



This is an electronic reprint of the original article. This reprint may differ from the original in pagination and typographic detail.

Please cite the original version: Silvennoinen, P. (2018) Working life-orientated professional master's degree as a way of providing continuing education for adult learners. In Carme Royo, Josephine Finn, Christopher Reid (Editorial Board) *euken Studies. eJournal of University Lifelong Learning. euken Conference and Autumn Seminar 2018. Vol 2, No 1., 39-43.*

URL: https://eukenstudies.euken.eu/ejournal/v2n1_bergenas2018/

[CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

WORKING LIFE-ORIENTATED PROFESSIONAL MASTER'S DEGREE AS A WAY OF PROVIDING CONTINUING EDUCATION FOR ADULT LEARNERS

Piia SILVENNOINEN, Laurea University of Applied Sciences, Finland

ABSTRACT

The ongoing health and social care reform in Finland calls for the renewal and updating of the professional skills and competencies of its professionals. One of the central principles of the reform is the reorganization and provision of social and health care services in a client-orientated manner. Thus, there arises the need to be able to learn and possess client-centered counselling skills. This article describes the main results of the teaching experiment carried out with 16 professional Master's degree students during the spring of 2017. The students participated in a course, the aim of which was to learn and become familiar with the method of motivational interviewing by using simulation pedagogy. The aim of the course was to provide the students with the client-centered counselling skills needed for interacting with clients and patients. The data was collected in two focus group interviews, each group consisting of eight students. The data was analyzed using a theory-related content analysis.

The results show that simulation pedagogy is suitable for studying motivational interviewing since it allows for a shared learning experience and reflection for students from various backgrounds in working life (Silvennoinen & Juujärvi, 2018). It can be argued that the Finnish professional Master's degrees are well-suited for updating the professional skills and competencies needed in working life. The Finnish professional Master's degree is a working life-orientated degree and its purpose is to respond to the competence requirements of working life. Moreover, the Finnish professional Master's degree has a more pragmatic and working life-orientated profile than the academic Master's degree. In conclusion, it can be stated that the professional Master's degree acts as an important tool for lifelong learning while providing excellent continuing education for adult learners.

INTRODUCTION

The Finnish health and social care system performs well in many respects. However, there is a need to improve the system due to many factors. According to Couffinhal *et al.* (2016), reform is a necessity because many small municipalities are not able to cover the increased expenses brought about by, for example, the ageing of the population. The present system relies on municipalities to provide social and health care services. Regardless of many positive results, there are inequalities with regard to both access to and the effectiveness of services (Couffinhal *et al.*, 2016). As Couffinhal *et al.* point out, the aim of the health and social care reform is to offer the population equal access to services, to reduce disparities in health and wellbeing and to contain costs. The overarching goal of the reform is to achieve savings of 3 billion euro by 2029. The reform aims at equality for the population, the integration of care and significant costs savings. The reform is ambitious since it aims at both a horizontal integration of primary health care and specialized medical care, but also at a vertical integration in social welfare and health care, such as with persons with multiple problems (Couffinhal *et al.* 2016).

One of the primary aims of the reform is to integrate social and health care services into a 'client-orientated package'. It is expected that the coordination and integration of social and health care services can lead to patient-centred care and service, and increase quality and improve efficiency (Couffinhal *et al.* 2016). It can be argued that under the reform in 'patient-centered care' patients and clients will have both the freedom to and are expected to choose

their care and service providers. Thus, the professionals in social and health care services working with patients and clients need to possess client-centered communication and counselling skills. In turn, therefore, the health and social care reform calls for the renewal and updating of the professional skills and competencies of its professionals. As Berger & Villaume (2013) point out, if the aim is to provide patient-centered or client-centered care, one cannot do that with provider-centered communication.

