patient care. This thesis will find out opinions and experiences of third-year nursing students about multi-professional collaboration during their clinical trainings. There was also studied a shared learning approach as an important factor in improving the ability of professionals to work as a team in the process of development patient's outcomes (Skinner 2007, 359-361).

This thesis is holding as a reserach, where sixty three scientific research articles are reviewed. The data was collected from electrical data base through National Electronic Library, Cinahl, EBSCO host, PubMed, Science journals, Google Scholar and e-books. In addition, internet search and published articles and relevant research literature were used in order to identify and compare the results to fullfill the research questions. Literature was analyzed and collected using content analysis.

The research evidence about the definition and general aspect of multi-professional collaboration, the potential benefits of and the factors that influence the effectiveness of teams were reviewed. At first, there was considered what a multi-professional collaboration means. According to Weiss & Davis (1985), multi-professional collaboration has been defined as interaction between different health care professions with varied experiences, qualifications and skills in order to provide round care for individuals in need.

Borrill, West, Dawson et al. (1999) found that a diverse range of health care professional groups work well together, alternative and competing perspectives are carefully discussed leading to high levels of innovation and better quality decisions

in patient care. There is a positive correlation between multi-professional collaboration and quality of health care services.

Based upon our prior reading of the literature, multiple studies (Pahjola & Korhonen 2014; Huss 2013; Bajaj 1994) have been conducted regarding to the benefits of multi-professional collaboration. The studies indicate that the movement towards collaboration among health care professionals is thought of as a good thing and ways and means of achieving it need to be fostered. However, very few studies (Daly 2004) have been conducted for the personal experiences and barriers to multi-professional collaboration. Therefore in this thesis researchers would like to find out more about nursing student's opinions and experiences about multi-professional collaboration during clinical trainings. The main purpose of the thesis is to advance understanding of multi-professional collaboration and how students' opinions and experiences can help for the future improvement in the healthcare setting.

As the need for an interdisciplinary and inter-sectoral approach to healthcare has been recognized, so the pressure to change the way in which healthcare professionals are educated has arisen. Multi-professional collaboration in all working environment has emerged to be a strong element in providing quality care in health sector. Interdisciplinary healthcare teams have become the new model for patient care delivery in today's complex healthcare environment (Kilgore & Langford 2009). Evidence exists that in many countries, interdisciplinary teams in rural settings positively impact rural residents' health (Shannon et al. 2005).

Although interdisciplinary teams are important in providing care for rural residents, the experience of teaching students outside of one's professional discipline is rarely examined in the literature even though a benefit of rural hospital based preceptorship is that students have the opportunity to work one-on-one with interdisciplinary teams (Sedgwick et al. 2009).

Limited understanding of each others' roles, limited sharing of information between team members, and limited team input into decision making (Weller et al. 2008) can influence professional practice and level of confidence in carrying out typical professional duties that ensure patient safety (Lewis & Tully 2009).

Working as a team in a health care setting has several benefits to healthcare, not only for the patients but also for the individual health professionals and the health care provider. Kouzes and Pozner (1987) defined team as a group of equally important people collaborating, developing cooperative goals, and building trusting relationships to achieve shared goals. Good communication, decision-making and problem-solving skills, networking and brainstorming are the staples of a team that delivers good care efficiently.

According to Dr. Todd Gravois (2010) from Psychology and lifelong learning, while learning about teamwork is good to do all along the continuum, actively working in teams is best left to those who have a strong professional identity in place. He argued: "Newly developing professionals must have a professional identity strong enough to represent their discipline, and at the same time be flexible enough that they will not resist collaborative practice. Further, according to Schon (1983) the capacity of professionals to practice in multi-professional environments depends primarily upon their ability to understand and respect cognitive patterns-in other words to understand the way in which others conceptualize problems and interventions as well as the values of every profession.

Lack of consistent situational awareness, communication, and understanding of the patient's condition during life threatening situations demonstrates the complexity of team dynamics, and suggests that nurses and interdisciplinary team members need communication and team training to improve team performance (Miller et al. 2009).

Although one of the goals of providing students with interdisciplinary experiences is to promote better health care for patients and populations through collaboration that transcends disciplinary boundaries (Lilley et al. 1998), little is known about the interdisciplinary team experience of preceptorship.

To work effectively in an interdisciplinary team, team members need to possess an understanding one's own role as well as the role of other professionals (Atwal & Caldwell 2006), as well as possess the flexibility and ability to think innovatively

(Burnham et al. 2010). Student learning outcomes and capabilities should be based on the domains of knowledge in practice, communication, ethical practice, and reflection (Walsh et al. 2005).

2 NURSING EDUCATION AND CLINICAL TRAINING IN FINLAND

The Finnish higher education system has two complementary sectors: polytechnics and universities. The aim of universities is to conduct scientific research, provide guidance and postgraduate education based on it. The polytechnics are more practically oriented, training professionals for expert and development posts. There are 24 polytechnics, which belong to the branch of government of the Ministry of Education and Culture. The total number of polytechnic students is 130 000. (OKM 2015.)

The polytechnics award professionally oriented higher education degrees, which take 3.5 - 4 years of full time study, which is generally 210-240 credits (ECTS) (OKM 2015). ECTS means The Europe Credit Transfer and Accumulation System, which is an instrument that allows to design, describe and deliver study programmes and award higher education qualifications. The use of ECTS together with conceptions of outcomes-based qualifications makes study programmes and qualifications more clear and ease the understanding of qualifications. One ECTS corresponds to approximately 27 hours of work. (EC 2015.)

The entry requirement to the polytechnic is either an upper secondary school certificate or a vocational diploma. As being developed as a part of the national and international community, polytechnics focus on their competence in working life and its development (Habermann & Uys 2005.) The degree completion studies for a registered nurse consists of 210 credits, public nurse and paramedics 240 credits while midwives the studies consist of 270 credits (Finnish nurses association 2015.)

The education and practice of health care staff are controlled by the law. Nursing education in Finland is based on the directives issued by the European Union (2005/36/EU). Professional health care practice is specified in the Act on Health Care Professionals (559/1994) and the Decree on Health Care Professionals (564/1994). In Finland, only a registered general nurse licensed or authorised by Valvira is entitled to practice the nursing profession. Valvira is a national agency which registers all persons granted professional practice rights in the Terhikki-register and maintains information on all registered nurses in Finland.

The Ministry of Education draws up the competency requirements for graduates of universities of applied sciences. Those studying toward a degree in nursing complete a social and health care degree in nursing at a university for applied sciences. Passing the matriculation examination is required for entry into the degree programme in nursing. Anyone who hold the General Certificate of Education (O level) is expected to finish off an occupational first degree such as a basic degree in the social and health care field (Kilpeläinen 2010).

Primary values guiding nursing education include human dignity, health, equality, responsibility and freedom, fairness and the right to growth and development. Central guiding principles include humanness, partnership, flexibility, courage, an enquiring and developing approach to work, and participation, profitability and influence. (Kilpeläinen 2010.)

In general the nursing curriculum is divided in two sections: the theory and practical part of the studies. Students require effective clinical placements to apply the theory to the practice. These experiences which the students gain from the placements are central to one to make preparation for entering the workforce as a competent and independent practitioner in healthcare. The duration of one placement is about seven weeks. The clinical placements are conducted in healthcare centers, hospitals, communities, and other healthcare services under the mentoring of nursing teachers, qualified nurses and other qualified professionals in clinical settings. During this period of clinical placement, the trainee nurses should learn how to lead the team and organize all nursing care, for example how to do health education for individuals, health institutions and communities. (Keighley 2009.)

