School of Education

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Health professional educators' experiences of interprofessional socialisation within higher education: An interpretative phenomenological study.

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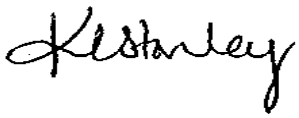
Declaration

To the best of my knowledge and belief this thesis contains no material previously published by any other person except where due acknowledgement has been made.

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university.

The research presented and reported in this thesis was conducted in accordance with the National Health and Medical Research Council Statement on Ethical Conduct in Human Research (2007) – updated March 2014. The proposed research study received human ethics approval from the Curtin University Human Research Ethics Committee (EC00262), Approval Number EDU-140-13.



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Abstract

This interpretative phenomenological study explored health professional educators' (HPEs) understanding and experiences of interprofessional (IP) socialisation within higher education (HE) in Perth, Western Australia (WA). The significance of the research is that it adds to the body of knowledge in relation to the IP socialisation of HPEs within HE as the research meets an identified gap in the literature. The study used the methodological principles of interpretative phenomenology, this framework was utilised in order to discover the phenomena of IP socialisation as well as describe the everyday world of human experience. The collation and analysis of one-to-one interviews comprised of 26 HPEs from various health related disciplines across 5 universities within WA. Qualitative content analysis was applied to explore the data with the aid of NVivo 10 software. Content coding led to the development of categories and sub-categories, and then themes. Five themes were identified which were: *working with other professionals in HE; qualities and attributes of IP socialisation; advantages and benefits of IP socialisation; barriers and disadvantages of IP socialisation and IP socialisation strategies within HE.*

The study provides a unique model to support IP socialisation of HPEs into HE. A newly developed Health Educators Interprofessional Socialisation (HEIPS) framework is proposed which acknowledges and respects that professional educators need to be autonomous in the way in which they choose to build IP relationships. The four steps that have been described include; professional socialisation, implementing IP socialisation strategies, breaking down barriers and IP socialisation and integration of HPEs into HE. The four steps were influenced by internal and external factors and formal and informal components which have contributed to development of the framework. These have all ultimately led to the fulfilment of the IP socialisation of HPEs within higher education.

The ‘HEIPS’ framework and socialisation strategies could positively influence IP collaboration between educators within HE. The framework and socialisation strategies could be implemented within Health Science Faculties taking into account the organisation’s culture and strategic intent toward IP collaboration and education.

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List of Acronyms

Australian (AU)

Australian Learning and Teaching Council (ALTC)

Centre for the Advancement of Interprofessional Education (CAIPE)

Department of Health (DOH)

Health Professional Educators (HPE's)

Health Educators Interprofessional Socialisation (Framework) (HEIPS)

Higher Education (HE)

Inter-Disciplinary (ID)

Interprofessional (IP)

Interpretative Phenomenological Analysis (IPA)

Interprofessional Collaboration (IPC)

Interprofessional Education (IPE)

Interprofessional Practice (IPP)

National Health and Medical Research Council (NHMRC)

Office of Learning and Teaching (OLT)

Participant (P) (P1= Participant number 1)

Western Australia (WA)

World Health Organisation (WHO)

Outline of the Thesis

The thesis is divided into Eight Chapters.

Chapter One: introduces the study and the research that was undertaken, it outlines the aim and objectives for the study, the rationale, research questions as well as the significance of the research. This chapter also provides the background to the study which includes the influence of political drivers and theoretical views in relation to interprofessional socialisation and collaboration within HE.

Chapter Two: offers a literature review that supports the aims and design of this qualitative study. It introduces the political context, concepts of socialisation, professional socialisation, IP socialisation and the frameworks that support these concepts. The review also focuses on interprofessional teamwork, barriers to collaborative practice, facilitation of students' learning experiences and improvements in patient health outcomes, which all relate to the purpose of this research.

Chapter Three: outlines the methodological principles used in this study and discusses the philosophical position of an interpretive phenomenological framework that has underpinned the research design, data collection and data analysis methods required for this qualitative research. A research plan is also included to provide a structured approach to the research process undertaken. It also discusses the ethical considerations and limitations of the study.

Chapter Four: reports the findings from the Pilot Study which was undertaken in order to refine the interview questions as well as present analysis from the data obtained. The Pilot Study also addresses the issues of rigour and the principles of trustworthiness and authenticity, in order to ensure the credibility of the research.

Chapter Five: presents the findings from the interviews and offers the data in the form of Tables and Figures. Firstly, it provides demographic information with regards to the participants from across the five universities. The data is then analysed to examine qualitative content from the participants' one-to-one interviews.

Chapter Six: undertakes a discussion of the findings and results presented within chapters four and five. This chapter explores how the research questions have been addressed and will integrate the themes that have been created through the findings. This will also include the literature that was reviewed within chapter two to support or oppose the findings within this study.

Chapter Seven: presents the Health Professional Interprofessional Socialisation (HEIPS) newly developed framework which identified four steps. The framework also includes internal and external factors, formal and informal components. All of these are proposed and could be utilised to assist with effective IP socialisation processes for HPEs' within HE.

Chapter Eight: offers the conclusion along with recommendations and implications for future research into this area of study. It also demonstrates how the aim and objectives were achieved for the overall study.

Chapter 1

Introduction

Background to the Study

This chapter provides the background for this study. Within this chapter a discussion of the main drivers and initiatives that have influenced the IP agenda will be explored, which will include an outline of international and national reports that have influenced Interprofessional Education (IPE) within higher education (HE). This will be followed by the purpose of the study, the aim and objectives, the researcher's rationale, research questions and finally the significance of the study.

This study examines the Interprofessional (IP) socialisation experiences of Health Professional Educators (HPEs) within HE. Socialisation is a term that repeatedly appears in studies in relation to how new employees commence in new jobs, organisations or new roles, yet there is a lack of empirical evidence linking IP socialisation and HPEs, within HE. Socialisation is defined as the process by which individuals acquire the knowledge, language, social skills and values to conform to the norms and roles required for integration into a group or community (Clark, 1997; O'Lynn, 2009). Therefore, the socialisation of professionals to environments such as universities is an important process. However, within the context of this study professional and IP socialisation was of most relevance, as the need to collaborate interprofessionally was viewed as, a key strategy to improving patient health outcomes and students learning experiences (Reeves et al., 2013; World Health Organisation, 2010).

According to Khalili et al. (2013) IP socialisation is the process of bringing learners and professionals together, to learn with, from and about each other, whereas, interprofessional collaboration (IPC) is the ongoing relationship between professionals who work together to solve problems and provide services (Reeves et al., 2010). It is for this reason that IP socialisation is an essential step in building IP relationships as it provides the opportunity for IPC. However although IP socialisation may be viewed positively Cameron (2011) claims that profession specific socialisation may be hindering the development

of IP relationships. Adding that there were opponents to IP socialisation, due to the perceived loss of professional identity and concerns in relation to the erosion of professional boundaries. Khalili et al. (2013) confirmed that professional barriers did exist, but these could be overcome if the process of integrating IP collaboration into IP practice and education was supported, which would assist with the reduction of professional isolation. Professionals need to develop their professional identities prior to the development of collaborative IP relationships, as professional socialisation provides a secure foundation on which to build IP relationships and collaborative practices on (Arnt et al., 2009: Wackerhausen, 2009; Ary et al., 2010; MacLellan, Lordly & Gingras, 2011).

Alberto and Herth (2009) confirmed that the preparation and support of HPEs appeared to be the answer to effective IP collaboration within HE because it would assist with the reduction of professional barriers. However, in order to sustain the increase in IP education (IPE) activity within HE, supportive structures were needed that encouraged IP socialisation (Reeves et al., 2013; Khalili et al., 2013).

Since the early 1970's there has been growing interest and activity related to IPE and Interprofessional Collaboration (IPC) (Alberto & Herth, 2009). The World Health Organisation (WHO) along with other key health focused groups has recognised IPE as an essential step in preparing health professionals to work collaboratively within teams, so that they are ready to meet the health demands of the community, (Centre for the Advancement of Interprofessional Education (CAIPE), 2002; Zwarenstein, Goldman & Reeves, 2009; Department of Health, UK, 2010; World Health Organisation, 2010). This is because professional collaboration has been viewed as an important component to all health care activity, whether it involves patient health outcomes or students' learning experiences (Hammick et al., 2007; Thannhauser, Russell-Mayhew & Scott, 2010).

According to the World Health Organisation, "Interprofessional education occurs when students from two or more professions learn from and with each other to improve health outcomes," (WHO, 2010, p.3). Whereas collaborative

practice occurs when “multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver high quality care” (WHO, 2010, p.4). Interprofessional Education (IPE), Interprofessional Learning (IPL), Interprofessional Practice (IPP) and Interprofessional Collaboration (IPC) have emerged as a result of initiatives instigated by the Department of Health, UK, (DOH, UK, 2010). These initiatives have been designed to encourage professional groups which include; nurses, doctors, physiotherapists, occupational therapists and other allied health professionals, to develop health processes and systems that assist with improving patient healthcare, by working collaboratively (Hollenberg & Bourgeault, 2011).

There are a number of reasons for the increased interest in IPE, especially with political drivers initiating a global consultation on the health agenda in order to strengthen the “global workforce, building effective partnerships and fostering interprofessional collaboration” (Thistlethwaite, 2012. p.60). Some areas of healthcare that have been identified within the global health care agenda are listed in Table 1.1 (drivers for change in health care delivery) below.

Table 1.1 Drivers for change in health care delivery

Demographic changes – Aging population
New models of care
Increase of long-term conditions and complex care requirements
Technological advances
Increasing specialisation of health professional practice The patient safety and quality agenda Workforce pressures

Adapted from Thistlethwaite (*2012, p.60)*

Thistlethwaite (2012) confirmed that the drivers for change in health care delivery are due to a number of factors. Firstly, this was because demographic changes such as an aging population necessitated the long term management of care which required supporting resources. Secondly, the increase in chronic care involved services that focused on system changes which included primary health care and patient support for self-management. Thirdly, technological advances needed to be available to all patients however, this required appropriate funding and professionals that were specifically trained to be competent in the use of new scientific procedures and technology. The increased pressure on the health care system and workforce were creating challenges in providing therapeutic interventions in line with the patient safety and quality agenda. Although a global overview of the policy drivers for IPE is important, the main focus of this study will be to identify the relevant policy drivers within Australia, and Western Australia that are significant in moving the IPE agenda forward. The following Table outlines a number of international reports including those from Western Australia into IPE. These are listed in chronological order in the international and Western Australian reports into interprofessional education (see Table 1.2).

Table 1.2 International and Western Australian reports into interprofessional education (from 2006 – 2014)

Report Title	Author and Date
World Health Organisation: Working together for health. Geneva	WHO, 2006
World Health Organisation. Framework for Action on Interprofessional Education and Collaborative Practice. Geneva	WHO, 2010
Department of Health: Framework for action on Interprofessional education and collaborative practice	DOH, UK, 2010
Interprofessional health education in Australia: The way forward. Learning and Teaching for Interprofessional Practice.	Office of Learning and Teaching Council (ALTC), 2008, AU
A review of Australian Government Health Workforce programs	DOH, 2013, AU, (Mason review)
Interprofessional Education: A National Audit (Report to Health Workforce Australia). The Interprofessional Curriculum Renewal Consortium, Australia	Office of Learning and Teaching (OLT) and the WA IPE study. Government of WA. 2013
Interprofessional Education for Health Professionals in Western Australia: Perspectives and Activity	Nicol 2013. Funded by the Government of Western Australia, Department of Health
Curriculum renewal for Interprofessional Education in Health. The Interprofessional Curriculum Renewal Consortium, Australia	Dunston 2014. Funded by the Office of Learning and Teaching (OLT), Department of Health, Australia

These reports have audited, reviewed, evaluated and made recommendations for IPC and education within the health workforce as well as within HE. Throughout Australia, State Health Departments have funded a number of programmes with organisations such as HE institutions and the health care industry to focus on improving patients' health outcomes through IPC and IPE projects (Zwarenstein, Goldman & Reeves, 2009; Rice et al., 2010). Internationally, countries such as Sweden, Canada, Norway and the United Kingdom, have also explored and instigated IP programmes with positive outcomes which have included a more collaborative IP workforce and

improved patient health outcomes (Steinert, 2005; Hanson, Jacobson & Larson, 2009; Rice et al., 2010).

In Australia, the health care systems as well as HE institutions have undergone major changes, in relation to IPE initiatives and programs, with a number of reports produced over the last ten years investigating IPE. A report undertaken by Nicol (2013) focused on identifying and analysing existing (IPE) activity in WA universities. A comprehensive review of IPE activities across the health disciplines within four of the five universities was undertaken. Nicol's (2013) outcomes identified the activity and achievement in IPE, which included best practice in IPE and recommending that IPE become a central element within the curricula. There was also an acknowledgment of improved IP collaboration and teamwork with an increase of IP practice placements for students. However, the overall evaluation and conclusion was that IPE programs and activity were inconsistent across the universities.

Nicol's (2013) recommendations included the need for further funding to train and embed IPE within curricula and practice, with an emphasis on ensuring that educators' engagement and involvement was central to the success of IPE. Finally, identifying IP 'champions' within the universities would assist with the success of any IPE initiative.

A more recent report by Dunston (2014) was undertaken for the Office of Learning and Teaching (OLT). The focus of this report was on the design, delivery, development of future pre-registration IPE programmes and activities in WA universities. The report's recommendations were:

- IPE required national leadership on the development of IP activities across universities, health, the professions and government;
- Develop a nationally coordinated approach to IPE curriculum and faculty capacity;
- Incorporate IPP standards competencies and IP learning outcomes into the accreditation standards of Australian health professions;
- Establish ongoing research into IPE to inform curricula and practice;
- Develop a virtual IPE repository which could also be linked to international IPE networks;

- A national forum to encourage leadership with regards to IPE and bring together key stakeholders and;
- Oversee the standardisation of IP competencies and IP frameworks

(*Dunston, 2014, p. 83-84)*

Dunston's (2014) report builds on the findings from Nicol's (2013) initial report in the areas of IPE, IPL and IPP from a Western Australian perspective. This report also confirmed that there were inconsistencies of IPE activities across the universities and that the key issues remained; (1) Further funding was needed to train and embed IPE within the curricula and practice; (2) Disciplinary accreditation was required; (3) Educator perspectives and responsiveness to the changing requirements of health delivery services were viewed as being central to the future of IPE; and (4) Sustainability and direction of IPE relied on consistency, continuity and alignment of these policy and contextual drivers. Finally, the recommendation to develop a virtual IPE repository would contribute to the global health agenda as this would encourage IP collaboration through a virtual network. One of the key recommendations from both reports (Nicol, 2013 and Dunston, 2014) was the need to appoint leaders that would 'champion' IPE. In Nicol's (2013) report this was suggested to occur at a local level within organisations whereas, Dunston (2014) recommends that this should happen at both local and national levels. In addition, that an annual leadership forum be established to address the issues and initiatives in relation to IPE across all institutions.

Both Nicol (2013) and Dunston (2014) confirm Curran et al. (2007) and Reeves et al. (2008) earlier discussions with regards to the importance of health professionals learning and working together, in particular how this encouraged effective IP teamwork, which in turn promoted more satisfying learning experiences for students. Therefore, IPE needs to be an essential component of the students learning within the university, as it would meet their IP educational needs in order for them to be prepared for IP collaboration once qualified as health professionals. This can only be achieved if HPEs are first interprofessionally socialised, to demonstrate IP team working within HE. This final point leads directly to the purpose of this study.

Purpose of the Study

The purpose of this study was to discover the phenomena of HPE's IP socialisation experiences within HE. In order to discover this phenomenon an exploration of empirical evidence to support IP socialisation was undertaken as there were a number of studies that indicated the importance of educators learning and teaching together (Clark, 1997; Steinert, 2005; Arnt et al., Suter, et al., 2009; O'Lynn, 2009; Freeman, Wright & Lindqvist, 2010; McMurtry, 2010; Cameron, 2011; MacLellan, Lordly & Gingras, 2011). Socialisation was a term that appeared in studies related to the initiation of new employees into new roles, yet there is minimal evidence with regards to the type of support HPEs received or required in order to socialise effectively interprofessionally within HE. There was an understanding within the literature that individuals developed their professional identity through professional socialisation or IP familiarisation but this required socialisation processes and frameworks to support those individuals (Clark, 1997; Gilbert, 2005; Steinert, 2005; O'Lynn ,2009; Simosi, 2010; Khalili et al., 2013).

Therefore, this study seeks to explore HPEs' understanding and experiences, by utilising methods of one-to-one interviews, in order to capture the data required to develop an appropriate framework. This IP socialisation framework could create opportunities for HPEs to move towards more effective cooperative IP relationships within HE. As this unique model would acknowledge and respect the professional educators' individual IP socialisation experiences within HE. This is because the framework would provide formal and informal components that aimed to support effective IP socialisation processes for HPEs within an educational context. Ultimately resulting in a more unified approach to the teaching and learning of students, which would impact upon educational and clinical learning experiences, as well as the positive influences this may have on the wider interprofessional educational community (Freeman, Wright & Lindqvist, 2010; McMurtry, 2010; Cameron, 2011; MacLellan, Lordly & Gingras, 2011).

Aim and Objectives

The aim of this research is to investigate the IP socialisation experiences of HPEs across five Health Science Faculties in Perth, Western Australia.

This will be achieved with a number of objectives which include; 1) to investigate, interpret and analyse HPEs' understanding and lived experiences of IP socialisation within HE through data collection; 2) to critically analyse, define and illustrate characteristics associated with IP socialisation within the context of a HE environment by undertaking a comprehensive literature review; 3) to identify and describe potential barriers in relation to IP socialisation within HE. In addition, further objectives are; 4) to outline appropriate IP socialisation opportunities which may include; 5) the development of an IP socialisation framework. The framework would support effective implementation of IP socialisation activities for HPEs within HE. The final objective would be; 6) to disseminate the information by sharing the research outcomes with other Health Science Facilities both nationally and internationally, through publication and conferences.

Researcher's Rationale

The rationale for undertaking this study was the result of the researcher's own experiences as a HPE and the lack of formal and informal opportunities, to professionally socialise with other disciplines within the Health Science Faculty. Although the researcher's position involved teaching undergraduate students from a range of health related backgrounds, there had been no previous IPE or IP activities that enabled collaboration with professionals within the Health Science Faculty. So, it was for this reason that an interest developed into the enquiry of HPEs' understanding and experiences of IP socialisation within HE, which led to the undertaking of this qualitative research study.

The central research question and consequent research questions were developed in a manner that took into account the theoretical position of this study. An interpretive phenomenological approach was used to discover the 'lived experiences' of the HPEs working with HE (Gerrish & Lacey, 2010). This

theoretical framework aimed to capture and discover the phenomena of the HPEs' experiences from the 'meaning and events' of IP socialisation within HE. This framework was utilised because it underpinned the research process appropriately. However, an important aspect of this study was to clarify that this research was specific for HPEs who worked and collaborated within an educational context and not IPE in the clinical environment.

Research Questions

The central research question of this study was: What are health professional educators' understandings and experiences of IP socialisation within HE in Perth, Western Australia? However, subsidiary research questions include; 1) what are the main characteristics of IP socialisation within HE; 2) what are the challenges HPEs encounter in relation to IP socialisation within HE; 3) how do these challenges impact on the implementation of IP socialisation activities for HPEs within an educational context and 4) what are the current IP socialisation activities available for HPEs within HE?

Significance of the Study

The significance of this research is that it would add to the body of knowledge in relation to the socialisation of HPEs within HE, as well as help to develop an effective IP framework that can be used to support improved IP communication, socialisation and IPC. This would, in addition, enhance the Health Science students' learning experiences as they would witness and experience effective IP teamwork by educators from different disciplines within HE. The overall purpose of this study was to investigate IP socialisation of HPEs within HE in order for them to collaborate more effectively within an educational context. It is hoped that these findings would act as a catalyst and assist with identifying appropriate strategies that would aid with the establishment and implementation of an effective IP socialisation framework.

Specifically, the study has:

- Identified an appropriate IP framework that has been informed by the literature review and includes an analysis of the data collected from the one-to-one interviews.
- Proposed recommendations for the development and implementation of an IP socialisation framework.
- Offered to Health Science Faculties within Perth, WA universities, in order to accommodate an inclusive IP socialisation framework.
- Supported a platform to disseminate the research through publication and conference presentations in order to inform the wider academic community, both nationally and internationally.
- Offered an original contribution to the existing knowledge in relation to IP communication and collaboration and encouraged further studies into this under-researched area in terms of interprofessional HPEs within HE.

Summary

This chapter has provided the background to this study by outlining the political drivers and theoretical views in relation to the importance of IP socialisation and IPC for HPEs. It was important to understand these influences because they support both professionals and students' IPE learning experiences within an educational context. The aim and objectives, purpose, researcher's rationale, central research question and subsidiary questions have been outlined. This was followed by the significance of this study along with the potential contribution this research would make to the wider IP academic community. The following chapter will provide a review of the literature as well as additional context for this study.

Chapter 2

Literature Review

Introduction

This chapter provides additional context for this study, as a discussion of how IPE and IPC has impacted on patient health outcomes will be examined, which will be followed by a review of the literature that was relevant to this study.

Interprofessional collaboration and the link to improving the quality of patient's health outcomes

Quality improvement initiatives to ensure and provide effective care for patients have been at the basis for service changes and the way in which professionals work together for the past 30 years (Bate & Robert, 2006; Grol, et al., 2007). Although these authors focus on changes within the United Kingdom's healthcare system, Australia's health care system has also undergone major changes, due to the Government's endeavours to modernise healthcare. The changes have been suggested by the World Health Organisation (WHO, 2010) with the introduction of initiatives such as the Department of Health's 'Framework for Action on Interprofessional Education and Collaborative Practice' (DOH, UK, 2010). There were also the political drivers initiating global consultation on the health agenda in order to strengthen IPC (Thistlethwaite, 2012). These political drivers along with significant and influential reports have been chronicled within chapter one (see Table 1.1).

There was agreement across all of the policies and initiatives that IPC was linked to improvements in the quality of care for patients and also the productivity of health care (Stubbings & Scott, 2004; Grol et al., 2007; Cameron, 2011). However, Cameron's (2011) analysis suggested that the situation with regards to IP working was not as positive as had been previously reported and that the situation was much more complex. This was because some professionals perceived their professional consultation and expertise to be superior to their colleagues, which had led to conflict and dissatisfaction when working with other professionals. Cameron (2011) also noted that there

was competition between professionals especially when professionals disagreed on treatments and interventions for patients which was detrimental to patient health outcomes.

In addition, many professionals believed that the policies and initiatives that the Federal Government had introduced was a move towards them creating a “generic worker”. There was scepticism by professionals that policymakers were only encouraging the sharing of knowledge and skills to dilute their specific roles, so that this would reduce the reliance on the variety of professionals usually involved in healthcare provision. So, although the Federal Government was encouraging a flexible workforce to improve the patients’ healthcare experience, Cameron (2011) contends that the opposite was occurring for professionals, as they were not convinced about these developments and there was some opposition to IP working and collaboration. A review of the literature will explore these issues more fully.

Review of the Literature

This literature review explored the main elements associated with the socialisation of HPEs’ within HE, this was with the aim of promoting effective collaborative IP relationships between HPEs, in order for them to be able to team teach Health Faculty students, arrange IP clinical placements, and in so doing, influence the quality of patients’ health outcomes. A review of the relevant literature also aimed to offer evidence of previous studies relevant to this topic. The review sets the scene for the research that has been undertaken, because it provides underpinning knowledge and awareness of the perceived problem and the context for this current study. By analysing, synthesising and evaluating the most recent literature, the researcher has been able to compare the evidence with their own findings to identify appropriate strategies and make recommendations based on empirical evidence (Ary et al., 2010).

Search Strategy

The literature and evidence reviewed were identified from searches of computerised sources, using GOOGLE Scholar, and databases; ProQuest Health and Medical complete, CINAHL with full text, MEDLINE and Health collection (Informit). The search terms applied were: Socialisation AND health professional educators AND HE OR Interprofessional education AND training; Educating the educators OR preparation of educators AND interprofessional education OR interprofessional collaboration (see search strategy Table 2.1).

Table 2.1 Search Strategy

Database searched	Search Terms	Limiters	Results
ProQuest Health & Medical Complete	Professional socialisation AND HPEs'* AND HE OR IPE* AND training; Educating the educators OR preparation of educators* AND IPE OR IPC*		649
	Same terms as above	Peer–reviewed Full-Text	33
	Same terms as above	Publication date: 2000-2014	29
CINAHL-Plus with Full Text	Professional socialisation AND HPEs'* AND HE OR IPE* AND training; Educating the educators OR preparation of educators* AND IPE OR IPC*		82
	Same terms as above	Peer–reviewed and full text	34
	Same terms as above	Publication date: 2000-2014	29
Health collection (Informit)	Professional socialisation AND HPEs'* AND HE OR IPE* AND training; Educating the educators OR preparation of educators* AND IPE OR IPC*		287
	Same terms as above	Peer–reviewed and full text	85
	Same terms as above	Publication date:2000- 2014	48

The literature review focussed on evidence that had been published over fifteen years, although classical work was included to provide context to the study, the origin of the literature was mainly Australian, but it also includes

international perspectives from the United Kingdom, Canada, Norway and Sweden.

The literature reviewed identified six key themes: (1) socialisation (2) professional socialisation (3) frameworks to support interprofessional socialisation (4) Interprofessional collaboration and teamwork (5) Barriers to interprofessional collaboration (6) Interprofessional education to facilitate students' learning experiences.

These six themes were developed by grouping the main topics that clearly related to the research questions and therefore, underpinned the subject of early socialisation and the importance of developing rapport to promote interprofessional learning, collaboration and working relationships for health professional educators within HE. The first theme to be reviewed was socialisation.

Socialisation

Socialisation is defined as the process by which individuals acquire the knowledge, language, social skills and values to conform to the norms and roles required for integration into a group or community. It is a means whereby individuals begin to acquire the skills that are essential to function as a member within society. It is also one of the most important ways in which individuals learn to develop their human potential and learn to adapt to their culture. Some authors will go as far to say that socialisation is required in order for humans to survive within their given cultures (Reising, 2002; Steinert, 2005; O'Lynn, 2009; Freeman, Wright & Lindqvist, 2010).

Socialisation can be viewed as a learning process that consists of a number of phases. Three phases were noted by Ardts, Jansen and Van (2001, p. 70) these are the anticipatory phase, encounter phase and acquisition phase. The assertion by Ardts, Jansen and Van (2001) was that these three phases provided an essential developmental process in supporting new employees into an organisation. The socialisation of an individual appears to be essential to the integration of new employees to any organisation, because it is important that information is transferred between individuals in order for them to take on

the role to which they have been appointed. Socialisation enables the individual to familiarise themselves with the environment, their roles and responsibilities, policies and procedures and other employees (Reising, 2002; O'Lynn, 2009; Freeman, Wright & Lindqvist, 2010). Acquiring the correct information allowed the individual the opportunity to progress and become an effective member of the organisation and in the process enables them to adapt to the organisational culture. In addition, acquiring the relevant information also allows the individual the opportunity to develop and become an effective member of the organisation (Ardts, Jansen & Van, 2001; Kenny, Pontin & Moore, 2004).

Although, Dose (1997) contends that the initial socialisation of individuals to a new organisation is not always a positive one, she argues that there needs to be an alignment of the new employee's values, morals and code of ethics with the organisation that they are joining. This point is further emphasised by Dose (1997) who indicated that it was the values that were the dominating factor in whether or not an individual would flourish within a new organisation, and not the socialisation process that had been put in place such as induction programs (Dose, 1997). Therefore, if the values of the individuals were in conflict with the organisations, the individual would not be socialised effectively into the work environment and may leave the organisation quickly. Figure 2.1 illustrates how work values are viewed by the individual and the organisation.

Figure 2.1 A framework for work values

Work Values	
MORAL	
Personal ethics code	Organisational ethics code
Theory of rights	Professional code
Theory of Justice	Legal code
Personal	**Social consensus**
Importance of outcomes	Cross–cultural values
Leisure	Organisational belief system
Meaning of work	Organisations work ethic
PREFERENCE	

Adapted from Dose (*1997, p. 229)*

Socialisation into an organisation is further emphasised by a quantitative study undertaken by Simosi (2010). Simosi surveyed 280 new employees that had been employed for six weeks within a Greek financial organisation. The purpose of the investigation was to examine the role of socialisation tactics on the relationship between task and organisation-related information and how this affected the new employees' commitment to the organisation. Essentially the study was exploring whether it was the organisations' formal induction activities or the informal activities 'socialisation tactics' (social support) used by existing employees or mentorship that made a difference to the socialisation of the new employee.

The survey tool comprised a seven point Likert scale. The results indicated that the socialisation 'tactics', which were described as; positive role models, open communication, feedback and informal social networks had been effective in integrating new employees to the organisation. In addition, access to mentors who shared similar values with the new employee had made a difference and had therefore been beneficial. This was because these mentors had provided a positive influence on the newcomer's personal identity as well as offering social support. Another outcome of the research contends that although induction programs were provided for new employees it was not the 'content' provided by these but the 'socialisation tactics' that had been effective and had helped to retain staff within the organisation (Simosi, 2010, p.303).

The study also provided a theoretical framework to guide future research with regards to the socialisation of employees into organisations. The limitations of the study were that it was only limited to one organisation and also to one occupation. Therefore, the research could be replicated with another organisation, occupation and profession because different professions have different cultures and characteristics which could change the result outcomes. In addition, a longitudinal study may have been beneficial because it could have evaluated the attrition rate of new employees. However, this study provided evidence of the importance of having either formal or informal socialisation processes for new staff, in order for them to integrate within new organisations and to work effectively with others.

Professional Socialisation

Professional Socialisation is defined as “the acquisition of knowledge skills, values, roles and attitudes associated with the practice of a particular profession” (Clark 1997, p. 442). It is described as a process by which one learns the norms of a particular group (Reising, 2002; O’Lynn, 2009). It is also viewed as a developmental process and is conceptualised as “the development of a unique voice, perspective or personal and professional world-view” (Clark, 1997, p. 442). The view is that if professional socialisation is more fully understood, communication between professionals as well as consumers of care can be more effective. This is after all one of the outcomes which is being sought through IPC. Clark (1997) developed a theoretical framework for thinking about professional socialisation and refers to it as an interactive process of acquiring a professional identity which is based on values and meanings. An appreciation of professional values and individual roles has been cited as being a positive step in promoting effective communication, teamwork and team teaching especially within clinical settings (Curran et al., 2005; Steinert, 2005; Howkins & Bray, 2008; Anderson, Cox & Thorpe, 2009; Alberto & Herth, 2009).

Clark (1997, p. 442) also noted that health related professions have unique “cognitive and normative frameworks”, this is because each of the professions are trained differently and go on to develop distinctive cultures that guide their thinking and actions. It is due to this process, that individual professions become protective of their uniqueness, and can become resistant to the idea of diluting their values and culture (Clark, 1997; O’Lynn, 2009). Therefore, moving from the comfort of their individual teams to working within IP teams can be a challenge for some professionals, and movement towards encouraging professionals to learn and work together, requires sensitivity and an understanding of the socialisation processes, because one of the key elements to socialisation is interaction.

Clark (1997) and O’Lynn (2009) agreed that interactions with professionals, students and patients assisted the professionals in building their own identities. Clark’s exploration of the values required for interdisciplinary teamwork within

geriatric education identified the importance of listening to the other professional. This was so that the individual would feel that they had been 'heard' and as a consequence would feel less threatened.

Clark's (1997) exploration resulted in the development of a theoretical framework, which aimed to use an interactive process for thinking about how professional socialisation and professional identity was acquired. However, this work focused largely on students' early socialisation experiences and was limited in that it did not include professional educators and was profession specific. However, the importance of Clark's work was that it highlighted the importance of early socialisation in promoting effective relationships and teamwork between students, which could be replicated with professional educators within HE, as there was evidence of how effective socialisation could benefit all professionals.

A review of the literature undertaken by Steinert (2005) focused on IP staff development within a Health Sciences Faculty university in Canada. Two focus group interviews with Health Science educators were undertaken, and 16 Canadian Faculties of Medicine were surveyed using email. Both qualitative and quantitative data were analysed and the results indicated that from all of the Health Science Faculties, different strategies and approaches were being used to encourage IPE. The outcomes were positive because the research findings had demonstrated that IPE had assisted professionals to work together effectively especially in the area of teaching students. Although the results also indicated that the practice of IPE for educators were not consistent across all of the faculties, however there were examples of good IP practice for IPE that could be shared with all of the faculties.

Conclusions from the study highlighted the importance of having professional development sessions on a regular basis as these were valuable in building IP relationships within a 'neutral territory'. The vision by the Health Sciences Faculties had been for the professionals to be educated in teams in order to role-model effective IP behaviours to their students. In addition, each professional group could recognise the contribution that each other were making towards their individual students' learning experiences.

Steinert (2005) recommended that Health Science Faculties should design and deliver a faculty development program that promoted IPE, but this could only be established if there was a shift in organisational culture that could bring about this change on a more permanent basis. The outcomes of Steinert's (2005) research established the importance of professionals learning and working together interprofessionally in order to work collaboratively within HE. This study provides a background and context to the research currently being undertaken.

McMurtry's (2010) research had similar outcomes to Steinert (2005). McMurtry (2010) undertook a qualitative action research study in relation to IP teamwork by introducing cross-disciplinary discourse into the course curriculum. Ten educators were involved in the study and were chosen because of their role as classroom facilitators. These classroom facilitators were invited to participate in individual interviews as well as focus groups.

Qualitative content analysis identified themes, one of which indicated that when professionals learnt together, they developed a better understanding of each other's "cognitive maps". This related to how others thought, felt and behaved. In addition, these maps connected to how values and beliefs influenced their decision making skills (McMurtry 2010, p. 22). Another theme referred to the issue of trust within IP teams and how this had been recognised and valued. Other themes were the recognition of the complexity of each other's roles, as well as the commonalities they all shared. One limitation of the study was that it only involved a small sample and one Faculty. However, this research was valuable as it highlighted how IP teaching promoted insights into professional identities as well as developing IP working relationships within HE.

Alberto and Herth's research (2009) confirmed that the preparation and support of health professional educators appeared to be the key to ongoing working relationships and effective collaboration within HE, because it assisted with reducing professional barriers. Their review of the literature stated that healthcare professionals could not work together effectively if they did not have the educational background and experiences that "nurture, support and grow

collaboration" (2009, p.2). They also discussed the importance of collaboration and teamwork and the need to share the same vision and purpose. Once this vision and purpose had been established, IP teams could begin to examine their individual practice together, because they now shared the same philosophy.

The studies of Clark (1997), Steinert (2005), O'Lynn (2009), Alberto and Herth (2009) and McMurtry (2010) were all significant because they support the basis of the research that is being proposed. The studies indicated that early socialisation may promote effective IP relationships because HPEs have the opportunities to share similar strategies and approaches to IPE in a non-threatening environment. Clark's (1997) study in particular, focussed on students' early socialisation experiences, in promoting effective relationships and teamwork. The key concepts of professional socialisation and the importance of early socialisation could be replicated with professional educators (Clark, 1997). Socialisation was an ongoing process and Simosi (2010) indicated that positive experiences early on in an organisation would encourage commitment by the individual.

Anderson, Cox and Thorpe (2009) and Howkins and Bray (2008) agreed that there was evidence to support the need for educator preparation and they concurred that IPE could be a challenge for HPEs. They also confirmed that it was necessary to prepare educators with tailored programmes. These included; programmes that had IPE content and teaching methods that could be taught by the different health professionals.

Anderson, Cox and Thorpe (2009) and Howkins and Bray (2008) specified that one of the main reasons that these types of programmes were successful was because they demonstrated how teams of professionals could work together collaboratively. Role-modelling within faculty programs according to Steinert (2005) and Alberto and Herth (2009) ensured that professionals demonstrated what they endorsed, by teaching students the value of teamwork in a positive learning environment. Therefore, both HPEs as well as the students were socialised more effectively into their professional and IP groups.

With the development of tools to evaluate IP socialisation within clinical practice settings, the opportunity to measure professionals' values and beliefs in relation to IPC and teamwork was now possible. King, Shaw, Orchard and Miller (2010) state that "understanding professional views about teamwork may open the doors and opportunities to improve educational and socialisation efforts...that can be tailored to support the shift towards enacting effective collaborative care, depending on areas of relative strength and need" (2010, p. 84). This tool was referred to as the "Interprofessional Socialisation and Valuing Scale Tool". The scale could help individuals as well as teams to promote effective collaborative practice and teamwork. Baker et al., (2011) all acknowledged that the professionalisation process was based on securing and protecting professionals work practices which was a challenge for any organisation. Encouraging IPC required supportive structures that included a culture that was inclusive of IP socialisation practices and activity which leads onto the next theme of frameworks that could support IP socialisation.

Frameworks to Support Interprofessional Socialisation

The next section of this chapter focuses on existing socialisation frameworks to support the socialisation of professionals. However, firstly it is important to define IP socialisation. According to Khalili et al. (2013) IP socialisation is the process of bringing learners and professionals together, to learn with, from and about each other. Therefore, reviewing frameworks that support the socialisation process was important for this study as it presents evidence of frameworks that are being currently utilised.

There are a number of empirical studies that demonstrated the application of socialisation processes to support new professional employees into various clinical environments. One of these was a grounded theory study undertaken by Reising (2002) who explored new critical care nurses' experiences within critical care environments, in order to develop a theory of socialisation. Ten nurses were interviewed and asked to keep a journal for the first 4 to 5 months of their socialisation experiences. In addition, preceptors were interviewed to triangulate the data, whilst field notes were examined. The results revealed a process of five phases; (1) information provided before starting (2) welcome to

the unit (3) disengagement/testing (4) on my own (5) reconciliation. These are displayed below in Figure 2.2.