TOWARDS CLIENT-CENTERED COUNSELLING SKILLS THROUGH MOTIVATIONAL INTERVIEWING

One core principle in the Finnish health and social care reform is the reorganization of its services in a manner that highlights the importance of the client-orientated service structure. To address the ever-increasing cost of the health and social care system, which is seen in poor outcomes associated with nonadherence to prescribed health behavior changes, for example, the system has been moving towards patient-centered care and service (Berger & Villaume, 2013). When patients and clients are moved from being passive receivers of services to active participants involved at the heart of decision-making, they will be more committed to implementing a plan they have formulated themselves (Berger & Villaume, 2013).

As Berger & Villaume point out, in order to be patient-centred the HCPs (health care professionals, consisting of both social and health care professionals) need to possess the relevant skills and competencies. They argue that the HCPs have to learn an entirely different way of communicating; they must learn that they are not in control and they are not the only experts, because patients and clients are the experts when it comes to their own lives, goals and aspirations. HCPs, especially those specifically involved in health care, have been taught that they are experts and that they are in charge - they are used to giving directions and telling patients and clients what to do (Berger & Villaume, 2013). To move from provider-centered towards patient and client-centred relationships and interaction, HCPs have to work within the conceptual world of the patient and the client, rather than requiring the patient and the client to work within the conceptual world of the HCP (Berger & Villaume, 2013).

One way of achieving and maintaining patient- and client-centred relationships and communication is to acknowledge how motivational interviewing (MI) can form the foundation for client-centred care and service (Berger & Villaume, 2013). MI is an approach for helping people to change. It is a particular way of having a conversation about change so that it is the client rather than the HCP who articulates the arguments for change (Arkowitz, Miller & Rollnick, 2017a; Miller & Arkowitz, 2017). As Berger and Villaume (2013) point out, MI is not about motivating clients and patients. On the contrary, it is concerned with assessing clients' and patients' motivation and exploring their ambivalence so that they are able to make their own decisions. MI can be understood as an exchange of expertise where the patient or client possesses the expertise concerning his or her life (Berger & Villaume, 2013). In order to be able to "help" the patient or client, HCPs need to understand how the client constructs his or her world and makes sense of it.

Motivational interviewing has had a great impact on research and practice, first in the fields of substance abuse and health-related problems, and later in corrections, social work and education (Arkowitz, Miller & Rollnick, 2017a; Arkowitz, Miller & Rollnick, 2017b). As Miller & Arkowitz (2017) describe, MI consists of four processes. In the first process the client and HCP develop therapeutic alliances that facilitate working together. The second process is called focusing, where the goals and direction of counselling are clarified. With the goal in place, the next, third process, called evoking, involves eliciting the client's own motivations for change. At this stage, the HCP attends to the client's change talk, seeking to evoke,

understand, reflect and explore, and summarize it. When the client is sufficiently ready for change, the MI proceeds to the fourth process of planning (Miller & Arkowitz, 2017). As Miller & Arkowitz point out, it should be understood that the linearity of the processes hardly ever exists as such. In the MI, the HCP provides the conditions for growth and change by communicating with the client in a client-centered manner. In the counselling process the HCP is empathetic, accepting; the HCP honours clients' autonomy and affirms their strengths, and respects each person's absolute worth as a human being (Miller & Arkowitz, 2017).

SIMULATION PEDAGOGY AS THE THEORETICAL FRAMEWORK OF THE TEACHING EXPERIMENT

To be able to practice this client-centred approach with clients, HCPs need to be educated and up-skilled or re-skilled. In the following section, I will describe the theoretical framework and the setting for the teaching experiment. The 16 professional Master's degree students participated in a course in which they learned how to use motivational interviewing in their work. The aim was for them to learn how to use motivational interviewing with clients, and thus learn client-centered communication and counsellings skills. The teaching experiment's theoretical framework was based on simulation pedagogy.