Moreover, clinical training is the backbone of nursing education where theoretical and practical knowledge are combined together by the students for professional practice. (Kirkham et al. 2007). In Finland, the clinical studies for a Bachelor Degree in Nursing consist of 75 ECTS, which comprises one third of the nurse's studies. Clinical practice is conducted in different nursing environments such as geriatric, internal medicine, pediatric and psychiatric. An authenticated overview of the nursing career indicates that professional skills and role responsibility have

advanced with time in nursing practice. (American Board of Nursing Specialties 2010).

Nursing is a career which is based on practical, that is why clinical education is an important section of the undergraduate nursing curriculum whereas the main benefits are allowing students to put theory into practice and experience the realities of the practice-based nursing profession. Limitations include the unstable nature of the clinical area as a learning environment and the challenges this produces with students' assessments. (Elliot 2002, 69-77.)

3 MULTI-PROFESSIONAL COLLABORATION

3.1 Teamwork and collaboration

Multi-professional collaboration has gained a significant meaning in all sectors. When members of multi-professional team look at the situation from different points of view, the decisions and actions have higher quality than if it was done by individual. (West et al. 2012.) When professional groups, such as doctors, nurses, physiotherapists, social workers and other health care professional teams work together productively, it leads to better quality decisions about patient care (Borrill et al. 1999).

According to International association of physicians in aids care, a multidisciplinary care team is a partnership, in which involved different health care professionals with the goal of delivering continuous, complex and efficient patient care. (IAPAC 2011.) According to Oxford dictionary multidisciplinary (also multi-professional) means an approach, where different professional specializations are involved (Oxford dictionaries 2015).

Mitchell, Tieman and Shelby-James (2008) defined multidisciplinary care as a process, where healthcare providers from various disciplines are working together in order to provide complex patient care, which would meet as many of people's demands as possible. It can be done by a number of professionals working together in the same organization or by professionals from different organizations, which can include private sector, united together as a team. Once the client's condition is changed the structure of the team can be changed as well due to varying client's needs. (Mitchell et al. 2008, 61-64.)

Team work in a healthcare environment is beneficial not only for patients, but also for healthcare professionals. Good skills in communicating, decision-making and problem solving are fundamentals of providing an efficient care. While working together healthcare team can find solutions and create strategies which will improve a client's function, activity and participation. In multi-professional collaboration there are three types of team function: multidisciplinary, interdisciplinary and transdisciplinary. In multidisciplinary teams goals are achieved by team members independently, the effective result is an outcome of

individual efforts. In interdisciplinary teams members set individual goals for themselves. Once the goals are identified every professional works in order to achieve his or her own goal within his or her professional field. In a transdisciplinary teams one member is the case manager. Others work on the client's care through the case manager. In this type of team function, one member is able to meet client's goals no matter what is his or her discipline. (Huss 2013.)

In Finland social and health services tend to develop boundary-crossing and multi-professional services, in which various healthcare providers deliver the service. This is a tool for meeting client's demands and also an organizational attempt for cost efficiency. Although despite the importance of multi-professional collaboration, this kind of innovation brings new challenges to the organizations. It requires new practices together with theoretical knowledge in order to be able to meet new situations of co-operating with clients and sharing knowledge. It may be hard to achieve, since traditions and existing practices are not easy to change. Many professions value their competencies and for them innovations can mean a threat for their own profession. (Pahjola & Korhonen 2014, 26-43.)

Lindeke (2005) stated that maximizing nurse-physician collaboration holds promise for improving patient care and creating satisfying working roles. Along with the basic educational requirements, there are several skills that nurses required in order to develop effective collaboration among healthcare professionals. Components of successful collaboration are characterized by mutual respect and trust, being open, valuing diversity, people skills and information sharing. Furthermore, effective communication skills is one of the important elements in multi-professional collaboration. (Groves 2014, 51-59.)

Oxford dictionary defines collaboration as the action of working with someone to produce something. Communication in the same source means the imparting or exchanging of information by speaking, writing, or using some other medium (Oxford dictionaries 2015). From these two definitions it can be seen that both aspects are closely related to each other. One cannot exist from the other.

Nowadays healthcare system apart from providing professional help also includes an important and inevitable aspect such as communication and collaboration.

During the therapeutic period in the hospital patient meets a lot of different professionals. It can be nurses, doctors, technicians and others. Effective clinical environment includes situations in which important information should be accurately and precisely discussed. Good team collaboration is required. If any lack of communication appears between healthcare professionals it can put patient safety in danger due to some reasons: lack of critical information, misunderstanding of information, unclear orders over the telephone, and missed changes in status. (Hughes 2008.)

Differences in background education can be a weakness, but it can also be a great strength. When team members respect each other and they are willing to listen to each other it can lead to amazing results. In order to achieve successful collaboration team members should share the same objectives and have the same value system (Nursetogether 2011).

There have been designed special programs which are focused on team training. A new approach which is aimed to improve team collaboration and patient safety adopted principles from the aviation industry, raising an environment of respect and trust, accountability, situational awareness, open communication, assertiveness, shared decision-making, feedback and education (Hughes 2008).

3.2 Effectiveness and barriers of multi-professional collaboration

Multi-professional collaboration is vital in providing holistic care. Different health care professionals share a common goal of providing a comprehensive approach to care in order to meet individual needs. Effective collaboration in healthcare field carry out many advantages through cooperation, communication and responsibility. It provides benefits to both health professionals and patients. A few studies showed that effective multi-professional collaboration improve the quality of care provided. (Dawson & Bartlett 1996.)

Health care professionals include doctors, practical nurses, registered nurses, physiotherapists, occupational therapists, social workers, counselors, pharmacists, and psychologists etc. The idea is to bring all the professionals to work together and provide better decisions about patient care. According to Figure 1, Borrill et al. (1999) proved that the more health care professionals involved in the team, the more effective and innovations in delivering high quality patient care.

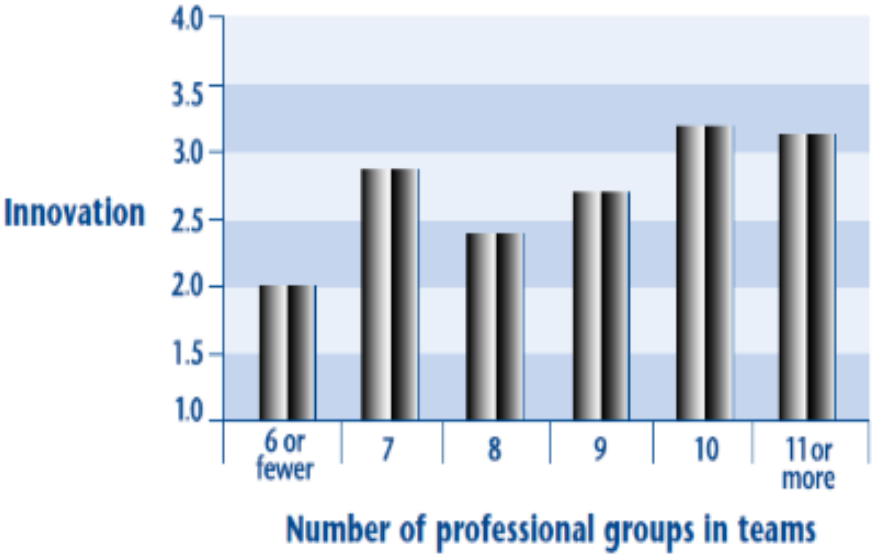

Figure 1: Relationship between innovation and number of professional groups in teams (Borrill, West, Dawson et al. 1999)

Every discipline is integral. When collaboration is implemented in a health care situation, it ensures effective safety and helps to protect vulnerable patients. The recognition that patient's needs can only meet when all health care professionals collaborate with each other. According to Hughes (2008), it proves that

collaboration care is key to reducing hospitalizations, patient complications, clinical error rates and lower mortality rate. (ANMF 2009.)