Figure 2.2 Five phase process

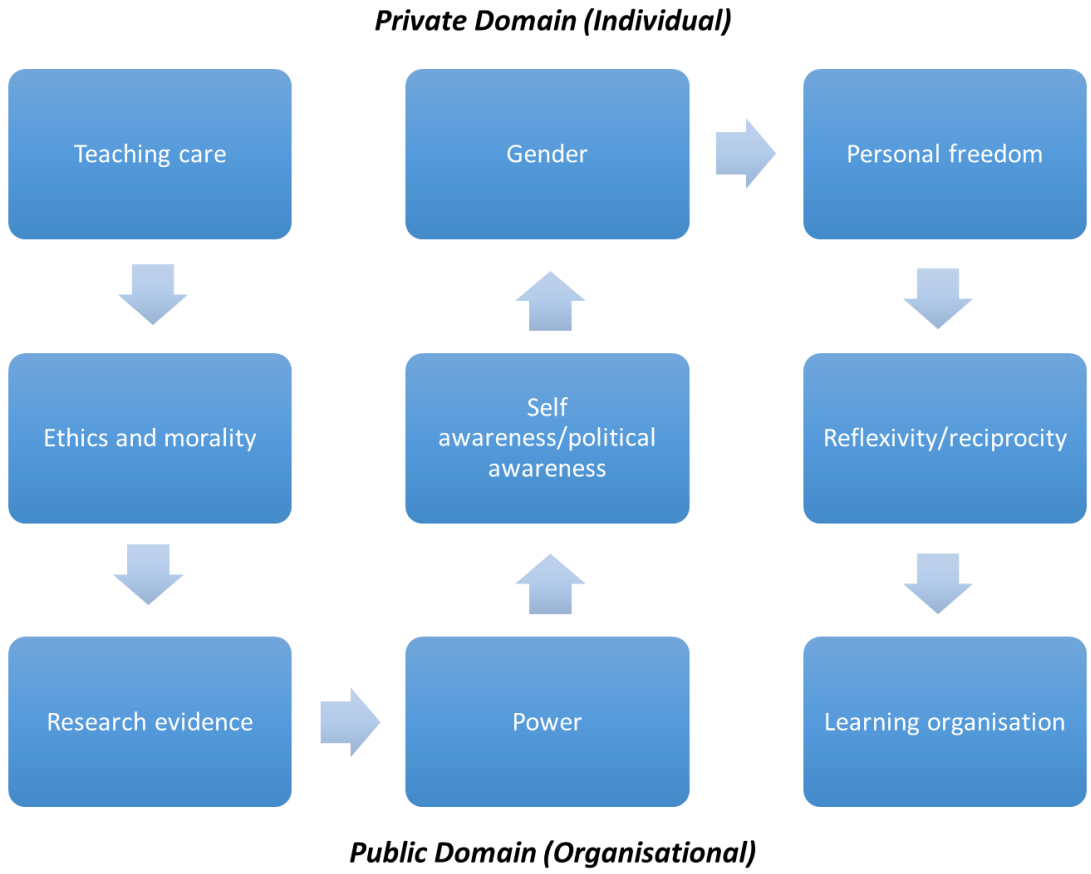
Adapted from (*Reising, 2002, p. 22)*

The outcomes indicated that these nurses required a socialisation process in order to adjust and function effectively, within the critical care environment. A theory was developed which is illustrated in Figure 2.2. These five phases provided a process whereby new nurses can be socialised into new clinical environments. The limitations of the study were that it only focused on one clinical area. However, one of the strengths of this study is that it provides a framework that can be modified in order to assist other clinical environments in the socialisation of new nursing staff.

Another study undertaken by MacLellan, Lordly and Gingras (2011) compared nurses with dietetic students in relation to professional socialisation. The study focussed on the role of mentors and preceptors in the socialisation process of dietetic students with an analysis which identified three phases. Phase 1: preparation or pre-socialisation, which focused on the individual's preconceived notions and expectations in relation to their own values and beliefs. Phase 2: formal socialisation, which indicated a lack of congruence between the individual and organisation's expectations. Phase 3: post socialisation, which happened once students had graduated. The authors claimed that it was the individual's values, beliefs and expectations that played an important part in the socialisation process (MacLellan, Lordly & Gingras, 2011). It was also noted that professional socialisation was viewed as part of the ongoing development of the students because of the interactions they continued to have, with others and their specific environments (Clark, 1997; MacLellan, Lordly & Gingras, 2011).

Mentorship and mentoring were viewed to be effective in the process of socialising individuals into nursing and education (Kenny, Pontin & Moore, 2004, p.630). Kenny, Pontin and Moore (2004) agreed with MacLellan, Lordly and Gingras (2011) findings following their own exploration of the socialisation process by novice nurse academics, making the transition from clinical practice into the educational sector. Kenny et al. (2004) developed a framework to support the journey of novice nurse academics into HE. The process was initially divided by the private (individual) and the public (organisation) and included key concepts such as: gender, power, personal freedom, ethics and morality, mentorship, self-awareness, political self-awareness, research evidence, teaching care, reflexivity and reciprocity, and finally the learning organisation (see Figure 2.3).

Figure 2.3 Mentoring Process

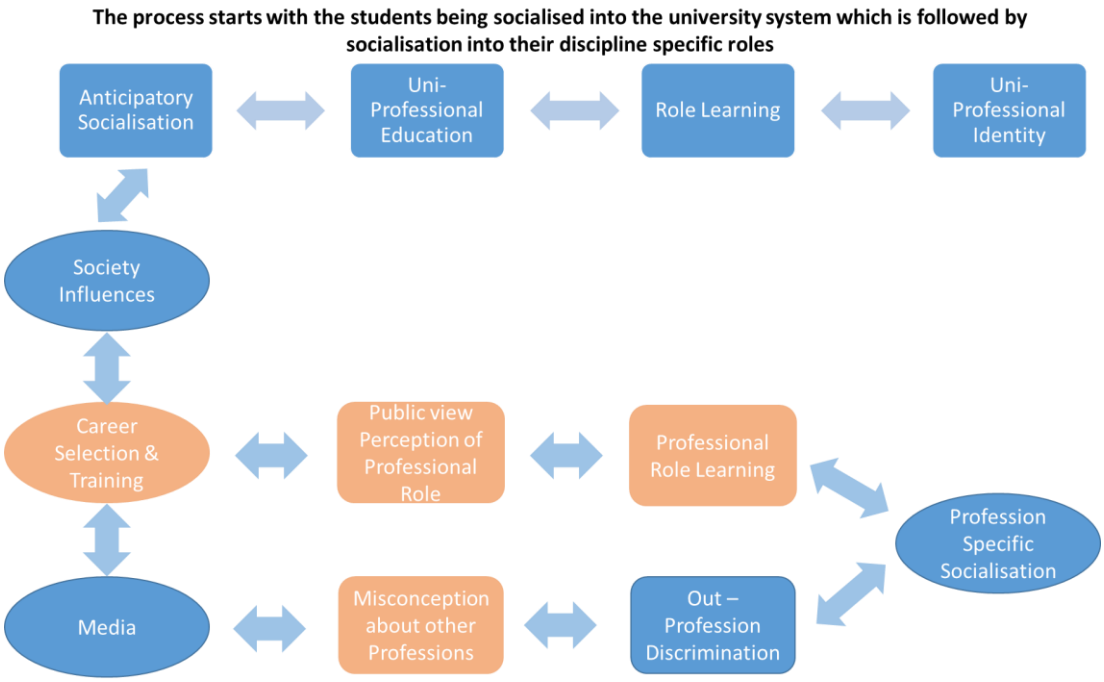


Adapted from Kenny, Pontin and Moore (2004, p. 631).

The model emphasised how all of the key concepts were important to the socialisation process. It also promoted congruent behaviour between

organisational objectives, culture and the individual's needs. Conclusions drawn from this study indicated that if HE organisations were to nurture novice nurse academics, they would need to provide opportunities for orientation, induction and mentorship (Kenny, Pontin & Moore, 2004).The following Figure 2.4 represents a professional socialisation process by Khalili et al. (2013).

Figure 2.4 Professional Socialisation Process

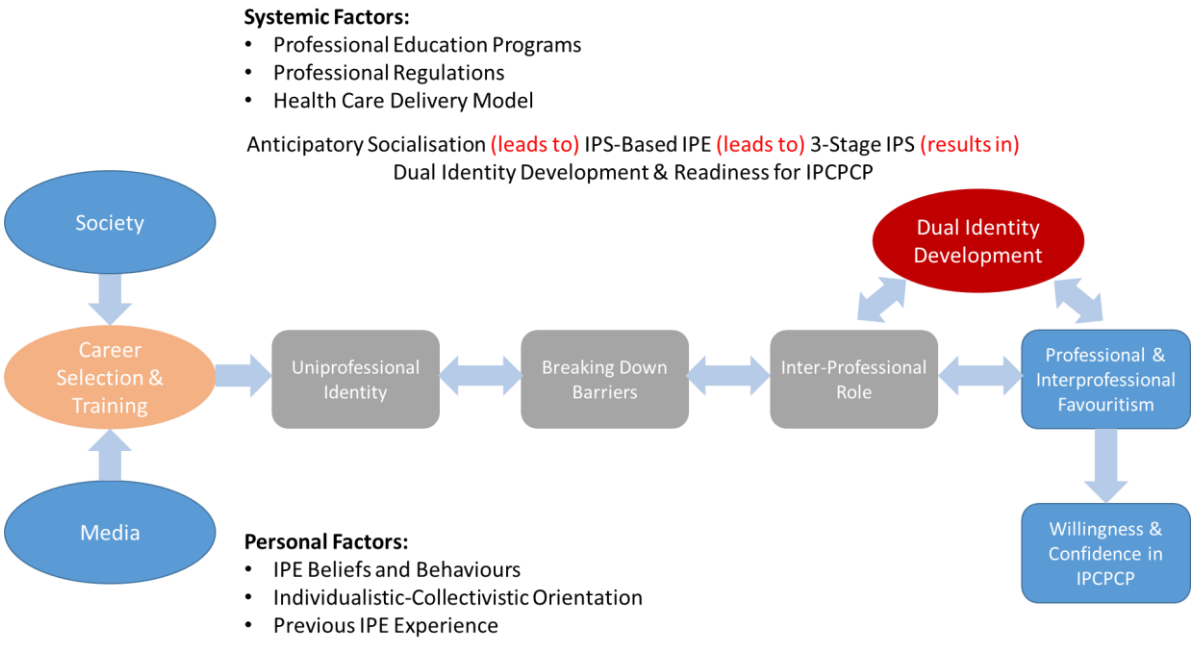


Adapted from Khalili et al. (2013, p. 450)

Within Figure 2.4, Khalili et al. (2013) highlights a professional socialisation process for health professional students. The process begins with anticipatory socialisation which is influenced by society, the media and the career that the student chooses to pursue. These influences however could lead to misconceptions about other disciplines and there is the possibility that this could create discrimination. Another component of the process is the development of professional identity which is created through uni-professional education, uni-professional identity and role learning. This process according to the framework assists with the professional socialisation of the student into their chosen profession. It also provides an opportunity for students to develop the skills they need, to work within their own professional teams including IP teams, which is the focus of the next framework in Figure 2.5.

The final study by Khalili et al. (2013) presents a framework that was designed to illustrate the IP socialisation process (see Figure 2.5). This framework as with the professional socialisation framework in Figure 2.4 also assists health professional students to develop their own professional identities. The IP socialisation framework process has three stages which are; breaking down barriers, IP role-learning, IP collaboration and dual identity development. The process requires that there be an environment of trust, respect and equal status. With a focus on bringing students together from a range of professions into IP teams, once, they had formed their own professional identities. This framework includes the influences of systemic factors which include; professional education programs, professional regulations and health care delivery models. There are also personal factors to be considered which involve professionals IPE beliefs and behaviours, individualistic orientation and previous experiences of IPE.

Figure 2.5 Interprofessional Socialisation Framework



Adapted from Khalili et al. (2013, p.451)

The framework also incorporates elements of the previous framework seen in Figure 2.4 in relation to the anticipatory socialisation stage which was influenced by society and the media. However, one of the differences between these frameworks is that in Figure 2.5 there is a stage which is referred to as

'breaking down barriers'. This relates to the different roles that the students go through to achieve dual identity which leads to confidence in the ability to socialise interprofessionally. Khalili et al. (2013) suggest that following these stages would enable the students to work and collaborate effectively within IP teams within clinical practice settings and educational environments. In addition, that the process of integrating IPC into IPP and education would reduce professional isolation.

Khalili et al. (2013), promotes both frameworks which can be viewed in Figures 2.4 and 2.5. These frameworks illustrate how the professional socialisation process can be progressed and developed to become an IP socialisation framework for students within clinical practice and educational settings. There is also the suggestion that the frameworks could be embedded within curricula. The development of these two frameworks by Khalili et al. (2013) has provided additional information to support the development of an IP framework for HPEs, as this current study can build upon these existing processes and potentially adapt these frameworks. However, limitations of the research as stated by the authors themselves indicate that "at this point in time, the IPS framework has not been empirically tested" (Khalili et al., 2013, p.452). Therefore, the framework can only be viewed in academic terms at this time, as the elements outlined in Figure 2.5 have not been verified in promoting IP socialisation for students.

Interprofessional Collaboration and Teamwork

According to Glasby and Lester (2004), Barr et al. (2005) and Hammick et al. (2009), collaboration between health professions has been viewed as being vital for greater efficiency in the delivery of care for patients, and has led to increased satisfaction in health outcomes. Professionals have also recognised the value of IPC, with health care providers endorsing cooperative IP relationships as essential to positive health care activity. While, Ponte et al. (2010) confirmed that patient health outcomes have improved over the last ten years due to IPC, they also indicated that there was still work to be undertaken. It has been argued that in order for IPC to move forward, leadership and changes in organisational structures within education and clinical practice

needed to take place. One of these approaches was to ensure that professions worked together early in their careers in order to reduce barriers (Hanson, Jacobson & Larsen, 2009). This approach was supported by Nicol (2013) who authored the report for the Department of Health, on IPE for health professionals in WA, and confirmed that the structures within organisations, such as education and clinical practice, required leaders who could champion IPE activity, in order for changes in organisational culture to take place. This report has now been superseded by Dunston (2014) for the Office of Teaching and Learning who echoed similar outcomes and added that leaders needed to be in organisations both locally and nationally, to highlight and sustain IPE activity.

One of the key elements to be identified with IPC is that of communication. Communication has a cascade effect, in terms of its impact on IP teams and their ability to engage in collaborative health activities. It is clear that effective communication is important in building rapport and positive IP relationships (Molyneux, 2001; Martin-Rodriguez, Beaulieu, & Ferrada-Videla, 2005; Baxter & Markle- Reid, 2009; Clark, 2011).

Curran, Deacon and Fleet's (2005) quantitative study examined the research of academic administrators' attitudes towards IPE in Canadian Schools of Health. The online 15-item Likert style survey was distributed electronically to a sample group of 175 academic administrators with a response rate of 46.8% (n=82). These represented a range of health professionals that included; doctors, nurses, physiotherapists, occupational therapists pharmacists and social workers who were surveyed. The findings highlighted academic administrators' support for IP teamwork and education. Although, the main barriers appeared to be; territorial issues between professionals, different professional curricula and the difficulties in the scheduling of IP teaching and learning activities.

Curran, Deacon and Fleet (2005) concluded by recommending that further research was required on the influence of faculty attitudes to interdisciplinary teamwork and education, as faculty support was needed to ensure the success of IP teamwork. This Canadian research was one of the first studies

undertaken within HE to highlight the importance of IP collaboration and teamwork. It was a platform for further studies and recommended that research into faculty attitudes would be a worthwhile investigation.

A more recent study undertaken by Hoffman and Redman-Bentley (2012) also analysed the differences in attitudes between Health Sciences Faculty staff and students within a university in California USA. This quantitative study utilised an online survey which was emailed to students and faculty administrators involved in teaching. Student data revealed that the majority of responses were positive, especially with regards to becoming effective team members through the provision of shared learning opportunities. However, faculty staff responses were not supportive of IP teamwork and collaboration, and this indicated that there was further need for exploration of staff attitudes. This was evident due to the contrasting results for students and faculty staff. Although the students' results had been positive, faculty staff did not believe that they had been provided with IP activities that supported them in establishing IP teamwork and collaboration within the faculty.

An ethnographic study undertaken by Rice et al. (2010) utilised a comparative qualitative research approach to ascertain whether an intervention would assist with improvements to IP communication and collaboration within clinical practice environments. This study was designed to improve communication and collaboration between professionals within a hospital in Canada. Data collation included observations and in-depth interviews over a one-year period of professionals' social interactions, with a comparison being made between two wards. The results indicated that the professionals had not fully participated with the IP intervention activities. It was noted that the reason for the lack of participation was due to poor communication of the information required to undertake the activities. According to Rice et al. (2010) it was the medical staff who were unwilling to be involved in the study, which compromised the research outcomes.

The lack of participation and resistance by medical staff to collaborate interprofessionally could be the result of the way in which medicine was taught within the Medical Schools, as well as the poorly developed socialisation

processes within them. Whitehead (2007) referred to Medical Schools providing “little or no training” on enhancing IP teamwork knowledge and skills. There was no evidence to support that medical students were being taught with other professionals within the Medical School, or that there were any initiatives to provide clinical placements that encouraged IPC (Rice et al., 2010, p.358).

There was evidence to suggest that effective communication and IP ‘handovers’ have been identified, as a key activity, to promote IP teamwork and collaboration. Handovers refer to professionals communicating about patient’s medical treatments and interventions from one group of professionals to other professionals during the day. These are undertaken to ensure the continuity of care for patients. A study undertaken by Brewer and Stewart-Wynne (2013) involved evaluating the experiences of students’ who had completed clinical placements within a specifically designed IP training ward, in Western Australia. Their qualitative study discovered that the students’ experiences of working with other students from other professions which included, medical students, were successful. The student placement had demonstrated that IP skills were learnt and consolidated because of the positive interactions that had taken place with the other IP students. Innovative learning experiences such as these appear to be leading the way in developing collaborative practice and IP teamwork.

Organisational determinants also have a role to play in the enhancement of collaboration and relationships between professionals. Organisations that promoted a strong sense of IP practice and fostered collaboration were ones which had a philosophy and collective vision to improve the quality of care and outcomes for patients. Martin-Rodriguez, Beaulieu and Ferrada-Videla’s (2005) review of the literature revealed that there were key factors required to promote and sustain IPC. These factors included; a willingness to collaborate, trust, mutual respect and communication. The culture of an organisation as well as strong leadership also influenced collaborative working practices. Organisations have the opportunity to provide an environment that embraced these important elements so that IPC could flourish (Hall, 2005; Martin-Rodriguez, Beaulieu & Ferrada-Videla, 2005).

IP cultural competence has been explored and has been viewed as one way in which to, promote an effective and fully integrated IP educational environment. Cultural competence is viewed as “a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals that enables the system” (Pecukonis, Doyle & Bliss, 2008, p.422). Pecukonis, Doyle and Bliss (2008) discussed the need for professionals to be comfortable and skilled in working across professions. They referred specifically to the importance of professionals being trained together and not separately within professional silos. They suggested that opportunities could be created within the curricula that included, IPE and clinical training to cross the cultural boundaries.

Recent developments in IPE have been the creation of competencies for IPC. Competency frameworks are viewed as practical tools to promote collaborative practice. Researchers in Canada were evaluating the effectiveness of these tools which included guides for educators, curricula development, as well as regulatory bodies, to enhance regulatory standards of professionals (Bainbridge et al., 2010; Curran et al., 2011).

Ponte et al.’s (2010) literature review on research conducted over the last ten years indicated that there was still work to be undertaken in advancing IPC and teamwork. They suggested that if IPC was to move forward it required leadership and cultural changes in organisational structures that embraced IPE, in order to reduce IP barriers. This assertion was echoed by Brewer et al. (2014) who developed a joint programme between two Australian Universities and their health industry partners. The collaborative IP leadership programme aimed to inspire change leaders through identifying existing practices that could be modified, and enhanced to create IPE and practice opportunities. The outcome of this joint venture was successful, as the creation of an Australian IP change leadership programme for academic and health industry staff, was developed (Brewer et al., 2014).

Barriers to Interprofessional Collaboration

Cameron (2011) outlined an important component in relation to IP teamwork and the crossing of professional boundaries. Cameron discussed the challenges and reluctance on the part of professionals to work at an IP level because they believed that it could detract and dilute their specific sets of knowledge and skills. Fournier (2000 as cited in Cameron, 2011) adds that professions try to preserve their identities by isolating themselves which therefore create boundaries. Indeed, Cameron contends that to cross professional boundaries it was not just about undertaking education and training together, but that it was important to focus on the human and social aspects. By focusing on these aspects, groups of professionals would develop more of an understanding of how other professional groups perceived and experienced those professional boundaries. Stone (2006), Wackerhausen (2009) and Cameron (2011) all conclude that the only way to overcome IP resistance was to ensure that boundaries were reduced through education, training and regulation.

Reducing barriers early to enable professionals to work together effectively was the focus of an evaluative study undertaken by Hanson, Jacobson and Larsen (2009). Their non-randomised control trial involved the comparison of two clinical environments; one that was led by professionals in a traditional capacity and the other by IP students who were supervised by their associated professional tutors. Outcomes of the study identified that the non-traditional ward (which was led by students under the supervision of their tutors and other professionals) demonstrated improved teamwork between the professionals and students, as well as patients being discharged from hospital earlier, which meant a cost saving for the hospital administration. One of the conclusions were that the students on the non-traditional ward had worked more collaboratively because they had not yet defined their “professional identities” (Hanson, Jacobson & Larsen, 2009, p. 240). This was because they had been learning and working together interprofessionally early in their undergraduate programs.

Additional research outcomes included evidence of collaborative team behaviour, improvements in communication and improved patient satisfaction. The researchers concluded that it was the efficacy of professionals working and learning together which had the greatest impact on patient care (Hanson, Jacobson & Larsen, 2009).

Interprofessional Education to Facilitate Students' Learning Experiences

One of the motivators of IPE is to enable students to work with other professionals. However, before they can do this they first need to understand their individual roles, in order for them to deliver health care within their discipline specific teams. Thistlethwaite (2012) argues that if students were to learn about teamwork, as well as about other professional roles they could collaborate effectively once in the clinical setting. "It seems logical and educationally necessary that we include teamwork in health professional curricula and, critically, that we also explore the most effective way of delivering learning activities to promote future collaboration", says Thistlewaite (2012, p. 60). Teamwork is critical to the success of health care delivery especially due to the complexity of technological advances and patients' complex care requirements.

The educational initiatives that have emerged over the last five to ten years with regard to IP teaching and learning within HE have been to bring together first year undergraduate Health Science students. This has been achieved by teaching some of the generic skills of communication and healthcare practices to doctors, nurses, physiotherapists and other health professional students, enabling them to learn together. This approach has been promoted by the World Health Organisation (2010) and suggests that collaborative practice is critical to patient safety and the quality of the service to be provided.

There was further evidence to corroborate the importance of students learning together to promote IPC. Anderson, Cox and Thorpe's (2009) evaluative research focused on a programme that prepared educators to teach students from different disciplines together. This two-day programme was evaluated by utilising pre and post questionnaires in a mixed-methods approach. The

sample group involved 70 participants and this was followed by a random sample of seven program participants who were then interviewed. The results indicated that the participants had enjoyed the experience of being taught together because it had increased their knowledge about each other's professions. The authors concluded that programmes such as these were valuable in preparing health professional educators, as well as students as it pre-empted potential problems and promoted better collaboration.

Action research undertaken by Scarvell and Stone (2010) acknowledged that clinical educators approached education for their students in different ways. It was because of this disparity that Scarvell and Stone (2010) decided to provide consistency across their clinical curricula. The study involved 12 clinical educators attending a programme that prepared them for IP teaching and learning. Students who were taught by the clinical educators were invited to evaluate experiences by completing a questionnaire and indicating what had helped or hindered their clinical learning and working with other professionals. The educational programme was found to provide consistency across the disciplines, as the programme had encouraged teamwork and collaboration in clinical practice. Both the students and the clinical educator's feedback specified that it was the support and preparation in HE and clinical practice that had enhanced their IP working relationships and experiences.

This was supported by Thistlethwaite (2012) who referred to the importance of role-modelling teamwork in both the clinical setting as well as the educational setting. Activities that promote collaborative practice and teamwork need to be authentic so that there is an opportunity for students to experience working interprofessionally. Further studies have proved that the creation of socialisation opportunities for students and educators enabled them to learn together within clinical settings as well as HE environments. This has resulted in unified approaches to the teaching and learning of students' educational and clinical learning experiences (Arnt et al., 2009; Freeman, Wright & Lindqvist, 2010; McMurtry, 2010; MacLellan, Lordly & Gingras, 2011).

Summary

An overview of the literature has revealed that there are substantial research studies conducted in relation to the importance of professional socialisation (Clark, 1997; Steinert, 2005; O'Lynn, 2009; McMurtry, 2010). In addition, the research into IPC within clinical settings was extensive. There have been both quantitative and qualitative studies which have examined positive characteristics of team building and its effectiveness in relation to student experiences and improvements to patient health outcomes. Both socialisation and professional socialisation have been acknowledged as being an essential step in the orientation and induction of new employees. The frameworks have been varied, with some focusing on the importance of matching individual values with the organisations values and others providing an induction or orientation program. However, all of the frameworks described and discussed have demonstrated that individuals who were socialised into new working environments required a progressive framework in order for them to function effectively.

There was also evidence to suggest that socialisation processes which included 'tactics' such as the provision of a mentor and social support were of equal importance in the assimilation and retention of new employees. However, there was limited research in relation to IP socialisation of educators within an educational context. Although the frameworks presented in the literature reviewed have provided some understanding of the factors and processes that are required to support individuals, the studies do not go far enough in providing a framework to support the process of IP socialisation for educators within HE (Ardts, Jansen & Van, 2001).

Nevertheless, one way in which improvements to patient health outcomes could be sustained is to ensure that there is a strong, effective IP workforce all progressing towards the same aim. The dialogue regarding professional boundaries and loss of identity appear to be the current challenges to IPE. Yet there was encouraging evidence to suggest that health professionals who learnt together, worked more effectively interprofessionally, and that this had a positive impact on patients' health outcomes as well as students' learning

experiences (Cameron, 2011; Nicol, 2013; Reeves et al., 2013; Dunston, 2014).

Conversely, there was a disparity in terms of the preparation and support for HPEs within Health Facilities. As the literature reviewed confirmed, further research was required in relation to IPC strategies. This could be addressed through IP preparation programmes and would assist with the reduction of barriers in non-threatening learning environments (Curran et al., 2005; Howkins & Bray, 2008; Anderson et al., 2009). Finally, there appeared to be a lack of research that examined early socialisation of HPEs within HE. Especially as the socialisation of any professional to a new environment, whether it takes place within HE or clinical practice environments' was deemed to be an important activity when learning a new role or new job (Reising, 2002; O'Lynn, 2009; Freeman, Wright & Lindqvist, 2010).

This chapter has revealed that there are substantial research studies (Clark, 1997; Steinert, 2005; O'Lynn, 2009; McMurtry, 2010) that support the aims and design of this current qualitative study. The literature reviewed confirmed that socialisation promoted effective IP relationships but did not indicate how early socialisation could further influence IP relationships for HPEs within HE. The next chapter will outline the research methodology and theoretical framework utilised for this study.

Chapter 3

Research Approach and Methodology

Introduction

This chapter describes the research approach adopted for this study. The first part describes the philosophical position, paradigm and theoretical perspective, followed by the methodology, research methods and the component parts of the research approach used to undertake this study.

The Research Paradigm Interpretivism

Both an ontological and epistemological position supports this study, as both epistemology and ontology assert that our theory of knowledge and view of reality, underpin our theoretical perspectives and practices. The ontological approach deals with the nature of reality and what constitutes reality with the belief that the truth already exists without researching it. Whereas, the epistemological approach questions what constitutes valid knowledge and how individuals can obtain it. The conviction is that the truth is out there to be discovered and this can be achieved through the process of social interactions. This is because people are trying to understand why and how things happen by elucidating meaning from their experiences (Pilot & Beck, 2012).

The research paradigm that underpins this study is interpretivism. According to O'Donoghue ''this approach emphasises social interaction as the basis for knowledge" (2007, p. 9). Whilst Gerrish and Lacey add that, "in order to make sense of the world, human behaviour should be interpreted by taking accounts of the interactions between people" (2010, p. 130). Intrepretivism is concerned with understanding the individual and their view of reality. It allows for subjective and unique knowledge that is personal to the individual. The focus is on the individual's personal lived experience and therefore the individual can only come from a vantage point of personal experience. Individuals try to understand how others understand their world, but before this can occur there needs to be an understanding of the individual, who can then fully appreciate how they may relate socially, to enable them to understand society as a whole

(Gerrish & Lacey, 2010; Morehouse, 2012). Interpretivism allows for the development of this principle as it will enable the researcher to use the skills as a social being, to try and understand how others understand their world (O'Donoghue, 2007, p.10).

Interprofessional socialisation is at the core of this study and the principal of social interaction is the basis of this exploration. With the application of inductive reasoning the research is driven by asking relevant questions that will provide knowledge and information that is specific to the HPEs' own IP socialisation experiences. Understanding these may lead to the generation of more general information being shared interprofessionally (Jirojwong, Johnson & Welch, 2011). Interpretivism provides a structure to enable further insight and understanding of the HPEs' individual IP experiences, so that a greater understanding of how HPEs' relate to the wider IP academic community can be developed (Punch, 2009; Ary et al., 2010).

Methodological Principles

The methodological principles of this research rest upon interpretative phenomenology, a methodological approach that is used to describe and interpret the everyday world of human experience (Crotty, 1996; Cormack, 2000; Smith, Flowers & Larkin, 2009; Richardson-Tench et al., 2011; Jirojwong, Johnson & Welch, 2011). Phenomenology is, "the belief that every act is an act of consciousness or awareness of something" (Jirojwong, Johnson & Welch, 2011, p. 112). The founder of this approach Edmund Husserl (1859-1938 as cited in Gerrish & Lacy, 2010) states that, phenomenology is "a view from within a person's perspective" as well as "the value of describing and interpreting human experience and seeking to do this in credible and insightful ways" (Gerrish & Lacy, 2010, p. 177). Husserl (1859-1938 as cited in Gerrish & Lacy, 2010) referred to this as experiences from the 'life world' and the 'lived experience' and also stressed the importance of phenomenology being a 'live dynamic activity' and not just a set of academic ideas. For this study, the 'meanings and events' of the HPEs' socialisation experiences are at the very essence of this research and a qualitative research approach addresses the importance of phenomenology in relation to how the

data will be collected, especially due to its narrative nature (Punch, 2009; Smith, Flowers & Larkin, 2009; Ary, Cheser Jacobs, Sorenson, 2010; Arthur et al., 2012).

Hermeneutic phenomenology also informs this study as it can be used as a research tool to describe and interpret human experiences. Hermeneutics is one component of interpretative phenomenological analysis (IPA), as IPA include three areas which are; phenomenology, hermeneutics and idiography. The hermeneutic approach is valid as it will enable the researcher to examine and interpret all descriptive text that the HPEs have shared through their in-depth interviews. In addition, this philosophy acknowledges the researchers own experiences as equally valid and reliable in the interpretation of the data (Smith, Flowers & Larkin, 2009).

The following discussion will now chronicle the founder and significant philosophers who have contributed to the development of phenomenology. Husserl (1859 – 1938 as cited in Smith, Flowers & Larkin, 2009) believed that for each human being our conscious awareness allows us to be in the world as we are just observers existing with our thoughts and memories. This was important to Husserl as his basic ideas about the mind was directed to objects and the notion of 'directedness'. This he referred to as intentionality due to the 'intentional content' which provided a description of reality. Intentionality is at the core of phenomenology and should not be confused with the intention to take some form of action, but is the act of creating meaning about what the individual is experiencing or has observed (Gerrish & Lacey, 2010; Jirojwong, Johnson & Welch, 2011).

Husserl also referred to 'bracketing' which is described as the act of suspending judgement or presupposition (Smith, Flowers & Larkin, 2009). For this study uncovering the essential nature of the phenomena by capturing and interpreting the HPEs' everyday experiences of IP socialisation within HE is one of the objectives. The concept of 'bracketing' would also apply to the researcher and therefore, to follow a purely Husserlian philosophy would be a challenge; as both the researcher and the HPEs' would need to suspend judgement about their previous IP socialisation experiences within other

settings. This research seeks to explore the HPEs' understanding and experiences of IP socialisation from a HE perspective as well as, taking into consideration their previous IP socialisation experiences, therefore 'bracketing' would have limited value as the HPEs would not be able to separate their previous IP socialisation experiences.

The researcher also acknowledges that 'bracketing' would not be appropriate as she needs to be able to reflect on any biases, beliefs and attitudes to ensure that they do not influence the findings of the study. Interpretive phenomenology affirms that we cannot separate ourselves from the world because it is our interpretation of our experiences that create meaning for us as human beings. This is because interpretative phenomenology is hermeneutic in nature, which is a research approach that requires the researcher to make sense of the participants' experiences. This is achieved by the researcher attempting to make sense, meaning and understanding of the participants' attempts to understand their own experiences, of particular phenomena. Hermeneutics refers to the interpretation and understanding of information or data, therefore interpretative phenomenology is an appropriate approach for this study (Jirojwong, Johnson & Welch, 2011, p. 115; Smith, 2008).

'Reduction' was another concept Husserl referred to but wanted other philosophers to refer to as 'transcendental phenomenological reduction'. This philosophy infers that individuals need to consider everything that is in the human consciousness and that phenomenology is a way in which individuals can discover the truth and essence of the human experience, through bracketing (Smith, 2008). Both Heidegger (1889-1976) and Gadamer (1977) (as cited in Smith, Flowers & Larkin, 2009) discounted this notion as they believed it was important to find the truth behind an experience when attempting to understand the lifeworld of individuals. This was because the 'reductionist' and 'bracketing' approach both require individuals to suspend judgement and opinion which Heidegger (1889-1976) and Gadamer (1977) believed could not be achieved through a transcendental phenomenological approach (Kafle, 2011).

Finally, it would be remise of the researcher not to discuss the importance of the concept of 'essences' as the idea of essences was central in Husserlian philosophy. Essences "are the essential structures of phenomena" say Jirojwong, Johnson and Welch (2011, p. 112). They describe the essence as the basic unit of common understanding that is experienced by the individual, and is primarily known as the phenomena. For example within this study the essences would include; the uniqueness of IP socialisation for HPEs' working within higher education. What strategies were used to encourage IP socialisation or the barriers that may have hindered the development of IP relationships. Being intentional means identifying phenomena, which includes their meanings and their essences and this is why the methodological principles of interpretative phenomenology provide a more appropriate theoretical framework for this study.

This has led to further philosophical examination especially in relation to the validity of Husserl's descriptive phenomenology for this study. So, it is was for this reason that Heidegger's work (1889-1976 as cited in Smith, Flowers & Larkin, 2009) also informs this study. Husserl's views on the pure ego and consciousness and his emphasis on transcendental reduction and transcendental phenomenology was not enough for Heidegger.

Heidegger was Husserl's protégée and appreciated that pure phenomenology although descriptive in nature was not robust enough to explain human existence and how we experienced others in the world (Gerrish & Lacey, 2010). Heidegger moved beyond Husserl and believed that phenomenology was not just the mere study of the intentional structures of consciousness and in doing so raised the question of the 'being' and being in the world.

Heidegger's philosophy builds on Husserl's original work by adding that as humans we interpret and analyse our own and others experiences. This involves the analysis of everyday human behaviour which asserts that all individuals are 'interpreters' and 'understanders' (Smith, Flowers & Larkin, 2009, p.19). Heidegger reflected on the phenomenological concepts of 'reduction' and 'bracketing' and disagreed with Husserl because he believed that humans could not separate themselves from their experiences whether

they were interactions with others or with objects. This was because the interpretation of those experiences were what makes individuals human and what it means to be in the world (Gerrish & Lacey, 2010).

One of the ways in which individuals understand and interpret others is through the use of language. Language according to Heidegger (1889-1976 as cited in Smith, Flowers & Larkin, 2009) is integral to our understanding, this is because language creates a shared understanding between individuals and allows us to exist within this world according to Heidegger and Gadamer (1977 as cited in Smith, Flowers & Larkin, 2009). Language in a sense, 'houses' it and 'brings' it to vivid presence for the individual (Smith, 2008, p.20). Language is the medium and is a hermeneutic experience, because language enables us to interpret others experiences, as well as our own, through the sharing of those understandings.

Heidegger's (1889-1976 as cited in Smith, Flowers & Larkin, 2009) work informs this study because this research will move beyond providing only descriptions of what HPEs have reported; it will also include an interpretation of the HPEs' transcriptions through the language and terminology that is used. Interpretative phenomenology would provide an appropriate platform because it relies upon interpretation of personal involvement and understanding to highlight important themes (Gerrish & Lacy, 2010).

In concluding Heidegger (1889-1976 as cited in Smith, Flowers & Larkin, 2009) the assertion that the essence of truth enables the 'dasien' which refers to the human race as 'being-in-the-world', is of significant value. This is because as humans we are conscious beings who are aware of our surroundings and that of others, and from an ontological position we understand what it means to 'be' (Dowling 2007).

Finally, another significant philosopher who has influenced the underpinning theoretical paradigm for this study is Max van Manen (1990 as cited in Smith, 2008). Interpretative phenomenology and hermeneutic phenomenology share similar approaches. Van Manen focussed on the "phenomenological investigation of everyday practice" (Smith, Flowers & Larkin, 2009, p. 201) with his investigations into pedagogy and parenting. His writings have described

the application of hermeneutic phenomenology to the understanding of an individual within the context of their 'lifeworld' which aimed to inform researchers within education, health and nursing and is particularly relevant for this study.

Hermeneutical phenomenology is a combination of philosophy and research and enables individuals to determine the intention and meaning of their experiences by interpreting those experiences (Gerrish & Lacey, 2010). Max van Manen (1990 as cited in Smith, 2008) believes that individuals seek to bring the essence of a lived experience through interpretative descriptive text which assists with acknowledging the complexity of that experience. This is because as van Manen (1990) explains, we have the capacity to self-reflect about something we have experienced and as with Heideggier (1889-1976 as cited in Smith, Flowers & Larkin, 2009) are able to describe them through the use of language. The use of language allows the individual to unveil their world experiences through their life stories.

In order to generate the best interpretation of a phenomena van Manen (1990 as cited in Smith, 2008) proposes the use of the Hermeneutic cycle to grasp the essences of the phenomena under investigation. The cycle constitutes of reading, reflective writing and interpretation. The cycle encourages the individual to self-reflect on their understanding and experiences which helps them to develop self-awareness and provide insights into the phenomena. Existentially, this would mean that individuals were living to their full potential through the new understandings about themselves (Gerrish & Lacey, 2010; Jirojwong, Johnson and Welch, 2011).

The strengths of the interpretative phenomenological approach is that it aims to analyse the essence of the phenomenon by examining the participant's experiences of that phenomenon. This theoretical paradigm supports this study because the researcher will be examining and interpreting the HPEs understanding and experiences of building IP relationships within HE as well as discover if the phenomena of IP socialisation helps them to achieve this.

Insider-outsider research positions

In an attempt to maintain a neutral stance as a researcher within any study, the researcher's position is significant. This is because the researcher could influence the research data that is being obtained and interpreted. In order to avoid the potential bias within research, knowledge and understanding of how the researcher's position could influence research outcomes, is an important one. This concept is referred to as the 'insider-outsider' research positions (Dwyer & Buckle, 2009) and Smith, Flowers and Larkin (2009) discuss this concept more fully in the following discourse.

Firstly, that the researcher may act as an 'insider' because they may already work with their colleagues who have agreed to be participants for their study. The researcher recognises that her position within this study was that of an 'insider' as she is a health professional educator working within the same academic community of practice (Gerrish & Lacey, 2010). However, her research also involved interviewing health professionals from other universities and therefore, her position could also be viewed as an 'outsider' as she did not know those HPEs'. She had recognised that the research data needed to be free from bias and therefore the researcher needed to take the position of an 'outsider', even though the researcher has knowledge and experience as a HPE but from another academic institution.