The use of simulation pedagogy in higher education curricula has increased. Many factors are responsible for this growth. For example, students' access to work settings has become more limited, and thus simulation can compensate for learning that otherwise would be learned at work during, for example, internships (Hopwood, Rooney, Boud & Kelly, 2016). Simulation pedagogy can be described as a method in which teaching and learning happens through simulations of authentic cases in a standardized learning environment (Nimmagadda & Murphy, 2014). Simulations allow students to learn from experience, and they enable students to integrate theory, knowledge, skills, and values (Sunarich & Rowan, 2017). Simulation pedagogy provides students with opportunities to practise clinical skills in a safe environment where mistakes can be made safely without negative consequences for others (Hopwood *et al.*, 2016). Simulation pedagogy can be said to be built on the framework of experiential learning theory since it optimizes learning from experience (Nimmagadda & Murphy, 2014). According to Kolb's (1984) experiential learning theory, learning is most meaningful when it happens through concrete experience, reflective observation, abstract conceptualization and active experimentation (Sanarich & Rowan, 2017).

Each simulation session consists of three phases. In the first phase (orientation), students become familiar with the case in question by acquiring and acknowledging the theoretical background of the case and learning objectives of the case. In addition to the learning objectives of the case, the students can set their own personal learning objectives. The second phase consists of the actual simulation session in which students either act as the HCP, in the role of a client, or as an observer of the simulation scenario. The last phase is about debriefing the simulation scenario. The debriefing phase is essential for learning in simulation pedagogy. It involves identification and discussion of each student's demonstrated areas of strengths, experiences and areas for improvement; students also learn to receive and provide feedback (Sunarich & Rowan, 2017). In the debriefing phase, the facilitator, such as the teacher, has to integrate the experience with reflection on learning objectives effectively in order for learning to be optimized (Nimmagadda & Murphy, 2014).

The simulation roles (the client, the professional, the observer) all make it possible to have a more holistic understanding of the simulated case. For example, the observer's role is to observe what the student in the HCP role does well and what can be improved (Sunarich & Rowan, 2017). In the same manner, the student acting as a client gets valuable experience

of how it feels to be a client. In simulations, students not only experience temporary embodiment of their future professional selves, but also take on the behaviors and voices of those they will encounter in their work (Hopwood et al., 2016).

THE RESULTS OF THE STUDY

Here I will describe the research and its major findings (Silvennoinen & Juujärvi, 2018). The results are described in relation to the three phases of simulation pedagogy. In the orientation phase the students became familiar with the theoretical framework of the subject, i.e. motivational interviewing (MI) and they set learning objectives for themselves. The results show that the orientation phase made it possible for the students to acquire both a theoretical and contextual understanding of the subject in advance. The students emphasized that the orientation phase motivated them to learn more, since they were able to set their own learning objectives. The need to set their own learning objectives activated the students' self-reflectiveness. The orientation phase provided a profound learning experience since it gave a structure to learning.

The simulation phase consisted of the simulations of the scenarios. The students had written the scenarios themselves, on the basis of their own working experience. Prior to the actual simulation session, the students had learned and practised the skills of MI in class. This meant that the simulation phase was divided into two: learning and practising the skills of MI via simulation practices and the actual simulation session, which took place in the last part of the course. In the actual simulation session the student groups of three persons acted out the scenarios. The roles in the scenarios were: a client, a professional and a cameraman who recorded the simulation. The cameraman also gave an introduction to the scenario in the video. As the results show, in the simulation phase the students were able to put into practice the acquired skills of MI. The phase provided the students with a deeper understanding of their professional expertise. Both the preparatory simulation practices and the actual simulation scenarios gave the students a possibility to conceptualize and become aware of their tacit knowledge. The conceptualization of tacit knowledge promoted and motivated further learning when the students realized that they had used client-centered counselling skills in their work. The acknowledgment both empowered and motivated the students to learn more. The simulation phase also provided a deeper understanding of multi-professional teamwork, and of the client perspective when acting in different roles.

The debriefing phase brought all the aspects of learning together. In the debriefing session, the students watched the video recordings together and evaluated how well the skills of MI were demonstrated in the scenarios. The students emphasized that profound learning requires getting feedback. The feedback from peers was seen as extremely valuable. The reflective discussions in the debriefing phase affirmed the learning. Also, the role of the teacher as an enabler of learning was seen as crucial. The teacher's role is to create a safe and trusting atmosphere for learning.