Collaboration is multidimensional, each health care professional has their own role and everyone is accountable. Multi-professional collaboration encourages professionals to work together and learn about one another's practice. Things can be shared through a rage of joined-up services, for example evaluation of care, decision making and care planning. It ensures that all members of the team remain informed about patient's treatment and care developments. Through patient-centered care, it helps to improve experience of patient care and optimize the delivery of health care while gaining understanding of other professional's role and maximizing their own skills and expertise. (McCray 2009.)

In order to work collaboratively, health care professionals should work together and function as part of a unit. Team work and collaboration are often used interchangeable. It is one of the most important aspects of providing high quality care. Through collaboration, professional working relationship can be established and trust is more likely to be engendered, which can foster team spirits and lead to positive care environment. (Roth & Markova 2012.)

According to Figure 2. Berry and Dunham (2013) shows a comparison between traditional model and collaborative care model in providing health care at hospitals in different aspects. Improvement has been developed, patients are better informed and health care services are more personalized. Evidence proves that multi-professional collaboration improves patient's safety and efficiency, increases quality of health care services and improves nursing satisfaction. Additionally, patient engagement and involvement should also be taken into account in order to ensure their patient's personal needs can be met. (Hughes 2008.)

TRADITIONAL VS. COLLABORATIVE CARE
A comparison of how ThedaCare's traditional model of providing care at hospitals compares to its new collaborative model.

KEY ATTRIBUTE	TRADITIONAL MODEL	COLLABORATIVE CARE MODEL
Patient experience	Often disjointed, confusing, even contradictory.	Single plan of care developed with and visible to patient. Continuously updated with patient-driven schedule and goals.
Clinical quality	Generally good but considerable variation in clinical protocols and uneven reliability. Nurses spending time managing errors.	Reliable, standard work, using evidence-based quality and real-time problem solving to prevent errors.
Physician role	Hierarchical.	Partner in care team. Exposes thinking to professional team.
Nursing role	Task oriented. Too much time spent running for supplies and equipment.	Care manager. Expanded and empowered role in decision making and patient-care progression. Bedside management of quality measures.
Pharmacist role	Dispensing medication from pharmacy.	Bedside presence. More involved in patient contact/education. Teacher to patient and team.
Discharge planner role	Evaluates and recommends discharge needs through chart review.	Active member of the care team; facilitates patient's transition from hospital.
Environment	Semi-private, dated.	Private. Designed for patient/staff safety and to support collaborative processes.

SOURCE LEONARD L. BERRY AND JAMIE DUNHAM HBR.ORG

Figure 2: Difference between Traditional model and collaborative care model (Berry & Dunham 2013)

Working effectively in multi-professional collaboration is a complex process; there are still many hurdles to overcome. There are few studies identify the common barriers to multi-professional collaboration: poor communication, lack of knowledge of other professionals' role, poor attitudes and medicine's history of hierarchy (Daly 2014 & McCray 2009). All these factors can bring negative impacts and effects on the patient care and put individual safety at risk. There is evidence that a failure collaboration can have tragic consequences. (Kenny 2002.)

Poor communication is the most common breakdown in collaboration practice. It can cause many issues. According to Murphy and Dunn (2010), ineffective communication such as misinterpreted or misunderstood, are considered the most cause of medical errors. Professional communication among patients and other health care professionals is challenging. It is very important that all professionals gather the necessary information and to form an unambiguous understanding in order to minimize errors.

Multi-professional collaboration requires professions to work together with another discipline to provide high quality care. Studies by Baker et.al. (2011) found that

lack of interprofessional awareness is another barrier to collaboration. Ignorance of the existence and function of other professionals limits the relationship within collaboration team. Lack of knowledge and appreciation of the roles of other healthcare professionals might put the patient in the position of feeling unsafe. Therefore, educational environment and multi-professional education play an important part to ensure that everyone in the team understand each other roles and develop team working skills. (Nursetogether 2011.)

Trust is an important element. Effective professional collaborative relationships require mutual respect and support. Mistrust and conflicting loyalties may lead to poor relationships between health care professionals and eventually link to negative impacts, for example poor patient care and low job satisfaction among healthcare professionals. Some studies found that health care professionals might not be interested in the information and roles for other professionals. Poor attitude encompasses to lack of respect and trust, it can negatively affect the health care quality. (Widmark et al. 2011 & Hall 2005.)

4 MULTI-PROFESSIONAL AND INTER-PROFESSIONAL LEARNING

4.1 Multi-professional learning

In social and healthcare field different professionals every day cooperate with each other. According to McCray (2009) multi-professional collaboration and team work are positive and important way of interventions. They have been helping to achieve the provision of competent care by successive governments for a number of decades.

From the historical point of view, health and healthcare have developed through phases. The first phase concentrated on disease in such a way that the main focus was on the patient and clinical treatment was the main method of improving people's health status. As the health sciences were developing and going forward, the concept of disease was changed to more positive concept of health, where the particular significance was devoted not to the patient, but to the person. The main focus was centered not on the cure, but on the care and the promotion of health. Nowadays, almost all over the world health apart from being an indicator becomes a key factor of the quality of people's life. Bajaj (1994) insists on people interacting with health care professionals not only within the framework of the planning process, he recommends actively participate in management. From this point of view, multi-professional education may extend its boundaries in a way that community leaders could become possible partners in healthcare team.

For the past decades the need to change Western countries healthcare organizations and to control resources and professional competencies in order to rise to the demands of service users has increased. This was situation is supported with a goal of learning together to work together for health, which was suggested by the World Health Organization (WHO 1988) in 1988. According to Payne (2000), nowadays it is hard to find an official health policy document which would not support co-ordination of services and cooperation between healthcare professionals. Political together with professional pressures have formed debates around the ideas of teamwork. In the nursing field collaborative relationships with colleagues from other fields are determined in the International Council of Nurses (2000) code of ethics. (Kvanström & Cedersund 2005.)

Multi-professional care is important in case when clients get the level of support which is important for them in order acquire maximum independence and quality of living. It means to co-operate with doctors, physiotherapists, occupational therapists, speech and language therapists, psychologists and it also involves sector providing home care. According to the WHO organization, multi-professional learning is a process in which group of students or workers with different educational background learn together within the certain study period, the important goal of this process is interaction and collaboration in providing promotive, preventive, curative, rehabilitative and other health-related services (WHO 1988).