Smith, Flowers and Larkin (2009) state that "we are attempting to understand, both in the sense of trying to see what it is like for someone, and in the sense of analysing, illuminating and making sense of something" (2009, p.36). The researcher's inside knowledge enabled her to empathise with her participants because of the similarity of the work that was undertaken, and this was beneficial when attempting to understand some of the HPEs challenges in building IP relationships within their academic environment's.

The interpretive phenomenological approach supports the role of the researcher as a social being, who attempts to understand how others understand their world (O'Donoghue, 2007). This philosophical stance acknowledges that when viewing the world and the 'lived experience' from the participants' perspective, the researcher could not completely separate herself

from the world of health education, as her own experiences as a HPE could influence any assumptions with regards to IP socialisation. Therefore, maintaining objectivity through the research process was ever present in her consciousness and she employed the standards of trustworthiness and authenticity which are outlined by Smith, Flowers and Larkin, (2009) to ensure that the data was reliable and free from bias (Jirojwong, Johnson & Welch, 2011).

Aim and Objectives

The aim of this research is to investigate the IP socialisation experiences of HPEs across five Health Science Faculties in Perth, Western Australia.

The objectives of this study are to:

1. Investigate, interpret and analyse HPEs understanding and lived experiences of IP socialisation within HE through data collection;
2. Critically analyse, define and illustrate characteristics associated with IP socialisation within the context of a HE environment by undertaking a comprehensive literature review;
3. Identify and describe potential barriers in relation to IP socialisation within HE;
4. Outline appropriate IP socialisation opportunities which may include a framework;
5. Develop a framework to support effective implementation of IP socialisation activities for HPEs within HE and
6. Disseminate the information by sharing the research outcomes with other Health Science Facilities both nationally and internationally, through publication and conferences.

As a result of the aim and objectives a central research question was developed with subsidiary research questions generated that would assist with the exploration of the phenomena for this study.

Research Questions

The central research question of this study was: What are health professional educators' understandings and experiences of IP socialisation within HE in Perth, Western Australia?

Subsidiary Research Questions

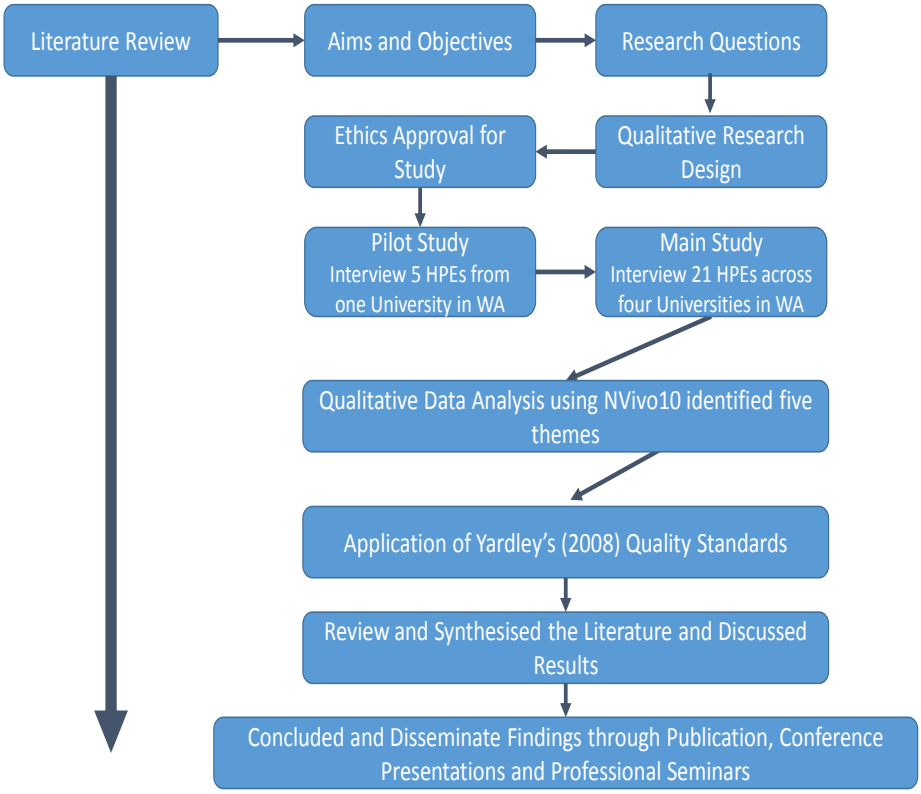
1. What are the main characteristics of IP socialisation within HE?
2. What are the challenges HPEs encounter in relation to IP socialisation within HE?
3. How do these challenges impact on the implementation of IP socialisation activities for HPEs within an educational context?
4. What are the current IP socialisation activities available for HPEs within HE?

Research Design

The research design is described in the following process; a plan of the research process can be viewed in Figure 3.1. This qualitative study was divided into two phases, phase one the Pilot Study and phase two the main study. Both phases employed one-to-one, face-to-face interviews, with the audio recordings transcribed verbatim and the data analysed using NVivo 10 software. Quality standards were applied to assess and maintain validity and quality as this would establish the trustworthiness of the research. The four principles consisted of**;** sensitivity to context, commitment and rigour, transparency and coherence and impact and importance (Yardley, 2008; Smith, Flowers & Larkin, 2009).

Figure 3.1 Research process for study

Key: Leads to ⟶



Ethical Issues

The current research had carefully considered the principles of integrity, respect for persons, justice and beneficence and these have been addressed in accordance with the National Health and Medical Research Council (NHMRC), Australian Code for the Responsible Conduct of Research (2007). Ethical approval was sought and secured through Curtin University, Human Research Ethics Committee see (Appendix A) and was deemed to be of minimal risk to participants, Protocol approval: EDU-140-13. Throughout the study confidentially and anonymity of the participants, organisation and data was protected.

Participation Consent

Informed consent was obtained from all participants prior to data collection. Phase 1 and main study (phase 2) required written permission from all of the HPEs' that participated in this study. This was achieved by the HPEs reading the 'Participant information form' and signing the consent form see (see Appendices B & C). It was important to gain informed consent from all the HPEs involved in the research as this ensured that they entered in a state of, 'their own free will' (Gay, Mills & Airasain, 2009, p.21). It was also important from an ethical stance that individuals' rights were respected with dignity and integrity (Punch, 2009). All participants received information outlining the research aims, issues of confidentiality, time commitment, ethical approval, consent form and the participant's right to withdraw with impunity (by not attending the one-to-one interviews) see (Appendix B). The information provided ensured that both the risks and benefits of contributing to the study were included (Jirojwong, Johnson & Welch, 2011, p.66).

Confidentiality was maintained by not recording the participants' names or personal details, thereby de-identifying personal information. Efforts were made to ensure that the data obtained and the analysis undertaken, were confirmed with the individual participants without breaching anonymity. This was to ensure that no misinterpretations had occurred. Privacy was maintained by arranging to meet all participants in a safe confidential environment where there were no distractions. Information was provided verbally with regards to the length of the session and the structure before the interview took place; the interview information was provided before the session (Seidman, 2006; Smith, Flowers & Larkin, 2009).

Selection of the Participants

The sampling unit for this study utilised the accessible population of 26 HPEs' who were drawn from five University Health Science Facilities across Perth, Western Australia. A non-probability strategy was used which identified a non-random method such as purposeful sampling to select participants. These were participants that would fulfil a specific purpose which was consistent with the study aims (Jirojwong, Johnson & Welch, 2011, p. 195).

HPEs were purposefully sampled to ensure representation of the disciplines. All were lecturers who either taught or provided research supervision for students. Some of the lecturers were involved in IPE programs that were designed for undergraduate students and others provided joint research supervision for post graduate students. Participants were invited from 5 universities across Perth, WA. Participants were initially approached by email with an information sheet outlining the aim and objectives of the study. Participants self-selected themselves by responding to the initial invitation and arrangements were made to interview participants on their university campuses. All participants were employed by the universities.

The sample size needed to include disciplines that would be representative of the larger group of professionals. Utilising a large number of participants was not the aim of this qualitative research, because one of objectives was to analyse the uniqueness of the human experience which is essential in qualitative data, and therefore large numbers as would be required in quantitative research were not sought (Jirojwong, Johnson & Welch, 2011). In order to achieve rigour within the study the appropriateness of the sample was important and the participants involved in the study needed to be 'active in the enquiry' as this would enable the researcher to develop more understanding about the participants' lives and their social interactions. The sample was selected carefully to ensure that interviews that were conducted met the aim and objectives as well as the research questions that had been developed for the study (Punch, 2009; Smith, Flowers & Larkin, 2009; Ary, Cheser, Jacobs, & Sorenson, 2010).

In Phase 1, a Pilot Study was undertaken with a maximum of 5 HPEs invited for one-to-one interviews. These included a nurse, physiotherapist, occupational therapist, speech therapist, public health educator and dietitian (lecturers) from one University in Perth, WA. In Phase 2 the main study, purposeful sampling was again used to identify a representative number of HPEs' from each discipline specific group, which provided a maximum of 21 HPEs' who were invited for one-to-one interviews. These included; Doctors, nurses, physiotherapists, occupational therapists, speech pathologist, health science educator, sports and exercise science educator, counsellor,

psychologist, chiropractor, paramedic, and social worker (see Table 5.1) from the four remaining universities in Perth, WA. In order for this study to contribute to the knowledge base in relation to the IP socialisation of HPEs' it was important to ascertain a diversity of perceptions from a selection of discipline specific academics. Therefore purposeful sampling was considered the most appropriate method to support the data collection, which is associated with qualitative research methods of data collection (Punch, 2007; Smith, Flowers & Larkin, 2009; Creswell, 2012).

The following section outlines the criteria used to include and exclude participants for the interviews.

Interview Inclusion and Exclusion Criteria

The inclusion and exclusion criteria were developed in order to select participants that would assist in meeting the research aim and objectives for this study.

Inclusion

- A cross section of each of the HPEs from the Health Science Faculties from across five Universities in Perth, WA.
- HPEs who were currently involved in teaching undergraduate and post graduate education and supervision, arranging clinical placements or involved in IP research activity.

Exclusion (to ensure Participant Homogeny)

- The researcher did not approach universities outside of Western Australia or outside of Australia.
- TAFE colleges in WA, Australia or outside of Australia were excluded from this study.

Methods

Interviews

The first phase of the study involved undertaking one-to-one semi-structured interviews. A semi-structured interview has "predetermined topics and open-ended questions laid down in an interview schedule" (Gerrish & Lacy, 2010, p. 348). This type of interview allowed for flexibility because it enabled the researcher to follow up issues with participants that were not anticipated. One of the advantages of undertaking interviews is that they reduce the potential for misunderstanding because there is more opportunity to clarify questions and determine if the questions have been understood (Robson, 2002; Boudah, 2011). The phenomenological interview was undertaken to obtain a first person description of HPEs' experiences and the interview questions were developed with two things in mind (Jirojwong, Johnson & Welch, 2011, p. 215). Firstly, that the language and terminology was in accordance with the HPEs' professional vocabulary and secondly, that the questions devised addressed the central research questions as well as being aligned with the study's objectives (Parahoo, 2006).

One-to-one semi-structured interviews were conducted which were approximately 30-60 minutes in length in the Pilot Study. However, in the main study this was reduced to 30-40 minutes. The length of time assigned to each interview allowed the participants to relax and think about the questions presented to them. It was important to set a period of time because the participant could become anxious if the interview had been open-ended; this was to prevent the participants from feeling that they did not have control over the time, especially if they had other commitments (Seidman, 2006). Therefore, the researcher ensured that they had a plan and structure before the one-to-one interviews was undertaken. Information was shared verbally and provided in a written format, which included an 'Information Participant Form'. A consent form was also provided at the beginning of the interview see (Appendices B & C). Written consent was obtained at the beginning of the interview, following clarification of the aim and objectives of the study. The questions within the 'Interview Schedule' see (Appendix D) were linked to the

study objectives and notes were made during the interview as well as audio recordings so that they could be transcribed at a later date. A contingency plan was also developed to prepare for unseen events.

One of the observations made by the researcher was that when participants were interviewed away from their offices they appeared visibly more relaxed. It was these participants who continued talking by sharing their thoughts and ideas that provided additional information at the end of the interview schedules. Whereas, in contrast, the participants who were interviewed within their own offices, were much more succinct with their answers, and appeared to be aware of the allotted interview time. Therefore, it was important to establish rapport quickly with the participants and ensure that they were comfortable within their surroundings. This positive approach helped to elicit the information required for the study, and was respectful of the participants' overall professional experiences. It was also essential to be flexible and responsive to the needs of the sample, in order to achieve an optimum interview (Smith, Flowers & Larkin, 2009).

Pilot Study

A Pilot Study was undertaken for Phase 1 this had ensured that a small-scale version of the proposed study was implemented. This assessed the design and refined the methods for obtaining data as well as ensuring reliability of the interview questions and schedule (Polit & Beck, 2010). Pilot studies can be useful because, firstly, they assess the quality and correctness of the instrument. Secondly they ensure that equipment such as audio recorders work adequately. Thirdly, they assess the length and average time of interviews and finally, they provide an opportunity to review the initial evidence in order to make improvements and refinements for the instrument and the research project. A review can identify any potential flaws and offer guidance and validity regarding the items for the larger research study (Richardson-Tench et al., 2011; Gerrish & Lacey, 2010).

Data Analysis

The demographic data was initially collated which provided the background to the findings. The data were collected from March to December 2014 with an initial pilot phase (phase 1) that involved undertaking (n=5) one-to-one semi-structured interviews from one university. Phase 2 (main study) involved interviewing (n=21) participants from across 4 universities, as with phase 1, these were undertaken face-to-face. All of the interviews were undertaken by the same researcher.

The two phases produced qualitative information which were analysed with the aid of an NVivo10 computer software package (QSR International, 2014) and with manual data configuration as required. Data analysis is often undertaken using a framework or cycle such as the one used in hermeneutic phenomenology, this includes; reading, reflective writing and interpretation (Gerrish & Lacey, 2010). In contrast, Smith (2008) refers to four basic steps; reading, re-reading, transformations of meaning and finally, structure which requires analysis and interpretation.

For this study data analysis was achieved by following steps outlined by Smith, Flowers and Larkin, (2009). These included; reading and re-reading, initial noting, developing emergent themes, searching for connections across emergent themes and abstraction, subsumption, polarization, contextualization, numeration, which are all functions which assist the researcher in examining levels of interpretation. The data collected from the one-to-one interviews were coded by breaking down, examining, comparing, conceptualising and categorising the data (Creswell, 2012). According to Robson, (2002), Smith, Flowers and Larkin, (2009); Boudah, (2011) and Creswell, (2012) each of these approaches focuses on different interpretations of the data as they are distinctive analytical processes. The steps outlined by Smith, Flowers and Larkin, (2009) provided the opportunity for the researcher within this study to stop and reflect on the data whilst undertaking the data analysis process.

Establishing Trustworthiness

Quality Standards

The principles of trustworthiness and authenticity guaranteed that consistency, validity and quality were demonstrated through the framework of interpretive phenomenological analysis. This involved the application of Yardley's (2008) criteria which consisted of; (1) sensitivity to context (2) commitment and rigour (3) transparency and coherence (4) impact and importance.

(1) sensitivity to context takes into account how the researcher interacted appropriately and respectfully with the participants by conducting a good interview and in addition, the interpretation of the data was appropriate to the sample that was analysed; (2) commitment and rigour was addressed through careful selection of participants and ensuring that the questions that were asked were of sound quality and that there was no interviewer bias. This was achieved by the researcher being consistent when interviewing each participant. In addition, the interviewer needed to be cognisant of the fact that the phenomenological interview needed to remain truthful to the subjective experiences of the participants (Jirojwong, Johnson & Welch, 2011, p. 215); (3) transparency and coherence ensured that the analytical processes were free from ambiguity and contradiction and that consistency was demonstrated whilst undertaking the interviews as well as during the analysis. This was achieved by ensuring that the same researcher was involved in the interviews as well as undertaking the analysis and (4) impact and importance referred to the relevance and usefulness of the data collected, as Smith, Flowers and Larkin (2009) confirm "how well a piece of research is conducted, a test of its real validity lies in whether it tells the reader something interesting, important or useful" (2009, p.183).

These four principles were integral to the quality of this interpretative phenomenological research and a number of strategies were employed to maintain these standards. These included involving the participants in confirming that the data were a true representation of the responses provided by checking the interview information notes with the participants at the end of the interview (Polit & Beck, 2010; Boudah, 2011). This is referred to as the

process of member checking and was undertaken by using a summary technique at the end of the interview. The main themes were reflected back to the participant to ensure that the exact meaning had been interpreted from their responses. Verification of the information from the participants' responses confirmed that the data was accurate and this was integral in achieving quality within the study. Another measure was to ensure that there were enough participants involved to attain sufficient data, so that there could be "confidence in the truth" in relation to the data collected and analysed. This was achieved when data saturation occurred, as the researcher became aware that there was no new information being obtained towards the final two interviews (Polit & Beck, 2010, p. 551). Finally, the quality standards were met by ensuring that the one-to-one interviews aligned with the study's aim, objectives and research questions.

Another aspect of trustworthiness is fairness and authenticity; this was achieved by the researcher being consistent when interviewing each participant. In addition, the environment where the interviews took place was private and free from distractions. Authenticity was maintained by ensuring that the interview questions asked were a true reflection of the IP agenda within the Faculty and the University. This meant that the professionals interviewed were aware of the University's position on IPP in teaching and learning. For the participants this would engender credibility of the interview undertaken as they would be able to correlate between the questions and the objectives of the study. In essence this would contribute to the richness of the phenomena that was being explored within this study (Creswell, 2012; Harper & Cole, 2012; Smith, Flowers & Larkin, 2009).

Rigour refers to the trustworthiness of a study which would be achieved by ensuring reliability, especially with the accuracy and consistency of the questions asked within the interviews. Conducting a Pilot Study allowed for the assessment of the interview schedule as well as reliability of the questions that were asked. Maintaining consistency in each interview was important so that all participants were asked the same set of questions. Validity of the research took into account that the questions asked within the interviews were congruent with the original research questions developed for the study. Finally,

several factors were also considered to ensure rigour within the study these were; interviewer bias, participant ability and also participant honesty (Pilot & Beck, 2010).

Safeguards were instigated by ensuring that transparency and coherence were maintained by adhering to the quality standards of trustworthiness and authenticity. The application of Yardley's (2008) criteria guaranteed that analytical processes were scrutinised, to ensure that they were free from ambiguity or contradiction (Smith, Flowers & Larkin, 2009). This was undertaken by the researcher suspending prejudice whilst examining the emerging themes from the data collected and interpreting the phenomenon, both positively and negatively to reflect true authenticity of the HPEs' understanding and experiences.

Data Storage

Participants were advised that the qualitative data collected would be stored on a computer whilst using NVivo10 analysis computer software. Following analysis, all electronic data would be stored on a password protected device which would be stored in a safe and secure location in the Principal supervisor's office within a locked drawer. The data would be kept for seven years after which, the data would then be destroyed (NHMRC, 2007).

Limitations of the Study

Some limitations were evident over the course of this study. Firstly, the participant sample was limited to Perth, Western Australia which may not reflect the views of HPEs' across the rest of Australia and internationally.

Secondly, the professional socialisation experiences of the researcher as a HPE within HE could have influenced the interpretation of data analysed. It is for this very reason that interpretative phenomenology was a meaningful and applicable paradigm for this study, as it acknowledges that the researcher may be unable to separate themselves from the research undertaken, which underpins Heidegger (1889-1976, cited in Smith, flowers & Larkin, 2009) philosophy that it is our interpretation of our experiences that create meaning

for us as human beings (Jirojwong, Johnson & Welch, 2011; Smith, Flowers & Larkin, 2009).

Thirdly, different sample sizes were collected across the professional groups which may have skewed some data sets. This was because participants self-selected themselves and therefore acquiring a balance of professional group representation was a challenge.

Finally, the participants within the study may have self-selected following an email invitation to be part of the study. Participants self-selected themselves by responding to the initial invitation which included an attachment with participant information outlining the aim and objectives of the study. Therefore, it was possible that the professionals who did not respond to the emails may have not acknowledged the invitation because they were not supportive of IP socialisation, because other professionals acknowledged the initial email and replied indicating that they could not partake due to other commitments. Although there was no certainty to the non-responders lack of communication, the supposition made by the researcher was that they had self-selected themselves out of the study. Self-selection may be viewed as a bias; however qualitative research inherently requires participants who are interested in the topic to be involved, so it is seen as a minor limitation.

Summary

This chapter outlined the methodological principles being used for this study. It discussed the philosophical position of interpretivism and how this underpinned the phenomenological research design, data collection and data analysis methods required for this qualitative research study. Also discussed was the inclusion and exclusion criteria used to select participants, the aim and objectives, research questions and limitations of the study and how ethical considerations were maintained.

In addition, the issues of rigour and the principles of trustworthiness and authenticity were discussed in order to ensure the credibility of the research.

The following chapter four (Pilot Study) and chapter five will now present the findings from the data collected.

Chapter 4

The Pilot Study

Introduction

This chapter presents the findings from the Pilot Study undertaken to ascertain the effectiveness of the interview schedule and items which were used to facilitate the one-to-one, face-to-face interviews. It was also an opportunity to ensure that the information provided to participants in relation to the study were clear and concise. This included the clarity of the intended research objectives and potential outcomes (Seidman, 2006; Smith, Flowers & Larkin, 2009).

The aim of the Pilot Study was to firstly, test the research design and structure of the larger study. This offered an opportunity to review and reflect on the initial findings. The Pilot Study was also used to determine if there were improvements and refinements required to the interview schedule and ascertain whether or not the interview questions were appropriate. Secondly, the Pilot Study aimed to check whether the data gathered would meet the objectives of the research. Finally, it was used to assess the validity and quality of interpretative phenomenological framework when applying Yardley's (2008) criteria (Smith, Flowers & Larkin, 2009).

What is a Pilot Study?

"A pilot study is a small-scale version or trial run designed to test the methods to be used in a larger, more rigorous study" (Polit & Beck, 2012, p.195). A Pilot Study is able to replicate and test all of the features of the larger study, but on a reduced scale. Pilot studies can be useful in a number of ways which include: 1) Testing the suitability of the methods to be used in the study; 2) Assessing the quality and correctness of the instrument; 3) Ensuring that equipment such as audio recorders work adequately; 4) Assess the length and average time of interviews; and 5) Offer an opportunity to review the initial findings in order to justify the continuation of further research. Therefore, the Pilot Study would provide opportunities for improvements and refinements for the interview

schedule and identification of flaws in the interview approach which would inform the main study (Richardson-Tench et al., 2011; Gerrish & Lacey, 2010).

Selection of Participants for Pilot Study

Purposive sampling was used to undertake the Pilot Study at Curtin University Health Sciences Faculty. This was undertaken by selecting participants who would most benefit the study and is supported by Polit and Beck who state "the researcher selects participants based on personal judgement about which ones will be most informative; sometimes called judgemental sampling" (Polit & Beck 2012, p.739). Creswell goes further and adds "the researcher selects individuals from the population who are representative of that population (Creswell 2012, p.142). The sample consisted of a nurse, physiotherapist, dietitian, occupational therapist and a public health educator. Ethical approval was secured through Curtin University, Human Research Ethics Committee see (Appendix A) and was deemed to be of minimal risk to participants, Protocol approval: EDU-140-13.

The five participants in the Pilot Study had been initially approached in person, by the researcher. This was followed up with an email which included attachments of a participant information form which outlined the aim and objectives of the study, as well as the consent form see (Appendices B & C). Participants then self-selected themselves by responding to the initial invitation and arrangements were made to interview participants on the University campus.

Informed consent was obtained from all participants prior to the interviews (Appendix C). All five participants read and signed the consent forms and appeared comfortable with the research objectives and the information provided regarding confidentiality. Confidentiality was maintained by not recording the participants' names or personal details. Privacy was preserved by arranging to meet all participants in a safe confidential environment where there were no distractions. Information was provided verbally with regards to the length and structure, before the interview took place and the interview schedule was provided before the session (Seidman, 2006; Smith, Flowers & Larkin, 2009).

Interviews

The pilot phase (phase 1) of the study involved undertaking one-to-one semi-structured interviews. The initial background questions appeared to be clear with participants answering without hesitation. However, as the interview progressed to the latter questions, participants (P) asked for clarification with regards to the term 'socialisation', for example (P3) asked for a clear definition of what was meant by "interprofessional socialisation?" see (Appendix D). Explaining terminology that was confusing to the participants was undertaken in a respectful manner which Smith, Flowers and Larkin (2009, p. 65) refers to as "commitment and rigour". This led to the changing of items in the main study to ensure that future interviews with participants were less confusing see Table 4.1 for a description of the interview amendments. In particular, clarification was achieved by changing some terminology such as; 'socialisation' to 'building relationships' which ensured the principal of 'sensitivity to context' (Yardley, 2008). In this way the researcher ensured that the interviews undertaken with participants were conducted considerately and with integrity, and built on lessons learnt in the pilot phase (Smith, Flowers & Larkin, 2009).

The change in terminology had a positive impact on the later participants who appeared to identify how building IP relationships within HE assisted them to work more effectively to undertake activities such as co-teaching. The main amendments made concerned the use of the word 'socialisation' and was replaced with the word 'relationships' and 'building'. In addition, the use of "HE" was replaced by 'in the university' which appeared to personalise the experience for the participants' own working environment. In essence, replacing the original word with another synonym simplified the language of the interview questions which allowed for a more effective exploration of the participants' interprofessional experiences.

The aim of the phenomenological interview was as Jirojwong, Johnson and Welch (2011) stated to, "obtain a first-person description of a specified experience" (2011, p.215). Therefore, it was essential that whilst conducting the interviews the researcher remained 'truthful' to the personal experiences of participants and that the questions were focussed and aligned with the

study's objectives (Jirojwong, Johnson & Welch, 2011). The following changes outlined in Table 4.1 have now been incorporated into version 2 of the information and participant information form, consent form and interview schedule see (Appendices E, F & G) and these included changes in the length of interview time. The researcher agreed with Robson (2002) and Boudah (2011) who indicated that the researcher is required to be skilled in interviewing techniques and adjust to the situation accordingly which was what happened within this Pilot Study.

The length of time assigned to each interview was 30-60 minutes. The allotted time would allow each participant to relax and think about the questions presented to them. It was important to set a period of time according to Seidman (2006) because participants can become anxious if the interview is open - ended; this is because they may feel they have no control over the time especially if they have other commitments. Therefore, it was essential to have a plan and structure before commencing the interviews. Although the information form in Appendix B indicated that the interview would take approximately 30 to 60 minutes. The researcher discovered that in reality the interviews took less time than anticipated, with most interviews requiring 30 to 40 minutes.

On reflection, thoughts emerged in relation to the questions that were asked of the participants' experiences of IP socialisation within HE. These thoughts specifically related to the construction of the questions, and whether they were worded correctly. There was also recognition that perhaps the language that had been used required adaptation for the different professionals involved, as this would facilitate fuller exploration of the participants' experiences (Smith, 2008). This could only be answered following the review of the transcripts and the participants' answers. All five interviews were audio recorded which supported and enabled notes being made throughout the interview (Gerrish & Lacy, 2010). This later facilitated changes to the questions as making notes during the interview enabled clearer recall when reviewing the transcriptions as well as having both written and recordable evidence which allowed for the following amendments to be made (see Table 4.1, interview questions and amendments).

Table 4.1 Interview Questions and Amendments

Interview Questions (Appendix D – Version 1)	Amendment made (Appendix G – Version 2)
Question 1	
Background:	
1a. What professional group are you with?	**1a.** None
1b. How long have you been in your profession? (years/months)	**1b.** None
1c. How long have you been an academic? (years/months)	**1c.** How long have you been in academia?
Question 2	
Current socialisation practices:	
2a. Do you work with other professional groups within this university?	**2a.** None
2b. When did you start working together?	**2b**. None
2c. What types of activities are you involved in with the other professionals?	**2c**. What types of activities are you involved in with other professionals within the university?
Question 3	
Characteristics of socialisation:	
3a. What do you think are the main characteristics of interprofessional socialisation?	**3a.** What do you think are the main attributes or qualities of building interprofessional relationships within the university?
3b What do you think are the advantages of working with other professionals within higher education?	**3b.** None
3c. What do you see as the disadvantages of working with other professionals within higher education?	**3c.** None
Question 4	
Barriers related to interprofessional socialisation:	
4a. Can you describe any barriers that you have experienced working with other professionals within the university?	**4a.** None
4b. If none – could you think of any potential challenges that could occur?	**4b.** None
4c. If there were any barriers, what could be done to overcome them?	**4c.** None

Question 5	
Interprofessional socialisation opportunities: **5a**. Apart from your clinical experiences, what else has prepared you to work with other professionals within higher education? **5b**. Do you have any suggestions with regards to activities that could promote early interprofessional socialisation within higher education?	**5a.** Apart from your clinical experiences, what else do you think has prepared you to work with other professionals within the university? **5b**. Do you have any suggestions with regards to activities that could help to build interprofessional relationships early on in the university before you get involved in teaching or arranging placements with other professionals?
Additional comments:	None

Transcription of the one-to-one interviews

It soon became evident whilst the interviews were transcribed, that the information obtained in the first few items of the 14-item question schedule, simply provided demographic information see (Appendix D – questions 1 & 2 and sub-questions). Whereas the latter questions provided information on the current situation with regards to IP socialisation practices with HE see (Appendix D – questions 3, 4 & 5 and sub-questions).

Pilot Study Data Analysis

Analysis of the five participant transcriptions produced detailed qualitative data. Qualitative content analysis was used to explore the data this was achieved by following the steps outlined by Smith, Flowers and Larkin (2009). These steps included; reading and re-reading, initial noting, coding key words. The participant transcriptions were imported into NVivo 10 software computer package which was a useful tool as it was an ideal repository to store the participants' interviews. Initially, manual configuration was used following the transcribing of all of the audio taped interviews.

The transcriptions were all re-read in order to perform a preliminary qualitative content analysis of the data, so that a general sense of the information could be imparted. A highlighter pen was then used to identify specific words and phrases. Smith, Flowers and Larkin, (2009), support the notion of the

researcher immersing themselves into IPA and using innovative ways to elicit information from the transcripts, as they noted, “this initial level of analysis is the most detailed and time consuming” (Smith, Flowers & Larkin, 2009, p.83).

This was followed by coding within NVivo 10, “coding is the process of segmenting and labelling text to form descriptions and broad themes in the data” (Cresswell 2012, p.243). This process helped to make sense of the data. The development of the categories and then sub categories led to the formation of the nodes; once all of the nodes had been listed they were then printed (see Appendix H). This allowed for visual clues that facilitated the researcher in order to make the connections needed in order to elicit the themes from the data. Creating categories and sub-categories enabled the researcher to see visual connections and patterns across the connections which resulted in the development of themes (Robson, 2002; Smith, Flowers & Larkin, 2009; Boudah, 2011; Creswell, 2012).

Example of Coding and Theme Development

The following partial transcript will identify key words and phrases which were linked to the question in relation to the characteristics of IP socialisation although barriers to IP socialisation were also highlighted. The transcript will be coded demonstrating the categories that were identified that led to the theme see Table 4.4. Analysis of the transcript involved using a highlighter pen to identify key words and phrases these are highlighted in red within this transcript.

Partial transcription from (Participant 22)

Question:

What do you think are the main attributes or qualities of building IP relationships within a university?

Participant:

I think at times the qualities rely on transparency, honesty and communication. Finding the time to have those relationships across the disciplines and schools when the semester is on so that is time intensive. So, you don’t have time to go outside of your department to build those relationships. What I found previously when we were in a smaller university we were all in one school and all in one building. So, we were able

to build those relationships. Now it is difficult as the university is bigger and we are all separated and there are less professional interactions and friendships.

Question:

How have you overcome these obstacles of building those relationships?

Participant:

I have liaised with other schools and I think that being transparent, honesty and good communication skills are key qualities to work across the disciplines and understand the disciplines too. The key thing is to understand the professionals that you are working with and trying to reach.

Question:

Are there any other attributes or qualities you can think of?

Participant:

No those are the main things I think are important.

End of this question within the transcript.

All of the key words and phrases were collated and organised within Tables 4.4 and 4.5. The key qualities and attributes led to the development of the 'characteristics of IP socialisation within HE' and the process continued for all of the transcripts. Once the manual use of highlighter pens were used, the transcripts were imported into the Nvivo 10 computer program and coding was also undertaken with this software to compare the key words and phrases. Categories were formed followed by sub-categories and finally the themes were developed see (Appendix H).

The following Tables (4.2 and 4.3) demonstrate how the demographic data from the transcriptions have been analysed.

Table 4.2 provides demographic information of the HPEs who participated within the Pilot Study and how long they had been in their given profession and the length of time they had been in academia.

Table 4.2 Demographic Information

Professionals who participated in Pilot Study	Length of Time in profession	Length of Time in academia
Occupational Therapist	16 months	3 months
Public Health Education	8 years	2 years
Physiotherapist	17 years	6 years
Nurse	34 years	24 years
Dietitian	35 years	25 years

Table 4.3 provides a breakdown of the five participants' involvement with other professionals within the university as well as the types of activities they were involved in together and finally when they started to work with these professionals. Within this study the reference to participants will be continued throughout this thesis, as this respects the contribution that they had made in participating within this study.

Table 4.3 Current Socialisation Practices

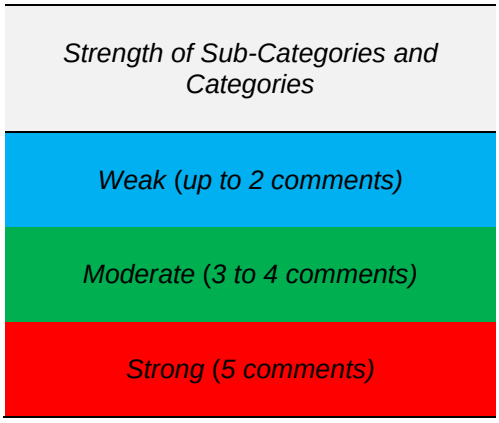
Professional Role	What professional groups do you work with within the University?	What types of activities are you involved with the other professionals?	When did you start working with other professionals?
Public Health Educator	Nurses, Physiotherapists Occupational Therapists	Co-teaching	2-3 years after commencing at the university
Nurse	Paramedics Psychologists Physiotherapists Occupational Therapists Dietitians Midwives Social workers	Co-teaching IP Meetings	2 years after commencing at the university
Dietitian	Speech Pathologists Pharmacists Nurses	Co-teaching National and International student placements Preparation and delivering IP workshops PhD Supervision	4-5 months after commencing at the university
Occupational Therapist	Nurses, Physiotherapists Occupational Therapists	Co-teaching	3 months after commencing at the university
Physiotherapist	Nurses, Physiotherapists Occupational Therapists	Co-teaching	1 year after commencing at the university

Following the collation of the demographic information qualitative analysis was undertaken which identified three themes:

1) Characteristics of IP socialisation within HE
2) Barriers to IP socialisation within HE
3) Interprofessional socialisation strategies within HE

The strength of the sub-categories was determined by numeric analysis as this took into account the frequency with which the theme was discussed (Smith, Flowers & Larkin, 2009). For example, in Theme one (respect for what we can contribute to each other's professions and knowledge) 3 participants offered comments to support the sub-category, and this was considered 'moderate' (green). Compared to (there is similar professional understanding and perspective) which had 5 participant comments and was considered strong (red). The sub-categories represented in Tables 4.4, 4.5 and 4.6 are shown as either weak, moderate or strong by the different colours as this conveyed the power of the sub-category relative to the others identified. Figure 4.1 illustrates the colour matches to the relative strength of the sub-categories.

Figure 4.1 Colour matches to the relative strength of sub-categories and categories in the Pilot Study



Theme 1: Characteristics of IP socialisation within HE

The participants' comments highlighted that there were positive and negative characteristics associated with IP socialisation within the University.

One of the strongest categories that all five participants agreed on was an, 'understanding and perspective' of each other's roles. Whilst another moderate

response was, ‘using a common language’ and having ‘respect’ were categories that demonstrated a level of appreciation for the other professionals’ contribution. However, some of the weaker responses surprisingly characteristics such as, ‘communication and listening skills’ were identified by only two of the participants. In addition, there was one response related to working in ‘silos’. These comments reflected the diversity of their IP experiences and current perceptions of IP relationships.

The following statements were taken verbatim from the three of the five participants interviewed and offer examples of some of the key words and sub categories that were identified.

Examples of participants’ comments in relation to characteristics of IP socialisation within HE:

> *Excellent communication skills and respect for each other’s professions and knowledge. Respect for what we can contribute and having good listening skills* (Participant 3).
>
> *People not being able to understand each other because they use their own jargon…making sure we use a common language to communicate with each other* (Participant 1).
>
> *…it gives me that appreciation and understanding of what happens to the patient’s journey from different perspectives. It stops me getting blinkered in silos* (Participant 4).

Table 4.4 Theme Development: Characteristics of interprofessional socialisation within higher education

Categories	Key Words and Sub Categories from Participants
Learning from each other's roles and sharing ideas. Working together and sharing information for a common cause students and patients	Working together/Sharing of ideas/common cause
Appreciation of each other's roles and opinions by using a language that is common to all professions	Common language/Appreciation
There is similar professional understanding and perspective	Understanding/ perspectives
Respect for what we can contribute to each other's professions and knowledge	Respect
Still working in professional silos	Silos
Excellent communication and listening skills, being honest and transparent	Communication/transparency/honesty
One profession taking on a dominate role	Power and Influence
Example of working in a team to students. Professional interactions and professional friendships can be visually positive for students	Friendship/ Interaction
All professionals equally contributing to students learning experiences	Equal contribution
Logistics of trying to get all professional involved in student learning activities	Logistics

Theme 2: Barriers to IP socialisation within HE

Responses to the barriers participants experienced were rated low with one to two responses for each category. Participants referred to, 'not enough time' as this next comment demonstrates, "everybody is very busy" (P3) to socialise interprofessionally as well as, "not sharing information" (P1) because participants felt that their ideas would be used by another professional. The remaining categories were also believed to have created barriers to IP socialisation within the university. Examples of these were responses such as, "using jargon prevents good communication" (P1) and that the faculty needed

to support IP socialisation of its professionals as they noted that this was, “not valued” (P5).