CONCLUSION

The Finnish higher education system is comprised of traditional academic universities and universities of applied sciences, and both of these provide degrees at Bachelor's and Master's level. The professional Master's degree was created in the early 2000s and it has a working life-orientated, pragmatic profile (Isopahkala, Rantanen, Raji & Järveläinen, 2011). It has been classified as an adult education degree and in order to qualify to study the professional Master's degree, applicants must have three years of work experience in the field of study. Studies can be carried out while working fulltime. As Isopahkala *et al.* (2011) point out, working life and prior working life experience forms the context where the studies

can be reflected upon, utilized and applied. Moreover, much of the knowledge comes from the other students as they share their own experiences from their working life during the course. The professional Master's degree is a work-development degree and its purpose is to respond to the competence requirements of working life (Isopahkala *et al.*, 2011). The research conducted on the teaching experiment carried out with the professional Master's degree students shows that the degree is an excellent way of updating the professional skills and competencies needed in changing working life. The ever-present link to working life enables the students to apply and practice the acquired skills in the work context immediately. The degree can act as an important tool for lifelong learning because of its relatively compact curriculum structure, which makes it possible to obtain the degree while working fulltime. Also, constant contact with working life representatives and other relevant stakeholders makes it possible to modify the curricula easily to the needs of working life.

The research described is part of a project named *Competent workforce for the future STN COPE* (2016-2019) and is funded by the Strategic Research Council of the Academy of Finland.

REFERENCES

- Arkowitz, H., Miller, W.R. & Rollnick, S. (2017a) 'Preface'. In H. Arkowitz, W.R. Miller & S. Rollnick, (eds.), *Motivational interviewing in the treatment of psychological problems*. Second Edition. New York, The Guilford Press, pp. xi-xiii.
- Arkowitz, H., Miller, W.R. & Rollnick, S. (2017b) 'Conclusions and Future Directions'. In H. Arkowitz, W.R. Miller & S. Rollnick, (eds.), *Motivational interviewing in the treatment of psychological problems*. Second Edition. New York, The Guilford Press, pp. 365-387.
- Berger, B. & Villaume, W. (2013) *Motivational interviewing for health care professionals. A sensible approach*. Washington DC, The American Pharmacists Association.
- Couffinhal, A., Cylus, J., Elovainio, R., Figueras, J., Jeurissen, P., McKee, M., Smith, P., Thomson, S. & Winblad, U. (2016) *International expert panel pre-review of health and social care reform in Finland*. Helsinki, Ministry of Social Affairs and Health.
- Hopwood, N., Rooney, D., Boud, D. & Kelly, M. (2016) 'Simulation in Higher Education: a sociomaterial view'. *Educational Philosophy and Theory*, 48(2), pp. 165-178.
- Isopahkala-Bouret, U., Rantanen, T., Raij, K. & Järveläinen, E. (2011) 'European Qualifications Framework and the comparison of academically- orientated and professionally-oriented master's degrees'. *European Journal of Higher Education*, 1(1), pp. 22-38.
- Miller, W.R. & Arkowitz, H. (2017) 'Learning, Applying, and Extending Motivational Interviewing'. In H. Arkowitz, W.R. Miller & S. Rollnick, (eds.), *Motivational interviewing in the treatment of psychological problems*. Second Edition. New York, The Guilford Press, pp. 1-32.
- Nimmagadda, J. & Murphy, J.I. (2014) 'Using Simulations to Enhance Interprofessional Competencies for Social Work and Nursing Students'. *Social Work Education*, 33(4), pp. 539-548.
- Silvennoinen, P. & Juujärvi, S. (2018) 'Simulaatiot integratiivisen pedagogiikan välineenä motivoivan haastattelun oppimisessa'. [Simulations as a tool of integrative pedagogy in learning motivational interviewing]. *Ammattikasvatuksen aikakauskirja* 20(1), pp. 44-61.
- Sunarich, N. & Rowan, S. (2017) 'Social Work Simulation Education in the Field'. *Field Educator* 7(1). Retrieved from <http://fieldeducator.simmons.edu/article/social-work-simulation-education-in-the-field/>