Multi-professional learning and inter-professional learning became popular educational methods in training healthcare providers. There are several reasons why these kinds of methods are popular. One of them is efficiency and cost-effectiveness of this approach, which allows to teach increasing amount of students from healthcare field. What is more important it illustrates a way of supporting co-operative balanced, complex patient care. Due to lack of support from educational systems it is difficult to promote, implement and maintain multi-professional education. The pressure from social, economic and political sides has only worsened the situation since these parts may cut the financial support of multi-professional education programmes and even to bring their importance into a question. (Leathard 2002.)

4.2 Inter-professional education

Inter-professional education promotes collaboration in healthcare setting. It occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care (CAIPE 2002).

The WHO and its partners recognize inter-professional collaboration in education and practice as an innovative strategy that will play an important role in mitigating the global health workforce crisis (WHO 2010).

In the past, most of the healthcare education is uni-professional, in which students learn together as a single group. The concept of inter-professional learning is becoming common in health and social care situations. It is also supported globally. A study in 2013 Journal of Patient Safety by James is stated that since 1999 the institute of medicine has urged the practice of inter-professional team based care to prevent medical errors. It promotes safety in a team-based clinical setting. (James 2013, 122-128.)

Inter-professional education, as a proven, beneficial approach to collaborative learning that addresses the problems of fragmentation in healthcare delivery and separation among health care professionals. The main idea is to work and learn from students from different professions in order to provide high standard of care to patients and service users. Students should appreciate the roles of a variety of professionals and healthcare providers in patient care. The reason for inter-professional education is simple; it is all about the patient and high quality patient-centered care. It can contribute to patient safety where it enhances understanding of different profession roles, shares approaches to learning, and explores different learning preferences. (James 2013, 122–128.)

Interactive Inter-professional Education teaching methodologies may include: simulation, role play, problem-based learning, experiential learning and small group learning. The teaching strategies require debate and discussion. This allows students to collaborate with each other, brainstorming and stimulate new ideas. Through the effective teaching strategies for inter-professional education, it enables

students to achieve deep learning and develop reasoning, critical thinking and decision making skills. (Olenick et al. 2010, 75–84.)

There is a range of professional roles and organizations working in the health and social care field, many of which are starting to work together more closely to provide all round care for individuals in need. Inter-professional learning leads to better multi-disciplinary working. It is becoming increasingly common in health and social care situations. Many researches have documented that inter-professional learning is increasingly recognized as an essential model in healthcare. The major effects were upon students' knowledge, attitudes, skills and beliefs about professional role, and team working. (WHO 2010.)

5 AIM AND PURPOSE

The aim of this thesis is to find out opinions and experiences of nursing students about multi-professional collaboration during clinical training.
Purpose of this thesis is to advance understanding of multi-professional collaboration and help to improve health care environment.

Study questions:
1. What kind of opinions third year nursing students have about multi-professional collaboration between social and healthcare professionals?
2. What kind of experiences third year nursing students have at multi-professional collaboration during clinical training?
3. What enhances the process of multi-professional collaboration according to third year nursing students' opinions?

Multi-professional collaboration is an important part of high-quality healthcare; the results of this thesis could be used for improving the multi-professional collaboration. It can be useful for both sides that is nursing students and also clinical professionals. Considering those results nursing students and clinical professionals can think what they can do to improve the multi-professional collaboration during training from their own perspectives. The results can be also useful in educational part. They might help to build the right attitude in students towards future multi-professional collaboration.

6 METHODOLOGY

6.1 Research method

Research methodology is a systematic way to solve a problem and a science of studying how research is to be carried out. It is a procedure by which researchers used to collect data and predict phenomena. It is also defined as the study of methods by which knowledge is gained. Its aim is to give the work plan of research. (Rajasekar et al. 2006, 1-23.)

This thesis is implemented by using qualitative research methods in order to collect opinions and experiences of third year nursing students' on multi-professional collaboration during their clinical trainings. Qualitative research is characterised by its aims, which relate to understanding some aspect of social life, and its methods which (in general) generate words, rather than numbers, as data for analysis (Patton & Cochran 2002). Qualitative research shares these characteristics. Additionally, it seeks to understand a given research problem or topic from the perspectives of the local population it involves. Qualitative research is especially effective in obtaining culturally specific information about the values, opinions, behaviors, and social contexts of particular populations. The strength of qualitative research is its ability to provide complex textual descriptions of how people experience a given research issue. It provides information about the human side of an issue – that is, the often contradictory behaviors, beliefs, opinions, emotions, and relationships of individuals. (Mack et al. 2005.)

6.2 Qualitative interview design

As researchers, many try out to grow and expand their proficiency and experiences with qualitative design in order for better use and variety of research paradigms. The most popular areas of interest in qualitative research design is that of the interview protocol. Interviews give a depth information concerning the participants' experiences and perspectives of a particular theme. Creating effective research questions for the interview process is one of the most crucial components to interview design. Researchers desiring to conduct such an investigation should be careful that each of the questions will allow the examiner to dig deep into the

experiences and/or knowledge of the participants in order to gain maximum data from the interviews. (Turner 2010, 7-13.)

For the interview researchers chose open ended questions in order to allow the respondents to give either positive or negative responses based on the type of questions. The data gathered in this way is helpful if the researchers seek to understand how people feel about certain issues. (Check & Schutt 2012.)

6.3 Data collection and participants

Qualitative research data collection methods are time consuming, therefore data is usually collected from a smaller sample than would be the case for quantitative approaches - therefore this makes qualitative research more expensive. The main methods for collecting qualitative data are: individual interviews, focus groups, observations and action research. (Gill et al. 2008, 291-295.)

This thesis used group interview method. The reason for choosing group interview method consisted in that fact that group interview allows to find out variety of views and emotional process within a group. Another benefit of group interview is that it helps researches to discover the importance of the issue and also what is it so important about it. (Kitzinger 1995, 299-302). The criteria for choosing participants was a membership of third year English nursing degree programme in Lahti UAS. The participants were chosen from English speaking students of Bachelor Degree Programme in Nursing in order to find opinions and experiences of students together with barriers that nursing students face during multi-professional collaboration in clinical training. Since the research process was conducted in English, researchers chose participants only amongst English speaking nursing students of the mentioned programme in order to make sure that students understand questions and can freely express their thoughts. Participants were informed about current thesis during tutor lesson.

In qualitative research study in order to define how many participants are enough has been used such phenomenon as saturation. Saturation is a process when additional participants don’t give anyguest new information and ideas. Guest, Bunce, and Johnson (2006) suggested that saturation often starts with twelve participants in homogenous group. In order to make sure that researchers reach

saturation and there are no new concepts the study should go beyond the saturation. For homogenous participants saturation often occurs between 12 and 15 (Latham 2013). Researches started with twelve third year nursing students, by the reason of being more experienced than first year or second year students. By reaching a third year of nursing education students had passed a number of clinical trainings. It gives them the opportunity to think about multi-professional collaboration that they experienced and share their opinions with researchers.

7 DATA ANALYSIS AND RESULTS

Participants were introduced to the offered topic during the tutor lesson and written consent forms were signed before the interviews, attached as appendix 1. The interview sessions were held in two days on 13th of October and on 20th of October. The interview sessions were conducted in Lahti University of Applied Scences. Each group contained six students. Students were asked seven open-ended questions, attached as appendix 2. Each interview session took one hour.

