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Human Service Students' and Professionals' Knowledge and Experiences of Interprofessionalism: Implications for Education

Kaprea F. Johnson, Narketta Sparkman-Key, Michael T. Kalkbrenner

Abstract

Interprofessionalism is an approach to delivering optimal client care in which providers from multiple professions work collaboratively on care teams. Human Service Professionals (HSPs) are generalists who frequently work together with professionals in related fields. The purpose of this study was to investigate the extent to which HSPs and helping professionals in related fields have engaged in interprofessional experiences. Researchers also investigated the impact that having previous interprofessional experiences had on participants' perceptions of interprofessionalism. Results revealed that professionals and students who had previous interprofessional experiences were significantly more likely to have positive perceptions about interprofessional cooperation. However, results also indicated that only a small proportion of HSPs and mental health professionals in related fields reported engaging in interprofessional experiences. Suggestions for how educators can infuse interprofessionalism into the curriculum for human services and related programs are provided.

Introduction

The field of Human Services (HMSV) has evolved and emerged as a distinct discipline with a unique professional identity over the past few decades (Neukrug, 2017). Human Services Practitioners (HSPs) work in a variety of settings with diverse client populations. As a generalist profession, it becomes increasingly important that HSPs work collaboratively with other professions to maximize the quality of service delivery to clients (Hinkle & O'Brien, 2010). However, the literature appears to be lacking research on the extent to which HSPs have experience with interprofessionalism. The literature also appears to be lacking research on the extent to which interprofessionalism has been infused into HMSV training programs. The purpose of this study is to investigate the extent to which human services practitioners and professionals in related fields have engaged in interprofessional experiences. Researchers will then provide recommendations for how human service education programs can integrate interprofessionalism into their curricula. Recommendations are also provided for how interprofessionalism can be integrated into the accreditation standards for human service education programs.

Literature Review

As generalists, HSPs work in a variety of different roles, including: crisis intervention specialists, substance abuse counselors, social service workers, case managers, probation officers, and mental health aides (Neukrug, 2017). Researchers have defined the characteristics and practice attributes of human services practitioners that enable them to work effectively as generalists (Hinkle & O'Brien, 2010). Thus, HSPs are trained to meet the needs of diverse clients through an interdisciplinary knowledge base that focuses on prevention and remediation of issues (Council for Standards of Human Service Education [CSHSE], 2015). Neukrug, (2017) also outlines how effective generalist practice includes relationship building, empathy,

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genuineness, acceptance, cognitive complexity, wellness, competence, and cross-cultural sensitivity. Snow (2013), also identifies advocacy as an essential component of human service practice and competence. Interprofessional collaboration is a holistic approach to client care that enables generalists to work on interdisciplinary teams to help clients successfully move through the stages of the helping relationship (Orchard, King, Khalili, & Bezzina, 2012).

Interprofessionalism in Human Services

Integrated health care is an emerging trend in the mental health and medical field (Substance Abuse and Mental Health Services Administration, n.d.). Integrated health care involves infusing the delivery and coordination of primary care, mental health, and substance abuse treatment. Similarly, interprofessionalism involves professionals from a variety of professions working together collaboratively to provide optimal client care (Kalkbrenner, et al., 2016; Orchard et al., 2012). The field of human services is in need of community based experiential learning opportunities (Johnson & Freeman, 2014; Nicholas, Baker-Sennett, McClanahan & Harwood, 2012). Using experiential learning techniques to teach human service students how to work collaboratively and cooperatively with other professionals has been an important component of human services education for nearly two decades (Kalkbrenner & Parker, 2016; Sweitzer, Weinswig, & Curtis, 1997). These opportunities for students in human services and counseling have come in the form of coursework, internships, and other training opportunities (Fowler & Hoquee, 2016; Johnson, Haney, & Rutledge, 2015). These continued collaborative training efforts are important because interprofessionalism has a significant impact on the health care system and patients.

The Problem

Interprofessional collaboration is a unique opportunity for human service practitioners to provide holistic service to clients (Johnson & Freeman, 2014). There is a substantial body of research that points to the importance of incorporating interprofessionalism into educational curriculum (Fowler & Hoquee, 2016; Johnson & Parries, 2016; Johnson, Fowler, Kott, & Lemaster, 2014). However, there appears to be a gap in the literature about the extent to which HSPs and helping professionals in related fields are engaging in interprofessionalism. Interprofessional collaboration among HSPs and mental health professionals in related fields is an emerging trend in which many licensing and accrediting bodies have begun to embrace (Korazim-Korosy, Mizrahi, Bayne-Smith, & Garcia, 2014). Furthermore, HSPs have an ethical responsibility to “optimize the impact of inter-professional collaboration on clients at all levels” (National Organization for Human Services [NOHS], 2015, Standard 29). However, there does not appear to be any research on interprofessionalism in the HMSV literature in clinical or educational settings. There is therefore, a need for research that investigates the extent to which HSPs and professionals in related fields are engaging in interprofessionalism.