The following statements were taken verbatim from two of the five participants interviewed and offer examples of some of the key words and sub categories that were identified:

Examples of participants’ comments related to barriers to IP socialisation within HE:

> *Time…time. If you’re looking at socialisation as well from the perspective of that um…then everybody is so rushed off their feet, everybody is very busy so there is not a lot of time to encourage socialisation. You’ve got 10 minutes before class or maybe 5 minutes before to say what we are doing today* (*Participant 3).*
>
> *They don’t want to share information because you think others will pinch your ideas. Instead of understanding that you are sharing for the betterment of the students you are teaching* (*Participant 1).*

Table 4.5 Theme Development: Barriers to interprofessional socialisation within higher education

Categories	Key Words and Sub Categories from Participants
Not enough time to encourage IP socialisation	Time/too busy/no time to socialise
Not understanding the other professionals perspective	Different perspectives/ creates tension
Using professional jargon prevents effective communication	Jargon/barrier to communication
Not sharing information for fear that information will be stolen	Sharing Information/professionals pinch ideas
Not sharing information to encourage education and research	Education/Research/fearful of losing information/lack of recognition
Support needed from faculty so that changes can be made to support interprofessional socialisation	Structural/not valued/separated/buildings/bigger university

Theme 3: Interprofessional Socialisation Strategies within HE

Participants identified a number of IP socialisation activities which they considered to be strategies that encouraged professional collaboration. Some of the moderate responses related to 'interprofessional workshops' where the different disciplines could be involved in workshops specifically designed to focus on IP educational activities. As well as IP workshops designed for students IPE experiences, comments included "an opportunity for a couple of hours for a workshop would be fantastic" (P5). Some of the weaker categories with one or two responses identified that an 'interprofessional orientation or induction' would have been beneficial, or 'joint curriculum planning' would be an opportunity for professionals to share their knowledge, ideas and experiences as noted by this next comment, "curriculum planning would help" (P4).

The following statements were taken verbatim from three of the five participants interviewed and offer examples of some of the key words and sub categories that were identified:

> *Team building where the professions get together and have a socialisation period even if there was an opportunity for a couple of hours for a workshop would be fantastic …where we have the chance to do the activities like the students…* (Participant 5).
>
> *Joint curriculum planning would help...I'm not sure how this would work logistically…but curriculum planning would help in relation to delivering training and education* (Participant 4).
>
> *It would be good to have an orientation or an induction so that tutors come together and information is exchanged before we start* (Participant 2).

Table 4.6 Theme Development: Interprofessional socialisation strategies within higher education

Categories	Key Words and Sub Categories from Participants
Interprofessional first year preparation workshops	Interprofessional workshops/ IPE capability framework
Activities like the students (IPE workshops)	Scenarios/build relationships
Problem solving scenario workshops with other professionals	Learning together through teamwork
Joint curriculum planning	Clinical experiences/ Standardisation
Interprofessional leadership program	Teaching and learning modules/Training/CPD points
IPE information for educators	Email information/ Support network
Interprofessional orientation/induction for educators	Open day/ Orientation/Induction/meet and greet/social environment

Summary

This chapter has discussed the Pilot Study which was undertaken in order to refine the interview questions, information participant form and consent form, and further refine the study processes. The data were presented through a series of Tables and Figures that demonstrated the key words, sub categories and categories which led to three key themes. These were: 1) Characteristics of interprofessional socialisation within higher education; 2) Barriers to interprofessional socialisation within higher education and 3) Interprofessional socialisation strategies within higher education. The Pilot Study achieved the aim of undertaking a small-scale version of the larger study and amendments have been made that will benefit the main study. Chapter Five will present findings from the second phase of this study and analyse the main study data.

Chapter 5

Main Study, Analysis and Results

Introduction

This chapter presents the outcomes of the main study resulting from the analysis and interpretation of data drawn from twenty-one semi-structured one-to-one interviews. The interviews were conducted with HPE participants selected from the four cooperating universities in Perth, Western Australia. The analysis processes developed and refined in the Pilot Study were applied to this larger data set. The transcriptions produced qualitative data that have been examined and the results are offered question by question and in the order in which the questions were asked in the interview. The data are presented with the support of Tables and Figures. Although the data are qualitative in nature some of the data will be presented in a numerical format. The reason for utilising numeration is that this approach can demonstrate the importance of frequency with which a particular theme is supported (Smith, Flowers & Larkin, 2009, p. 98). This also relates to some of the demographic information which can be emphasised more effectively in numerical form.

Demographic Information

Table 5.1 Lists the range of specific disciplines involved in the interviews

Professional Group	Number	Professional Group	Number
Nurses	5	Occupational Therapist	1
Medical Practitioners	3	Counsellor	1
Health Science Educators	3	Chiropractor	1
Speech Pathologists	2	Clinical Psychologist	1
Social Workers	1	Sports and Exercise Science Educator	1
Physiotherapist	1	Para-Medicine Educator	1
	15		**6**
		Total 21	

The list demonstrates the diversity of professionals interviewed as the perceptions from a selection of discipline specific HPEs was seen as central to the study scope (Jirowong, Johnson & Welch, 2011; Creswell, 2012).

The data offered in Table 5.2 and Figures 5.1 and 5.2 indicates that all of the HPEs had worked within clinical practice before undertaking an academic position within HE. All of the professional groups had indicated that they were still registered with their professional body, as this a requirement by the Health Science Faculties. The numbers of years spent within their own professional group, as well as academia are denoted at the bottom of the Figures.

Figure 5.1 Time in Profession

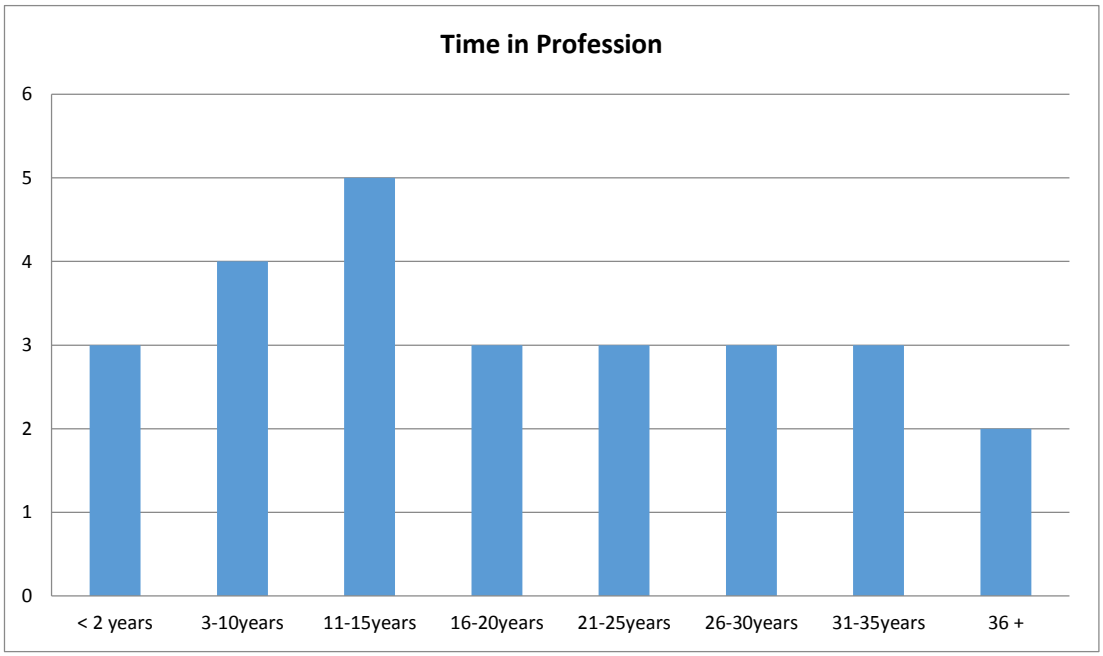


Figure 5.2 Time in Academia

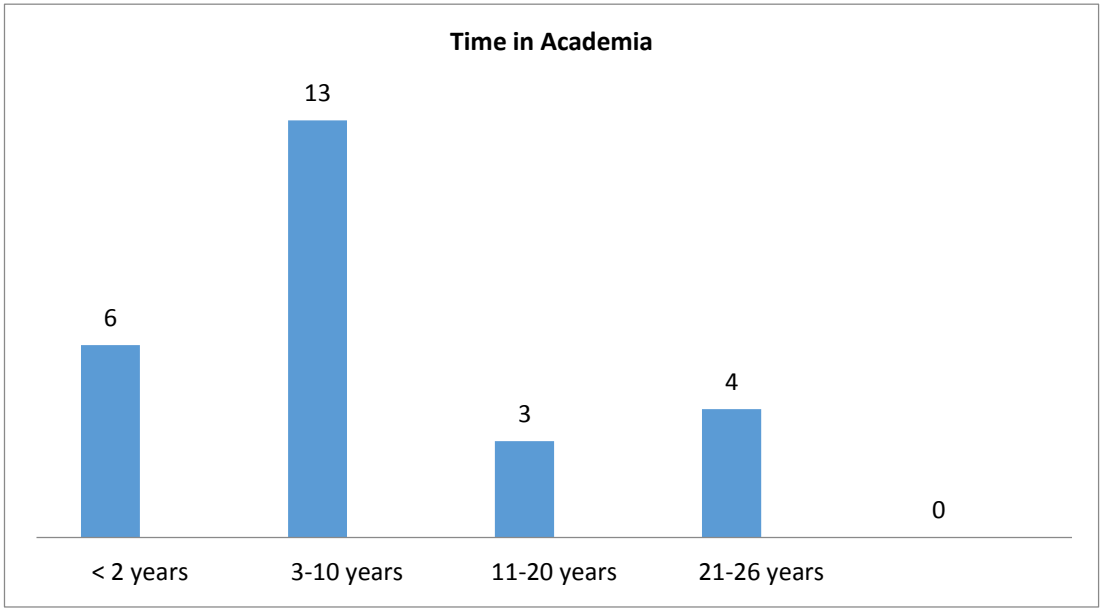


Table 5.2 (below) lists the range of disciplines that participants were working with within their universities. A total number of 22 professional groups were identified and are listed alphabetically. The list demonstrates the IP working relationship opportunities that exist within the four universities.

Table 5.2 Professional groups that participants were working with by University

University 1	University 2	University 3	University 4
Counsellors	Chiropractors	Dental Nurses	Anthropologists
Doctors	Clinical	Nurses	Bio Medical
Nurses	Dietetics	Occupational Pharmacists	Doctors
Social Workers	Dietitian	Physiotherapists	Midwives
	Indigenous Health Educators	Podiatrists	Nurse Practitioner
	Nurses	Therapists	Public Health Educators
	Paramedics		Scientists
	Psychologists		Physiotherapists
	Speech Pathologists		Social Workers
	Speech and Hearing		Sports Scientists

Theme1: Working with other professionals in higher education

This subject explored the HPEs' current socialisation practices of working with other professionals within HE. The following two questions asked participants to identify and discuss the activities they undertook with other professionals within the university, as well as when they started to work with other disciplines within HE.

Table 5.3 identified the IP activities undertaken within HE. The main activities were teaching (21) and research collaboration (14) these included projects and grant applications. Some HPEs undertook two or three of the IP activities and others undertook just one. IP workshops for students (1) and curriculum development (1) were the activities least undertaken together. These IP activities are outlined in Table 5.3, each of the 21 participants offered more than one IP activity that they were involved in, which numbered a total of 47.

Table 5.3 Activities undertaken with other disciplines within higher education

Interprofessional activity	Number of professionals undertaking the activity
Joint teaching	21
Collaborative research projects	14
Interprofessional Research committees	3
Research supervision of students	3
Supervision of students undertaking IP placements	3
Curriculum development	2
Interprofessional workshops for students	1
Total	**47**

Participants identified that the main IP activity they undertook was teaching as all of the participants had been involved in this type of joint venture. Responses such as, "doing joint lectures is beneficial" (P12) was a positive expression of the experience they had undertaken with another professional. Other professionals also supported this view and added, "currently teaching…with

other health professionals" (P6). Participants pointed to the importance of "working together" (P10) in order for them to get the job done.

Research collaboration was the next IP activity that participants responded to positively, with fourteen responses. Their involvement in relation to research included, research projects, meetings and supervision of students with comments such as "...research supervision...which has been quite successful" (P18) have highlighted positive aspects of this type of collaboration. Other activities such, "made a DVD together" (P12) demonstrated innovative IP activity. The data revealed that the collaborative nature of undertaking research interprofessionally had produced projects that had benefited the students, the universities' research profile as well the professional themselves.

Activities such as curriculum development received lower responses but participants still indicated how they were working with other professionals, "curriculum development with other professionals" (P10). The two remaining activities of, IP student's placements and IP student workshops illustrated that a range of IP activities were occurring within the universities, which provided opportunities for the different disciplines to work together.

The following statements were taken verbatim from participants who were interviewed and provide further examples of joint working within HE.

Examples of participants' comments relating to IP activities undertaken within HE:

> *I undertake teaching and collaborative research... this includes joint lectures and research as we have made a DVD together* (Participant 12).
>
> *for me personally...research supervision...which has been quite successful. It has meant that the student has had interdisciplinary contact. I am involved in clinical placements too* (Participant 18).
>
> *I put in a grant application with someone from nursing so there is collaboration going on there* (Participant 20).
>
> *…and I am involved in teaching and curriculum development with other professionals so we are working together to get the job done* (Participant 10).

The verbatim comments illustrated the variety of IP activities that the professionals were involved with. Many of the participants engaged in more than one IP activity which demonstrated the breadth of IP collaboration within the universities.

Another important question enquired about the point at which the interviewed professionals started working with other disciplines within the university. The reason for asking this question was to find out how quickly the different professions managed to work together and build IP relationships within a university setting.

Participants indicated that in the main this had happened quickly and was almost immediate on starting at the university as this participant confirms "fairly soon after I started" (P18). This would indicate that there could have been processes in place by the faculty that supported IP socialisation activities. Whereas another participant suggests that it is the professionals' responsibility to initiate IP collaboration, Participant 12 adds that "You have almost got to start working together at the beginning" (P12). Whereas this next comment makes the point that their experience had been positive because of the proximity of working in "shared buildings" (P23) and this had been influential in assisting their IP relationships.

The following verbatim statements were taken from the participants interviewed and offer examples of when the HPEs started to work with other professionals within HE.

Examples of participants' comments related to when HPEs started working with other professionals within HE:

> *Fairly soon after started I supervised a PhD student and projects with other professionals* (Participant 18).
>
> *You have almost got to start working together at the beginning... learning to work together as they were really nice people and really keen to want to make it work* (Participant 12).
>
> *When I started at the university…we would have other disciplines come in and lecture with us…always shared buildings with other professionals* (Participant 23).

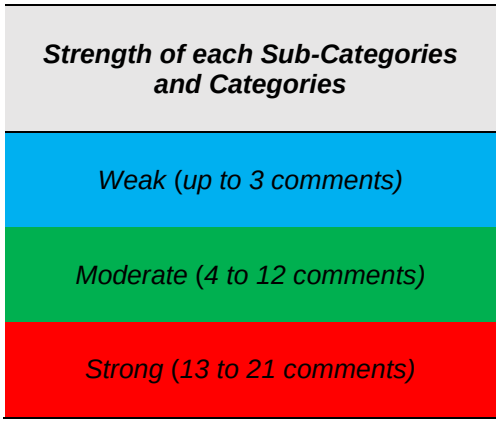
The majority of the responses to when HPEs started to work together were almost straight away or within a couple of months of starting within HE. Many of the professionals were keen to develop IP relationships and share ideas. This theme has resulted from the combination of examining the types of activities the HPEs were involved with and at what point had they started working with other professionals from other disciplines. The data in Table 5.3 illustrated the types of IP activities which have been supported by the verbatim comments from participants. The comments in relation to when they started to work together are also confirmed by some of the participant's interview commentary. 'Working with other professionals within HE' appeared to be an appropriate theme to support these findings.

Theme 2: Qualities and Attributes of Interprofessional Socialisation within higher education

The participants' responses to what they believed were the main attributes or qualities of building interprofessional relationships within HE are presented in Table 5.4. This question was revised following the Pilot Study findings which had originally asked the participants to identify the 'main characteristics' associated with building IP relationships. So, the terminology was changed in order to clarify the question in the main study.

The strength of the sub-categories was determined by numeric analysis as this took into account the frequency with which the theme was discussed (Smith, Flowers & Larkin, 2009). For example, in theme two (honesty and transparency) 3 participants offered comments to support the sub-category, and this was considered 'weak' (blue). Compared to (understanding others' perspectives) which had received 15 comments and was considered strong (red). The sub-categories and categories represented in Tables 5.4, 5.5, 5.6 and 5.8 are shown as either weak, moderate or strong by the different colours as this conveyed the power of the sub-category relative to the others identified. Figure 5.3 illustrates the colour matches to the relative strength of the sub-categories and categories.

Figure 5.3 Colour matches to the relative strength of sub-categories and categories in the Main Study



Each of the 21 participants offered more than one characteristic associated with IP socialisation. The main category with the majority of responses was 'understanding others' perspectives', participants were confident in their responses about the significance "to understand" (P26) another professionals point of view in order to have "a greater appreciation of people's perspectives" (P18) which was important because it demonstrated how they valued one another's opinions. For one of the participants what was important to them was not just interacting on an academic level but "getting to know them and understanding them as people" (P11).

The next highest category was the importance of 'communication and interpersonal skills' between professionals. The participant's comments illustrated that when undertaking activities such as teaching, good communication was the key to facilitating effective partnerships "good communication is important" (P21) and "good interpersonal skills" (P24) were regarded as essential attributes. With professionals referring to "communication and the capacity to communicate clearly" (P26) because sometimes the language being used to clarify issues was at times confusing.

Respect was regarded highly by participants and was equally important as showing an appreciation of the others' role. This was illustrated by comments such as "respect has got to be one of the bottom line" (P26) as well as "respect each other's values and role boundaries" (P13).

This was followed by ‘learning from each other and sharing ideas’ with participants wanting to “I want to share good practice and ideas” (P11) and appreciating that others may also want to “share information to learn” (P7). This led to the next attribute ‘being open and willingness’ by being flexible in their approaches to being collaborative. These could only be achieved by participants being cooperative with each other and having positive collegial interactions which were at the basis of these comments, “people being open” (P20) and “people’s personalities” (P24) were significant for professionals feeling that they were “comfortable with each other” and “using initiative in developing those relationships” (P25). Being honest and transparent was also viewed as vital to establishing collegial relationships, responses such as “I think at times the qualities rely on transparency, honesty and communication” (P22) supported these attributes.

Finally finding ‘common goals or common ground’ featured as another attribute for some participants as they believed they could only work together if they had something in common to work towards, “I guess the first one would be a common goal” (P16) and “I think you need to know what common goals you are working towards” (P17) so that they had “common ground” (P12).

This theme demonstrated that professionals valued different qualities and attributes within their colleagues. Understanding what other professionals regard as being important appeared to have created opportunities to build effective working relationships. Finding commonalities as well as sharing ideas was appreciated by the participants, and showing respect through effective interpersonal skills was valued. Communication was the key to all of these attributes as being open and receptive to others assisted with the development IP working practices. The following Table 5.4 (below) presents the key words and phrases that were coded to develop the categories and sub categories. Connections were made across the categories with patterns emerging which led to the development of the theme.

Table 5.4 Theme development: Qualities and attributes to building IP relationships within the university

Categories	Key Words/Sub Categories from Participants
Learning from each other's roles and sharing ideas by working together	Learning from each other/Sharing of ideas/working together/good practice
There is similar professional understanding and perspective and appreciation of each other's roles and opinions	Understanding/ perspectives/appreciation
Respect for what we can contribute to each other's professions	Respect/contribution/valued/recognition
Excellent communication and listening skills and using the same language to understand each other	Communication/good interpersonal skills/language/communicate clearly/reduce misunderstandings/comfortable
Example of working in a team to students. Professional interactions and professional friendships can be visually positive for students	Friendship/ Interaction/collegiality/role-modelling/peoples personalities
Finding common goals and ground	Common goals/same purpose/commonalities
Being adaptable and open to creative approaches	Flexibility/ collaborative
Motivation to working together collaboratively and open to other professionals' views	Openness and willingness/understanding/trust/receptive
Being clear about roles and responsibilities when undertaking IP activities	Transparency/honesty/collegiality/role boundaries

The following statements were comments made by the participants interviewed and offer examples of some of the key words and sub categories that were identified and are illustrated by the participants' experiences related to this theme. These were interesting statements as suggestions were made for ways in which professionals could collaborate more effectively outside of their professional groups. The overall statements were positive in relation to the attributes and qualities they believed were important to them.

Examples of participants' comments related to the qualities and attributes of IP socialisation within HE:

> *Respect has got to be one of the bottom line in order to appreciate the best outcomes. To understand what each other bring to work collaboratively. Communication the capacity to communicate clearly to understand where they are coming from. For people to respect or honour others body of knowledge. To listen and be reflective of what you are hearing and be flexible and collaborative* (Participant 26).
>
> *I think a lot of ways you need good interpersonal skills you need to be open to other ideas and you need get out of your silos to get listen to others and engage with other professionals* (Participant 24).
>
> *Role clarification is really vital, so that I know where I stand and when to bring in the other person. So especially when doing research and teaching to be respectful to listen and to collaborate* (Participant 9).
>
> *For me the most important attribute or requirement for working together is collegiality. If you are willing to listen to your colleagues and they are willing to listen to you and if you are open to ideas and are just prepared to talk through and keep people in the loop and involved and share ideas…that is the most important thing* (Participant 10).
>
> *I gained a greater appreciation of people's perspectives and how they could contribute specifically in psychology* (Participant 18).

Theme 3: Advantages and Benefits of Working with Other Professionals within higher education

This theme was developed following the exploration of key words and phrases which related to the advantages and benefits of working with other professionals within HE. The participant's responses were coded and categorised and are presented in Table 5.5 which identified five categories.

The data revealed that the advantages and benefits of working with other professional groups within HE were viewed positively by the participants. The largest advantage being the 'broadened perspectives of others' roles' which referred to a greater understanding and insight into another professional's role, "it broadens the experience from another person's perspective" (P6). Whereas, another participant viewed this advantage as a way in which it "helped my professional development with her and I helped her with nursing issues" (P7) with other comments including "the benefits are the translation of knowledge particularly in health" and "the sharing is a real advantage" (P22).

This would appear to be similar to the category 'learning from another professional' although these categories have similarities the participants' examples illustrate the differences between the categories. Joint teaching was noted as an effective way in which to 'learn from another professional', as this type of activity enabled professionals to observe each other's teaching approaches with students, and the types of teaching methods and strategies they used within the classroom. "There's a lot of advantages in bringing additional views from a different field and how these intersect" (P20) stated one participant. Whilst another suggested that "I can see massive benefits for all parties' students and educator, having professionals learn from one another" (P7) and a final comment declares "the advantages are massive" (P8).

Sharing best practice and ideas was seen another advantage which acknowledged that the "cross pollination of ideas" (P24) by sharing knowledge and skills enhanced educational practice. As one participant pointed out, "sharing best practice…you don't know what you don't know" (P11) which professionals identified as a way in which to overcome some of their knowledge deficits. Sharing good practice enabled them to strengthen their working, teaching practices which linked strongly to the category of 'expertise' as one participant noted, "their expertise…they have a specific body of knowledge" (P7). Professionals viewed this as an advantage because they understood that they could not know all that was need to be known which was shared by participant 11 previously.

Participants viewed role-modelling as their final advantage of working with other professionals which they indicated was demonstrated through activities such as joint teaching and other IPE activities such as facilitating workshops. Comments such as "visually positive" (P6) were phrases that illustrated the importance of professionals demonstrating cooperative and collegial behaviours when involved in IP activities with students. This phrase also inferred that students would be able to observe positive interprofessional interactions, which provided the student with examples of affirmative professional behaviours. This was supported by this next comment "there are only advantages because it's going to benefit the students" (P6) and finally, "I

see an advantage for the students and staff" (P11). Although the category role-models were viewed as a positive advantage of IP working surprisingly it only attracted a low response rate.

The following Table 5.5 presents the key words and phrases that were coded to develop the categories and sub categories. Connections were made across the categories with patterns emerging which led to the development of the theme.

Table 5.5 Theme development: Advantages and benefits of working with other professionals within higher education

Categories	Key Words/Sub Categories from Participants
A greater understanding and insight into another professionals' role	Broadened perspectives/bigger picture
Each professional has knowledge and skills that can be shared	Expertise/ body of knowledge/benefits everyone/research
Finding that there are different ways of working from other professionals	Learning from professionals/professional development
Examples of interprofessional working for students to observe	Positive role models/staff and students/massive advantages/visually positive/friendships
Cross pollination of knowledge and skills to enhance educational practice	Sharing best practice and ideas

The following statements were taken verbatim from the participants interviewed and offer examples of some of the key words and sub categories that were identified and are illustrated by the participants' experiences related to this theme.

Examples of participants' comments in relation to advantages and benefits of working with other professionals within HE:

> *I guess again it broadens the experience from another person's perspective. So to have another person that you are working with give the other side of the story... It kind of fills in the blanks and allows both of you to help the students learn by giving an example of working in a team...by sorting that out you can trouble shoot before you get into the clinic and also demonstrate that there is an interaction or a friendship*

there before you go into the profession... and that they see oh that's them and that's us they can see that we have that interaction can be visually positive (Participant 6).

The advantages are massive…I've learnt a lot from other professionals that I have had the privilege of working with (Participant 8).

You learn off other people. You get tunnelled vision on your own but when you work with other people, you see different ways of working it opens up your eyes and maybe another way of doing stuff... Cross pollination of ideas... so it is really good for...so if you are involved in research and stuff ... I think it makes me aware of the bigger picture (Participant 24).

Theme 4: Barriers and Disadvantages to IP Socialisation within higher education

Participants indicated that they had experienced IP barriers and that there were disadvantages to working with other disciplines within HE.

Theme four explored the barriers that participants may have experienced whilst working with other professionals within HE. These responses were coded and ten categories were created which can be seen in Table 5.6. The ten categories include both barriers and disadvantages to working interprofessionally within HE. This question was originally analysed within the Pilot Study, however whilst transcribing and analysing all of the interviews the data revealed additional categories. Each of the 21 participants offered more than one IP barrier or disadvantage.

The major barrier with the majority of responses was 'time constraints', followed by the 'lack of support by the faculty' with a moderate response rate. The lack of time was cited as one of the biggest issues within academia with professionals feeling constrained by their workloads which interestingly received moderate responses. Comments that illustrate these barriers were "the biggest barrier I think has been time" (P8) and the reason participants gave for this was that they were so busy doing other jobs to pursue IP relationships to collaborate on IP activities. Another comment made was, "we are teaching most of the time and we are very busy" (P19). Finally, "Time umm..." and "caseloads are different" (P12) which they referred to as been

different for different professionals but in addition that having large caseloads were preventing them from working with other disciplines.

The professionals believed that there was a contradiction by the school and faculty. This was because although they were encouraged to collaborate and maximise IP opportunities, there were no formal processes in place to support this. This was echoed by comments “did not have a system for us to work together” which they found, “disempowering” (P6) as a professional academic. Other comments included “some structure in place to offset the barriers” (P26) was needed to support and encourage staff to work with other professionals. However, this discussion had comments that suggested how these barriers and difficulties could be overcome such as, “if it was invested in by leadership...then that would be the best outcome” (P26).

The participant’s comments confirmed that both ‘time constraints’ and the ‘lack of support by faculty’ were preventing the establishment of IP working relationships and IP activities. Without the appropriate structures and systems in place professionals believed that IP socialisation was not valued by the University. There was also the belief that they would have to take the initiative if IPC was going to take place.

Lack of funding was also considered to be a barrier and there appeared to be a connection between the ‘lack of faculty support’ with minimal systems and structures to support IP socialisation and monetary investment. This was illustrated by comments that included, “sometimes funding is the fundamental part to pull it all together” (P7). Without the monetary investment to support IP collaboration, professionals would find it challenging to establish IP relationships outside of their own schools unless it was part of their agreed workloads. This was simply pointed out by phrases such as, “there’s no money” (P11).

The next highest response was ‘power struggles’ with responses which included issues such as, IP competition and professional rivalry. Participants had indicated that they had experienced this type of negative behaviour by other disciplines with comments of, “It can be very competitive” and “people are not always ethical and do not follow moral codes” (P22).

Participants also discussed how sometimes there were difficulties because of “people’s personalities” (P24) and that there were some disciplines who behaved in a way that implied they were more important than another professional group. This was illustrated by phrases such as “perceived superiority” and “hierarchy in the professions” (P7), which sometimes led to personality clashes which participants said, had affected IP working relationships, especially as they had worked with “arrogant” (P24) individuals.

The participants’ comments in relation to this category all declared that ‘power struggles’ had been a disadvantage to building IP relationships especially with other disciplines. Professional rivalry has presented itself in different forms such as, perceived superiority, arrogance and even competiveness and these were all barriers within this theme.

Another barrier identified by participants had been with professionals working in silos. This has meant that some professionals have been reluctant to cross professional boundaries to engage with other disciplines. The participants had tried to understand why other professionals may have behaved in this way. Comments pointed to professionals, “getting cliquey” (P14) and not wanting to collaborate outside of their professional group which had led to participants suggesting that they needed to “get out of your silos” (P24). Other views included getting “pigeonholed into your own profession” (P14). These comments offered some insight by the participants who acknowledged that professionals sometimes find it difficult to work outside of their “comfort zone”. This can be perceived as being ‘cliquey’ belonging to a unique group and not wanting to involve others.

One of the disadvantages participants referred to was that professionals had ‘different assumptions’ and ‘different professional perspectives’ as this had become evident to them, because they had experienced negative reactions when they had tried to share their ideas. Comments confirmed their experiences as they pointed out that, “when we come at things from very different perspectives” (P18) this can create tensions between professionals due to them making assumptions about what had been suggested, and therefore not acknowledging the other professionals’ viewpoint. Some

individuals suggested that perhaps the other professional had not taken the time to understand or recognise the differences within professional cultures which led to “territorial” (P18) issues due to “own training” and “we use our own language...so we make assumptions” (P18). This appeared to be a complex situation as there were a variety of factors that influenced the professionals’ perceptions of each other.

This led onto the next barrier which related to ‘different professional language and ineffective communication’. Participants suggested that barriers such as communication could be overcome if all professionals used a common language that everyone understood. “Getting a common language” (P24) was advocated by this participant, who stated that getting down to “basics” was needed so that all professionals could understand each other.

Other participants’ views included that “some structure in place to offset the barriers and build a common language” (P18), was needed by the faculty and university which recognised the importance of professionals being able to communicate more effectively. “Need good interpersonal skills” (P24), states this participant who maintained that having effective interpersonal skills was the answer to overcoming language barriers and building IP relationships.

One of the other barriers identified was ‘fear of been academically inadequate’. This related to participants “internal barriers” (P25) within themselves, their belief was that they were not academically credible especially within the arena of research. This was because they said, “I have not been confident to collaborate” (P25) and this had prevented them from establishing some IP relationships. However, this participant found a way to overcome their fear by, “building the relationship” prior to them getting involved in any research projects or groups, thereby facing a personal challenge.

One of barriers with the lowest response rate was ‘education and research’. This barrier related to not sharing information that would promote IP educational activities and research. Participants views included, “not being open” and “feeling threatened” (P18) by the prospect of having to share information that they believed they owned and also other professionals being,

“defensive” (P18) when asked to share vital data. These types of responses indicated that professionals faced challenges to work interprofessionally.

It was interesting to note that the participants also provided strategies for overcoming some of the barriers identified. The following findings focused on the strategies participants used to achieve IP working practices within HE. There were a number of participant comments in relation to what processes could be put into place to reduce potential barriers as this next comment illustrates, “if professionals were open and respectful” (P18) this would assist with the development of IP relationships. Whilst another comment with regards to, “getting together at the very start” (P23) helped to maintain ongoing IPC.

The lack of funding and faculty support appeared to be important concerns for the participants within this study, especially as these were external barriers over which they had little power and control over, whereas, in contrast, internal barriers such as personal confidence and practicing ethical and moral codes were within their scope of control. Promoting a common language, being open to different professional perspectives and practising effective interpersonal skills could be viewed not as disadvantages but challenges that could be overcome. The following Table 5.6 presents the key words and phrases that were coded to develop the categories and sub categories. Connections were made across the categories with patterns emerging which led to the development of the theme.

Table 5.6 Theme development: Barriers and disadvantages to interprofessional socialisation within higher education

Categories	Key Words/Sub Categories from Participants
Not enough time to encourage IP socialisation	Time constraints/busy/different caseloads
Different professional perspectives and negative reactions to ideas and responsibilities	Different assumptions and perspectives/own ideas not willing to share
Professionals use different terminology and language – makes communication difficult	Different professional language/ ineffective communication/common language needed/need good interpersonal skills
Not sharing information that may encourage IP education activities and research	Education/research/threatened/ Competitive/rivalry
Fear of been academically inadequate	Not confident to collaborate/ credibility with other professionals/internal barriers
Not supported by the faculty of health science and no systems in place	Not valued/imbedded permanently/structural changes needed/ cultural changes needed
Over committed with existing School activities	Workload issues/not valued/lack of recognition for IP activity
No monetary investment in IP collaboration	Lack of funding
Crossing boundaries by working outside of your professional field and collaborating with others	Silos/get together at start/ lack of respect/lack of confidence/territorial/own training/pigeonholed/cliquey
Perceived superiority and challenging behaviour. Conflicting IP agendas	Power struggles/ IP competition/ IP rivalry/ defensive

The following statements were taken verbatim from the participants interviewed and offer examples of some of the key words and sub categories of the barriers and disadvantages that were identified and are illustrated by the participants' experiences.

Examples of participants' comments in relation to IP barriers and disadvantages within HE:

> *Time umm ...another thing is caseloads are different and you work in teams so getting to work with another professional team would be difficult* (Participant 12).

The barriers have been with me because I have not been confident to collaborate, time and resources and my internal barriers (Participant 25).

University support is needed to put in the extra time and effort because it is valued. So, some structure in place to offset the barriers and build a common language (Participant 18).

Only if there is perceived superiority in terms of the professional group you may get that in medicine but we don't have that group at the university. You can get that hierarchy in the professions…but potentially that could be an issue for interprofessional working especially with the medics (Participant 7).

I think a lot of ways you need good interpersonal skills you need to be open to other ideas and you need get out of your silos to get to listen to others and engage with other professionals (Participant 24).

Because there are always tensions I guess simply even with people in your own profession umm... when we come at things from very different perspectives because of our own training...we use our own language...so we make assumptions (Participant 18).

Theme 5: Interprofessional Socialisation Strategies within higher education

This theme was developed following the exploration of key words and phrases which related to the preparation of participants to work with other professionals within HE as well as, the participant's suggestions with regards to socialisation activities that would encourage IP collaboration within the university. The participant's responses were coded and categories were created which led to patterns and the overall theme. The categories are presented in Tables 5.7, 5.8 and 5.9.

This theme was divided into two parts with the first part presenting the findings from activities that had prepared the participants to work with other professionals within HE. These findings will be outlined first. An analysis was undertaken of the verbatim comments made by the participants. The responses produced a range of different experiences and IP activities. The similarities of participants' experiences were grouped into three categories. These were: 1) Opportunities that were available; 2) Personal experiences; and 3) Nothing had prepared them but the following activities would have been

beneficial. These comments and groupings can be viewed in Table 5.7. Each of the 21 participants offered more than one IP activity and IP experience.

Part 1

The participants' initial comments referred to their preparation of working with other disciplines within academia, "nothing as such in terms of preparing me" (P22) was declared by some whilst others stated, "I don't think you are prepared" (P7). In contrast, more positive comments with regards to the participants' variety of personal experiences of what had prepared them were, "family members who were health professionals", (P8) and "I was working clinically which helped me engage with other professionals" (P21), as well as "my experience of networking" (P11). These comments confirmed that participants' personal and professional experiences of IP socialisation were varied and that external preparation to work within academia was subjective. However, other participants shared their suggestions with regards to what they believed would have helped them once they were employed by the university, "there needs to be some initiation", (P7) as there was "nothing formalised" (P23) stated this participant. Other comments included that there needed to be some "formal or informal structures" (P8), with suggestions of a formal orientation or induction to support the transition to academia and to work interprofessionally would have been beneficial.

However, some professionals found their own ways in which to collaborate with other professionals and disciplines within the university, 'there was a teaching and learning forum" (P17) stated one participant, whilst another confirmed that this had, "helped me to meet other professionals" (P12). Some of the other IP opportunities were, "IP seminars" (P24) and "workshops and retreats" which they indicated "made it my business to go" (P26). Whilst other participants pointed to other factors that had provided opportunities to collaborate, "proximity" (P25) to other disciplines had been helpful as well as participants using their own initiative to "I would look for people myself" (P23) because they had "the natural capacity to talk" (P9), although they acknowledged this required "personal effort" (P6).

The sample of participants that shared their personal experiences reinforced how important it was to have had prior learning experiences. This was because they believed that they were already equipped with the knowledge, skills and confidence to be able to work, not just within their own professional group, but with other disciplines as well. Some of the activities that had been identified by participants that would have been beneficial to them when starting within academia will be explored further in the next section of this theme. Table 5.7 presents the findings from the participants' responses that have been grouped together of the, opportunities that were available, personal experiences and what would have been beneficial.

Table 5.7 What activities or experiences had prepared the HPEs to work with other professionals within higher education?

Opportunities that were available	Personal experiences	Nothing had prepared them but the following activities would have been beneficial
Interprofessional orientation Teaching and Learning courses for new academics Shared teaching Proximity of other health professionals Seminars and Presentations by other professionals	Working in other jobs Interactions and relationships with others i.e. friends and family who are health professionals Confidence to communicate with others Clinical experiences of working with other professionals Life experience Own initiative to go to workshops and retreats	Formal or informal preparation structures An initiation Ice breaking activities Orientation or Induction An elective interprofessional unit /study for professional development Proximity of other health professionals

The following statements were taken verbatim from the participants interviewed and offer examples of some of the key words and sub categories of the participants' preparation experiences of working with other disciplines within academia.

Examples of participants' comments with regards to what had prepared them to work with other professionals within HE:

> *Nothing as such in terms of preparing me... but when I first came to the university it was very small and we had more disciplines within one building* (Participant 22).
>
> *I don't think you are prepared so you get on with it...so you don't know what the expectations are necessarily. There needs to be some initiation because we are an interprofessional faculty now. This is what we do in terms of our teaching and learning strategies we should all be coming from the same place* (Participant 7).
>
> *Yes I have never thought about that because often when you come into a uni you just have to get on with it. I just think you are left to learn without there being formal or informal structures* (Participant 8).

Part 2

This part of the theme will present the findings of what participants had suggested in relation to the types of IP activities which could be used to promote IP socialisation within HE. The participant's responses were coded which were then categorised and sub categorised which led to patterns and the overall theme. The categories are presented in Table 5.8. Once these activities were identified they were divided into two parts; formal and informal socialisation strategies which can be viewed in Table 5.9.

Formal and Informal IP Socialisation Strategies

The formal and informal socialisation strategies that participants had suggested were created in order to promote IP socialisation within HE. The rationale for dividing the socialisation strategies into formal and informal activities was decided upon from the participants' comments in relation to attending formal or informal events.