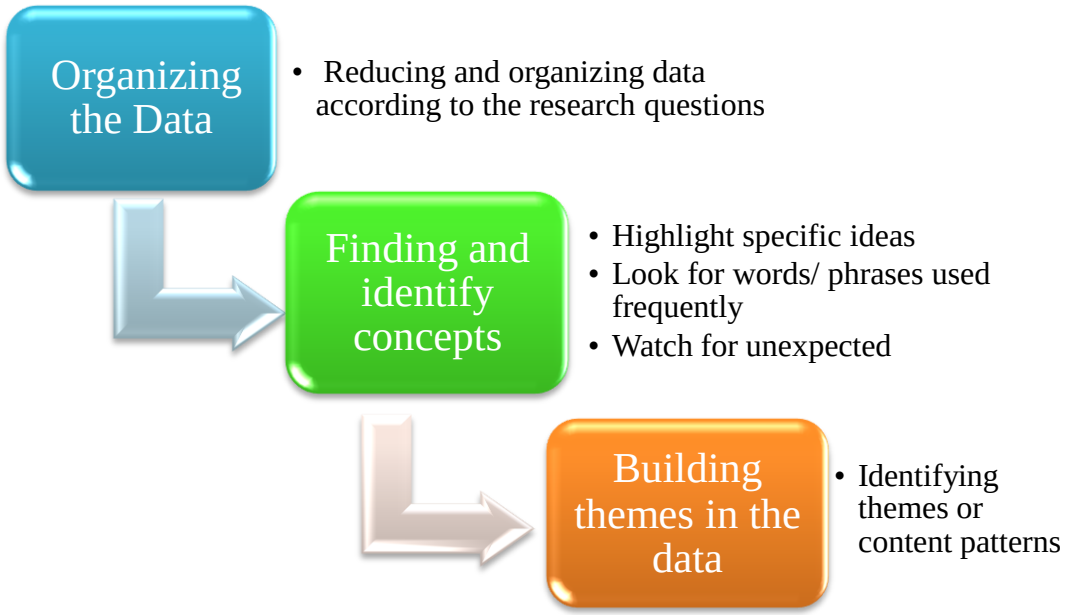

Figure 3: Steps of qualitative data analysis process in sequential order

The process of analyzing data was divided into several steps, see Figure 3. First step was aimed to organize the data. The tape record was transformed into the written transcript. It took about six hours for researchers to transcribe both recorded sessions. All together researchers got thirty six pages of written text.

The second step was started with careful reading of the transcript. Krueger and Casey (2000) suggested that analysis should be based on the purpose. This approach will help to avoid insignificant data. Researchers marked the words, which they think were important for the thesis topic. According to the connections and similarities between highlightened words researchers were able to form the groups. These were students' opinions and experiences, feelings about being a part of multi-professional team, importance of multi-professional collaboration, barriers

that students face, factors that can enhance the multi-professional collaboration, factors that can cause conflicts and ideas of students about how to develop multi-professional collaboration. In the third step, relying on the received groups and research questions researchers formed three key concepts which were advancing the understing of multi-professional collaboration. These were opinions, experiences and enhancing factors.

Various opinions and experiences about multi-professional collaboration are presented bellow.

All twelve students described their experience of multi-professional collaboration as well organized. This experience they considered as valuable, because it helped them to learn the process of patients' discharge. Moreover good level of teamwork and equality between professionals made students also feel pleased and valued.

> *"In the hospital, people work as a team. We have regular meetings every week where doctor, head nurse, nurses, physiotherapist and social worker group together and discuss patient's care and needs. "*

Ten students had positive feelings about being a part of the multi-professional team. Students stated that since they were participating in wards' meetings they felt like they were already nurses and this fact helped to rase their professional self-confidence.

> "*When working in multi-professional environment, I feel very supported and being part of the group. I know that I am not working alone and there is always someone there to help me.*

Although students' experiences and opinions were quite positive, participants named a lot of barriers they faced during working in a multi-professional team. Students stated such problems as language barrier, lack of experience, lack of trust, attitude problems, and difference in culture. Students strongly insisted that some of health care professionals had weak understanding and tolerating of another cultures.

> *"The main barrier is language."*

"Some healthcare professionals are not willing to work with foreign students because of English language."

Eight students agreed that multi-professional collaboration is an important part of clinical environment. Participants came to conclusion that it advances the progress of the patient's improvement and reduces the time of patient's hospital period.

Students gave a lot of ideas about factors that could enhance the multi-professional collaboration in clinical environment. The topic of cultural difference was one of the main aspects that should be solved in order to improve multi-professional collaboration.

"Professionals should accept and embrace different cultures."

The role of the headnurse was not forgotten. Two students also came to thought that successful team collaboration depends on a good headnurse. In students' understanding good headnurse should have high leadership skills, good communication skills, he or she should not only motivate nurses but also pay attention to students.

"If the ward has a good head nurse, she or he will do everything to make clinical environment better."

As for factors that cause conflicts and tension students named such problems as: lack of understanding, poor leadership skills, lack of respect; talk behind each other's back, killing the motivation. Students felt very upset, disappointed and unsafe when they heard nurses discussing their collegues and doctors.

"Very often nurses talk behind each other's back. Instead of calling each other by names they use such words as "tummaihoinen", "afrikalainen". Sometimes it sounds kind of offensive. It feels like lack of respect."

Students gave ideas about how multi-professional collaboration can be developed. They also suggested different interventions such as trainings aimed for improving communication and leadership skills.

8 DISCUSSION

The purpose of this thesis was to advance understanding of multi-professional collaboration and find out how students' opinions and experiences can help to improve health care environment. The aim of this thesis was to find out opinions and experiences of nursing students about multi-professional collaboration during clinical training. The aim of this thesis was achieved well.

According to the received results participants had quite rich experience in multi-professional collaboration. Despite the multiple barriers nursing students faced during their trainings, all of them admitted the importance and good organization of it. Similar findings held by Wang, Liu, Li and Li (2015) shows that medical students highly evaluate the importance of multi-professional collaboration in the aspect of improving patient condition. Moreover nursing students were quite interested in the offered topic of multi-professional collaboration and there were suggested a lot of ideas how it can be developed and enhanced.

Apart from the barriers which students faced due to language problems and lack of experience they also stated barriers which they observed from other nurses´ communication. For example, the attitude nurses showed to each other by talking behind each other's back. Students believe that a lot of problems can be solved if the communication part is improved. Previous research illustrated that good communication skills are the keys towards decreasing the healthcare mistakes and increasing the level of healthcare delivery. (Steckler 2012.)

Participants stated that most of the professionals dominate with Finnish culture and it's very difficult for them to incorporate with foreign cultures in the health setting. They also elaborated that its difficulty for some of the health professionals to trust foreign cultures. According to Jeffreys (2008) if nurses do not have knowledge about cultural differences, if they do not appreciate individuality it can affect the whole working process including collaboration with collegues and patient outcomes. In order to solve this problems students suggested to create some kind of program in which nurses could go abroad to work for some period of time so that

they would understand better foreign students' feelings of working in different environment.

