

Faculty Attitudes about Interprofessional Education

Erin Hoffman MPAS, PA-C¹; Elizabeth Lyden MS²; Catherine Bevil RN, EdD³; Gary L. Beck PhD⁴.

¹College of Allied Health Professions; ²College of Public Health; ³College of Nursing; ⁴College of Medicine

BACKGROUND

- Mounting research indicates interprofessional teams result in better patient outcomes (Schmitt, Gilbert, Brandt, & Weinstein, 2013).
- Interprofessional education has become a pervasive component in the dialogue of competent and quality health care education (Hammik, Freeth, Koppel, Reeves, & Barr, 2007; IOM, 2001).
- There remains a lack of research about faculty attitudes regarding interprofessional education.
- In order to manage the faculty attitudes and perceived barriers, universities, administrators and educators must understand the attitudes of faculties and identify the barriers that exist.

OBJECTIVES

- Describe faculty attitudes toward interprofessional education
- Compare faculty and student attitudes toward interprofessional education
- Identify barriers to faculty participation in interprofessional education

METHODS

- The Nebraska Interprofessional Education Attitudes Scale (NIPEAS) is a 19-item questionnaire assessing attitudes related to Interprofessional collaboration. The items are rated from 1=Strongly Agree to 5=Strongly Disagree.
- Institutional Review Board approval was obtained for this study.
- Full-time faculty were sent a link to the NIPEAS questionnaire and questions about perceived barriers to participating in interprofessional education activities.
- Statistical Analysis:
 - Descriptive statistics were used to identify barriers to participation
 - Descriptive statistics were used to identify differences in attitudes between faculty and students
- Qualitative Analysis: Crystallization/immersion methods were used to identify themes related to barriers to participation and suggestions for improvement.

RESULTS

- 280 faculty completed the survey (Table 1 provides a breakdown by college)

Table 1. Faculty Responses by College

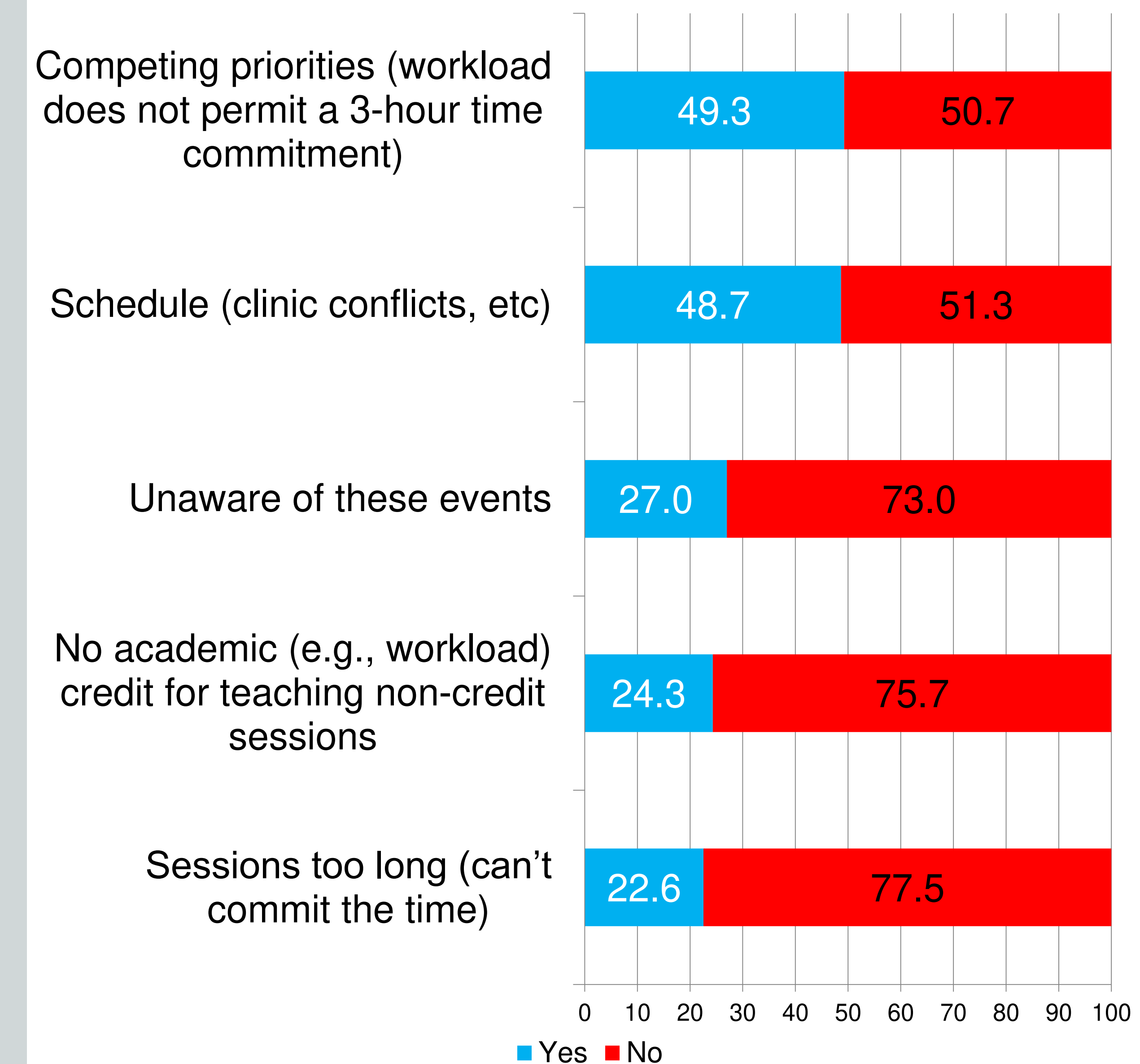
Unit	N	Percent
College of Dentistry	17	5.0
College of Medicine	178	52.8
College of Nursing	35	10.4
College of Pharmacy	13	3.9
College of Public Health	28	8.3
Munroe-Meyer Institute	24	7.1
No Response	11	3.3
School of Allied Health Professions	31	9.2

- **Attitude Differences**
 - Faculty and students were in agreement on nearly every item of the NIPEAS (See attached table)
 - Items 16 and 18 indicated that nearly twice as many students over faculty disagreed with statements related to heeding the opinions and critique of other health care professionals
- **Barriers to Participation:**
 - **Figure 1** shows the most frequent reasons for not participating in IPE activities.
 - Further analysis of free text responses indicated 4 themes: priorities, relevance, location, and negative experience. Exemplar quotes are presented in **Figure 2**.



Figure 2. Barrier Themes

Figure 1. Barriers to Participation



CONCLUSIONS

- Faculty and student responses to the NIPEAS are congruent.
- Differences in faculty and student responses are understandable given student responses occurred at orientation to their program.
- What was interesting, albeit small, was the higher percentage of students who felt it unnecessary to solicit opinions or to accept feedback of other health care professionals.
- In order to model interprofessional behaviors, faculty need to have time allocated to participate in IPE activities. Competing priorities, relevance to career, prior negative experiences, and logistics are common barriers to participation.
- To address barriers that were identified, training of faculty for IPE sessions will be augmented to provide context for relevance and strategies to address negative perceptions.

References

Schmitt, Gilbert, Brandt, & Weinstein, 2013
Hammik, Freeth, Koppel, Reeves, & Barr, 2007
IOM, 2001