One of the participant's comments was instrumental in the development of the two types of IP activities, this was because they believed that the socialisation

of professionals “I think would need to be more formal than a morning tea” (P16). However, in contrast this next comment adds their support for formal and informal activities, “we have plenty of informal opportunities, so formal things such as seminars could be way to create opportunities” (P24). Both participants had their own ideas about how they wanted to collaborate with other professionals that were helpful, but the terms formal and informal were the phrases that assisted with the development of dividing the strategies which provided a more logical order of the socialisation strategies suggested.

Formal IP Strategies

Eight categories were identified with a majority of responses that referred to the development of an ‘Interprofessional leader or representative’. This role would be to specifically seek out and encourage IP engagement that linked professionals, built and fostered greater IP collaboration. Views from participants included, “a leadership position” or maybe an “interprofessional representative” (P25) that understood the different disciplines expertise and could facilitate opportunities for them to meet and share ideas as well as support IP collaboration. This could be a professional who understood the advantages of connecting professionals with similar teaching, research or professional interests. Perhaps “you need a driver or a leader to bring those things together” someone “key” (P22) who was specifically appointed for the task of coordinating IP socialisation activities across all professions.

Many participants also noted that ‘IP workshops’ would offer opportunities for team building or team working and many of the participants supported this strategy. Comments such as, “team building where the professions get together” and “in a workshop” (P6). Another participant adds, “share types of teaching and also curriculums” (P8). Sharing ideas with other professionals was viewed as being extremely beneficial to the participants. ‘Professional development days’ was another strategy identified by participants as a way to meet and learn from other professionals. As this next comment illustrates, “you learn from others and it adds to your own professional development” (P11). Whereas, another participant makes the point that, “you could accumulate professional development points” (P24). The view that this type of

development could produce incentives such as continuing professional rewards appeared to be an attractive outcome and a worthwhile IP activity.

Another formal activity suggested by participants was an “IP orientation or induction” which could be organised by the faculty. Some participants believed that an orientation or induction was important for their transition to a new organisation, as this next comment confirms, “Universities need to have good induction and orientation programmes” (P6). Whilst this next participant states, “I think it would be good to be orientated to what is going on in a university” (P12). Participants within this study were divided as their experiences with regards to receiving a formal induction had been different with only half of the participants being able to attend this type of event whilst others were not provided with that opportunity.

IP teaching, IP research meetings and joint curriculum planning were all strategies identified and created from the participant’s responses. Several participants indicated that IP teaching was an effective method to engage with other professionals. “teaching” and “it’s really good” were what (P23) said about teaching with other disciplines. Role-modelling was another beneficial facet of teaching with another professional because of the IP interactions that students had the opportunity to witness which as this next participant declares is, “visually positive” (P7). For these participants the observed IP cooperation and collaboration of teaching within an educational context was important not just for them but also for the students.

IP research meetings and joint curriculum meetings provided another opportunity for different disciplines to get together and share their knowledge, skills and expertise as this next participant comments “research with other professionals… is good” (P8) and “joint curriculum planning would help” says (P14). Both of these strategies were ways in which professionals could connect although, “time constraints” (P17) was a challenge for some of the participants.

The final formal strategy to be suggested was ‘IP mentorship’ which received a minimal response but was still viewed as being a positive possibility by this next participant, “mentoring capacity” (P6). This comment referred to the

faculty having the capacity to connect the different disciplines through a mentoring system.

The formal strategies that were identified were activities that the participants suggested could be organised and structured by the organisation. In the main, none of these activities existed besides some IP teaching of students and collaboration with regards to research projects. Therefore, the participants had expressed some original concepts and ideas.

Informal IP Strategies

Five categories were identified as informal strategies. Some participants suggested that meet and greet opportunities could be an informal way in which to meet other professionals. Preliminary IP meetings could be organised in order to introduce professionals to each other. Many of the participants had suggested that this was one of their preferred strategies as this next response demonstrates, “you need to have something like meet and greet to start with” this was in order for them to be “introduced to more experienced people” and finally concludes, “socialisation is a great idea” (P7). Another suggestion was an “open day” (P15) which was less formal than a structured induction or orientation program. Both of these strategies provided the potential for professionals to socialise with other disciplines and the view that IP socialisation would be a “good thing” (P12) was a statement made by a number of participants who were seeking out opportunities to make those connections.

A common room or a suitable social environment was highly supported by participants as an informal environment would enable the professionals to socialise in a relaxed atmosphere free from academic responsibilities. This was supported by comments such as, “If there was a common room” they believed that in terms of building IP relationships they, “would achieve more” (P9). Whilst another participant added that meeting other professionals in an informal way was better than, “it be just a top down directive” (P13). This comment reiterated that a more positive informal approach to meeting other professionals was valued rather than it being managed by their faculty leader.

This led to the next informal strategy of sharing offices or buildings to naturally assist with ‘corridor conversations’ due to the proximity of other professionals. There was a moderate response to this informal approach but noteworthy comments such as, “I think proximity makes a difference because incidental conversations cannot happen if you are separated” (P18). Participants indicated that the proximity of other professionals was an arrangement made by the faculty or university. This is supported by this next comment, “now we have expanded, those disciplines have gone to separate buildings” (P22). The view that separating disciplines into different buildings was an important development, as this could reduce opportunities for professionals to make IP connections, or have conversations that were unscripted and prevent professional barriers.

The final informal strategy was the development of a ‘virtual support network’ this could include an IP website and IPE information with regards activities that were occurring with the faculty. Comments included, “if there was an email” to connect the disciplines specifically for IP activity, “so that you can make those links” (P8) or as another participant indicated, “a virtual network or website” that could again connect professionals but also contained, “important information” (P11). Only a small number of participants suggested this type of informal approach but the suggestion was still significant because the most available and wide reaching methods to communicate with other professionals within academia was by using website technology.

Participants recognised that ideas such as the formal and informal strategies would require faculty support and that any implementation would need the patronage by the majority of professionals and disciplines to incorporate and maintain these types of activities, however overall all of the suggestions were viewed positively.

Table 5.8 presents the IP socialisation strategies before they were divided into formal and informal strategies and offer examples of some of the key words, categories and sub categories that were identified with regards to socialisation strategies that could be undertaken within HE. Connections were made across

the categories with patterns emerging which led to the development of the theme.

Table 5.8 Theme development: Interprofessional socialisation strategies within higher education

Categories	Key Words/sub categories from Participants
IP development days	IP leadership program/adds to professional development/accumulate CPD points
IP workshops/learning together	IP workshops/ team working/ team building/professionals get together/share ideas/learn from each other
Virtual support network/IPE website	Web technology/ provide important IPE information/connect easily
IP Orientation/Induction	IP introduction to health faculty/organised by faculty
Meet and greet/introductions/Open day	Informal IP meetings – opportunities to be introduced to other professionals/ IP socialisation/good idea/reduce anxiety
Social environments	common rooms and community events/relaxed atmosphere/ achieve more/not coerced by faculty
IP leader	IP representative/leadership position/champion/IP expertise/key person//driver/connect people
IP curriculum development and planning	Development/ planning/ joint IP curricula /shared learning and problem solving/time constraints
IP Teaching	Co-teaching with other professionals/role-modelling/visually positive
Proximity of offices and buildings	To facilitate and promote IP incidental meetings and corridor conversations/proximity/relationship building
IP Mentors	mentor from another discipline within faculty/mentoring expertise/shared learning
IP Research Meetings	IP meetings/research projects/ grant applications or student supervision

Examples of participants' comments with regards to IP socialisation strategies before they were divided into formal and informal activities:

> *We're not going to effect the change unless it was invested in by leadership and that would be the best outcome* (Participant 26).
>
> *So, something like an Open Day for the staff* (Participant 15).
>
> *I think you often need to get collaboration or socialisation practices by someone like a driver or a leader to bring those things together.... Perhaps a certain person that can connect people because you do not leave your office so you are not going to connect with someone. But someone in place to build and drive that, because that could be the key* (Participant 22).
>
> *If there was a common room where the tutors meet on a regular basis just for a cup of coffee and a chat...where you stopped by so that you could discuss what worked well and what did not. I think we would achieve a bit more* (Participant 9).
>
> *Virtual network or website with some important information would be useful* (Participant 11).
>
> *I think proximity makes a difference otherwise incidental conversations cannot happen and I miss out...because we do not have structured times and opportunities are missed to connect and we are all so busy* (Respondent 18).

The following Table 5.9 outlines the formal and informal strategies which were created from the initial thirteen IP socialisation strategies in Table 5.8. Each of the participants offered more than one formal or informal IP socialisation strategy with a total of 102 overall.

Table 5.9 Formal and informal interprofessional socialisation strategies within higher education

Formal strategies	Number of participants	Informal strategies	Number of participants
IP workshops	**15**	IP introductions	**16**
IP representative leader or facilitator	**15**	common room/community events	**11**
IP Orientation or Induction	**10**	proximity of offices/ buildings	**8**
IP teaching	**6**	virtual support network and IP website	**5**
IP development days	**7**	Open Day	**2**
IP research meetings	**3**		
IP mentors	**2**		
IP curriculum planning	**2**		
Total	**60**	**Total**	**42**

Examples of participants' comments with regards to IP socialisation formal and informal activities:

> *I think it would need to be more formal than morning tea because you would not get to the crux of it...so I think you would need to go into workshop type of scenarios where you would share the types of teaching that you do and curriculums you can see where they mix, blend and then maybe you could do that together* (Participant 16).
>
> *We have plenty of informal opportunities, so formal things such as seminars might be a way to could create opportunities. So, informally yes there is opportunity but formally people might want that too…so people have a choice whether to go or no* (Participant 24).

The formal and informal socialisation strategies that have emerged for this theme were created as a result of the participant's responses. This was in relation to their previous IP experiences as well as suggestions, they made with regards to the types of IP activities they believed would encourage

professionals from different disciplines, to collaborate more effectively within academia.

Additional comments

Participants in the main answered all of the questions within the interview schedule in relation to the IP socialisation experiences. However, in addition the professionals were invited to speak freely and added some comments that were not necessarily part of the interview schedule. Some of these comments are outlined below and offer further information with regards to their experiences. The comments offer a range of views by the participants, some are repeat comments and some add new perspectives to the current study.

Examples of participants' additional comments

> *I am totally in favour of where you're heading with this because it is totally needed* (Participant 26).
>
> *No…only that it's fairly new and it's an exciting area because it's so different to how I was educated* (Participant 9).
>
> *I think socialisation is a great idea. It would be a good thing* (Participant 12).
>
> *Just to say that if you have interprofessional relationships it certainly broadens your horizons and a richer working life… it nice to have something new working with other people opportunities come up and it reenergises you and keeps you fresh* (Participant 10).

These additional comments were all positive in relation to finding opportunities to socialise interprofessionally within the universities. The participants were very enthusiastic in sharing their thoughts and ideas about IP relationships and wanted to ensure that they were recorded within this current study.

Summary

This chapter presented the findings from the twenty-one semi-structured one-to-one interviews undertaken with the HPEs. The data were presented by using Tables and Figures to illustrate the findings. Although the data was qualitative, some of the data was presented in a numerical format to demonstrate the importance of frequency within a particular theme. The transcripts were coded and analysed using the NVivo 10 computer software

package. Key words and phrases were coded, categorised and sub-categorised. Connections were made between the categories with patterns emerging which led to the development of the themes. Overall, the interview data identified five themes. The five distinct themes became evident in the interview data and these were:

1. Working with other professionals in higher education
2. Qualities and attributes of IP socialisation within higher education
3. Advantages and benefits of IP socialisation within higher education
4. Barriers and disadvantages of IP socialisation within higher education
5. Suggested IP socialisation strategies within higher education

Both phases of the research have now been completed chapter six will review the findings and address the research questions for this study and integrate the literature which was reviewed in chapter two. This will also include any additional research that has been undertaken since the initial literature review was completed in 2014.

Chapter 6

Discussion

Introduction

This qualitative study examined the understanding and experiences of HPEs' IP socialisation within HE in Perth, Western Australia (WA). This chapter presents a review of the research question, sub-questions, significance of the study, methodology and findings from both the Pilot and main study results. Effective IPC has been attributed to enhancing students learning experiences as well as the impact it can have on improving patient health outcomes. This study aimed to investigate IP socialisation of HPEs within HE, as socialisation was a significant factor in the way in which professionals were able to familiarise and integrate into a new environment such as academia. IP socialisation and collaboration have been widely discussed within clinical settings whereas there was deficient literature in relation to HPEs within an educational context which was described in chapter one of this study.

The purpose of this interpretative phenomenological study was to discover the 'lived experiences' of the HPEs working within HE. The researcher was interested in exploring the phenomena in relation to HPEs' experiences of IP socialisation and identifying their current IP activities. An understanding of what characteristics, advantages, barriers and opportunities were required for IP socialisation was of interest to the researcher as this would provide insights into the types of support HPEs would necessitate in order for them to collaborate within the universities. The study data indicated that there was evidence of professional and IP socialisation within academia.

The following key research question was addressed: **What are HPEs' understandings and experiences of IP socialisation within HE in Perth, Western Australia?** An interpretative phenomenological research design was selected for this study because it examined the phenomena of socialisation and the human experience. Data were collected through recorded, semi-structured, one-to-one, face-to-face interviews conducted with twenty-six HPEs in five universities across Perth, WA. Participants were purposively

selected to ensure representation of the disciplines. All were lecturers who had either taught or provided research supervision for students. Some of the lecturers were involved in IPE programs that were designed for undergraduate students and others provided joint research supervision for post graduate students. Participants were included in the study based on their response to an email invitation with an information sheet outlining the aim and objectives of the study. Participants self-selected themselves by responding to the initial invitation and arrangements were made to interview participants on their university campuses. All participants were employed by the universities. The participants' length of time in their profession ranged between three to thirty-six plus years (see Table 5.1) which demonstrated that all of the participants were engaged within their own professional groups.

Through the use of semi-structured interviews, the researcher explored the HPEs' socialisation experiences briefly within their previous clinical settings but mainly their experiences within the university setting. It was important to examine the issues of socialisation within the educational environment, as well as the support and challenges the HPEs may had in relation to them building IP relationships within the university.

The overarching research question; **what are HPEs' understandings and experiences of IP socialisation within HE in Perth, Western Australia?** This was addressed through the participants' responses to the interview questions which were reflective of the research questions. The aim of this research was to provide insights into the experiences of HPEs' IP socialisation experiences within HE. Therefore, a discussion of what the participants within this study understood by the term socialisation was significant to the research being undertaken.

Participants within this study provided some examples of what socialisation meant to them, comments such as, "I think socialisation is a great idea. It would be a good thing". This participant also added that, "everybody is very busy so there is no a lot of time to encourage socialisation" (Participant 12). Whereas this next comment suggests, "I think you often need to get collaboration or socialisation practices", (Participant 22). These comments implied that

socialisation was linked to either a personal or a professional interaction with other professionals. Socialisation is a term that repeatedly appears in studies in relation to how new employees commence in new jobs, organisations or new roles. Socialisation is defined as the process by which individuals acquire the knowledge, language, social skills and values to conform to the norms and roles required for integration into a group or community (O'Lynn, 2009). Therefore, the socialisation of professionals to environments such as universities was an important process.

According to Clark (1997), Reising (2002), and O'Lynn (2009), professional socialisation moves beyond the initial socialisation phase as professional socialisation has been described as the process by which an individual learns the norms of a particular group and begins to develop their professional identity. However, IP socialisation was of most significance to this study and understanding whether or not the professionals across the variety of disciplines understood this concept was the challenge. Examining the interview transcripts provided some data with regards to this subject.

As the researcher gained insight to the participants understanding of IP socialisation it became evident, that there were two interpretations of the phenomena of socialisation. This was because as this next comment indicates, "I don't want to socialise, I want to work" (Participant 23) which implied that this participant interpreted socialisation as a way in which to meet other professionals informally and was viewed as a personal activity. Their understandings related strongly to their experiences which in the main appeared to be informal interactions with other professionals. This could be the result of the shortened version of the word socialisation to 'socialise' although the word was never shortened during the interviews. The only participant who referred to socialisation in the appropriate context appeared to recognise the professional connotations as they stated "you often need to get collaboration" or "socialisation practices" (Participant 22), indicating that they viewed socialisation in the same way as collaboration. Further examination and analysis of the participant interviews provided data that continued to answer the remaining sub research questions.

In order to address one of the sub-research questions: **what are the main characteristics of IP socialisation within HE?** This question was answered through the interview questions with the responses being interpreted and the findings which lead to three themes: 1) working with other professionals within the university; 2) the advantages and benefits of IP socialisation within HE; and 3) the qualities and attributes of interprofessional socialisation within HE. The participants within this study characterised the qualities and attributes needed to develop IP relationships, which were viewed as advantages and benefits as well as, identified and established through working with other professionals within the universities.

The participants within this study identified a number of attributes and qualities that they considered to be essential to building IP relationships within HE. The participants provided examples of these through their answers to the interview questions, as well as the types of activities they were undertaking when working with professionals within the university. However, before proceeding with an exploration of the qualities and attributes, the researcher believed it was important to explore some of the activities the professionals where involved in, when working together, as well as the advantages and benefits they perceived were essential to building IP relationships.

Theme 1: Working with other professionals within higher education

Participants within this study identified a number of IP activities that they were involved in. The data reported within Table 5.3, provides a list of these activities which were; joint teaching, research projects, IP research committees, research supervision of students, supervision of students undertaking IP placements, curriculum development and IP workshops for students. Overall, these data reported that the participants were engaged in a range of IP activities within HE.

The main activity had been joint teaching, and this was also the main IP activity that all of the participants were involved in across the five universities. The data from this study confirmed the evidence from the literature that joint teaching was the main IP activity. This was supported by this comment, a participant who simply stated, *"*doing joint lectures is beneficial" (Participant

12). The World Health Organisation's (2010) 'Framework for action on IPE and Collaborative Practice', along with the Office of Learning and Teaching Council (2008) and more recently, Nicol (2013) and Dunston (2014) all highlighted the importance of IP working relationships and the value of teaching together in order to strengthen collaborative practice. This appeared to address the IP teaching and learning educational objectives of the universities, as well as the educational initiatives that have emerged over the last five to ten years, within higher education (Freeman, Wright & Lindqvist, 2010; McMurtry, 2010; Cameron, 2011; MacLellan, Lordly & Gingras, 2011).

Research collaboration was another IP activity identified and these were in relation to, research projects, meetings and supervision of students which participants had highlighted as being positive experiences of IP working as this next comment illustrates, "...research supervision...has been quite successful" (Participant 18). Other activities included, "made a DVD together" (Participant 12) which demonstrated innovative IP activity. The data revealed that the collaborative nature of undertaking research interprofessionally had produced projects that had benefited the students, the universities' research profile as well the professional themselves.

Other activities included; curriculum development, IP students' placements, IP research committees and IP student workshops. These activities provided examples of the range of IP activities that were occurring within the universities, which provided opportunities for the different disciplines to work together. As this participant pointed out the importance of "working together" (Participant 10) enabled them to get the job done. Participants recognised the advantages and benefits of working with other disciplines and qualities and attributes they valued in those staff. This appeared to be subjective for participants within this study as they all identified different characteristics they believed would assist with IP collaboration and IP socialisation. This corresponded to the existing literature which acknowledged that these qualities and attributes were needed to encourage IP relationships (Clark, 1997; Steinert, 2005; Arnt et al., 2009; O'Lynn, 2009).

Earlier discussions undertaken by Curran et al. (2007) and Reeves et al. (2008) all highlighted the importance of health professionals learning and working together, and how this encouraged effective IP teamwork, which in turn promoted more satisfying learning experiences for students. Nicol (2013) and Dunston's (2014) reports both identified that the design, delivery and development of future pre-registration IPE programmes and activities in WA universities needed to be consistent across the universities. Participants within this study confirmed that the main IP activity they were undertaking was joint teaching which appeared to be cognisant with the two reports.

However, Dunston's (2014) recommendations also included the need for a national coordinated approach to IPE within the curricula and the standardisation of IP competencies and IP frameworks. In addition, there were some key issues which needed to be addressed; this was undertaking an assessment of the educator perspectives and their responsiveness to IP changes. One of the conclusions was that educators needed additional training and support and this was viewed as being central to the future of IPE (Dunston, 2014, p. 83-84).

So, although joint teaching was being undertaken, some of the other activities which have been outlined in Table 5.3 were not consistent across the five universities. As the data within this study highlights, further work is required in terms of developing a nationally coordinated approach to all IPE activities, which would support Dunston's (2014) findings. The data within this study also revealed that the preparation and support of HPEs was significant, and that this could only happen if HPEs were provided with opportunities to build IP relationships. The activities in theme one provided examples of these opportunities.

Theme 2: Advantages and benefits of IP socialisation within higher education

Whilst undertaking some of the IPE activities already discussed, HPEs had indicated that there were advantages and benefits to working with other disciplines within HE. The participants had identified a number of these advantages which can be reviewed in Table 5.5, and provides a list of the

categories. There were five categories created and these were viewed as being the most essential when seeking to build IP relationships and undertake IP activities.

Within this study the findings revealed that there were a number of advantages and benefits to working with other disciplines. Some of the benefits identified was the opportunity, for the 'cross pollination of ideas', 'finding out alternative ways of working' which HPEs suggested prevented a tunnelled vision approach. Participants also appreciated being aware of the 'bigger picture' which they believed had 'reenergised' their practice and added to their own professional development.

Learning from another professional was one of the largest categories within this theme. Joint teaching was identified as an effective way in which to learn from another professional as this comment illustrated, "there are things that are transferable so you can always learn new things from working with colleagues working in a particular field" (Participant 10). The respondent also mentioned that working with other professionals had broadened their knowledge and insights which could be shared with the students, therefore providing a cascading learning effect for the professional and student.

The following participants' comments add further evidence to the importance of learning from another professional, "I've learnt a lot from other professionals that I have had the privilege to work with" (Participant 8). The respondent also commented on how it had added to 'their professional development' which was a powerful statement and demonstrated some maturity with regards to how they viewed their learning, especially from another expert.

This reflected a sense of self-awareness by the respondent but also indicated a high level of respect for other disciplines with the comment related to 'privilege'. The notion of presupposition and Husserl's (1859-1938 as cited in Gerrish & Lacey, 2010) 'bracketing' was present in the researcher's mind when she read the respondent's comments on it being a 'privilege' to work with other professionals. This was because she had similar views as a HPE, so in order to maintain a neutral stance as a researcher which is referred to as the 'insider-outsider' in qualitative research (Dwyer & Buckle, 2009). She recognised what

it was like from their 'insider' perspective and acknowledged that the research data needed to be free from bias and therefore she needed to remain on the 'outside' (Smith, Flowers & Larkin, 2009). Viewing the world and the 'lived experience' from the participants' experiences required her to recognise that being personally involved as a HPE meant that she could not completely separate herself from the world of health education. However, being aware of this propensity alerted her to remain objective throughout the research process.

Learning with, from and about others within the context of professional education was the focus of a study undertaken by Bainbridge and Wood (2012). Their research examined the lived experiences of IPE from two groups which included students and faculty members who were involved in creating curricula in a university in Canada. Their findings revealed that learning from "others means a transfer of knowledge". "The concept of willingness to learn was seen as important as the need for the interaction to be free of judgement" (Bainbridge & Wood, 2012, p.455). The concept of 'willingness to learn' was identified as an attribute within this study and referred to the positivity of another professional's motivation to learn from another.

The broadening perspective of others' roles was also rated highly within this theme. Participants indicated that increasing their understanding of the professional roles of others was valuable, as this next comment demonstrates, "to have another person that you are working with give the other side of the story... fills in the blanks and allows both of you to help the students learn by giving an example of working in a team" (Participant 6).

This comment indicated how valuable it was for the participants to have another discipline teaching with them, as this would provide the students with additional information related to healthcare. The other professional could provide an alternative example or idea because of their expertise, therefore enhancing the students learning experience. This next comment concurred with the advantages of broadened perspectives, "there are a lot of advantages in bringing additional views from a different field and how these all intersect"

(Participant 20). These views appeared to have contributed to the richness of the IP collaboration that was experienced.

Hollenberg and Bourgeault (2011) previously confirmed the importance of understanding other professionals' perspectives which were demonstrated by values such as respect and mutual trust. "I think for teaching you have to have a depth of knowledge and whilst there is an overlap of all the health disciplines it's really good to have someone come in with that depth" (Participant 23). Whilst the participants acknowledged their own depth of knowledge, they also implied that they could not know everything, so having another discipline who worked alongside them was beneficial. This comment also implied that there was a level of respect and mutual trust by the professional, as the invitation to co-teach required both professionals to trust each other. Whilst an additional benefit was that the other professional could offer additional information which would create credible sources of knowledge and provide a visual demonstration of IP teamwork to students.

Understanding another colleague's perspective was viewed as an advantage within this study, because the professionals were able to recognise the expertise and specialist knowledge that others possessed. "Their specialist knowledge", was referred to by one participant (7), who had experienced a positive IP working relationship and had indicated the value of their specialist knowledge enhancing their own. Hollenberg and Bourgeault (2011) and Bainbridge and Wood (2012) all confirmed the importance of others sharing their expertise and how this had been valued by other professionals within their own studies.

Sharing best practice and ideas was another category which led on from recognising other professionals' knowledge and expertise. Participants acknowledged that the cross pollination of knowledge and skills enhanced IP educational practice. As with learning from another professional, sharing best practice and the cross pollination of ideas could be viewed as being closely connected. This was because participants had shared information through perhaps a discussion or an observation of another's work.

Hollenberg and Bourgeault (2011) confirmed that the differences and opportunities for cross pollination occurred through micro-interactional determinants. These interactional determinants included: communication, respect, openness, transparency, honesty and a willingness to collaborate. A willingness to share best practice and ideas occurred through being open and communicating effectively with one another. This was corroborated by this next comment, “sharing best practice…you don’t know what you don’t know” (Participant 11). Within this study sharing good practice enabled them to strengthen their working, teaching practices, which led to this final comment which asserts that, “interprofessional relationships certainly broadens your horizons and provides a richer working life” (Participant 10). This positive statement and attitude towards IP relationships appeared to indicate that sharing best practice and ideas was a positive aspect to building IP relationships and collaborative practice.

One of the benefits of IP socialisation within HE was the identification of role-models. Participants indicated that one of the advantages of working with other disciplines within HE was the opportunity to role-model positive IP behaviours for students and other professionals. The data in this study concurred with research undertaken by Derbyshire, Machin and Crozier (2015) as role-modelling an IP approach was reported to be an essential component in the interprofessional learning (IPL) facilitation of students by university educators. The study by Derbyshire, Machin and Crozier (2015) focussed on university educators’ perceptions of role adequacy as facilitators, their grounded theory approach identified four categories, readiness for IPL facilitation; role-modelling an interprofessional approach, drawing on past experiences and creating and sustaining group culture through transformational IPL leadership. A valuable comparison between Derbyshire, Machin and Crozier’s (2015) work and the participants’ comments in this study were how those involved in joint teaching of students were able to discuss clinical practice issues and “make authentic links to practice” (2015, p. 54). Thistlethwaite (2012) confirmed these data within the review of the IP learning agenda which identified the importance of role-modelling teamwork in an educational setting in order to provide an authentic IP learning environment for students.

Participants also noted that a positive interaction between disciplines whilst teaching was a powerful visual demonstration of role-modelling and IP teamwork for students. An earlier study undertaken by Crow and Smith (2003) had similar findings, which identified co-teaching "as a good role model of interprofessional collaboration" (2003, p. 52). The positive interaction between disciplines who were teaching together was supported within this study as this next participant simply illustrates, "doing joint lectures is beneficial" (Participant 12). Selle, Salamon and Boarman (2008), Simosi (2010) and Thistlewaite (2012) all noted that "role-modelling" whether it was undertaken within a clinical setting or an "educational setting" was an important component in the development of collaborative practice.

Theme 3: Qualities and attributes of IP socialisation within higher education

One of the sub-research questions within this study specifically asked what are the main characteristics of IP socialisation within HE? Table 5.6 lists these qualities and attributes (characteristics) as through the process of coding the key words and phrases identified and created a total of ten categories. These included; Learning from each other and sharing ideas, understanding others' perspectives, respect, good interpersonal skills, friendship and collegiality, common goals, flexibility, openness and willingness and transparency and honesty. The participants' acknowledged that these were the main characteristics to IP socialisation within HE.

Participants within this study highly rated 'understanding others perspectives' as a quality they valued. Some participants indicated that this was because when they undertook IP activities such as teaching, they had observed experienced professionals who shared their own unique ideas, knowledge and skills which had enhanced the teaching and learning of the students who were present. However, not all participants viewed this category positively, so whilst some participants viewed different professional perspectives as an asset. Others, found trying to understand other professionals' perspectives challenging, but overall, the view was that this quality was an opportunity to build healthy respectful behaviours that led to cooperative and collaborative

working relationships. This was demonstrated by this next comment that acknowledged that they "gained a greater appreciation of people's perspectives and an opportunity to build healthy respect and collaborative opportunities" (Participant 18).

For another participant the importance of getting to know the other professional was significant, because for them building the relationship took precedent to the IP activity they were involved in. Their opinion was that it was not just interacting on an academic level but, "getting to know them and understanding them as people" (Participant 11) which was of most importance to them. This response related specifically to the theme on the qualities and attributes of IP socialisation.

Within the initial phase of the Pilot Study amendments were made to the interview schedule see Table 4.1. In particular clarification was sought from some of the HPEs who had interpreted the word 'socialisation' to mean 'building relationships', as they found this to be a more meaningful phrase. Within interpretive phenomenology Heidegger (1889-1976 as cited in Smith, Flowers & Larkin, 2009) asserts that "human beings go about their interpretative sense making" through the use of language (Smith, Flowers & Larkin, 2009, p.19). Within this study participants had identified that the language used to denote relationship building needed to be clearer to them with respondent (11) stating that "getting to know them" through verbal interactions and developing a common language was more important than just socialising with another professional. According to O'Donoghue (2007) social interaction was at the basis of knowledge, by getting to know someone, with Gerrish and Lacey adding that, "we need to take into account the interactions between people" (2010, p. 130). Intrepretivism and hermeneutics is concerned with understanding the individual and their view of reality. Individuals aim to understand themselves as well as trying to understand others and their world, so that they can then fully appreciate how they may relate socially (Morehouse, 2012). Participants have stated that they value getting to know each other and trying to understand their perspectives as they recognised that this would lead to more positive social interactions.

Gum, Richards, Bradley, Lindermann, Ward and Bennett (2012) all affirm that 'understanding others' perspectives' lead to collegial relationships. That an appreciation of other professionals' skills enabled them to work collaboratively as the relationships were based on mutual respect and trust which in turn enhanced the connection between education and practice. There was an acknowledgement that understanding another professional was a positive IP attribute and demonstrated respectful behaviour. The appreciation of another professional's role and perspectives can demonstrate respect for that individual and also for what they may contribute as this comment suggests, "respect has got to be the bottom line... in order to appreciate the best outcomes" (Participant 26). Participants also discussed other qualities that demonstrated to them that the other professional was being respectful and one of these ways was through effective communication and good interpersonal skills.

Communication and interpersonal skills were qualities that were highly valued by participants and were viewed as one of the key elements to IPC. Communication is the exchange of information which can be undertaken verbally and non-verbally and is necessary for the development of any type of personal or professional relationship. Hall, (2005) also listed good interpersonal skills such as active listening and being open to ideas as being important attributes within their study, as these were acknowledged as necessary collaborative skills. This next comment makes it clear that, "I think in a lot of ways you need good interpersonal skills, you need to be open to other ideas and you need to listen to others and engage with other professionals" (Participant 24). This participant had emphasised how important it was to listen to another professional's viewpoint, as this non-verbal communication skill demonstrated an appreciation of the other professionals' ideas. They had also advocated that communication was the key to facilitating effective partnerships and this could be achieved by being open to another professional.

Molyneux, (2001), Martin-Rodriguez, Beaulieu and Ferrada-Videla (2005), Baxter and Markle- Reid, (2009) and Clark, (2011) all recognised that communication had a positive impact on IP teams and their ability to engage

in collaborative health activities, which were vital. Curran, Deacon and Fleet's (2005) qualitative study also supported the need for effective communication and collaboration. This was because when they examined the attitudes of academic administrators towards IPE within Canadian schools of health, they too discovered academic administrators' support for IP teamwork and education which, had been achieved through effective communication and had promoted cooperative and collaborative practice.

In contrast, Rice et al. (2010) concurred that effective communication was vital because they discovered that non participation by medical staff in IP activities was a consequence of poor communication skills. This type of non-compliance has instigated a discourse in relation to the need for all disciplines to develop "core competencies". These competencies were suggested to underpin interprofessional collaborative practice and teamwork, as one of these competencies was identified as IP communication.

Delany and Molloy (2009) recommend that all professionals practice in accordance with these 'core competencies'. This was because attaining them would positively influence students learning experiences, as well as patient health outcomes by maximising cooperative IP interactions. They also suggested that academic and professional staff should model effective collaborative practice whether they worked within education or within a clinical setting. Support by the Australian Health Professional Regulation Agency (AHPRA), who regulate a number of health disciplines (14 different health professionals) on a statutory register recognised the importance of having IP competencies. On further examination of the Australian Nursing and Midwifery Council (ANMC) codes of Ethics and Conduct (2008) for practice, a reference to IPC exists. Although IPC is not a competency the codes do refer to IPC and effective communication, which includes mutual respect for other disciplines and teamwork. As an example of this, one of the codes of practice demonstrates how the ANMC has addressed this issue. The Code of Ethics for Nurses and Midwives in Australia (ANMC, 2008) indicates: Value Statement 5: Nurses value informed decision-making: Paragraph 3:

Nurses work with their colleagues to create a culture of safety. Nurses support the development of safer health care systems through non-punitive human error, adverse event management and related education. Nurses value the critical relationship between consumer safety and interprofessional competencies, including trustful communication, teamwork and situation awareness. Nurses view the detection of their own errors and risks or those of their colleagues as opportunities for achieving a safer health care system (ANMC, 2008).

This value statement highlighted the importance of nurses ensuring the safety of their clients/patients by working within an IP team and demonstrating safe practice by communicating effectively. Therefore, it can be implied that APHRA has advocated that IPC and communication was vital for all health professionals on the register. Suter et al. (2009) supports the view that competent collaboration was necessary in providing patient centred care and discusses core competencies in the context of "what it takes to be a good collaborator". Suter et al. (2009) identified qualities and attributes that were replicated within this current study. These were; trust, respect, effective communication, shared knowledge and understanding and were all attributes needed to build effective IP relationships.

Bainbridge et al. (2009) also recognised 'core competencies' in the development of IPC, their research focussed on designing a competency framework that would identify and promote IP competencies. They achieved this by developing a tool for different groups of professionals including physical therapy educators. The tool would assess the educational knowledge skills required to prepare the professionals for IP activities as well as future IP interactions. This national IP competency framework originated in Canada and incorporated the following elements:

- Role Clarification
- Team Functioning
- Dealing with IP Conflict
- Collaborative Leadership

The interest of competency frameworks was further discussed by Reeves (2012), who claimed that although these frameworks were beneficial in standardising what elements were needed to promote and create an environment for IP collaboration. Reeves (2012) also had major concerns with the application of IP competency frameworks within the variety of IP teams, and environments, especially with how these competencies could be measured and assessed as being effective. Communication featured largely in the participants' responses to this theme and was acknowledged to be an essential attribute in promoting and maintaining interprofessional collaborative practice.

Developing a common language would appear to support the previous discussion on effective communication. Participants identified that by using terminology and a language that was common to all professionals would be beneficial. This was highlighted by this participant who stated, "we need to have some structure in place to offset the barriers and build a common language" (Participant 18). Gum et al. (2012) agreed that having a shared language especially around IPE and IPP was essential because it promoted transparency for organisations.

Gum et al.'s (2012) literature review revealed that strong partnerships could be made when professionals used a "shared language" as this prevented misunderstandings because it ensured clarity in their communications with each other. Having a common language appeared to be a requirement for building IP relationships and promoting IP socialisation, within clinical and educational settings. Participants also supported the view that using a common language could "offset barriers" because it could reduce misunderstandings as this comment illustrated "using jargon prevents good communication" (Participant 1). From a philosophical perspective Heidegger (1889-1976 as cited in Smith, Flowers & Larkin, 2009) asserted that "human beings go about their interpretative sense making" through the use of language (Smith, Flowers & Larkin, 2009, p.19). The belief was that we live in a world where we interpret and understand each other through the use of language and therefore, validates the participants' comments that using a common language would assist with the development of IP relationships.

Learning together and sharing ideas appeared as a similar category within an earlier theme related to the advantages and benefits of IP socialisation, which focussed on sharing best practice and ideas. Within this category the focus was on how the participants learnt about each other's roles and shared ideas to enable them to collaborate more effectively. Although there were opposing views by a few participants as this one comment demonstrates, "you don't want to share information because you think others will pinch your ideas. Instead of understanding that you are sharing for the betterment of the students you are teaching" (Participant 1). Whereas, Hollenberg and Bourgeault (2011) disagreed as they suggested that working together and sharing ideas enabled professionals to collaborate effectively, which were further enhanced by professionals being open and willing to listen and learn from each other.

Transparency and honesty featured as a category within this theme but only achieved a low response rate, which was certainly not a result that would have been anticipated by the researcher. Especially as these were qualities which appeared to be a prelude to building professional relationships that required respect, collegiately and communication. Comments such as, "I think at times the qualities rely on transparency, honesty and communication" were identified by (Participant 22), who indicated that these qualities were perceived to be important attributes. Whilst Gum et al. (2012) supported these qualities within their own study and claimed that honesty appeared to be an essential building block for many of the other qualities and attributes as transparency was attributed to the promotion of trust through effective communication. This was an interesting result as the literature identified that honesty was an integral element in the development of healthy relationships both personal and professional which determined the longevity of relationships (Martin-Rodriguez, Beaulieu & Ferrada-Videla, 2005).

Martin-Rodriguez, Beaulieu and Ferrada-Videla (2005) suggested that there were determinants to successful interpersonal relationships and collaboration. Martin-Rodriguez, Beaulieu and Ferrada-Videla (2005, pp 141-143) classified three categories of determinants for successful collaboration, these were:

1) Systemic determinants – which are components that impact on IP practices being implemented from outside of an organisation;
2) Organisational determinants – which includes resources available to professionals, coordination and communication mechanisms; and,
3) Interactional determinants – which are components that contribute to professionals' interpersonal relationships, these include: a willingness to collaborate, trust, communication and mutual respect.

The data from this study confirmed that participants had themselves identified the interactional determinants, which are included within this theme. These were; communication, respect, openness and willingness, transparency and honesty which could develop into trusting relationships.

Finding common ground and working towards common goals were recognised as important attributes as indicated by this next comment, "I guess the first one would be a common goal... so that you can work together to achieve that common goal" (Participant 16). This demonstrated that professionals valued different qualities and attributes in other discipline groups. Finding commonality can be one way in which to show respect and understanding of another professionals' point of view and could assist with reducing some of those barriers. Participant 16 extended this discussion by stating, "I guess the first one would be a common goal, so that you can work together to achieve that common goal...umm...just aligning curriculum so that you can get as much together before you get into your speciality". Working together on curriculum planning was a way in which this participant was able to find common ground.