The Current Study

This study examined the degree to which HSPs, counselors, social workers, and psychologists have engaged in interprofessional experiences. Human services, counseling, social work, and psychology are distinctly different fields, each discipline having a unique professional identity (Neukrug, 2017). Human services practitioners, however, are likely to work on interdisciplinary teams with mental health professionals in related fields (NOHS, 2015). The current researchers, therefore, included a diversity of mental health professionals in this study,

including students and professionals in human services, counseling, social work, and psychology. The primary purpose of the current study is to answer the following research questions: (1) To what extent are HSPs and professionals in related fields engaging in interprofessional experiences? (2) What is the frequency of participants' interprofessional experiences by educational level (undergraduate, graduate, and professional)? (3) To what extent are there differences in participants' perceptions of interprofessional education and practice based on whether or not they have previously engaged in interprofessional collaboration?

Methodology

The current researchers utilized a quantitative research design with survey methodology. Data was collected through a questionnaire. Nonprobability convenience sampling was used to collect data.

Procedures

Researchers first obtained human subjects approval under an exempt category from the authors' institutional review board. Participants were then recruited via online human services related listservs and human services professional organizations. Data collection began in June of 2015. Participants were given informed consent prior to beginning the survey. To ensure confidentiality, no identifying information was collected from respondents. The survey was advertised on internet forums designed for human service professionals. Recruitment was ongoing for four weeks with one post to listservs each week, and the survey closed after 45 days. The data were converted into a Statistical Package for the Social Sciences (SPSS) data file for data cleaning.

Participants

There was a total of 187 responses to the survey, -.1% accounted for missing data (2 cases), for a total of 185 valid responses. Participant demographics are displayed in Table 1. The majority of participants identified as Caucasian (65.2%, $n = 122$) females (77.5%, $n = 145$), between the ages of 21-39 (98.4%, $n = 69$). Approximately half of participants identified as students (52%, $n = 96$) and professionals (48%, $n = 89$). Nearly 30% of participants who identified as students had at least one previous interprofessional experience. Researchers therefore, included both students and professionals in the data analysis. See Table 1 for more details on participants' demographic characteristics.

Measures

Participants completed two questionnaires using a secured online website (esurveyspro). The first questionnaire was a demographic questionnaire. The second questionnaire was the Interprofessional Education Perception Scale (IEPS) (Luecht, Madsen, Taugher, & Petterson, 1990). The IEPS is an 18-item questionnaire that assesses participants' perceptions of interprofessional education and practice. The IEPS, uses a 6-point Likert-type scale, "strongly agree (6)" to "strongly disagree (1)" and includes four subscales: (1) Professional competence and autonomy (items 1,5,7,10, & 13) and a high score indicates that the participant believes his or her own profession is well educated and contributes significantly to the healthcare field; (2) Perceived need for professional cooperation (items 6 & 8) and a high score reflects that the participant believes in the need of other professions to work collaboratively; (3) Perception of actual cooperation (items 2,14,15,16,& 17) and a high score indicates the participant believes

that the profession works well with other professions; and (4) Understanding the value and contribution of other professions (items 11, 12, & 18) and a high score indicates that the participant values other professions contributions. Luecht et al. (1990) found moderate-to-strong internal consistency reliability coefficients for the four subscales on the IEPS, 0.872, 0.563, 0.543, and 0.518 respectively and a total scale alpha of 0.872. In the current study, Cronbach's Alpha revealed that the IEPS had a strong internal consistency, $\alpha = .88$.

Data Analysis

Descriptive statistics and inferential statistics were employed to answer the research questions. The first two research questions were answered by computing cross-tabulations to determine the frequencies of participants' interprofessional collaboration experiences based on their educational status and their professional discipline. Analysis of Variance (ANOVA) was conducted to determine the extent to which there were differences in participants' perceptions of interprofessional collaboration based on their previous experiences with interprofessional collaboration.

Results

Cross-tabulations were conducted to answer the first research question (see Table 2). Results revealed that the majority of participants, 69% ($n = 129$) had not had any previous interprofessional clinical experience and 70% ($n = 130$) had not had any interprofessional education experience. Within professional disciplines, counselors reported the highest frequency, 50% ($n = 29$) of interprofessional clinical experiences, followed by social workers 46% ($n = 7$), those who identified as professionals in psychology 23% ($n = 7$), and human services professionals 15% ($n = 12$).

Cross-tabulations were also conducted to answer the second research question. Results revealed that 27% ($n = 18$) of undergraduate students had at least one previous experience with educational interprofessional collaboration. Among graduate students, 25% ($n = 12$) had at least one experience with clinical interprofessional collaboration and 28% ($n = 24$) of participants who did not identify as graduate or undergraduate students reported having at least one educational interprofessional experience. For previous clinical interprofessional experiences, 25% ($n = 12$) of undergraduate students had at least one previous experience.