In order to enhance multi-professional collaboration in the hospitals students suggested special simulations and trainings, which will include all types of healthcare professionals, that is nurses, doctors, social workers, physiotherapists and headnurses. They also suggested to make additional trainings for headnurses in order to strengthen leadership skills. Students believe that good communication skills are the keys to successful collaboration. Kalisch, Curley and Stefanov (2007) came to similar conclusions while making their project about enhancing nursing staff teamwork. Performed trainings and coachings showed a necessity to develop the staff in listening, feedback and conflict management.

9 ETHICAL CONSIDERATIONS

There are many ethical challenges which have implications for qualitative research. They arise primarily from emergent and unpredictable nature of the methodology involved. The ethical challenges that are pertinent to qualitative research include the issues of informed consent procedures, the relationship between the researcher and the participant, the ratio between risk and benefit, anonymity and confidentiality and the dual role of the nurse-researcher. (Houghton et al. 2010, 15-25.)

Ethical principles of research in the humanities and social and behavioral sciences are divided into three areas: respecting the autonomy of researched subjects, avoiding harm, privacy and data collection. (Finnish Advisory Board on Research Integrity 2015.)

Participants were introduced to the thesis topic before the interview. Information about the aim, purpose and benefits was presented at the same meeting. Each individual has the right to be informed of the nature of the study, student's rights and benefits were discussed. Students may decide whether or not to participate before they sign the informed consent. The human rights have been protected. (Neill 2003, 4-7.)

Privacy is guaranteed throughout the thesis. The researchers also informed participants about the anonymity and confidentiality. Anonymity is addressed during data cleaning in order to protect the identities of the individuals. The thesis did not contain any information that identifies participants such as name or Email address. Furthermore, personal information and answers provided by the participants will not be given to anyone else. It was treated in a confidential manner and only used for the purpose of this thesis. (Kaiser 2009, 1632-1641.)

Beneficence obligates the researcher to secure the well-being of all study participants. It is researcher’s responsibility to protect participants from harm, as well as ensure that they experience the possible benefits of involvement. Balancing risks and benefits is an important consideration. The key, according to the 1979 Belmont Report on the protection of human subjects, is to maximize possible

benefits and minimize possible harms. This work is beneficial for students, since discovering their opinions and barriers may help to increase the productiveness of multiprofessional collaboration and teamwork. (HHS 1979.)

The researchers did not anticipate any kind of risks concerning thesis they made it clear to the participant's that the environment was safe and risk-free. The participation was made to be voluntary. All the information from students stays confidential, students were supposed to feel free to express their ideas and thoughts. Participation in this thesis is not going to affect students' education or grades.

During the research procedure, researchers were expecting to find out different opinions and experiences of thirds year nursing students about multi-professional collaboration during their clinical trainings. None of the students' opinions and experiences were affect or be judged by researchers.

In qualitative research, reliability can be considered as trustworthiness of the procedures and data generation. However, some factors might have affected trustworthiness in the interview process. The relationship in the form of participant-participant and researchers-participant could have influenced on interpretation of the results. In order to avoid researcher bias, all data were examined by reserachers individually and later compared to verify how much agreement there was about findings. Researchers have confirmed findings by revisiting data in different circumstances to ensure the results of the thesis are reliable. (Roberts et at. 2006, 41-45).

In Lahti University of Applied Sciences before conducting any research which will involve students, there must be filled and approved form of research permit. The researchers enclosed questionnaires for the interview and applied for the research permit at the beginning of September.

Prior to the interviewing the participants were issued with certificate of consent which contained the information about the purpose of the study as part of moral and value safeguarding. The participants were informed that during the interview information will be collected through audio recording and notes taking.

10 PROPOSAL FOR FURTHER ACTIONS

There are not that many studies about experiences of nursing students about multi-professional collaboration conducted, especially in Finland. However, there is significant need in this, since the number of nursing international students increase. The aim of this study was to find out experiences and opinions of third year nursing students about multi-professional collaboration. The interview showed that although multi-professional collaboration is well organized in the hospital, there are still a lot things that can be enhanced. All thoughts and ideas of students can be used in order to improve multi-professional collaboration in the clinical environment.

This information can be used by healthcare professionals in order to develop and improve clinical environment and also it can be used by the teachers in order to advance understanding of multi-professional collaboration.

REFERENCES

American Board of Nursing Specialties. 2010. Nursing Specialty Certification Organizations' Clinical Practice Requirements for Certification and Recertification: A Review of Entry Level Certification Programs. [Referenced 22 April 2015]. Available in http://www.nursingcertification.org/pdf/Clinical%20Practice%20Document%20Final%205%2010.pdf

American Psychological Association. 2010. Reports cross professional teams. [Referenced 6.April 2015]. Available in http://www.apa.org/ed/governance/elc/2010/reports-cross-professional-teams.pdf

Atwal, A. & Caldwell, K. 2006. Nurses' perceptions of multidisciplinary team work in acute healthcare. International Journal of Nursing Practice 12(6), 359–365.

Bajaj, J. 1994. The changing medical profession: Multi-professional education as an essential component of effective health services. Medical education. [Referenced 6.April 2015]. Available in http://www.readcube.com/articles/10.1111%2Fj.1365-2923.1994.tb02769.x?r3_referer=wol&tracking_action=preview_click&show_checkout=1

Baker, L., Egan-Lee, E., Martimianakis, M.A. & Reeves, S. 2011. Relationships of power: implications for interprofessional education. Journal of Interprofessional Care 25(2), 98-104.

Berry, L.L. & Dunham, J. 2013. Redefining the patient experience with collaborative care. [Referenced 26 September 2015]. Available in https://hbr.org/2013/09/redefining-the-patient-experience-with-collaborative-care/

Borrill, C., West. M., Dawson, J., Shapiro, D., Rees, A., Garrod, S., Carletta, J. & Carter, A. 1999. Team working and effectiveness in health care: findings from the Heath care team effectiveness project. [Referenced 20 April 2015]. Available on http://www.astonod.com/wp-content/uploads/2015/01/Team-Working-and-Effectiveness-in-Healthcare.pdf

Burnham, R., Day, J. & Dudley, W. 2010. Multidisciplinary chronic pain management in a rural Canadian setting. Canadian Journal of Rural Medicine 15(1), 7-13.

Canadian Interprofessiona Health Collaborative. 2010. A National Interprofessioanl Competency Framework. [Referenced 6 October 2015]. Available in: http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

Centre for the advancement of Interprofessional education. 2002. Definition of Interprofessional education. [Referenced 6.April 2015]. Available in: http://caipe.org.uk/about-us/defining-ipe/

Check, J. & Schutt, R. 2012. Research methods in education. U.S: Sage publications.

Daly, G. 2004. Understanding the barriers to multi-professional collaboration. Nursing Times 100(9), 78–79.

Dawson, J. & Bartlett, E. 1996. Change within interdisciplinary teamwork: One unit's experience. British Journal of Therapy and Rehabilitation 3(1), 291-222.

Elliott, M. 2002. Clinical education: a challenging component of undergraduate nursing education. Contemporary Nurse 12(1), 69-77.

European commission. 2015. European credit transfer and accumulation system (ECTS). [Referenced 1.May 2015]. Available on http://ec.europa.eu/education/tools/ects_en.htm

Finnish Advisory Board on Research Integrity. [Referenced 6.April 2015]. Available in http://www.tenk.fi/en/frontpage

Finnish Nurses Association. 2015. Nurse education in Finland. [Referenced 8.April 2015]. Available in http://www.nurses.fi/nursing_and_nurse_education_in_f/nurse-education-in-finland/

Gill, P., Stewart, K., Treasure, E. & Chadwick, B. 2008. Methods of data collection in qualitative research: interviews and focus groups. British Dental Journal 204(1), 291-295.