Being open to creative approaches and adapting to different situations required professionals to be flexible in their approaches to IP activities. Although there was very little acknowledged within the literature in relation to this quality, participants within this study highlighted its importance, "to listen and be reflective of what you are hearing and be flexible and collaborative" says (Participant 26), whereas the next respondent makes an even briefer point, "being flexible is important" (Participant 10). In some ways the brevity of these comments reflects what little there was within the literature.

Asking participants to identify characteristics that they believed were needed to socialise interprofessionally within HE was interesting. This was because the qualities and attributes they identified appeared to be essential to building IP relationships. These distinct categories were all characteristics that would be valuable in both personal and professional relationships, as they appeared to be the building blocks to positive human interactions. Attributes such as, 'understanding others' perspectives' 'trust' 'respect' and 'good communication skills', which were qualities that helped to foster IP relationships. Indeed, professional interactions and professional friendships were demonstrated through the role-modelling of collaborative behaviours when undertaking joint teaching and any other IP activities.

The consequence of these behaviours resulted in positive learning experiences for students within an educational context. Combining these qualities could also lead to having positive collegial interactions which were at the basis of these comments, "people's personalities" (Participant 24) were significant for professionals feeling that they were "comfortable with each other" and "using initiative in developing those relationships" (Participant 25). Hollenberg and Bourgeault (2011) referred to collegiality as a quality that could be developed as a result of other existing qualities, which have been confirmed by participants within this study.

The previous discussion was undertaken to address the sub research question; **what are the main characteristics of IP socialisation within HE?** This was answered with evidence from the participants interview questions which had been analysed and interpreted and had led to the development to three themes: 1) working with other professionals within the university; 2) the advantages and benefits of IP socialisation within HE; and 3) the qualities and attributes of interprofessional socialisation within HE.

Theme 4: Barriers and disadvantages to IP socialisation within higher education

The next two sub research questions include: **What are the challenges HPEs encounter in relation to IP socialisation within HE?** and **how do these**

challenges impact on the implementation of IP socialisation activities for HPEs within an educational context.

These questions will be addressed through the data obtained from the participant interviews which were developed into the theme; barriers and disadvantages to IP socialisation within HE. Theme four explored the barriers that participants may have experienced whilst working with other professionals within HE. Ten categories were created that reflected the main issues for participants within this theme.

Barriers to IPC appeared to have been one of the main challenges in the implementation of IPC according to Delany and Molloy (2009) and the crossing of discipline specific boundaries was an important component in the drive towards IP collaborative practices. Cameron (2011) outlined some of those challenges by discussing the reluctance of those to work at an IP level because of the belief that they would lose their professional identities. Fournier (2000 as cited in Cameron, 2011) added that the way in which disciplines preserved their identities was by isolating themselves therefore creating boundaries. Professionals viewed the potential of IP working as a perceived threat, consequently; overcoming those barriers was the only way to build the capacity of IP collaboration. Cameron (2011) pointed out that another way to overcome those boundaries was to focus on a more humanistic approach to building IP relationships. Cameron (2011) contends that it is not just about providing opportunities for IP education and training together, but enabling disciplines to develop more of an understanding of how other groups, perceived and experienced those boundaries, and to find ways to reduce the resistance.

Reducing barriers early was the focus of Hanson, Jacobson and Larsen's (2009) evaluative study. Their non-randomised control trial involved the comparison of two clinical environments. One of the outcomes of the study was that they recognised the importance of students learning and working together interprofessionally. This collaborative approach had influenced the way in which they defined their 'professional identities', which had led to improvements in teamwork and communication. Both Hanson, Jacobson and

Larson, (2009) and Cameron, (2011) assert the importance of early interventions in building IP relationships. Although Cameron (2011) notes that a more humanistic approach empowers individuals, by allowing them to connect with others on a level that builds mutual trust and understanding.

Participants within this study had developed their own strategies to overcome interpersonal and intrapersonal barriers, as these two comments demonstrated, “You have almost got to start working together at the beginning” says (Participant 2). With participant (23) adding, “getting together at the very start” helped with establishing IP relationships. Whilst this next participant suggests, “those IP relationships were already built before undertaking research or teaching” (Participant 25*).* All of these participants recognised that it was important to initiate contact with other disciplines before starting any IP activity. Cameron (2011) supports this view by confirming that it was important to establish professional relationships before undertaking any type of IP activity together, as this would reduce any potential barriers. Other participants’ also concurred that utilising a more humanistic approach yielded positive results. This was achieved by the participants being approachable, in a “mild mannered way” says (Participant 25) which highlighted that a gentler method to pursuing IP cooperation and collaboration was a positive interpersonal approach. In addition, “if professionals were open and respectful” declared (Participant 18) this would also yield better IP outcomes. Participants’ comments within this study have demonstrated how they valued other professionals and highlighted the importance of building rapport in order to attain a working relationship that was dignified and respectful.

Participants within this study identified ‘time constraints’ and workload issues as major factors in preventing them from building IP relationships and working interprofessionally within HE. Comments that highlighted these barriers were, “the biggest barrier I think has been time” (Participant 8) and the reason for this was made by another participant who said, “we are teaching most of the time and we are very busy” (Participant 19). It was interesting to note that ‘time constraints’ were limited within the literature and was mainly discussed within the context of a “clinical setting”, whereas these participants were working within an “educational one”. Clark (2011) and Xyrichis and Lowton (2008) all

indicated that the lack of time was one of the key factors preventing IP teamwork within their studies. It was specifically the time needed to meet with other professional groups that was a major concern. This was because it had prevented collaboration with regards to patient health interventions and was potentially impacting on the care patients were receiving. To overcome these issues, the professionals within the study had to schedule regular meetings in order to ensure patient health outcomes. The lack of 'time' with educational settings was only identified by Martin-Rodriguez, Beaulieu and Ferrada-Videla (2005), Alberto and Herth (2009) and Brazeau (2013) who referred to the organisations needing to provide adequate resources and time for professionals to meet in order to encourage IP collaboration and socialisation.

Caseloads were another significant factor as they varied between the disciplines as this comment confirmed, "caseloads are different" (Participant 12). Participants within this study had indicated that having large caseloads were preventing them from working with other disciplines. This respondent appeared to be frustrated that they were not able to pursue a more humanistic approach to meeting with other professionals by stating that, "it's very difficult to build those relationships over email or electronic communications" (Participant 22). They suggested that their preference was to sit down face-to-face with another professional yet they did not have the 'time' to undertake this basic human contact. Other participants identified that it was the 'job', and being an academic that had impacted on them collaborating interprofessionally as this next comment illustrated, "there is not enough time to be doing that type of interprofessional stuff as my workload is too high" (Participant 8). Therefore, finding strategies to overcome barriers such as 'time' required them to attend, "workshops, conferences and training that gives you the opportunity to network with other professionals", stated this (Participant 8). So, although the 'job' had potentially created this barrier, the respondent had found another way to connect with other colleagues.

There were other strategies used to overcome the barriers of 'time constraints' and 'workload issues' with participants claiming that one of these was to "sit down and plan IP activities" (Participant 15). Participants' recognised that this barrier was a common one that affected other professionals working within

academia. However, it was apparent that these participants valued the opportunity to connect interprofessionally and were seeking ways in which to overcome these challenges. Workloads and time constraints were viewed by some participants as the faculty not supporting them. Martin-Rodriguez, Beaulieu and Ferrada-Videla (2005) and Alberto and Herth (2009) acknowledged the issue of 'time constraints' and confirmed that the lack of faculty support was highlighted as one of the main barriers to IP collaboration. Lack of faculty support and poor leadership received a large number of responses within this study, comments such as, "the university did not have a system for us to work together… my major concern was that they did not even have a process to address this". So, they talk about being interprofessional and working collaboratively but we did not have a system to support it" (Participant 6). This highlighted the professional's frustrations and concerns about deficiencies within the university to support IP collaboration.

The participants' experience was also echoed by Curran, Deacon and Fleet (2005), Gilbert (2005), Steinert (2005), McLean, Cilliers and Van Wyk (2008) and Hoffman and Redman-Bentley's (2012) studies which discussed the challenges faced by educators trying to collaborate and maximise IP opportunities, but had faced difficulties due to attitudes by the faculties themselves. Gum et al. (2012) confirmed that it was not only the lack of support by the faculty and institution but there was also evidence of poor leadership, which were not supportive of changes to promote IP working. Organisational leadership was reported as a challenge for IP socialisation and it needed to be aligned to the organisation's culture.

Hoffman and Redman-Bentley (2012) agreed that unsupportive leadership and poor attitudes by faculty staff were attributed to "many of the health professional educators not training in an IPE environment… or within an interprofessional setting" (2012. p. 67). This was one explanation of why faculty attitudes have prevented IP socialisation. Participant responses within this study confirmed these issues as the following comments demonstrated, "did not have a system for us to work together" which they found, "disempowering" said Participant 6. Other comments included "some structure in place to offset the barriers" (Participant 26) was needed to support and

encourage staff to work with other professionals. Leadership was also discussed with views such as “if it was invested in by leadership...then that would be the best outcome” (Participant 26) and “university support is needed” (Participant 18).

Lack of funding was also considered to be a barrier and there appeared to be a connection between the ‘lack of faculty support’ with minimal systems and structures to support IP socialisation and monetary investment. This was illustrated by comments that included, “sometimes funding is the fundamental part to pull it all together” (Participant 7). Without the monetary investment to support IP collaboration, professionals would find it challenging to establish IP relationships outside of their own schools unless it was part of their agreed workloads. This was simply pointed out by phrases such as, “there’s no money” (Participant 11). Time constraints, workloads, lack of funding and the lack of faculty support with poor leadership appeared to be important concerns for the participants within this study, especially as these were external barriers over which they had little power and control over. The professionals believed that there was a contradiction by the school and faculty, this was because although they were encouraged to collaborate and maximise IP opportunities, there were no formal processes in place to support these activities. Alberto and Herth (2009) confirmed that faculties have competing priorities and “if faculty are to successfully teach, participate in service activities, and conduct research...the benefits of interprofessional collaboration outweigh the challenges” (Alberto & Herth 2009, p.14). In summary both Alberto and Herth (2009) and Gum et al. (2012) refer to the need for faculties and universities to provide funding or other resources which included time for professionals to engage in IP socialisation activities.

There were moderate responses in relation to the next barrier, which was viewed as a disadvantage to IP socialisation within the universities. Power struggles were identified by participants within this study as a negative influence to developing collaborative practices. Within this discussion they also included issues such as, IP competition and professional rivalry. Participants had indicated that they had experienced this type of negative behaviour by other disciplines with comments such as, “It can be very competitive” and

“people are not always ethical and do not follow moral codes” (Participant 22). The comment with regards to professionals not always being ‘ethical’ was clearly a barrier to building IP relationships. However, the next participant’s emphasis is slightly different in relation to IP competition. They state, “there are professional barriers between physios and Chiros... work between physios and chiros did start to happen by helping each other out... but there is now competition between the two” (Participant 19). The competition the respondent referred to appeared to suggest that although the professionals had helped each other initially, the similarity of their work had created challenges and a division between them.

Scavell and Stone’s (2010) study into the promotion of collaboration through IPE workshops, referred to the learning process and social interaction of professionals. They evaluated workshops that had encouraged IP teamwork and found evidence of IP competitive behaviour which had been either covert or overtly on display. They suggested that by sharing the experience of IPE had reduced some of the competition which had been achieved through the process of IP socialisation. Evidence of power struggles within the literature were usually connected with the perceived superiority and arrogance of some professional groups which are substantiated by Karim (2011) and Cameron (2011).

Participants had disclosed within their interviews that sometimes there were difficulties because of “people’s personalities” (Participant 24) and that there were some disciplines who behaved in a way that implied they were more important than another professional group. This was illustrated by phrases such as “perceived superiority” and “hierarchy in the professions” (Participant 7), which had sometimes led to personality clashes that participants said had affected IP working relationships. The superiority complex by other some disciplines became an issue for other professionals as they struggled for power in relation to IP activities. This was associated with challenging behaviour and additional conflicts related to IP agendas within the faculty. Competiveness sometimes occurred as a result of undertaking research and research grants, as this next respondent reports “People can be open but also they can be arrogant” says one participant (Participant 24). This participant reported how

arrogance could be a barrier to IP team working as well as collaborative practice.

The participants' comments in relation to these categories all declared that 'power struggles' and 'IP competition' had been disadvantageous to building IP relationships especially with other disciplines. Professional rivalry had presented itself in different forms such as, perceived superiority, arrogance and even competiveness and these were all barriers within this theme.

Another barrier identified by participants within this study had been with the different disciplines working in silos. This had presented itself by some professionals being reluctant to cross professional boundaries and engage with other disciplines. The participants have tried to understand why other professionals may have behaved in this way. Crossing boundaries by working outside of their fields and collaborating with others was a challenge for some and was stated clearly by this participant, "don't get pigeonholed into your own profession and you don't get cliquey as other professionals do" (Participant 14). Professionals, "getting cliquey" and not wanting to collaborate outside of their professional groups had led to further comments that declared that they need to "get out of your silos" (Participant 24). These comments offered some insight by the participants who acknowledged that professionals sometimes find it difficult to work outside of their "comfort zone". This can be perceived as being 'cliquey' belonging to a unique group and not wanting to get involved with others. This respondent was referring to the importance of trying to work together. This respondent indicated that if they did not work together they would get "pigeon-holed" which meant others' would view them as only wanting to work within their own professional groups.

Curran, Deacon and Fleet (2005) and Bainbridge and Wood (2012) all confirmed that the education of professionals still occurred in the main within "discipline-specific silos" (2012, p. 452). The reason for this was because professionals were still inclined to protect their professional identities concurs Cameron (2011). Individuals retreat to their own discipline specific groups when they believe that they are vulnerable and the effect of a "silo" mentality still existed both within clinical settings as well as educational ones. Hall (2005)

had suggested that the only way in which to reduce the siloed effect was to "bring down the walls", which could be achieved by health professionals and students spending more time together with IPE (Hall, 2005, p. 193).

Participants stated that within this study that effective communication and the use of good interpersonal skills was one way in which to reduce the 'siloed effect': and is reflected within this next comment, "I think a lot of ways you need good interpersonal skills... as you need to be open to other ideas and you need get out of your silos to get listen to others and engage with other professionals" (Participant 24). Good interpersonal skills such as listening and being open to ideas were listed as an essential attribute in this study, and were also acknowledged as a necessary collaborative skill (Hall, 2005). Participants advocated that communication was the key to facilitating effective partnerships and this could be achieved by being open to other professionals' ideas.

Barriers such as, different assumptions and different professional perspectives were voiced by participants who had experienced negative reactions. Their experiences in sharing their ideas and trying to assign responsibilities when involved in joint project work or research had been challenging. Some individuals had not taken the time to understand or recognise the differences in the different cultures and had made assumptions about a colleague's viewpoint. This was expressed by a participant who said, "because there are always tensions... when we come at things from very different perspectives because of our own training and using our own language this is when we make assumptions" (Participant 18).

This was an interesting comment as it contradicted what the sample had indicated within the theme regarding 'what are the advantages and benefits of working with other professionals?' So, whereas some had previously viewed 'broadened their perspectives of other's roles' and 'sharing best practice and ideas' as an advantage, this had now become the opposite which was a barrier. The comments suggested that they made assumptions based around their own professional socialisation experiences, which would have included using their own language, which could lead to having different perspectives.

Some of the participants within this study referred to their colleagues as having their own professional group 'psychology', whereas, others had more of an inter-disciplinary perspective. The way in which this next respondent overcame this barrier was that they were respectful of other person's perspectives, "there is a group of us that are quite laid back and are genuinely respectful of other perspectives" (Participant 2). The previous two barriers which referred to different assumptions and different perspectives had been influenced by the use of professional jargon and was also identified and discussed by the next barrier 'ineffective communication'.

Ineffective communication can be complicated by the use of discipline specific jargon as others perceived this as them using a different language to communicate. This next participant provides an example of how the use of jargon created a barrier with other professionals, "people not being able to understand other people because they use their own jargon and things" (Participant 1). However, the way in which this respondent overcame the barrier was to share information and help their colleagues understand their viewpoint by communicating clearly. Although one of the downsides to sharing information was the fear that their ideas will be "stolen" and used as their own, which links back to the barrier of IP competition whereby concerns of unethical practice was cited.

Participants indicated that being 'explicit' and discussing why information needed to be shared was important. Some participants found ways in which to overcome this challenge, which was to share information that was less jargonistic. This next comment illustrated this point, "getting a common language with the other professionals by just breaking it down, what we wanted to do, going right down to the basics helped everyone to understand" (Participant 24). Delany and Molloy (2009) agreed with the data within this study as they recognised the importance of having a shared language in order to build IP relationships. They indicated that it was essential to develop a shared understanding and create a common language to promote effective working relationships. Curran, et al. (2011) added that a key finding from their Delphi survey research was that, "language was interpreted in various ways by different professions and the use of a particular language or omission

thereof appeared to reflect the underlying professional value and belief systems" (2011, p. 343). This also confirmed Heidegger's work with regards to the importance of language and the way in which individuals interpreted their experiences through their understanding and experiences of language (Smith, Flowers & Larkin, 2009). Participants within this study recognised that language was significant to the development of their IP relationship. Therefore, it was important to 'get a common language' by 'breaking it down' so that they could work together more effectively as participant (2) had indicated.

Lack of confidence and interprofessional credibility received few responses but was still viewed as a barrier to IP socialisation. This issue had created a barrier for this participant who points out, "The barriers have been with me because I have not been confident to collaborate, due to time and resources and internal barriers" (Participant 25). This comment indicated that sometimes professionals did not always feel confident in themselves to collaborate with others. These feelings were brought about by not believing that they were academically credible especially within the research arena. Another respondent confirmed this by adding, "other professions do not always recognise us as a credible profession" (Participant 19). This comment links back to another barrier which was IP competition and rivalry, in particular this was with regards to some similarly of work they were involved in, and the perception that the other professionals did not value their work. There was no evidence within the literature that supported the participants experiences however, this barrier was clearly very real to those participants who commented on this category. One way in which one particular participant overcame their fears was to, "building the relationship" (Participant 25) prior to them getting involved in any research projects or groups, thereby overcoming a personal challenge.

One of the lowest participant responses was to 'education and research' and related to not sharing information that would promote IP educational activities and research. This was an original category from the Pilot Study and could be viewed similarly to IP competition. Not sharing information that could encourage IP education activities and research because there was a fear that it could be "stolen" was evidenced by this comment, "they don't want to share

information because you think others will pinch your ideas, instead of understanding that you are sharing it for the betterment for the students you are teaching" (Participant 1).

The opportunities for collaborative research have also been limited due to lack of time and high workloads which was another category within this theme. So, although there were barriers this respondent still valued the opportunity to collaborate on research and stated: "We do not have the time to do collaborative research…yet it would be fantastic to work with other professionals but it is difficult" (Participant 19).

Other participants indicated that opportunities to work with other professionals had been compromised since moving into HE, "unfortunately in an education role the opportunities to work with other professionals have been less" (Participant 8). This respondent's implicit message suggested that since they moved from a clinical setting to an academic one they have not had the same opportunities to work with other professionals. This final barrier may be one of the reasons why education and research is a challenge for professionals within HE.

Other views with regards to this barrier attracted comments such as, "not being open" and "feeling threatened" (Participant 18) by the prospect of having to share information that they believed they owned, and also other professionals being, 'defensive' when asked to share vital data. Other comments referred to professionals having their own agendas and not wanting to collaborate because "it all seems to be a big secret" (Participant 11). These types of responses indicated that professionals faced challenges to work interprofessionally. However, participants also provided strategies for overcoming some of these challenges by focusing on strategies such as, "getting together at the very start" (Participant 23) helped to maintain ongoing IPC and reducing the potential for barriers as this next comment illustrates, "if professionals were open and respectful" (Participant 18) this would assist with the development of IP relationships. In concluding this barrier there were no supporting or opposing literature to discuss in relation to this category.

These barriers had impacted upon all of the participants in different ways, and essentially the barriers had prevented the participants undertaking IP socialisation activities and building IP relationships, which may have benefited the wider IP community within academia. However, some participants did share their experiences regarding how they had overcome some of these challenges.

The previous barriers had included, time constraints, workload issues, lack of faculty support and poor leadership, power struggles, silos, different assumptions and different professional perspectives and finally, different language and ineffective communication have addressed the sub research questions. The theme emerged from these categories with the data which was obtained through the participant interviews. The sub research question of **what are the challenges HPEs encounter in relation to IP socialisation within HE?** were viewed as barriers and disadvantages to the participants, but the **how do these challenges impact on the implementation of IP socialisation activities for HPEs within an educational context** will be addressed through this next discussion on culture and leadership.

Leadership and Culture – Reducing the Barriers to IP Socialisation

Leadership and culture could be viewed as essential factors in reducing the barriers that have been previously discussed. Both the barriers and disadvantages that have been identified within this theme are challenges to the implementation of IP socialisation activities for HPEs and findings ways to overcome them is vital.

Participants agreed that was a need for support at a higher level which they suggest could break some of these barriers. Comments have included, “I suppose what I am left with is that there does need to be a lot of support at a very high level” (Participant 2) and “if it was invested in by leadership...then that would be the best outcome” (Participant 26). Gum et al. (2012) and Brazeau (2013) support these comments and add that an investment in resources, time and money is required by leaders who provide top-down administrative support. Nicol (2013) and Dunston’s (2014) reports for the Office of Learning and Teaching confirmed that the structures within

organisations required enthusiastic leaders at all levels. This required institutional 'enablers' who identified 'leadership' and 'champions' within their organisations as key individuals as one of the participants within this study has suggested, "someone that is key" (Participant 22), and "a driver of these things" says (Participant 22). Essentially, IP socialisation required supportive leadership which was evidenced by the inclusion of IP socialisation strategies within the strategic objectives for the faculty and university. Participants within this study agreed that, "university support is needed" (Participant 18), and, "structural changes are needed" (Participant 2) because without the appropriate structures and systems in place professionals believed that IP socialisation was not valued by the culture of the university.

Leaders are viewed as those who influence an organisation's culture. They create the vision, values and philosophy. The vision of where it is going and what the organisation is doing. Leaders are the ones who produced strategic objectives of what they believed were the most important initiatives or tasks, within an organisation whether it was within education or healthcare. Leaders therefore are required to shape culture by taking responsibility for where they sit within an organisation. Leaders can become 'champions of culture' and be effective 'role models' by displaying behaviours and attitudes they would like to have emulated by other staff within the organisation and not just, as this participant suggests, "leaders who promote hierarchical cultures" (Participant 16). These are attributes such as effective communication strategies or shared decision-making. Leaders can reinforce the organisational values on a consistent basis by creating communities that encourage respectful and collaborative behaviours (Cameron, 2011; Karim, 2011; Stanley, 2011; Hall & Zierler, 2015).

Pecukonis et al. (2008) suggested that there were professional groups that promoted a culture of 'professional centrism' this is where professionals are only concerned about their own discipline. As such, working to shape an organisations culture needs to be facilitated in a way that identifies both the positive and negative aspects of that culture in order that, lasting and meaningful change can be implemented and sustained (Hall, 2005; Stanley, 2011). Participants within this study recognised that changes in culture maybe

required in order for IP collaboration to take place. This would require professionals to work outside of their professional disciplines, as well as institution that supported IP socialisation. Participants also acknowledged that leaders were needed who could champion IP activity in order for changes in organisational culture to take place, as this next comments points out, “possibly finding a leadership position who knew everybody’s expertise ...who could join people together” (Participant 25), this individual could assist with the reduction of ‘professional centrism’ by connecting the disciplines and promoting IP collaborative practices.

Ponte et al. (2010) concurred that if IPC was to move forward it required effective leadership and cultural changes within the education and health care industry. Brewer et al. (2014) agreed that collaborative IP leadership programmes would address both cultural and leadership barriers, as the programme was developed with the aim of inspiring change through leaders, who created IPE education and practice opportunities. As this final comment points out, “having a top down approach that is imbedded in the culture” (Participant 23).

The discussion that has been undertaken addressed the sub research question; of how do these challenges impact on the implementation of IP socialisation activities for HPEs within an educational context. Leadership and culture were significant because to implement any type IP socialisation activity, would require not only support by the disciplines themselves, but also institutional support, with dynamic leaders to promote IPC practice.

The final sub research question of ‘**what are the current IP socialisation activities available for HPEs within HE?** This question was addressed by the participants’ answers to the interviews undertaken and the theme that was developed in relation to ‘IP socialisation strategies within HE’.

Theme 5: Interprofessional socialisation strategies within higher education

This theme highlighted the participants’ experiences of what they believed had prepared them to work with other professionals within HE and also the

suggestions that were made with regards to the types of IP socialisation activities that they would find beneficial.

Phenomenology acknowledges the importance of the human experience and Husserl (1859-1938 as cited in Gerrish & Lacey, 2010) referred to the "eidetic reduction" which involves techniques to get to the core of the experience. One technique is 'free imaginative variation' which encourages individuals to consider their past experiences and involves imagining new examples (Smith, Flowers & Larkin, 2009, p. 15). For this approach to be applied it was essential that the HPEs had previous socialisation experiences. The HPEs did have experiences of IP socialisation within clinical settings as these two questions were asked during the interview: "apart from your clinical experiences, what has prepared you to work interprofessionally within HE and "what suggestions would you make for IP socialisation activities". The second question was asked with Husserl's "eidetic reduction" in mind, this was because as the researcher it was important to encourage some reflection and imagination of a future scenario for the HPEs. This involved the imagining of what could assist with IP socialisation within an environment such as HE.

This theme had been divided into two parts with the first part presenting the findings from activities that had prepared the participants to work with other professionals within HE with responses which were presented in Table 5.7.

Part 1

The participants' initial comments referred to their preparation of working with other disciplines within academia, "nothing as such in terms of preparing me" (Participant 22) was declared by some whilst others stated, "I don't think you are prepared" (Participant 7). In contrast, more positive comments with regards to the participants' variety of personal experiences of what had prepared them were, "family members who were health professionals", (Participant 8) and "I was working clinically which helped me engage with other professionals" (Participant 21). The participants referred to their own personal experiences and professional experiences that had provided them with opportunities to socialise with other professionals. These included; family members that were health professionals and working with professionals within clinical settings. An

additional comment includes a participant's previous professional socialisation experiences: "I guess having interaction with professionals externally. I have friends who are in different professions" (Participant 5).

The participants' comments demonstrated that their previous experiences had helped to prepare them for working with other professionals within the university. As such, these comments offered some examples of original data, which will assist with the development of an IP socialisation framework. The sample of participants that shared their personal experiences reinforced how important it was to have had prior learning experiences. This was because they believed that they were already equipped with the knowledge, skills and confidence to be able to work, not just within their own professional group, but with other professionals as well.

Some of the participants shared their suggestions with regards to what they believed would have helped them once they were employed by the university, "there needs to be some initiation", (Participant 7) as there was "nothing formalised" (Participant 23) stated. Other comments included that there needed to be some "formal or informal structures" (Participant 8), with suggestions of a formal orientation or induction to support the transition to academia and to work interprofessionally would have been beneficial. The lack of IP socialisation opportunities within HE was identified as a disparity within the literature. Howkins and Bray (2008) and Anderson, Cox and Thorpe (2009) all agreed that there was some evidence of preparation and support for HPEs within Health Faculties, although there were no specific studies in relation to IP socialisation activities to support HPEs as new employees to HE.

However, some professionals found their own ways in which to collaborate with other disciplines within the university, 'there was a teaching and learning forum" (Participant 17) stated one participant, whilst another confirmed that this had, "helped me to meet other professionals" (Participant 12). Some of the other IP opportunities were, "IP seminars" (Participant 24) and "workshops and retreats" (Participant 26). Whilst other participants pointed to other factors that had provided opportunities to collaborate, "proximity" (Participant 25) to other disciplines had been helpful as well undertaking joint teaching. Participants

also used their own initiative to “I would look for people myself” (Participant 23) and “It’s an interesting question because I don’t think I was really prepared, I just had the natural capacity to talk” (Participant 9). The respondent’s ‘capacity to talk’ indicated an attitude of confidence to seek out other professionals and collaborate. This comment contradicted Phillips, Etherman and Kenny’s (2015) study, that reported the lack of orientation for the nurses to their new workplace had affected their confidence levels in being able to interact with other professionals. The next participant adds that, “no there was not...but what I took with me is what I did clinically because I worked in a clinical team so I took that experience with me ...so nothing formalised. I would look for people myself” (Participant 23). The participant indicated that they had benefited from their previous clinical experience as they believed that they had developed transferable skills, which assisted them with being able to socialise interprofessionally within another environment.

Part 2

Within this theme thirteen socialisation strategies were identified from the data obtained through the participant’s interviews. These strategies were presented in Table 5.8. The thirteen activities were further divided into two parts; formal and informal socialisation strategies and these can be reviewed in Table 5. 9. The rationale for dividing the socialisation strategies into formal and informal activities was developed whilst analysing the data. The participants themselves indicated that they had preferences in relation to structured IP activities and less organised IP activities. The strategies included; IP Professional development days, IP induction or orientation, IP workshops, IP leader or facilitator, joint curriculum planning, IP teaching, IP research meetings, IP open day, IP mentorship, proximity, social environment/common room, IP virtual support and IP introductory meetings.

Formal Interprofessional Strategies

These are strategies that could be structured and organised in order to provide IPE experiences for HPEs and meet strategic IP objectives for the institution or faculty. The strategies will now be discussed under each of the strategy titles.

Professional development days or courses

Participants within this study acknowledged that professional development days or courses were a way in which to collaborate with other professionals. The following comment supports this activity, “I’m quite open to hearing what other professionals as you learn from other professionals and it adds to your own professional development” (Participant 12). Another respondent suggests that, “You could accrue professional development points and if you had some kind of point system for going to seminars you might get people to go because they will get something for it” (Participant 24). For some participants’ incentives such as them receiving professional development points was attractive as this would demonstrate to their employers as well as the registration bodies such as AHPRA, that the professional was achieving the required evidence of ongoing professional development to maintain their registration to practice (AHPRA, 2015).

Steinert’s (2005) study supported the strategy of IP Professional Development days as the importance of having professional development sessions on a regular basis were viewed as being valuable in building IP relationships within a ‘neutral territory’. Hall and Zierler (2015) point out that developing faculty staff through professional development days could assist with reducing IP barriers. This can be achieved by empowering the professionals to make decisions about IPE activities and finding solutions to challenges in relation to the IPE faculty agenda. Professional development days or courses already exist within many HE institutions. Usually professionals are engaged in teaching and learning activities with other disciplines in subjects that allow for IP cooperation.

IP Orientation/Induction

Induction of staff is commonly undertaken either within a School or Faculty, or in recent times in an on-line environment with very limited interprofessional exposure. However, widening an orientation or induction event to demonstrate support for interaction with other disciplines may be an effective way to cement an IP agenda with new staff. Included are some of the comments made by participants in support of this IP activity, “I think it would be good to be

orientated to what is going on in a university. There is no orientation for the school. I did not know what disciplines were here" (Participant 12).

This next participant agreed, "I think that with respect to working within interprofessional teams I think that university should have good induction and orientation programmes" (Participant 10). Freeman, Wright and Lindqvist, (2010) and Phillips, Etherman and Kenny (2015) acknowledged that inductions and an orientation to a new working environment were beneficial for new employees.

Interprofessional workshops

IP workshops that encouraged IP team building and team working were rated highly by the participants, especially as it provided opportunities to professionally socialise with others, as this next participant indicated, "team building where the professions get together and have a socialisation period even if there was an opportunity for a couple of hours for a workshop would be fantastic" (Participant 5). Scarvell and Stone's (2010) study confirmed that IP workshops were positive forums to facilitate IP socialisation. They referred to an IP collaborative practice model for the preparation of clinical educators. The workshops were designed to create learning environments that encouraged the educators to think creatively and share their clinical education experiences with the students and other educators. This study essentially promoted IP education across students and professionals within clinical and educational settings. The outcomes were positive as the workshops maximised the opportunities for collaborative education and teamwork.

An earlier study undertaken by Anderson, Cox and Thorpe (2009) evaluated the outcomes of IPE with students and educators. Although there were a number of challenges to IP learning, both students and educators valued the opportunity to network with other professionals and learn about IPE and how this could benefit them in clinical practice settings. Participants comments support Anderson, Cox and Thorpe (2009) findings with regards to organising groups who are able to learn from each other, "maybe collaborative seminars anything that gets groups together it gets people to learn what is going on in a university as you need to make those connections" (Participant 10). The

participant asserted that it would be beneficial for professionals to make those connections.

The next respondent added a further dimension to this discussion:

> *I think it would need to be more formal than morning tea because you would not get to the crux of it...so I think you would need to go into workshop type of scenarios where you would share the types of teaching that you do and curriculums* (*Participant 16*)*.*

An annual report into IPE by Brewer (2010) evaluated IPE workshops and activities undertaken within Curtin University, WA. Brewer highlighted the value of IPE for students and educators because responses to the IP activities received positive feedback.

Anderson, Cox and Thorpe (2009), Scarvell and Stone (2010), Brewer (2010) and Hall and Zierler (2015) have all advocated the benefits of IP workshops for students and educators whether they are from clinical settings or they are within an educational environment. The evaluations of the studies have not been without their challenges especially in relation to professional barriers related to identity protection, which have all been overcome by building IP relationships. The socialisation of the professionals through the provision of the IP workshops had led to a more collaborative approach to IPE and IP client centred care in clinical practice.

Interprofessional Leader or Representative within faculty

A large number of participants within this referred to the development of an 'interprofessional leader or representative'. This role would be to specifically seek out and encourage IP engagement that linked professionals, built and fostered greater IP collaboration. Views from participants included, "a leadership position" or maybe an "interprofessional representative" (Participant 25) that understood the different disciplines expertise and could facilitate opportunities for them to meet and share ideas as well as support IP collaboration. This could be a professional who understood the advantages of connecting professionals with similar teaching, research or professional interests. As this next comment suggests:

> *I think you often need to get collaboration or socialisation practices, but for this you need a driver of those things and a leader to bring those things together...I think that having someone who could bring people together for the university. Perhaps a certain person that can connect people...someone in place to build and drive that, because that could be the key to connecting and overseeing the whole thing that could build the development of academics across the disciplines* (Participant 22).

The comments indicated that IP collaboration and socialisation needed a driver, a leader to 'bring things together'. This participant also alluded to someone who could facilitate and connect other professionals and 'oversee the whole thing' across the disciplines. Nicol (2013) and Dunston (2014) both produced reports for the Office of Learning and Teaching Department. Both of these reports recommended that the structures within organisations such as education and clinical practice, required enthusiastic leaders at all levels which included; Vice Chancellors, Deans, Heads of Schools to course coordinators and lectures.

Nicol (2013) stated that institutional enablers were needed which identified 'leadership' and 'champions' within organisations as being key individuals. The report indicated that IP challenges were a result of a "lack of leadership and critical support from upper organisational levels or universities" (p. 81, 2013). The report also made recommendations to organisations as to how they could overcome these challenges. They suggested that encouragement was required to persuade health professionals to 'buy in' and recruit staff that were passionate about IPE. They also suggested the need for 'one passionate driver', who could be regarded as an overall IP coordinator or representative as this next participant has suggested:

> *Possibly finding a leadership position who knew everybody's expertise could join people together... one person that could organise and introduce them to each other and encourage the IP collaboration...perhaps an interprofessional representative to take things forward* (Participant 25).

One of the key recommendations from both reports (Nicol, 2013; Dunston, 2014) was the need to appoint leaders that would 'champion' IPE. In Nicol's (2013) report this was suggested to occur at a local level within organisations whereas, Dunston (2014) recommended that this happen at both local and national levels. In addition, Dunston (2014) also made the statement that there

needed to an annual leadership forum established to invite all stakeholders to address the issues and initiatives in relation to IPE across all institutions.

Gum et al. (2012) concurred with these reports and supported any IP initiative that highlighted leadership as an essential requirement for IP socialisation or IP activities to succeed. Institutional leadership was the key to the support of individual professional faculties. Leadership and the support for “IP Champions” were identified as an essential formal IP strategy which was demonstrated by this next respondent, “we’re not going to effect the change but if was invested in by leadership and that would be the best outcome” (Participant 26).

Although the five universities in which the participants were employed had differing IPE initiatives, no respondent indicated that there was an IP representative or coordinator that could oversee IP activities for educators. However, there were IPE coordinators for student activities which Brewer, Flavell et al. (2014) referred to in their development and evaluation of an IP practice capabilities framework. The framework was designed as a curriculum tool to assist students in understanding IP collaboration. Alongside the framework were IPE coordinators who were trained to teach and coordinate IP activities for students. The outcome of their qualitative study was that the implementation of the IP practice capabilities framework did have a positive impact on the students’ IP learning experiences.

Joint curriculum planning

Curriculum requirements especially for health professional programs required that the primary disciplines were heavily evident within the curricula being developed. However, the IP agenda also needed to be satisfied and an effective mechanism for showing and gaining IP engagement was to seek an IP input. However, this respondent highlighted the difficulties in joint curriculum planning, “joint curriculum planning would help. I’m not sure how it would work logistically because we do have meeting were the course coordinators come together there is a bit of isolation in developing units because of the huge numbers” (Participant 14). Hall and Zierler (2015) refer to this type of IP activity

in relation to their strategies on developing faculty educators to facilitate IPE and confirm the benefits of planning joint curricula.

IP Teaching

Participants within this study agreed that joint teaching, had been the main IP activity that all of the participants were involved in across the five universities. This was supported by this comment, “doing joint lectures is beneficial” (Participant 12). Interprofessional teaching has been highlighted as an effective method to engage with other professionals. Co-teaching opportunities had presented themselves to the participants and was viewed as an effective way in which to ‘learn from another professional’ as well as provide a visual demonstration of ‘role-modelling’ collaborative behaviours. This was supported by the WHO (2010), Nicol (2013) and more recently Dunston (2014) who recognised the value of the different disciplines teaching together in order to strengthen collaborative practice. As this appeared to address the IP teaching and learning educational objectives of the universities as well as the educational initiatives that have emerged over the last five to ten years, within HE (Cameron, 2011; MacLellan, Lordly & Gingras, 2011).

IP Research meetings

Opportunities to engage with professionals to work on research projects or grant applications were identified as a way to socialise interprofessionally. Securing grant funding and research opportunities were pivotal for all the academic institutions. One of the most effective ways in which to generate positive results was to demonstrate that the research would impact on a wide client/student group or benefit the wider professional population as this next comment illustrated “...research supervision...has been quite successful” (Participant 18). Thus having IP groups meet at research-focussed meetings may foster greater collaboration and a better grant success rate. This next respondent agreed, “I think that would be useful if we did that with other professionals. So, I definitely think that research is good for connecting people” (Participant 9). Although research meetings were identified as an IP activity to be promoted within this study, this was not evident in the literature reviewed.

IP Mentorship

Interprofessional collaboration may be fostered if different professional groups were mentored by colleagues from other disciplines. This could be particularly effective for common themes within academia such as leadership, teaching and learning approaches, dealing with student issues or managing academic workload. Mentors for these issues do not always need to come from the individuals own discipline and the crossover of disciplines may even lead to greater or more effective outcomes for the individual or for the faculty or school. Although the responses to this strategy were low participants suggested that:

> *Well maybe it's more about having introductory meetings when you first come in and are mentored by someone in the department. Maybe you can make some links to other professionals there* (Participant 6).

This respondent indicated that their experience was about being mentored within their own department which could potentially lead to further links with other professionals. Kenny, Pontin and Moore (2004), MacLellan, Lordly and Gingras (2011) and Gum et al. (2012) confirmed that mentorship and mentoring were viewed positively because it provided an effective process of socialising individuals. Kenny, Pontin and Moore (2004) designed a model that emphasised the importance of mentoring and the socialisation process which can be viewed in Figure 2.3. They indicated that there was a connection between organisational objectives, culture and the individual's needs. They concluded that HE institutions needed to provide opportunities for new employees to attend an induction or an orientation as well as access to a mentor.

In 2008, McLean, Cilliers and Van Wyk, produced a guide to assist medical faculties to support new medical academic employees. One of their recommendations was to provide mentoring as a way of socialising their new members of staff. They concluded that providing opportunities such as an induction or orientation as well as mentorship would help to retain staff and foster a non-threatening environment that encouraged creativity and meaningful academic encounters. So, although mentoring was acknowledged within the literature it was usually specific to a particular profession whereas evidence of IP mentoring was lacking.

Informal IP Strategies

The informal IP strategies were the ones which were less structured and although organised where primarily opportunities for networking. This would occur through introductions of professionals to others in more relaxed settings that did not have direct faculty strategic objectives. The aim would be to build rapport with other educators.

Virtual support network/Email /IP information website

The value of Web technology to connect individuals is a common occurrence within the wider population. However, within academia the use of emails has become an essential mode of communication between all staff. Email was used in general to communicate information about students and work-related issues related to their own discipline schools. However, although email was a successful means to communicate, the development of an IP website could be another way in which professionals connect with each other and provide IPE information. As this participant suggests:

> *I think if there was an email where they say that all new staff in the school could meet for afternoon tea or a cuppa so that you have an opportunity to meet others and introduce yourself. So, that you can make those links I think that is important. It would be really useful and I think not enough of that happens* (Participant 8).

As the professional says, it's a good way of 'connecting people'. In addition, this next respondent adds, "a virtual network or website with some important information" (Participant 11). This was an interesting suggestion which would require support by the school or faculty in order to develop and maintain the IP website. One of the recommendations within Dunston's (2014) report was the development of a virtual IPE repository which could also be linked to international IPE networks. This supports what participants have suggested within this study.

Introductory meetings (***meet and greet opportunities)***

These could be established on a regular basis depending on workplace location. An introduction to other professionals would be beneficial. As this respondent indicated, "well maybe it's more about having introductory meetings when you first come in and are mentored by someone in the

department. Maybe you can make some links to other professionals there" (Participant 6). This participant not only referred to the opportunity of introductory meetings but also included mentorship as a socialisation activity. Another participant adds:

> *I do think you need to have something like meet and greet to start with. So, nice green people like me to introduce me to more experienced people. It can be quite isolating and even though you are teaching and doing a PhD it is still very isolating* (Participant 3).

Introductory sessions do not appear to be too difficult to arrange however, without professionals who are motivated to work or connect interprofessionally even informal meetings can become a low priority.

IP Open day

Responses to this strategy was low within this study but participants still viewed this as a viable strategy as this next comment illustrates, "so something like an Open Day for the staff" (Participant 15) could be valuable in providing an opportunity for various disciplines to meet each other in order to demonstrate the scope and range of their academic activity. It could also be an occasion where colleagues could learn about each other's roles in a non-threatening environment which could help to reduce professional misconceptions and reduce barriers. An IP Open day would be less formal than an induction or orientation.

Social environment/common room/community events

Combining discipline groups in an informal context can have far reaching benefits. Facilitating a common staff room, a social event or supporting staff in meeting each other in a more relaxed environment could be a way in which individuals socialise in order to build IP relationships which may lead to more formal IP activities. As this respondent confirms:

> *I always find it more powerful to talk to someone at a morning tea to talk about education and teaching. Someone that can be enthusiastic and energetic about what we could do. Rather than it be a top down directive* (Participant 13).

For some a more informal approach to meeting other disciplines was an appealing way to engage in IP dialogue which is natural and non-coercive. This next participant agreed that they would prefer this approach:

> *If there was a common room where the tutors meet on a regular basis just for a cup of coffee and a chat that would promote discussion, otherwise you just come in for teaching there is not much interaction. If there was a common room where you stopped by so that you could discuss this worked well this did not. I think we would achieve a bit more* (Participant 9).

A more informal social environment where staff could meet was not discussed within the literature reviewed however these participants did view this category as a viable IP socialisation activity.

Proximity of offices and buildings/incidental meetings and conversations

In order to facilitate incidental meetings and conversations evidence from participants within this study confirmed that the proximity of other professionals was a significant factor to either enhancing or preventing the establishment of professional relationships as these two participants' confirmed:

> *I think proximity makes a difference so incidental conversations cannot happen and I miss out...because we do not have structured times and opportunities are missed to connect and we are all so busy* (Participant 18).

Another participant adds:

> *When I first came to the university it was very small and we had more disciplines within one building umm. Now we have expanded and those disciplines have gone to separate buildings* (Participant 22).

Oandasan and Reeves (2005) indicated that greater IP cooperation was evident when professional groups worked within proximity of each other. Sharing buildings, offices or a common room helped facilitate informal conversations and lead to a breakdown of many of the barriers.

Overall, this theme has examined the participants' experiences of IP socialisation when first employed by an academic institution. The first part of this theme explored the participants' experience of being prepared to work as educators within an academic health faculty. Their experiences had ranged from, nothing at all, to personal life experiences and activities that would have

benefited them into socialising more effectively. The second part of the theme focused on the participants' suggested ideas in relation to the types of socialisation strategies that would encourage the building of IP relationships when entering academia.

Thirteen categories were identified which were then divided into formal and informal socialisation strategies. The formal and informal strategies were discussed. In summary, the majority of the categories were supported within the literature, especially the more formal approaches to IP socialisation which acknowledged teaching and learning, IP workshops and IP research and IP champions as the main activities and socialisation opportunities undertaken together. Whereas, strategies such as; IP orientation/induction, joint curriculum planning and IP mentors were not represented within the literature which was reviewed.

There was very little acknowledgement in the literature of the informal strategies such as; IP virtual support network, IP common rooms, introductory meetings and the proximity of professionals, within the literature. Overall, the participants provided a range of IP socialisation strategies that have or have not been supported within the literature.

This theme explored and established HPEs' understanding and experiences of IP socialisation within HE. The data from the participants' interviews had led to the development of the IP strategies and both parts of this theme has addressed the sub question relating to; **what are the current IP socialisation activities available for HPEs within HE?** Part one of this theme demonstrated that participants were able to access limited IP socialisation activities. However, in part 2 suggestions were made for strategies which could be developed to provide future IP socialisation activities for HPEs within HE.

Summary

This chapter has presented and discussed the findings from this study and has addressed the main research question as well as the sub questions. This was achieved by applying the five themes that had been created through the participants' interview data. Theme one had identified a number of studies that

reported similar socialisation activities undertaken by the participants. Theme two reported the advantages and benefits to IP socialisation although many of the studies referred to professionals working within clinical environments. Theme three identified the main qualities and attributes associated with IP socialisation and building IP relationships. This theme identified similar characteristics which were confirmed in the literature, although participants within this study had identified a couple of unique qualities which were not reflected in studies, which indicates how this research could contribute to the qualities and attributes needed to influence IP relationships within HE.

Many of the challenges faced by participants with regards to barriers to IP working relationships were discovered in theme four. Once these barriers and disadvantages were identified it was important to establish the impact that these barriers had created for the participants within this study and the strategies that they had used to overcome them. Many of the categories were reflected in the current literature but the data from this study would add to this body of knowledge.

The final theme was divided into two parts. Firstly, part one focused on what had prepared the participants to work with other professionals within academia, which identified there was limited literature that indicated how HPEs were prepared or supported into academia. The second part of theme examined thirteen IP socialisation strategies which were divided into formal and informal strategies that had been suggested by the participants. Although some of the formal strategies existed within the literature, some of the informal activities and opportunities were new, and were not reflected in any studies. This indicated that the participants' data had reported innovative ways in which to create IP opportunities and encourage IP relationships within academia. In addition, this study also highlighted how professionals could collaborate in novel ways.

Adopting an interpretivist phenomenological position for this research has been positive, as the philosophy and theoretical framework provided the structure required for this qualitative study. Within phenomenology, intentionality is at the core of this approach because it aims to create meaning

from what is experienced or observed. ‘Essences’ was also another important concept as this basic unit of common understanding is connected to the phenomena that has been identified within this study, namely, ‘IP socialisation of HPEs within HE” ‘strategies used to socialise’ and the ‘barriers that have hindered the building of IP relationships’. However, the importance of the ‘lived experience’ of the HPE was central to the understandings and experiences of this study especially in terms of them being interprofessionally socialised within HE (Smith, Flowers & Larkin, 2009). As the researcher was a professional educator themselves the recognition that IP socialisation was deficient within academia had been the driving force and inspiration to undertaking this study.

The five themes have now been analysed and discussed and comparisons have been made with the current literature. There was evidence to suggest that this research had produced original data, which will now assist with the development of an IP socialisation framework that will be outlined and discussed within chapter seven.

Chapter 7

Health Educators' Interprofessional Socialisation (HEIPS) Framework

Introduction

The aim of this chapter is to discuss the development of an IP socialisation framework to assist health professionals and Faculties of Health to effectively socialise new educators into their IP roles and responsibilities. This study has identified five themes in relation to HPEs' experiences of IP socialisation within HE, and all five themes have influenced the development of the Health Educators' Interprofessional Socialisation (HEIPS) Framework.

The HEIPS Framework has evolved through the review of existing literature that surrounds socialisation, professional socialisation and IP socialisation, as well as through the analysis of the data from this study. This chapter will demonstrate how the HEIPS Framework has been developed by providing previous examples of IP frameworks from the literature. This HEIPS framework offers a unique model to support the IP socialisation of HPEs into HE.

Socialisation

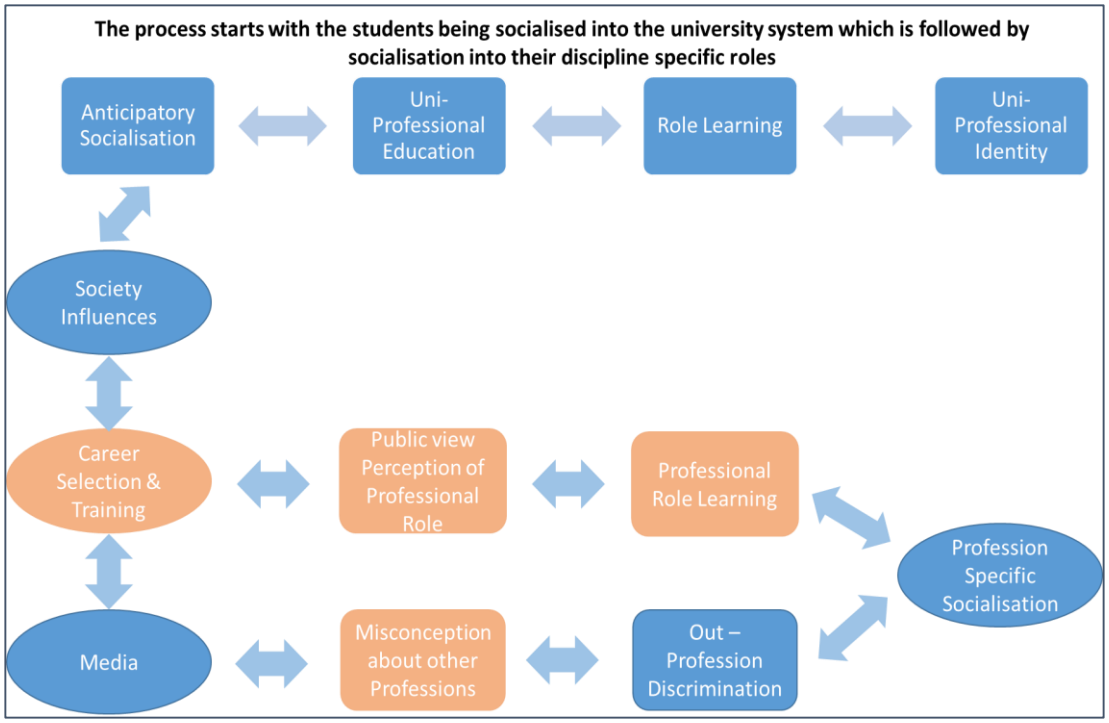
Socialisation has been defined as the process by which individuals acquire the knowledge, language, social skills and values to conform to the norms and roles required for integration into a group or community. It is a means whereby individuals begin to acquire the skills that are essential to function as a member within society (Reising, 2002; Steinert, 2005; O'Lynn, 2009; Freeman, Wright & Lindqvist, 2010). A number of studies and frameworks have been previously presented and discussed, that have indicated the importance of integrating individuals by socialising them into new organisations, and how this can impact on the employee and the organisation (Dose, 1997; Ardts, Jansen & Van, 2001, Kenny, Pontin & Moore, 2004; Simosi, 2010).

Professional Socialisation

Clark (1997), Reising (2002) and O'Lynn (2009) claim that professional socialisation moves beyond the initial socialisation phase as it enables the

individual to learn about the particular norms of a group that would include the knowledge, skills, values, roles and attitudes that are associated with that group. The participants within this study had already worked within clinical practice, which had involved them working with professionals from their own and other discipline groups. Chapter two explored the relevance of professional socialisation to this study and discussed the importance of this developmental process. Figure 7.1 demonstrates the professional socialisation process from Khalili et al.'s (2013) viewpoint.

Figure 7.1 Professional Socialisation process



Adapted from Khalili et al. (2013, p. 450)

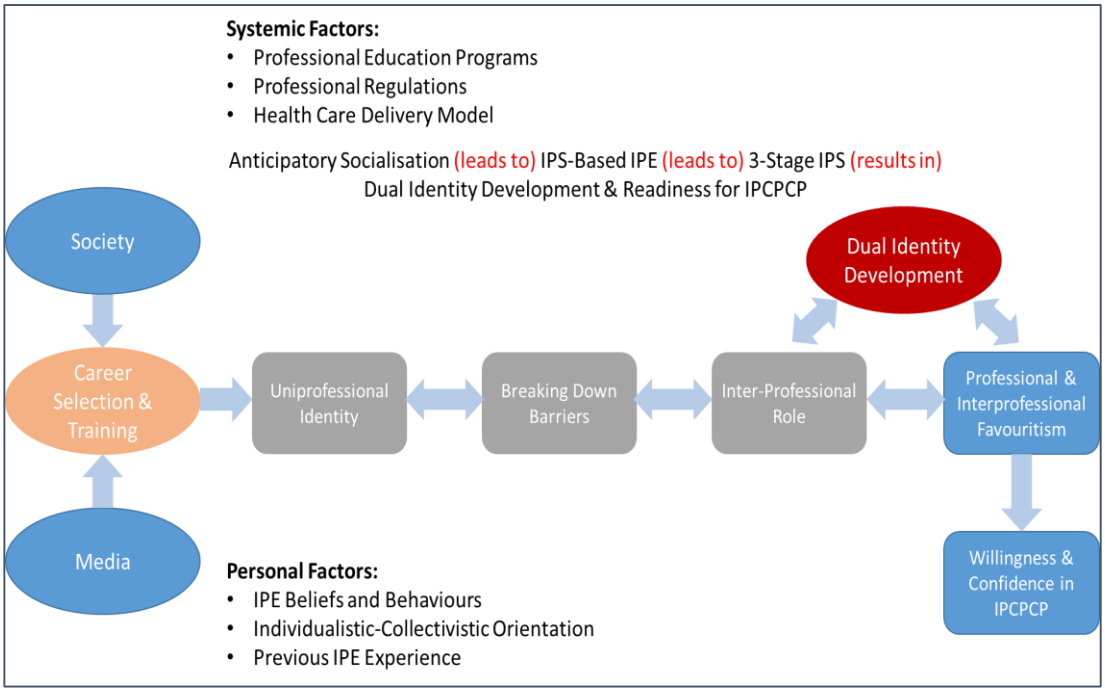
The professional socialisation framework as espoused by Khalili et al. (2013), and illustrated in Figure 7.1, highlights a professional socialisation process for health professional students. The process begins with anticipatory socialisation which is influenced by society, the media and the career that the student chooses to pursue. Students may have developed preconceptions about their career choice based on these influences, which in turn may lead to misconceptions about other discipline groups. It is for this reason that the framework focuses on bringing students together from a number of professions, once they have formed their own professional identities. Their

professional identity is created through uni-professional education and role learning. This process requires the elements of trust and respect which is supported through the professional socialisation of the student into their chosen profession. The professional socialisation process also provides an opportunity for students to develop the skills they need to work within interprofessional teams, which is the focus of the next framework in Figure 7.2 (below).

Interprofessional Socialisation

Figure 7.2, builds on Khalili et al. (2013) previous professional socialisation framework. The IP socialisation framework is focussed on developing students' IP capabilities and has three stages which are; breaking down barriers, IP role-learning, IP collaboration and dual identity development. The framework could be potentially adapted to develop an IP socialisation framework for HPEs within HE. The research of Khalili et al. (2013) seems to suggest that the processes in both frameworks (see Figures 7.1 & 7.2) illustrate how the professional socialisation process can be progressed and developed to become an IP socialisation framework for students within clinical practice settings.

Figure 7.2 Interprofessional Socialisation Framework



Adapted from Khalili et al. (2013, p.451)

Khalili et al. (2013) suggest that both of these frameworks could be embedded in educational programs. The data within this study have provided additional information to support the development of IP socialisation frameworks for health professionals and builds on Khalili et al.'s (2013) existing processes. However, the limitation of Khalili et al.'s (2013) IP socialisation framework illustrated in Figure 7.2 is the acknowledgement that the process has not been empirically tested with students and is currently only a concept.

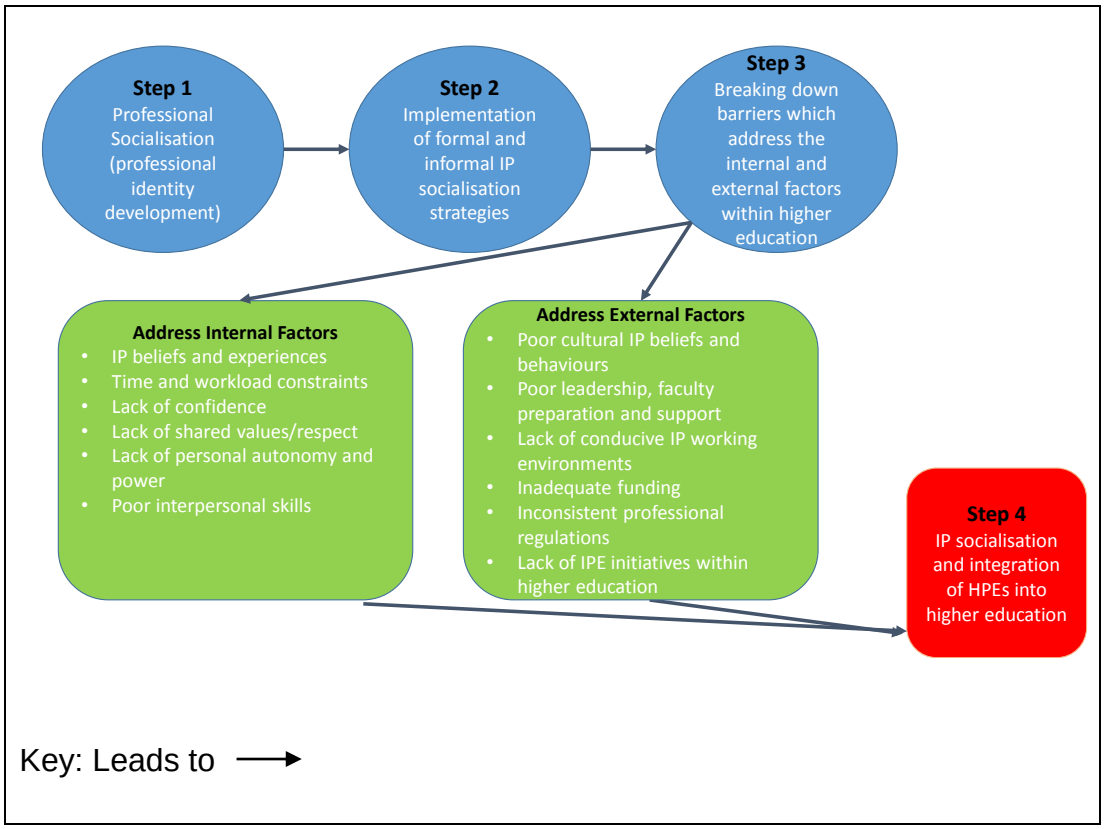
Health Educators' Interprofessional Socialisation (HEIPS) Framework

The following framework has been developed, and builds upon the IP socialisation framework developed by Khalili et al. (2013). The HEIPS Framework presented in Figure 7.3 includes elements that would be required to assist with IP socialisation as well as providing additional strategies to support health professional educators within HE.

The HEIPS Framework in Figure 7.3 is a theoretical framework that incorporates the elements of; professional socialisation, internal and external factors that influence IP socialisation within HE, reducing the barriers by implementing IP socialisation strategies, which ultimately leads to the IP

socialisation of HPEs within HE. The following discussion will address these elements and the four steps.

Figure 7.3 HEIPS Framework



Step one: Professional socialisation

The first stage of the HEIPS framework see (Figure 7.3) begins with professional socialisation. The interactive process of acquiring professional identity is based on values and meanings. According to Anderson, Cox and Thorpe (2009) and Alberto and Herth (2009) professionals appreciated having a set of values, as they were provided with standards that supported, the way they interacted with other disciplines, and assisted with effective communication and teamwork within clinical settings. The ability to use good interpersonal skills supports the individual to adequately socialise within all groups. This assists with the development of professional identity as the individual is required to accept the values and norms for that particular group, and once this has been established the professionals are able to make the progression to building IP relationships. This was evident from the data within this study as the HPEs had all worked with other professionals before entering

academia. This step leads to the implementation of the IP formal and informal socialisation strategies.

Step two: Implementing IP socialisation strategies

According to Stanley, Dixon, Warner and Stanley (2015) see (Appendix I) the implementation of formal and informal IP socialisation strategies could reduce some of the barriers identified by participants within this study. Effective IP socialisation strategies could provide opportunities for building IP relationships and IP collaboration. This study has suggested a range of formal and informal strategies. The formal strategies included; IP co- teaching, IP workshops, IP research and IP leaders or representatives as the main IP socialisation strategies. Others include; IP orientation/induction, joint curriculum planning and IP mentors. Informal strategies included: the provision of IP virtual support networks, IP common rooms, introductory meetings and the proximity of professionals in terms of shared offices and buildings see (Appendix I). Centre for the advancement of IPE (CAIPE, 2002), O'Lynn (2009), Thannhauser, Russell-Mayhew and Scott (2010), Cameron (2011) and Dunston (2014) all acknowledged that IP activity were associated with positively influencing health faculty students' learning experiences, as they would witness and experience effective IP teamwork through IP role-modelling.

Kenny, Pontin and Moore (2004) outlined a model see (Figure 2.3) that emphasised how all of their key concepts were important to the socialisation process. It also indicated that there needed to be congruent behaviour between the organisational objectives, culture and the individual's needs, with the conclusion that opportunities for orientation, induction and mentorship were significant for new nurses to transition to their new working environment. There are similarities between Kenny, Pontin and Moore (2004) model and the HEIPS framework as both recognise that the key to socialisation and IP socialisation are the internal, external factors and the organisation's culture and objectives. Both assert that providing opportunities that assist professionals with integration into a new environment require socialisation strategies that have been identified by Stanley et al. (2015). Implementation of

these strategies leads to step three within the HEIPS Framework which addresses the internal and external factors and breaking down the barriers.

Step three: Breaking down Barriers

According to Baxter and Markle-Reid (2009) and Rice et al. (2010) the need for cooperation between professionals required them to work towards common goals within HE. Barriers can be created if professionals do not cooperate with each other or if the institution does not support the professionals' goals and needs. Participants within this study identified a number of specific barriers that were impacting on them being able to undertake IP activities. Some of these barriers included: time constraints, different professional perspectives, ineffective communication skills, IP competition, workload issues, lack of funding, and lack of support by faculty and poor leadership. Leadership and culture were also viewed as having a significant impact on the way in which IP socialisation was supported within HE (Nicol, 2013; Dunston, 2014; Hall & Zierler, 2015). One of the challenges to IP socialisation is the management of moving professionals from the comfort of their individual teams to working within IP teams. This requires sensitivity and an understanding of the socialisation processes, as Price, Doucet and McGillis Hall note "promoting a culture of IP respect and collaboration during early socialisation must extend to educational and practice environments" (2014, p.107). So, although there may be recognition that IP collaboration has a number of benefits for individuals as well as organisations, the way in which HPEs are supported is vital if IP socialisation is to be successful (Ho, 2006). Breaking down these barriers could be influenced by the internal and external factors presented within the HEIPS framework see (Figure 7.3). So, addressing these factors is significant to the successful socialisation of HPEs' into HE.

Internal and External factors

Both internal and external factors can impact on the extent to which barriers are reduced or that, limit the implementation of IP socialisation strategies within HE. These factors could also be perceived as barriers and will be discussed in light of the participants' responses within this study.

Internal Factors

The internal factors relate to the professionals' views and experiences of IP socialisation within HE. This study has identified some of these personal challenges which include the following:

IP beliefs and experiences

Theme one examined the HPEs current socialisation experiences within HE in chapter five. This theme examined their professional socialisation experiences which included how long they had been within their professional groups as well as how long they had been within academia (see Figure 5.1 and 5.2). Table 5.2 illustrated the range of professional groups they were collaborating with across the five universities and Table 5.3 identified the types of activities they were involved in with other disciplines. Table 5.4 provided a list of qualities and attributes HPEs believed were important in order to build those relationships, and some examples of their comments in relation to the characteristics of IP socialisation, and what the HPEs valued about those IP relationships were evident. Their professional experiences had shaped their beliefs and overall their IP beliefs and experiences were viewed positively. This factor is also confirmed within Khalili et al. (2013) interprofessional socialisation framework for students see (Figure 7.2).

Time and workload constraints

Theme four, examined the barriers and disadvantages to working interprofessionally within HE. Time constraints were one of the major factors that prevented participants within this study from collaborating with other disciplines. Workload issues were another concern with participants expressing their frustration at the workloads being high and not having time to work interprofessionally. Time constraints were acknowledged by Martin-Rodriguez, Beaulieu and Ferrada-Videla (2005) and Alberto and Herth, (2009), but workloads were not. It could be assumed that time and workloads were interconnected although this was not explicit within this study. These issues could also be viewed as external factors, because 'time' to some extent is not always controlled by the professional.

Lack of confidence

The lack of confidence and IP credibility was another internal challenge for participants. The evidence of IP competition and IP rivalry that Scarvell and Stone (2010) discuss were associated with creating barriers to IP collaboration. Therefore, it was preventing some professionals from seeking out IP socialisation activities.

Lack of shared values and respect

Theme three referred to the advantages and benefits of working with other professionals and identified 'sharing best practice and ideas' as a category that was rated highly by participants within this study. Hollenberg and Bourgeault (2011) referred to interactional determinants that were required for IP collaboration. The willingness to share ideas and best practice had required the professionals to communicate with each other, and demonstrate mutual respect and a willingness to learn from one another, which they valued. These interactional determinants are positive intentions to work interprofessionally and are constructive internal factors.

Lack of personal autonomy and power

Being independent with regards to building IP relationships enables the professional to control what IP socialisation activities they become involved in. However, Cameron (2011) and Karim (2011) claim that if power is used negatively in terms of another professional assuming superiority, this would have the opposite effect on the development of IP relationships.

Poor interpersonal skills

Interprofessional communication is an effective and constructive element in building relationships and is a vital internal factor because it is beneficial for cooperative and collaborative IP relationships. Theme two clearly indicated one of the key fundamentals to IPC was communication. Communication was referred to within the literature and was rated as the second most important IP quality or attribute by participants within this study. Communication was recognised to have a positive effect, in terms of its impact on IP teams, whereas poor communication had a deleterious effect. Curran, Deacon and

Fleet (2005), Martin-Rodriguez, Beaulieu and Ferrada-Videla (2005) Baxter and Markle-Reid (2009) and Clark (2011) also agreed that having good interpersonal skills had the ability to engage professionals in collaborative educational activities, which are important if students are motivated to learn within supportive IP learning environments. The importance of effective IP communication was also instrumental in influencing positive patient health outcomes.

Core competencies such as, trust, respect, effective communication, shared knowledge and understanding were qualities identified by Suter et al. (2009) who asserted that there was a need for these qualities, in order to build effective IP relationships. Competency frameworks have also been viewed as a way in which to identify and promote IP competencies. A competency framework designed by Bainbridge et al. (2010) was developed to promote IPC as the competency tool would assess the IP competencies required for specific groups of professionals. Understanding and recognising what types of IP deficiencies may be evident within a group, would assist with the development of educational programs. These programs would help to prepare them for IP activities, as well as encourage IP interactions. This type of IP competency assessment tool and IP competency framework originated in Canada. Reeves (2012) agreed that these frameworks could be beneficial in standardising elements needed to promote and create environments for IPC. However, the reliability and validity of assessing and measuring IP collaboration within different environments using these frameworks and tools have been questioned by Reeves (2012). Ultimately, these frameworks could be utilised with HPEs as they could support internal factors such as, the development of effective interpersonal skills, which would assist with IP socialisation.

Another element in relation to communication was the specific terminology which professionals used to describe health practices or apply healthcare principles. Participants within the study highlighted the need to use a common language that was inclusive. If the language that was being used was significantly different there was a potential for misunderstandings and a

creation of barriers. Therefore, sharing a common language would minimise these possibilities and would assist with building IP relationships.

On a final note using effective interpersonal skills could also assist with the breaking down of barriers such as the siloed effect, which may be due to professional issues with regards to professional territory. This is especially significant when professionals work in silos. This study confirmed that issues such as “territorial issues” had been experienced by some participants. They had made suggestions that could prevent the ‘siloed’ effect, which was to promote cooperative and collaborative practices. This they indicated could be achieved by engaging with other disciplines and being open to the other professionals’ ideas.

External Factors

The external factors relate to challenges which are outside the professional’s immediate control but impact on the opportunities to build IP relationships across the Health Science Faculties. This study has identified some of these factors which include the following:

Poor cultural IPE Beliefs and Behaviours

According to Hall (2005) culture includes the values, beliefs, attitudes and behaviours of individuals within that organisation or community. Therefore, the process of IP socialisation would need to take into account the changes that may be required in an individual’s awareness, behaviour and attitude to other disciplines. Each health discipline has its own professional culture that shapes the educational experience, its values, attitudes and philosophy. Pecukonis, Doyle and Bliss (2008) indicated that there were groups that promoted a culture of ‘professional centrism’ where professionals were only concerned about their own discipline. The significance of culture was the way in which it influences structures and systems within organisations, because it also affects roles and responsibilities and the modes in which individuals are expected to work with each other.

Karim, (2011) noted that any change especially within culture needed to begin with education before it could change in the health industry. This could be

achieved by creating “enduring inter-disciplinary cultures that facilitate dialogue regarding teaching and learning among faculty” (Karim, 2011, p. 41). Bronstein’s model of interdisciplinary collaboration which was applied to IP health care education was a model based on the theory that students needed to undertake teaching and learning jointly (Karim, 2011). The conclusion was that educators needed to integrate curricula in order to create a collaborative teaching model. Joint curricula planning and co-teaching were identified by participants within this study in promoting IP socialisation. Behaviours such as competiveness were also identified as a barrier by participants and there were suggestions with regards to the change in attitudes, values and philosophy that moved away from competitiveness and individual achievement to team-working. This was also noted by Karim (2011) and Cameron (2011) as they concluded that team-working would promote a culture that was inclusive and supportive of IP working practices.

Hall (2005) and Stanley (2011) both point out that culture should be viewed positively, as it could be a source of stability within organisations. Significant structures and systems within organisations influence the way in which individuals are expected to work individually, as well as together. Each of these could be vital for an organisation to function effectively and as such, working to shape an organisation’s culture needed to be facilitated in a way, which identified both the positive and negative aspects of that environment.

Poor leadership and faculty support

Leaders were viewed as those who influenced an organisation’s culture. They assist with the creation of a vision, values and philosophy that support the direction of an organisation. Leaders identify the objectives and actions required to move an organisation forward.

Participants within this study acknowledged that support by the faculty was integral to the success of collaboration across the professions. Nicol (2013), Dunston (2014) and Hall and Zierler (2015) all agreed that leaders were needed who could champion IP activity and support the changes needed within an organisations culture. They also pointed out those leaders who supported IP development from a faculty perspective advanced a cultural shift

towards IP development. However, these leaders needed to be respectful of the differences as well as have the ability to manage discussions between disciplines with regards to IP activity. Participants within this study recommended that an individual who was viewed as an IP 'champion', such as IP representative or coordinator would be ideal in connecting staff. This was because they would be aware of their colleagues' preferences and expertise and could promote IP activities within the Health Science Faculties. Hall (2005) and Stanley (2011) confirm that leaders could become 'champions of culture' and also be effective 'role-models'. They agreed that this could be achieved by leaders who displayed professional behaviours and attitudes, that they would want to have emulated by other staff within the organisation.

In essence, supportive leadership as well as the demonstration by faculty to promote and commit to IP socialisation, needed to be evidenced by the inclusion of IP socialisation strategies within their strategic objectives for the faculty or school.

Lack of conducive IP working environments

Another external factor related to the environments in which professionals worked. For example, one of the strategies identified by participants within this study was the proximity of other disciplines. The opportunity to collaborate with others professionals could be precluded by the separation of staff into other buildings within the University. This would prevent the opportunity for incidental meetings and conversations and was evidenced by the literature, as well as this study. Both confirmed that greater IP cooperation was evident when groups worked within proximity of each other. Sharing buildings, offices or a common room helped facilitate informal conversations and lead to a breakdown of many professional barriers (Oandasan & Reeves, 2005; Xyrichis & Lowton, 2008).

Inadequate funding

Participants' views within this study indicated that the lack of monetary investment into IP collaboration was creating barriers. Without monetary support professionals found that it was challenging to try and establish IP relationships outside of their own schools, unless it was part of their role and

workload. The literature agreed that the need for faculties and universities to provide funding or other resources which included time for professionals to engage in IP socialisation activities were creating barriers (Alberto & Herth, 2009).

Inconsistent Professional Regulations

The majority of the health professions are regulated by APHRA. The systems of discipline specific regulation currently promote uni-professional patterns of practice. However, although each discipline group has their own regulatory codes of practice and guidelines, these do not necessarily correspond to each other. According to Cameron (2011) and Khalili et al. (2013) it was the differences between the standards of practice and accountability that was contributing, to the siloed effect that many members of the staff experienced.

Lack of IPE initiatives within HE

Other external or systematic factors that influenced IP socialisation included educational initiatives associated with IP education. This could be dependent on the HE institutions IPE agenda. However, students undertaking cross-professional learning within education could create opportunities for IPC for themselves, as well as the educators facilitating their learning experiences. Although there were political drivers to strengthen IPC, the evidence was not consistent with regards to IPE activity across HE institutions within WA (Thistlethwaite, 2012; Nicol, 2013; Dunston, 2014). Therefore, universities that do not have a robust agenda in relation to IPE may miss the opportunity for their staff to collaborate on IP activities.

Ho (2006) agreed that developing faculty members such as HPEs were critical to the success of IPE initiatives within HE.

The internal and external factors discussed within this framework could all potentially influence the promotion and development of IP relationships, as well as hinder the quality of IP socialisation activities. Step four will focus on the aim of the HEIPS Framework which is to interprofessionally socialise HPEs into HE.

Step four: Interprofessional socialisation and integration of HPEs within higher education

The final stage in the HIEPS Framework is the fulfilment of the IP socialisation process, and integration of HPEs' within HE. According to Alberto and Herth (2009) the preparation and support of HPEs appeared to be the key to ongoing working relationships and effective collaboration within HE. This was because it assisted with the reduction of barriers. Their review of the literature stated that healthcare professionals could not work together effectively if they did not have the educational background and experiences that, "nurture, support and grow collaboration" (2009, p. 2). They go on to discuss the importance of collaboration and teamwork and also the need to share the same vision and purpose. Once this vision and purpose has been established, IP teams could begin to examine their individual practice together, because they now shared the same philosophy. The benefits of IP socialisation of HPEs' is that it would build IP teamwork behaviours and integrate the knowledge and expertise needed. This would then contribute to the students learning experiences within HE, as well as the positive impact it would have on patient health outcomes in clinical environments.

As Price, Doucet and McGillis Hall (2014) conclude, early IP socialisation initiatives could be a way in which to overcome some of the barriers to IP collaboration. Additionally, implementing the formal and informal IP socialisation strategies identified and outlined by participants within this study, as well as by Stanley, Dixon, Warner and Stanley (2015) see (Appendix I), would support those conclusions and provide opportunities and a capacity for early IP socialisation.

Summary

The HEIPS framework that is presented within this chapter acknowledges and respects that professional educators need to be autonomous in the way in which they choose to build IP relationships. HPEs within HE may already have established strategies that work effectively in collaborating with other colleagues. The four steps that have been described include; professional socialisation, implementation of IP socialisation strategies, breaking down

barriers, which include the internal and external factors and finally, the IP socialisation and integration of HPEs within HE. Ultimately, all of the four steps within this framework would contribute to the fulfilment of the IP socialisation of HPEs within HE.

Step one assumed the professional socialisation of HPEs as they would have had previous socialisation experiences. Step two required the implementation of the IP informal and formal socialisation strategies that would encourage IPC and lead to step three. Step three focussed on breaking down barriers which included the internal and external factors which is also featured in the framework developed by Khalili et al. (2013) and is a significant step in the journey to the IP socialisation of HPEs. Step three would also be influenced by the internal and external factors that would include consideration of a university's unique culture, as well as the HE institution strategy and IP agenda for IP collaboration and practice. Step four is the potential outcome of the previous three steps which is to interprofessionally socialise and integrate HPEs' within HE.