Groves, W. 2014. Professional practice skills for nurses. Nursing Standard 29(1), 51-59.

Guest, G., Bunce, A. & Johnson, L. 2006. How many interviews are enough? An experiment with Data Saturation and Variability. Field Methods. 18(1), 59-82

Habermann, M. & Uys, L.R. 2005. The nursing process: A global concept. UK: Churchill Livingstone. Elsevier.

Hall, P. 2005. Interproefssional team: professional cultures as barriers. Journal of Interprofessional Care. 19(1), 188-196.

Houghton, C., Casey, D., Shaw, D. & Murphy, K. 2010. Ethical challenges in qualitative research: examples from practice. Journal of Nursing Researcher 18(1), 15-25.

Hughes, G.R. 2008. Patient safety and quality: An evidence-based handbook for nurses. (Prepared with support from the Robert Wood Johnson Foundation). U.S: Agency for Healthcare Research and Quality.

Huss, N. M., Schiller, S. & Schmidt, M. 2013. Areas of nursing within the multi-disciplinary team and general nursing practice: Springer. [Referenced 22 April 2015]. Available in www.google.ru/url?sa=t&rct=j&q=&esrc=s&source=web&cd=28&cad=rja&uact=8&ved=0CFcQFjAHOBQ&url=http%3A%2F%2Fwww.springer.com%2Fcda%2Fcontent%2Fdocument%2Fcda_downloaddocument%2F9783642300042-c1.pdf%3FSGWID%3D0-0-45-1413209-p174816553&ei=aPU8VbvBMYO_ygP96IC4BQ&usg=AFQjCNEE7wkKob9p7UEy8Ty7NPFksgNDYw&bvm=bv.91665533,d.bGQ

International association of physicians in aids care. 2011. Multidisciplinary care teams. [Referenced 22 April 2015]. Available in http://www.iapac.org/uploads/MCTI_Addis_Ababa_Consultation_Report-04Dec11.pdf

James, J.T. 2013. A new, evidence-based estimate of patient harms associated with hospital care. Journal of Patient Safety 9(3), 122-128.

Jeffreys, M. 2008. Dynamics of diversity: becoming better nurses through diversity awareness. Imprint 55(5), 36-41

Jurgutis, A., Kummel, M., Mört, S. & Grinevičius, K. 2012. Multi professional teamwork to gain better community health developing the potential of high quality PHC. [Referenced 20 April 2015]. Available on http://www.ku.lt/svmf/files/2012/10/Report_6-Multi-professional-teamwork-to-gain-better-community-health.-Developing-the-potential-of-high-quality-PHC.pdf

Josephine, M. & Rosemary, S. 1997. Developing share-learning in multi-professional health care education: for whose benefit? Nurse education today 17(4), 319-324.

Kalisch, B. J., Curley, M. & Stefanov, S. 2007. An intervention to Enhance Nursing Staff Teamwork and Engagement. Journal of Nursing Administration. 37(2), 77-84

Kaiser, K. 2009. Protecting respondent confidentiality in qualitative research. Quality Health Research. 19(11), 1632-1641

Keighley, T. 2009. European Union Standards for Nursing and Midwifery: Information for Accession Countries. World Health Organization. [Referenced 20 April 2015]. Available in http://www.euro.who.int/__data/assets/pdf_file/0005/102200/E92852.pdf

Kenny, G. 2002. The importance of nursing values in interprofessional collaboration. British Journal of Nursing 11(1), 65-68.

Kilgore, R.V. & Langford, R.W. 2009. Reducing the failure risk of interdisciplinary healthcare teams. Critical care nursing quarterly 32(2), 81-88.

Kilpeläinen, T. 2010. Foreign nurses' guide to Finnish working life. [Referenced 8.April 2015]. Available in https://seure.fi/Global/Polku/Foreign_Nurses_Guide_to_Finnish_Working_Life.pdf

Kirkham, S.R., Harwood, C.H., Terblanche, L., Hofwegen, L.V. & Sawatzky, R. 2007. The Use of Clinical Placements in Nursing Education: A National Survey. [Referenced 20 April 2015]. Available in http://twu.ca/academics/nursing/research/icp-report.pdf

Kitzinger, J. 1995. Introducing focus group. British medical journal 311(1), 299-302.

Kouzes, J. & Posner, B. 1987. The leadership challenge: How to get extraordinary things in organizations. 5th ed. San Francisco. CA: Wiley.

Krueger, R.A. & Casey, M.A. 2000. Focus groups: A Practical Guide for Applied Research. Thousand Oaks. CA: Sage Publications.

Kvarnstrom, S. & Cedersund, E. 2005. Discursive patterns in multiprofessional healthcare teams. Journal of advanced nursing 53(2), 244-252.

Latham, J. R. 2013. A framework for leading the transformation to performance excellence part I: CEO perspectives on forces, facilitators, and strategic leadership systems. Quality Management Journal 20(2), 22.

Leathard, A. 2002. Going interprofessional: working together for health and welfare. USA & Canada: Routledge.

Lewis, P.J. & Tully, M.P. 2009. Uncomfortable prescribing decisions in hospital: the impact of teamwork. Journal of Royal society of Medicine 102(11), 481-488.

Lilley, S. H., Clay, M., Greer, A.G., Harris, J. & Cummings, D.M. 1998. Interdisciplinary rural health training for health professional students: strategies for curriculum design. Journal of Allied Health 27(4), 208-212.

Lindeke, L.L. 2005. Nurse-Physician workplace collaboration. Online Journal Issues in Nursing 10(1)

Mack, N., Woodsong, C., Macqueen, M.K., Guest, G. & Namey, E. 2005. Qualitative research methods: a data collector's field guide. North Carolina: Family Health International.

McCray, J. 2009. Nursing and multi-professional practice. London, California, India & Singapore: SAGE.

Miller, K., Riley, W. & Davis, S. 2009. Identifying key nursing and team behaviours to achieve high reliability. Journal of Nursing Management 17(2), 247-255.

Ministry of Education and Culture. 2015. Polytechnic education in Finland. [Referenced 1.May 2015]. Available on http://www.minedu.fi/OPM/Koulutus/ammattikorkeakoulutus/?lang=en

Mitchell, G.K., Tieman, J.J., Shelby-James, T.M. 2008. Multidisciplinary care planning and teamwork in primary care, Medical Journal of Australia 188(8), 61-63.

Murphy, G. J. & Dunn, F. W. 2010. Medical Errors and Poor Communication. Journal of the American College of Chest Physicians. 138(6), 1292-1293.

Neill, O.O. 2003. Symposium on consent and confidentialit: Some limits of informed consent. Journal of Medical Ethics. 29(1), 4-7

Nursetogether. 2011. Collaborative nursing practice. [Referenced 24 October 2015] Available on http://www.nursetogether.com/collaborative-nursing-practice

Olenick, M., Allen, L. & Smego, R. 2010. Interprofessional education: a concept analysis. Journal of Advances in Medical Education and Practice 1(1), 75-84.