The possible outcomes of implementing the HEIPS Framework within Health Science faculties besides effective IPC would be the opportunities such as 1) increased research outcomes and grant application success; 2) improved student satisfaction in terms of learning and teaching experiences, as well as patient health outcomes; 3) increased connections within industry that create opportunities for individual professional development as well as the potential for student employability.

In conclusion, the success of implementing any of the formal or informal IP strategies that were suggested by participants in this study would require supportive leadership and a culture that was conducive to encouraging IPC. This study has identified that supportive leadership was one of the keys to successful IP activity. If a positive cultural shift can be accomplished the potential benefits to students and patients were a cohesive IP team that influenced quality learning experiences and quality health outcomes.

Chapter 8

Conclusions and Recommendations

Introduction

This chapter is divided into two parts. Firstly, it will evaluate what has been undertaken in this study. It includes a summary of the purpose of the study, the methodological principles that underpin the research, the discussion that incorporated the findings from the participants' interviews from this study and the framework that was developed as a result of these findings.

The second part of this conclusion will make recommendations for HPEs within HE, to enhance their engagement in IPE and build effective IP relationships. This will be achieved by discussing some of the implications for IP collaboration and practice, which have resulted from the data that have emerged from this study.

Purpose of the study

The purpose of the research was to explore HPEs understanding and experiences of IP socialisation using an interpretive phenomenological approach to discover the 'lived experiences' of the HPEs working within HE (Smith, Flowers & Larkin, 2009). The significance of the research was that it would add to the body of knowledge in relation to the development of IP relationships and IP socialisation. It would contribute significantly to HPEs understanding of IP socialisation because the research was intended to meet an identified gap within the literature. The HEIPS Framework that has been developed was a result of this study and will provide opportunities for IP collaboration that could positively influence health faculty students' learning experiences, and as a consequence, also impact upon patient health outcomes (Centre for the advancement of IPE (CAIPE), 2002; Thistlewaite, 2012; Nicol, 2013; Reeves et al., 2013; Dunston, 2014).

The background to this study acknowledged that quality improvement initiatives had been introduced to ensure and provide effective care for patients, and that this had been at the basis for service changes and the way

in which, professionals worked together for the past 30 years (Bate & Robert, 2006; Grol et al., 2007; WHO, 2010). In Australia, the health care system has undergone major changes, due to the Government's endeavours to modernise healthcare with a number of initiatives being introduced by the Department of Health (DOH, 2013; Nicol, 2013; Dunston, 2014). There have also been political drivers that have initiated global consultation on the health agenda in order to strengthen IPC (Thistlethwaite, 2012). Nicol (2013) and more recently Dunston (2014) identified existing IP health education (IPE) activity in (WA) universities, reporting on preliminary work that would assist with the development of theory and practice in the areas of IPE, IP learning and IP practice.

Aim and Objectives

The aim of this research was to investigate the IP socialisation experiences of HPEs' across five Health Science Faculties in Perth, Western Australia. This was achieved by; 1) investigating, interpreting and analysing HPEs understanding and experiences of IP socialisation within HE. This was also achieved through the participants' interview data that informed the creation of the five themes. Objective two was to critically analyse, define and illustrate characteristics associated with IP socialisation. Objective three identified and described barriers that participants within this study had experienced. Another objective four, was to outline appropriate IP socialisation opportunities, which resulted in the creation of formal and informal IP socialisation strategies. Objective five was the design and development of an appropriate IP socialisation framework for HPEs within HE. This was achieved by interpreting the findings from this study and modifying existing socialisation frameworks and the HEIPS framework can be viewed see figure 7.3. The final objective six was to disseminate the information by sharing the research outcomes with other Health Science Facilities both nationally and internationally, through publication and conferences. This has been achieved by a publication in the Australian Nursing Teachers Journal see (Appendix I) and another publication is pending in the Journal of Interprofessional care (UK) see (Appendix J).

Research questions

The central research question for this study was: “What are health professional educators’ understanding and experiences of interprofessional socialisation within HE in Perth, Western Australia?” In addition, four sub questions were created which can be viewed in chapter one. All of the research questions have been addressed through the five themes described and discussed within chapter six.

Methodological principles and theoretical framework

This study used the methodological principles of interpretative phenomenology, because this approach described the everyday world of human experience. Theoretically, an interpretative approach was used because intrepretivism was concerned with understanding the individual and their view of reality, it also allowed for gathering subjective and unique knowledge. The focus was on the HPEs personal, lived experience and the development of IP relationships and IP socialisation, which was at the core of this study. The ‘meanings and events’ of the HPEs experiences ensured that the very essence of hermeneutics phenomenology, was an appropriate theoretical approach for this study (Smith, 2008; Smith, Flowers & Larkin, 2009; Jirojwong, Johnson & Welch, 2011).

The semi-structured interviews provided rich detailed qualitative data and were collected from March to December 2014. Phase one and Phase two (Pilot and main study) used purposeful sampling to ensure a representative number of HPEs and a range of discipline-specific groups were included (Creswell, 2012). Participants were invited from 5 universities across Perth, WA. The diversity of perceptions from a selection of discipline specific HPEs were seen as central to the study scope. The aim of the study approach was to analyse the uniqueness of the human experience, and therefore a focus on large numbers was not required as is the case with quantitative research (Jirojwong, Johnson & Welch, 2011). However, in order to achieve rigour within the study the appropriateness of the sample was important, therefore a total of 26 HPEs were recruited. The research plan which can be viewed in Figure 3.1 outlined

the research process for this study and provided structure for the researcher to ensure that the correct steps were being undertaken.

Ethical approval was sought and secured from the Human Research Ethics Committee of Curtin University, Perth, WA.

Data collection was undertaken in two phases, the pilot phase (phase one) involved (n=5) one-to-one semi-structured interviews. This was an opportunity to ensure that the information provided to participants in relation to the wider study was clear and concise (Smith, Flowers & Larkin, 2009). Phase one also provided a chance to ensure rigour in relation to the trustworthiness of the study by examining the validity and quality of the interpretative phenomenological framework. This involved the application of Yardley's (2008) criteria.

Phase two, the main study involved interviewing (n=21) participants from across the four universities, and as with phase one, these were undertaken face-to-face. Written consent was obtained at the beginning of the interview, following clarification of the aim and objectives of the study. The data from phases one and two were combined to ensure data saturation was achieved and to ensure that a wide scope of HPEs were included. Quality standards were applied to ensure validity and quality of the data collected. Utilising the principles of trustworthiness and authenticity guaranteed that consistency was demonstrated through the principles of interpretive phenomenological analysis (Yardley, 2008; Smith, Flowers & Larkin, 2009).

The two phases were assessed together and produced qualitative information which was analysed with the aid of NVivo10 software. This was achieved by following the steps outlined by Smith, Flowers and Larkin (2009). The data collected from the one-to-one interviews were broken down, examined, compared, conceptualised and categorised through manual configuration and with the aid of NVivo10 software (Creswell, 2012). Five themes emerged from the phenomena of the participants 'lived experiences' these were: 1) working with other professionals in HE; 2) qualities and attributes that would assist with IP socialisation; 3) advantages and benefits of IP socialisation; 4) barriers and disadvantages to IP socialisation and 5) IP socialisation strategies within HE.

Discussion of these five themes was undertaken within chapter six and was analysed in light of the initial findings from the literature reviewed in chapter two. The themes identified by the participants proved pertinent to the topic of study and helped shed additional light on the HPEs' experiences of IPE and IP socialisation.

In theme one, 'working with other professionals within HE,' the data indicated that there was evidence of professional and IP socialisation within academia. Although for some participants there was a concern with regards to them not receiving a university induction and for these participants, the lack of socialisation had led to a delay in them building IP relationships. These data confirmed that studies within the literature supported the benefits of socialisation activities for new employees, such as an orientation or an induction to their new workplace (Reising, 2002; Steinert, 2005; O'Lynn, 2009; Freeman, Wright & Lindquist, 2010; Phillips, Etherman & Kenny, 2015). Other socialisation activities were also identified which can be viewed in Table 5.3. The overall data indicated that participants were actively involved with other professionals through their own endeavours to collaborate.

Theme two was categorised by the 'qualities and attributes of IP socialisation'. This theme examined the participants' views on what they believed were the main attributes or qualities in relation to building IP relationships within HE. The participants identified nine categories with the majority of the characteristics being supported within the existing literature (Martin-Rodriguez, Beaulieu & Ferrada-Videla, 2005; Suter et al., 2009; Rice et al., 2010; Hollenberg & Bourgeault, 2011).

Advantages and benefits of working with other professionals within HE emerged as theme three. Five categories were created with all of them supported within the existing literature which added to the breadth of knowledge in relation to the benefits of IPC (Curran, Deacon & Fleet, 2005; Hall, 2005; Cameron, 2011; Hollenberg & Bourgeault, 2011; Karim, 2011; Bainbridge & Wood, 2012; Derbyshire, Machin & Crozier, 2015).

Theme four related to the 'barriers and disadvantages to IP socialisation within HE'. This theme examined the participants' views as well as their experiences

of the barriers they may have experienced when trying to work with other professionals. A total of ten categories were identified and in the main they were widely acknowledged within the literature (Martin-Rodriguez, Beaulieu & Ferrada-Videla, 2005; Xyrichis & Lowton, 2008; Alberto & Herth, 2009; Baxter & Markle-Reid, 2009; Delany & Molloy, 2009; Hanson, Jacobson & Larson, 2009; Scarvell & Stone, 2010; Cameron, 2011; Clark, 2011; Hoffman & Redman-Bentley, 2012). Crossing professional boundaries appeared to be one of the main challenges for collaborative practice and was echoed by the participants within this study. Although, some participants did make suggestions as to how some of the barriers could be overcome and gave examples of how they had approached these challenges.

The final theme 'interprofessional socialisation strategies within HE' identified thirteen categories which were further divided into formal and informal strategies. These included a range of activities which could promote IP collaboration within HE. The majority of the categories were supported within the literature, especially the more formal approaches such as; IP workshops, IP research and IP champions (Reising, 2002; Kenny Pontin & Moore, 2004; Oandasan & Reeves, 2005; Steinert, 2005; Anderson, Cox & Thorpe, 2009; O'Lynn, 2009; Freeman, Wright & Lindquist, 2010; Scarvell & Stone, 2010; Brewer et al. 2014; Dunston, 2014; AHPRA, 2015; Phillips, Etherman & Kenny, 2015; Stanley et al., 2015). Whereas, strategies such as; IP induction/orientation, joint curriculum planning and IP mentors were not represented strongly within the literature.

Overall, the discussion of the five themes indicated that this study had produced some original data from the participants' responses, and the literature that was reviewed confirmed and supported many of the main categories within the five themes.

Chapter seven introduced the HEIPS Framework see (Figure 7.3) this framework was developed because of the belief that it would contribute to the support of HPEs who were looking for ways in which to build IP relationships within academia. The framework was a result of the data that was obtained within this study and the integration of the literature that focussed on the

socialisation of professionals, in particular the frameworks reviewed within Chapter two (Reising, 2002; Kenny, Pontin & Moore, 2004; O'Lynn, 2009; Khalili et al., 2013). The HEIPS Framework described the four steps required to achieve IP socialisation within HE, as well as the internal and external factors that could hinder the socialisation progression.

It was recognised that the key to socialisation and IP socialisation were the internal, external factors and the organisation's culture and objectives. It was also highlighted that there needed to be congruence between the university's unique culture, the HE institution strategy, the IP agenda on IPC and IPP. Therefore, breaking down barriers, was a significant step to IP socialisation. Culture was discussed especially in relation to the support that would be required to implement the IP socialisation strategies (Stanley et al., 2015). The significance of culture related to the impact it had on structures and systems within an organisation and how this could influence the way in which individuals worked with each other (Hall, 2005; Stanley, 2011; Hoffman and Redman-Bentley, 2012). Encouraging IPC required supportive structures that included a culture that was inclusive of IP socialisation practices and activity and was the key to successful implementation (Baker et al., 2011).

Leadership was also discussed because of the influence it has on an organisation's culture. Leaders are responsible for creating vision, demonstrating the values and philosophy that drives the organisation. So, it was for this reason that leadership was an important discussion alongside the HEIPS framework. This was because without leaders who are 'champions' of IP socialisation, implementing a framework to support IP socialisation for HPEs would be ineffective (Hall, 2005; DOH, UK, 2010; Stanley, 2011; Nicol, 2013; Dunston, 2014). Steinert (2005) and Bandali et al. (2011) all agreed that leaders who supported IP development from a faculty perspective advanced a cultural shift towards IP development.

In order to implement any of the IP strategies suggested by the participants within this study, organisations would need to provide a culture that was conducive to supporting IP collaboration. There also needed to be leadership that valued and encouraged IP activity by making opportunities available for

professionals. The potential outcomes of implementing the HEIPS Framework within Health Science Faculties were opportunities for increased research outcomes and grant application success. It would improve student satisfaction in terms of learning and teaching experiences as well as patient health outcomes.

Finally, the newly created HEIPS framework aims to support an effective IP socialisation process for HPEs both formally and informally, within an educational context. The methodological principles of interpretative phenomenology that were used within this study, has enabled the researcher to achieve her objectives. This was accomplished by providing a theoretical framework that underpinned the research process, which assisted with the development of a framework that would assist with the IP socialisation of HPEs' within HE. In conclusion, it would not have been possible to have undertaken this study without the participation of the HPEs, and the information they had shared within their interviews, which formed the basis of the overall research topic.

Recommendations

Recommendations for improving IP communication and socialisation have emerged from this research. The following recommendations are offered:

1) Health Science Faculties would benefit from the implementation of the HEIPS Framework within their Health Science Faculties. The framework would provide a tailored approach to IP socialisation as it would take into account the organisation's unique culture and strategic intent to the IP agenda. The framework see (Figure 7.3) outlined a range of formal and informal IP strategies that could be implemented. However, this would need to be aligned with the organisations IP strategy, IP agenda and professionals requirements.
2) Universities and their faculties need to create clear strategic objectives and IP agendas to support IP collaboration and share this with their staff.
3) Health Science Faculties could demonstrate support to their HPEs by including time allocation and resources for IP socialisation activities

within their workload plans for the staff. IP activities could be accessed through the individuals' annual performance review.

4) The study indicated that health professionals within a faculty would benefit from working within closer proximity of each other. This is because the proximity of staff influences the opportunity, for professionals to have incidental conversations and meetings when they are provided with work spaces that are close to each other.
5) Universities and Health Sciences Faculties need to appoint an IP champion within the Faculties of Science within universities.
6) Universities and Health Sciences Faculties could consider appointing an IP coordinator for IP activities for HPEs (someone who was aware of the IP agenda was also aware of staff IPE interests and expertise).
7) A centralised register of IP activities needs to be created within the Health Science Faculties as this repository would provide evidence of IP activity and be useful to staff when seeking support or funding for IP research or projects.
8) Health Science Faculties need to create a centralised register of staff interested in IP collaborative activities as this would be an effective approach to connecting professionals who were interested in undertaking IP research or projects.
9) Health Science Faculties could create an IP network or website to share IP information which also provides opportunities for staff to connect with other disciplines.
10) Health Science Faculties could produce an e-bulletin for IP news to share good practice or innovations in relation to IP activity within the University.
11) Professionals need to be empowered within Health Science Faculties for them to promote a culture that facilitates IPC through a variety of socialisation activities that has been suggested within this study.
12) The universities could consider a review of organisational leadership objectives and strategies that are inclusive of IP socialisation activities and a collegial IP community. Staff would value the commitment of the organisation that provided SMART (specific, measurable, achievable,

realistic and time-related) objectives, as this would be evidence of sustainable support.

13) Universities and Health Science Faculties may need to undertake further research into the barriers related to IPC within HE and compare them to barriers within the clinical environment.
14) Health Science Faculties need to provide an IP orientation or an induction for all HPEs.
15) Health Science Faculties need to organise an IP Forum to share good practice and innovations.
16) Universities and Health Science Faculties may need to provide IP leadership programs such as these discussed by Brewer et al. (2014).
17) The researcher will share the thirteen formal and informal IP socialisation strategies with Health Science Faculties across, Perth, WA.
18) Health Science Faculties may need to reduce barriers of power and dominance by individual professional groups which have been identified and discussed within this study. This could be achieved by promoting and implementing formal and informal IP socialisation strategies.
19) Health Science Faculties may need to introduce an IP mentoring system, whereby HPEs' could choose to be mentored by another discipline.
20) Health Science Faculties may need to provide an IP common room where professionals can meet informally.

Implications for further research

The inconsistency of formal and informal socialisation activities across universities in Perth, WA have highlighted a need to provide a framework such as HEIPS. This framework could be used to formulate an IP socialisation plan, aimed at identifying appropriate IP socialisation activities that aligned with the individual Health Science Faculties strategic IP objectives and IP agenda. This could be tailored to meet the requirements of the cultural diversity of the professionals involved in teaching, research and those arranging IP practice placements. As a result of this study a number of questions have emerged that

could be answered if further research was undertaken: 1) This study could inform the development of similar studies across Australia; 2) This study could inform the development of similar studies internationally within countries that supported IPE; 3) A survey could be undertaken with HPEs who did not respond to the initial emails that were sent out inviting HPEs' to participate in one-to-one interviews; 4) Further research could be developed to explore the differences between the socialisation of educators within HE compared to the socialisation of professionals within clinical settings; 5) Undertake one-to-one interviews with all health professional groups within WA and 6) Invite participation through a survey to achieve a possible higher return.

A recent article has been submitted and accepted see (Appendix I) that outlined the formal and informal socialisation strategies identified by the participants within this study. Another article has also been accepted for publication with the Journal of Interprofessional Care in the UK see (Appendix J). The researcher's plan is to continue to share further outcomes of this research that have emerged from the remaining themes. The researcher is passionate about the value of building IP relationships whether they are within a clinical or educational setting. She believes that engaging HPEs in IPE activities empowers them by taking ownership for the success of any IP activity within HE. This assists with the development of cooperative and collaborative professionals who are commitment to providing quality health outcomes for patients as well as preparing students who are interprofessionally 'industry ready'.

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Appendix A

Ethics Approval Form

Curtin University

Memorandum

To	Karen Stanley
From	Stephanie Cook, Form C Coordinator
Subject	Protocol Approval **EDU-140-13**
Date	1st November 2013
Copy	Kathryn Dixon, School of Education

Office of Research and Development

Human Research Ethics Committee

Telephone +61 8 9266 2784
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Email hrec@curtin.edu.au

Thank you for your "Form C Application for Approval of Research with Low Risk (Ethical Requirements)" for the project titled *"Health professional educators' experiences of inter-professional socialisation within higher education: A phenomenological study"*. On behalf of the Human Research Ethics Committee, I am authorised to inform you that the project is approved with the following minor conditions (which need to be dealt with *before* you begin your data collection):

- Before distributing the consent form and information sheet, the supervisor's contact details and the address of the enrolling school should be included alongside the candidate's contact details.
- The candidate will also have to gain permission from the various universities involved to use staff/students in the study, including Curtin University.

Approval of this project is for a period of 4 years 29/10/2013 to 28/10/2017.

Your approval has the following conditions:

(i) Annual progress reports on the project must be submitted to the Ethics Office.

(ii) It is your responsibility, as the researcher, to meet the conditions outlined above and to retain the necessary records demonstrating that these have been completed.

The approval number for your project is EDU-140-13. Please quote this number in any future correspondence. If at any time during the approval term changes/amendments occur, or if a serious or unexpected adverse event occurs, please advise me immediately.

Kind regards

SCook

Stephanie Cook
Form C Coordinator

Please Note: The following standard statement must be included in the information sheet to participants:
This study has been approved under Curtin University's process for lower-risk Studies (Approval Number EDU-140-13). This process complies with the National Statement on Ethical Conduct in Human Research (Chapter 5.1.7 and Chapters 5.1.18-5.1.21). For further information on this study contact the researchers named above or the Curtin University Human Research Ethics Committee. c/- Office of Research and Development, Curtin University, GPO Box U1987, Perth 6845 or by telephoning 9266 9223 or by emailing hrec@curtin.edu.au.

Appendix B

Participant Information Form (Version 1)

School of Nursing and Midwifery
Building 405
Bentley
Investigator: Karen Stanley
Office Phone: 9266 3256
E Email: k.stanley@curtin.edu.au

School of Education
Building 501
Bentley
Supervisor: Dr Kathryn Dixon
Office Phone: 9266 2189
E Email: k.dixon@curtin.edu.au

Participant Information Form: Health professional educator's experiences of interprofessional socialisation within higher education.

Date of design: May 2013 (Version 1)

Dear Colleague,

You are invited to take part in this research study, however before you decide to do so or not, it is important for you to understand why the research is being undertaken and what it will involve.

This research project aims to investigate interprofessional socialisation experiences within higher education across Health Science Faculties in Perth, Western Australia.

The objectives of this study are:

1. To investigate interprofessional socialisation within the context of a higher education environment;
2. Define the characteristics of interprofessional socialisation within higher education;
3. Inquire and interpret health professional educators' experiences of interprofessional socialisation activities;
4. Examine the challenges associated with interprofessional socialisation and;
5. Identify appropriate interprofessional socialisation opportunities in order to develop a framework or guideline to support early socialisation activities for health professional educators.

Ethics process:

Participation **is not compulsory** and you are free to withdraw from the study at any time without prejudice in any way. If you chose to withdraw you need give no reason or justification for withdrawing and any record of your being in the study will be destroyed.

Methods:

You are being asked to take part in an interview. Written notes will be undertaken during the interview. However the interview will also be audio recorded to enable a complete transcription to take place at a later time.

Time requirements:

Interviews should take between 30 to 60 minutes.

Consent Form:

You will be offered a consent form to sign which will indicate your permission to undertake an interview for this study.

If you have any questions, concerns or would like more information about this research. You can contact the researcher at k.stanley@curtin.edu.au or phone 9266 3256. Thank you for your time in considering this request to be involved in this study.

Yours Sincerely,

Karen Stanley
RN, BA, MSc

Approval to conduct this research has been provided by Curtin University, in accordance with its ethics review and approval procedures. Protocol Approval: EDU-140-13.

Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researcher at any time.

In addition, any person not satisfied with the response of the researcher may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at Curtin University. All research participants are entitled to retain a copy of the Participant Information Form relating to this research project.

Appendix C

Consent Form (Version 1)

Date of design: May 2013 (Version 1)

School of Nursing and Midwifery
Building 405
Bentley
Investigator: Karen Stanley
Office Phone: 9266 3256
E Email: k.stanley@curtin.edu.au

School of Education
Building 501
Bentley
Supervisor: Dr Kathryn Dixon
Office Phone: 9266 2189
E Email: k.dixon@curtin.edu.au

Participant Consent Form: Health professional educator's experiences of interprofessional socialisation within higher education**.**

Dear Colleague,

You are invited to take part in this research study, however before you decide to do so or not, it is important for you to understand why the research is being undertaken and what it will involve. Please refer to the Participant Information Form which outlines the aim and objectives for this study. You are being asked to take part in an interview which will take between 30 to 60 minutes.

I (the participant) have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time without reason and without prejudice.

I understand that all identifiable (attributable) information that I provide is treated as strictly confidential and will not be released by the investigator in

any form that may identify me. The only exception to this principle of confidentiality is if the documents are required by law.

I have been advised about what data is being collected, the purpose for collecting the information, and what will be done with the information upon completion of the research. I agree that research gathered for the study may be published provided my name or any other identifying information is not used.

Do you have any final questions before you sign your consent?

(Signature)_____ _____

Participant Date

Approval to conduct this research has been provided by Curtin University, in accordance with its ethics review and approval procedures Protocol Approval: EDU-140-13.

Appendix D

Interview Schedule (Version 1)

Interview schedule: suggested questions

Date of design: May 2013 (Version 1)

Health professional educator's experiences of interprofessional socialisation within higher education

Background: 1a. What professional group are you with? 1b. How long have you been in your profession? (years/months) 1c. How long have you been in an academic? (years/months)	Links to objective 1
Current socialisation practices: 2a. Do you work with other professional groups within this university? 2b. When did you start working together? 2c. What types of activities are you involved in with the other professionals?	Links to objective 1 & 4
Characteristics of socialisation: 3a. What do you think are the main characteristics of interprofessional socialisation?	Links to objective 2 & 4

3b. What do you think are the advantages of working with other professionals within higher education? 3c. What do you see as the disadvantages of working with other professionals within higher education?	
Challenges of interprofessional socialisation: 4a. Can you describe any challenges that you have experienced working with other professionals within the university? 4b. If none – could you think of any potential challenges that could occur? 4c. If there were any challenges, what could be done to overcome them?	Links to objective 3
Interprofessional socialisation opportunities: 5a. Apart from your clinical experiences, what else has prepared you to work with other professionals within higher education? 5b. Do you have any suggestions with regards to activities that could promote early interprofessional socialisation within higher education?	Links to objective 5

Thank You:

Again you can be reassured that any information provided will be kept confidential and dealt with in the strictest confidence.

Appendix E

Amended Participant Information Form (Version 2)

School of Nursing and Midwifery
Building 405
Bentley
Investigator: Karen Stanley
Office Phone: 9266 3256
E Email: k.stanley@curtin.edu.au

School of Education
Building 501
Bentley
Supervisor: Dr Kathryn Dixon
Office Phone: 9266 2189
E Email: k.dixon@curtin.edu.au

Participant Information Form: Health professional educator's experiences of interprofessional socialisation within higher education**.**

Date of design: June 2013 (Version 2)

Dear Colleague,

You are invited to take part in this research study, however before you decide to do so or not, it is important for you to understand why the research is being undertaken and what it will involve.

This research project aims to investigate interprofessional socialisation experiences within higher education across Health Science Faculties in Perth, Western Australia.

The objectives of this study are to:

1. Investigate, interpret and analyse health professional educators understanding and lived experiences of IP socialisation within HE through data collection;
2. Identify and define characteristics associated with IP socialisation within the context of a higher education environment by undertaking a comprehensive literature review;
3. Illustrate and describe potential barriers in relation to IP socialisation within higher education;
4. Outline appropriate IP socialisation opportunities which may include a framework;
5. Develop a framework to support effective implementation of IP socialisation activities for HPEs within higher education and
6. Disseminate the information by sharing the research outcomes with other Health Science Facilities both nationally and internationally, through publication and conferences.

Ethics process:

Participation **is not compulsory** and you are free to withdraw from the study at any time without prejudice in any way. If you chose to withdraw you need give no reason or justification for withdrawing and any record of your being in the study will be destroyed.

Methods:

You are being asked to take part in an interview. Written notes will be undertaken during the interview. However, the interview will also be audio recorded to enable a complete transcription to take place at a later time.

Time requirements:

Interviews should take between 30 to 40 minutes.

Consent Form:

You will be offered a consent form to sign which will indicate your permission to undertake an interview for this study.

If you have any questions, concerns or would like more information about this research. You can contact the researcher at k.stanley@curtin.edu.au or phone 9266 3256. Thank you for your time in considering this request to be involved in this study.

Yours Sincerely,

Karen Stanley
RN, BA, MSc

Approval to conduct this research has been provided by Curtin University, in accordance with its ethics review and approval procedures, Protocol Approval: EDU-140-13.

Any person considering participation in this research project, or agreeing to participate, may raise any questions or issues with the researcher at any time.

In addition, any person not satisfied with the response of the researcher may raise ethics issues or concerns, and may make any complaints about this research project by contacting the Human Research Ethics Office at Curtin University.

All research participants are entitled to retain a copy of the Participant Information Form relating to this research project.

Appendix F

Amended Consent Form (Version 2)

Date of design: June (Version 2)

School of Nursing and Midwifery
Building 405
Bentley
Investigator: Karen Stanley
Office Phone: 9266 3256
E Email: k.stanley@curtin.edu.au

School of Education
Building 501
Bentley
Supervisor: Dr Kathryn Dixon
Office Phone: 9266 2189
E Email: k.dixon@curtin.edu.au

Participant Consent Form: Health professional educator's experiences of interprofessional socialisation within higher education**.**

Dear Colleague,

You are invited to take part in this research study, however before you decide to do so or not, it is important for you to understand why the research is being undertaken and what it will involve. Please refer to the Participant Information Form which outlines the aim and objectives for this study. You are being asked to take part in an interview which will take approximately 30 to 40 minutes.

I (the participant) have read the information provided and any questions I have asked have been answered to my satisfaction. I agree to participate in this activity, realising that I may withdraw at any time without reason and without prejudice.

I understand that all identifiable (attributable) information that I provide is treated as strictly confidential and will not be released by the investigator in

any form that may identify me. The only exception to this principle of confidentiality is if the documents are required by law.

I have been advised about what data is being collected, the purpose for collecting the information, and what will be done with the information upon completion of the research. I agree that research gathered for the study may be published provided my name or any other identifying information is not used.

Do you have any final questions before you sign your consent?

(Signature)_____ _____

Participant Date

Approval to conduct this research has been provided by Curtin University, in accordance with its ethics review and approval procedures Protocol Approval: EDU-140-13.

Appendix G

Amended Interview Schedule (Version 2)

Amended Interview Schedule:

Date of design: June 2014 (Version 2)

Health professional educator's experiences of interprofessional socialisation within higher education

Background: 1a. What professional group are you with? 1b. How long have you been in your profession? (years/months) 1c. How long have you been in academia? (years/months)	Links to objective 1
Current socialisation practices: 2a. Do you work with other professional groups within this university? 2b. When did you start working together? 2c. What types of activities are you involved in with other professionals within the University?	Links to objectives 1, 2 & 4
Characteristics of socialisation: 3a. What do you think are the main attributes or qualities of building interprofessional relationships within the university? 3b. What do you think are the advantages of working with other professionals within higher education?	Links to objectives 1 & 2

3c. What do you see as the disadvantages of working with other professionals within higher education?	
Barriers related to interprofessional socialisation: 4a. Can you describe any barriers that you have experienced working with other professionals within the university? 4b. If none – could you think of any potential challenges that could occur? 4c. If there were any barriers, what could be done to overcome them?	Links to objective 3
Interprofessional socialisation opportunities: 5a. Apart from your clinical experiences, what else do you think has prepared you to work with other professionals within the university? 5b. Do you have any suggestions with regards to activities that could help to build interprofessional relationships early on in the university before you get involved in teaching or arranging placements with other professionals?	Links to objectives 4 & 5

Thank You:

Again you can be reassured that any information provided will be kept confidential and dealt with in the strictest confidence.

Appendix H

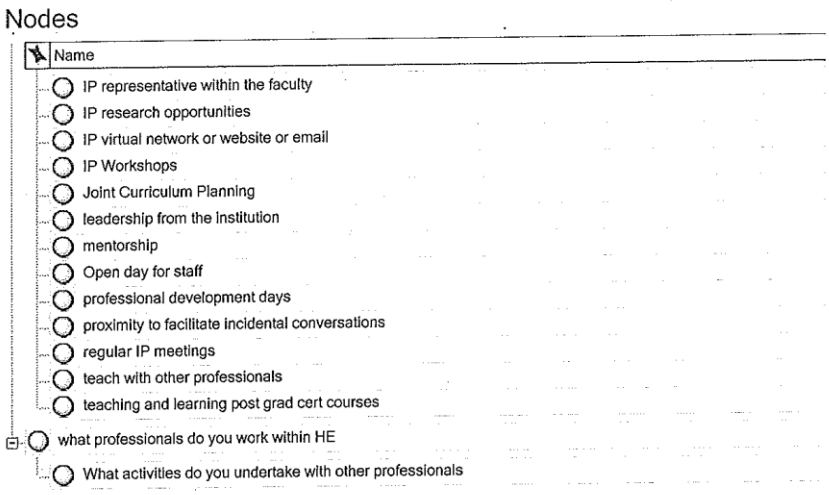
Nodes Created Using Nvivo 10

Appendix H

Nodes

- Name
- Barriers related to inter-professional socialisation within HE
  - confidence to collaborate
  - culture does not support IP colloboration
  - different assumptions and language
  - funding
  - IP Competition
  - IP credibility with other professional groups
  - no systems to support IP colloborartion
  - Time constraints
  - Using jargon and a diifferent language
  - Workload issues
- Advantages of working with other professionals within HE
  - broadened perspectives of others roles
  - expertise and body of knowledge
  - learning about another professionals role
  - positive role models and examples of IP working for students
  - sharing best practice and ideas
  - Silos
- Characterstics of socialisation
  - appreciation of each others roles
  - collegiality
  - common goals
  - effective communication
  - flexibility
  - openess and willingness
  - Qualities or attributes of IP colloboration
  - Respect
  - transparency and honesty
- Current inter-professional socialisation opportunities within HE
- current inter-professional socialisation practices
  - what has prepared you to work with other professionals within HE
- Disadvantages of working with other professionals within HE
  - power struggles
- If there are barriers what have you done to overcome them
- Professional Background
  - Professional groups
  - when did you start to work with other professionals within HE
- Suggested inter-professional socialisation opportunities with HE
  - common room
  - community events
  - introductory meetings
  - IP Induction or orientation

Nodes


Name
IP representative within the faculty
IP research opportunities
IP virtual network or website or email
IP Workshops
Joint Curriculum Planning
leadership from the institution
mentorship
Open day for staff
professional development days
proximity to facilitate incidental conversations
regular IP meetings
teach with other professionals
teaching and learning post grad cert courses
what professionals do you work within HE
What activities do you undertake with other professionals

Appendix I

Publication From The Study In *The Australian Nursing Teachers Journal*

Autumn Edition | Volume 7, Issue 1 | March 2015

TWELVE SOCIALISATION STRATEGIES FOR BUILDING INTER-PROFESSIONAL RELATIONSHIPS

Authors | Karen Stanley | Paul Warner | Dr Kathryn Dixon | A/Prof David Stanley

Introduction

Health care graduates in the future will be exposed to an extraordinary set of challenges including an ageing population, increased acuity and budgetary constraints. Graduates that are able to expand their scope of practice through inter-professional collaboration and learning, will be better able to respond to these challenges. A recent research study coordinated by Karen Stanley, exploring inter-professional socialisation, suggests a number of strategies that could positively influence the development of inter-professional collaboration between professionals. The benefits of inter-professional (IP) socialisation are that it enhances students learning experiences and may directly impact upon patient health outcomes. The strategies identified in this research can be divided into formal and informal strategies.

Formal Strategies:

1. *Teaching and learning cooperative activities:* This involves professionals engaging in teaching and learning activities with other professionals that allow for inter-professional cooperation (e.g. where content lends itself or crosses over disciplines i.e. anatomy and physiology for a range of medical/allied health or nursing disciplines).
2. *Inter-professional workshops:* These can be activities that offer opportunities for various disciplines to meet together. To work on scenarios or engage in team building, team working or communication strategies that might be more evident in clinical practice.
3. *Inter-professional Orientation/Induction:* Induction of staff is commonly undertaken either within a department or facility or more commonly in an online environment with very limited inter-professional exposure. However, widening an orientation or induction event to demonstrate support for interaction with other disciplines may be an effective way to cement an IP agenda with new staff.
4. *Establish an inter-professional coordinator or facilitator:* Their role would be to actively seek out and promote IP engagement and activities that link, build and foster greater IP collaboration. This would be a champion with a firm understanding of the advantages of

continued page 22

IP learning/working that could centralise information around professional expertise and connect professionals with similar teaching, research or professional interests.

5. *Joint curriculum planning/development*: Curriculum requirements (especially for health professional programs) often have a requirement that the primary discipline is heavily evident within the curriculum being developed. However, the IP agenda could be satisfied by demonstrating IP engagement by seeking out IP input.
6. *Inter-professional mentors*: IP collaboration may be fostered if different professional groups are mentored by professionals from other disciplines. This would be particularly effective for common themes such as leadership, teaching and learning approaches, dealing with students, patient health outcomes and caseloads.
7. *Inter-professional research meetings and grant application facilitation:* Securing grant funding and research opportunities is pivotal to some organisations and one of the best ways to generate results is to demonstrate that the research will impact on a wide client group or benefit a wide professional population. To achieve this, research or grant submission that includes a wide range of inter-disciplinary engagement may foster greater collaboration have a higher rate of success.

Informal Strategies:

1. *Meet and greet opportunities:* These could be established on a regular formal or informal basis depending on workplace location or office proximity.
2. *Virtual inter-professional support network/email/inter-professional website*: The value of website technology to connect individuals is a common occurrence within the wider population. The development of an IP website could be a way in which to engage professionals that provides IP information and also a supportive IP network.
3. *Social environment/common room*: This happens in the practice setting, but only rarely in the educational context. The value of mixing professional groups in an informal context can have far reaching benefits. Facilitating a common room, a special social event (e.g. quiz night, Christmas lunch or other special event) or supporting different disciplines to meet with each other off site in a more relaxed environment can be non-threatening and be more beneficial to building IP relationships.
4. *Proximity of offices or buildings*: To affiliate incidental meetings and conversations; evidence from the research indicated that greater IP cooperation was evident when

continued page 23

different professional groups work within proximity with each other. Sharing offices, common rooms and buildings helped informal conversations and lead to a breakdown of many professional barriers.

5. *Inter-professional Open day:* This could be an opportunity for the various disciplines to meet each other and demonstrate the scope of their expertise and range of professional activity. Assumptions that all health professionals understand what other health professionals do is a common misconception and an open day would be a chance to gain perspective and understanding that could go a long way in reducing IP barriers.

Summary

The twelve formal and informal inter-professional socialisation strategies have emerged from a recent research study that sought the views of a number of different professionals, who indicated a variety of activities that would promote IP collaboration and reduce IP barriers. The benefits of implementing these inter-professional socialisation strategies are that there would be improved job satisfaction, improved quality of patient care, more effective treatment and greater conflict resolution with treatment differences. These IP strategies will lead to greater opportunities for professionals and enable them to undertake meaningful professional collaborative practices, that impact positively on student learning experiences, and consequently influence patient health outcomes.

Appendix J

PUBLICATION ACCEPTED FOR THE JOURNAL OF INTERPROFESSIONAL CARE (email confirmation) TITLE: *Twelve possible strategies for enhancing interprofessional socialisation in HE: An interpretive phenomenological study*.

Stanley, Karen

From: onbehalfof+jic.editorinchief+gmail.com@manuscriptcentral.com on behalf of jic.editorinchief@gmail.com
Sent: Wednesday, 24 February 2016 9:20 PM
To: Stanley, Karen
Subject: Journal of Interprofessional Care - Decision on Manuscript ID CJIC-2015-0255.R2

24-Feb-2016

Dear Ms Stanley

Thank you for submitting your paper. Based on this last set of revisions I am now very pleased to accept your paper for publication in Journal of Interprofessional Care. Your paper will now be forwarded to the publisher for copy editing and typesetting, and you will be contacted regarding proofs for checking. Please note I did edit the paper slightly to ehnance its presentation before final acceptance.

Accepted papers will be transmitted for production. The first and most important task for authors at that point will be to complete an online author agreement form. Please make sure you complete it as soon as you receive the publisher notice about it.

Thank you for your contribution to Journal of Interprofessional Care and I look forward to receiving further submissions from you.

Sincerely
Professor Scott Reeves
Editor-in-Chief, Journal of Interprofessional Care

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