Oxford Dictionaries. 2015. Definition of collaboration. [Referenced 24 September 2015]. Available in http://www.oxforddictionaries.com/definition/english/collaboration

Oxford Dictionaries. 2015. Definition of communication. [Referenced 24 September 2015]. Available in http://www.oxforddictionaries.com/definition/english/communication

Oxford Dictionaries. 2015. Definition of multi-disciplinary. [Referenced 22 April 2015]. Available in http://www.oxforddictionaries.com/definition/english/multidisciplinary

Pahjola, P. & Korhonen, S. 2014. Social work as knowledge work: knowledge practices and multi-professional collaboration. Nordic Social Work Research 4(1), 26-43.

Patton, M. & Cochran, M. 2002. A guide to using: Qualitative research methodology. Medecins Sans Frontieres. [Referenced 6.April 2015]. Available in http://fieldresearch.msf.org/msf/bitstream/10144/84230/1/Qualitative%20research%20methodology.pdf

Payne, M. 2000. Teamwork in Multiprofessional Care. UK: Palgrave Macmillan.

Rajasekar, S., Philominathan, P. & Chinnathambi, V. 2006. Research methodology. Journal of Organizational Studies and Innovation 1(1), 1-23.

Roberts, P., Priest, H. & Traynor, M. 2006. Reliability and validity in research. Nursing Standard. 20(44), 41-45.

Roth, M.L., Markova, T. Essentials for great teams: trust, diversity, communication and joy. The Jornal of the Americal Board of Family Medicine 25(2), 146-148.

Schön, D. 1983. The reflective practitioner. New York: Basic Books.

Shannon, C. K., Baker, H., Jackson, J., Roy, A., Heady, H., & Gunel, E. 2005. Evaluation of a required statewide interdisciplinary health education program: Student attitudes, career intents, and perceived quality. Education for Health 18(3), 395-404.

Sedgwick, M., Yonge, O., & Myrick, F. 2009. Rural-hospital-based preceptorship: A multidisciplinary approach. Journal for Nurses in Staff Development 25(5), E1-7.

Skinner, H. 2007. Shared learning in the National Health Service. Medical Journal 83(980), 359–361.

Steckler, R. 2012. Improving communication skills among nursing students: Assessing the comfort curriculum as an intervention. [Referenced 10 November 2015]. Available in http://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1006&context=comm_etds

The Australian Nursing and Midwifery Federation. 2009. Ensuring quality, safety and positive patient outcomes [referenced 20 September 2015]. Available on http://anmf.org.au/documents/reports/Issues_Ensuring_quality.pdf

Turner, D.W. 2010. Qualitative Interview Design: A Practical Guide for Novice Investigators 3(2), 7-13.

Walsh, C.L., Gordon, M.F., Marshall, M., Wilson, F. & Hunt, T. 2005. Interprofessional capability: A developing framework for interprofessional education. Nurse Education in Practice 5(4), 230-237.

Wang, Y., Liu, Y.F., Li, H. & Li, T.Y. 2015. Attitudes toward Physician-Nurse Collaboration in Pediatric Undergraduate Medical/ Nursing Students. Behavioural Neurology. [Referenced 11 November 2015]. Available in http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4529947/

Weiss, S.J. & Davis, H.P. 1985. Validity and reliability of collaborative practice scales. Nursing Research 34(5), 299-305.

Weller, C.L., Gordon, M.F., Marshall, M., Wilson, F. & Hunt, T. 2005. Interprofessional capability: a developing framework for interprofessional education. Nurse Education in Practice 5(4), 230-237.

West, M., Metcalfe, B., Dawson, J., Ansari, W., Glasby, J., Hardy, G., Hartley, G., Lybovnikova, J., Middleton, H., Naylor, P.B., Onyett, S. & Richter, A. 2012. Effectiveness of multi-professional team working (MPTW) in Mental Health Care. [Referenced 22 April 2015]. Available in http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1819-215_V01.pdf

Widmark, C., Sandahl, C., Piuva, K. & Bergman, D. 2011. Barriers to collaboration between health care, social services and schools. International Journal of Integrated Care. 11(1)

World Health Organization. 1988. Learning together to work together for health. [Referenced 6 April 2015]. Available in http://apps.who.int/iris/bitstream/10665/37411/1/WHO_TRS_769.pdf?ua=1

World Health Organization. 2010. Framework for Action on Interprofessional Education & Collaborative Practice. [Referenced 6.April 2015]. Available in http://www.who.int/hrh/resources/framework_action/en/

U.S. Department of Health & Human Services. 1979. The Belmont report. [Referenced 6.April 2015]. Available in http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html

APPENDIX

Appendix 1: Consent letter

Lahden ammattikorkeakoulu
Sosiaali- ja terveysala
Hoitajankatu 3
15850 Lahti
Puh. (03) 828 19

Date 25.4.2014
Dear sir/madam,

This letter is an invitation to consider participating in a study we are conducting as part of our Bachelor degree in the Faculty of social and health care at Lahti University of Applied Sciences.

This research will focus on the opinions and experiences of third year nursing students in multi-professional collaboration during their clinical placements. The aim is to seek out opinions and experiences that they have while collaborating with other professionals and what might enhances the process of multi-professional collaboration.

We hope that the results of our study will be benefit to all the nursing students to learn and work efficiently during their practical placement, as well as to school and hospital to improve the clinical training environment for nursing students.

Participation in this study is voluntary. This research will require about an hour of your time. During this time, small groups of around five students will be interviewed about their experiences in multi-professional collaboration. You may decline to answer any of the interview questions if you wish so. The interviews will be conducted in school and will be tape-recorded. During the research all the records will be kept safely. All the records will be destroyed after the research will be over.

If you have any questions regarding this study, or would like additional information to assist you in reaching a decision about participation, please contact us by e-mails, which you can find below. You can also contact our supervisor, Eveliina Kivinen by e-mail (eveliina.kivinen@lamk.fi).

We are looking forward to hearing from you and thank you in advance for your assistance in this thesis.

Yours sincerely,

Alexandra Skripkina alexandra.skripkina@student.lamk.fi
Christy Lai chung.lai@student.lamk.fi
Irene Mulu irene.mulu@student.lamk.fi

Certificate of Consent

Participant's part:

I have been invited to participate in this thesis about opinions and experiences of nursing students at multi-professional collaboration during clinical trainings. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

Print Name of Participant _____

Signature of Participant _____

Date _____

Day/month/year

Researcher's part:

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. The interview will be made in a form of group interview.

2. On the set date there will be conducted an interview, which participant will need to attend.

3. Interview will be tape-recorded.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and consent has been given freely and voluntarily.

A copy of this informed consent form has been provided to the participant.

Print Name of Researcher _____

Signature of Researcher_____

Date _____

Day/month/year

Appendix 2: Group-interview questions

1. What kind of experiences do you have in multi-professional collaboration during your clinical training?

2. How did you feel about being a part of multi-professional team?

3. What kind of barriers did you face in multi-professional collaboration during your clinical training?

4. According to your own experience how important is multi-professional collaboration in clinical environment?

5. According to your own experience what factors can enhance multi-professional collaboration in clinical environment?

6. What factors can cause tension and conflict in multi-professional collaboration?

7. According to your own opinion how multi-professional collaboration in clinical environment can be developed?