A one-way Analyses of Variance (ANOVA) was conducted to answer the third research question. Prior to data analysis, the researchers checked to ensure that the assumptions for ANOVA were met. The dependent measure, scores on the perceived need for professional cooperation subscale of the IEPS, was normally distributed, skewness (-.68) and kurtosis (.42). The assumption of homogeneity of error variances was ensured by conducting a Levene's test which revealed that the error variance of the DV was not significantly different across groups, $F(1, 185) = 0.297, p = 0.087$. Furthermore, the assumption of independence of observation was ensured as it was not possible for any participant's data to appear in more than one level of the independent measure simultaneously.

Power analyses revealed that a sample size greater than or equal to 172 would provide a statistical power estimate of 0.79 or 79%. The independent measure was participants' previous interprofessional experience which had two levels (previous experience or no previous experience). The dependent measure was participants' scores on the perceived need for cooperation sub-scale of the IEPS. Results revealed that participants who had previous interprofessional experiences ($M = 5.1$) perceived a significantly greater need for

interprofessional cooperation compared to participants who had not had any previous interprofessional experience ($M = 4.8$), $F = (1,185) = 7.5$, $p = 0.007$, $\eta_p^2 = 0.04$.

Table 1
Demographic characteristics of sample

Variable	N	Percentage
Age	20 and under	.5
	21 to 39	36.9
	40 to 49	23.5
	50 to 59	23.0
	60 to 69	15.0
Gender	70 and older	1.1
	Male	21.4
	Female	77.5
Race	Transgender	1.1
	Latino/Latina	5.3
	American Indian	1.6
	Asian	1.1
	African American	20.9
	Caucasian	65.2
	Bi-racial	5.9
Home Location	Rural	19.3
	Urban	34.2
	Suburban	46.5
Work Experience	Less than 1 year	19.3
	2 to 5 years	18.7
	6 to 10 years	14.4
	11 to 15 years	11.8
	16 to 20 years	10.2
	20 plus years	25.1
HMSV Related Prof.	Missing value	.5
	Counseling	31.6
	HMSV	43.3
	Psych	16.6
Education	Social Work	8.6
	High School	7.5
	Associates	15.0
	Bachelors	18.2
	Masters	31.0
	Post Masters	4.3
	Doctoral	24.1
	Total	100.0

Table 2
Interprofessional Educational and Clinical Experiences

Human services related professions	Education experience with IPE		Clinical Experience with IPE	
	no	yes/other	no	yes/other
Counseling	36	23	30	29
HMSV	61	20	67	14
Psych	23	8	24	7
Social Work	10	6	8	8
Total	130	57	129	58

Discussion

The findings from the current study have started to fill the gap in the literature about the extent to which human services practitioners and helping professionals in related fields have engaged in interprofessionalism. Results revealed that the majority of participants had not had any previous interprofessional clinical experience 69% (*n* = 129) or any interprofessional educational experience 70% (*n* = 130). Between professional disciplines, counselors and social workers reported the highest frequency of interprofessional experiences. Human services professionals represented the largest professional discipline sub-sample in the current study, however HSPs reported the lowest frequency of interprofessional experiences. This finding suggests that interprofessionalism might be lacking in the human services higher education programs.

The current findings have also started to fill the gap in the literature on whether perceptions of interprofessionalism vary by interprofessional experiences. Participants who had at least one previous interprofessional experience (clinical or educational) were significantly more likely to have positive perceptions of interprofessional engagement. These findings suggest that infusing interprofessional experiences into training/education programs might be valuable in preparing students for working in the interprofessional climate which is emerging across professional boards in both medical and mental healthcare (DeMatteo & Reeves, 2013; Johnson & Freeman, 2014).

Implications for Higher Education in Human Services and Related Fields

Based on the current findings, it is recommended that educators in human services programs and programs in related fields create opportunities for their students to engage in interprofessional collaboration. It is important that students learn about the theory and practice of interprofessional collaboration to better prepare them for working on interdisciplinary teams. Consistent with the suggestion of DeMatteo and Reeves (2013), the current researchers recommend that educators introduce interprofessionalism to students early on in their training programs. It is recommended that the curriculum in introductory to human services courses include modules on interprofessional collaboration. Furthermore, instructors of introductory courses should collaborate with instructors of courses in psychology, counseling, and social work to create opportunities for their students to work interprofessionally. It is also recommended that an interprofessional component is added to internship related human service courses. Infusing interprofessionalism into human services education programs is likely to better prepare human

services students for working collaboratively with other mental health professionals in their future careers.

Recommendations for Accreditation Standards

It is recommended that an interprofessional component is added to the accreditation standards for human services education programs. The Council for Standards in Human Service Education (CSHSE) holds the responsibility of setting standards, assessing programs against those standards, and accrediting programs that meet the standards. Interprofessional education is closely related to the requirements of standard one which states, “The primary program objective shall be to prepare human services professionals to serve individuals, families, groups, communities and/or other supported human services organization functions” (CSHSE, Standard 1, 2012). More specifically, it is recommended that interprofessionalism is included into the specifications of standard one. Infusing interprofessionalism into the CSHSE’s standards would most likely encourage HMSV training programs to include interprofessionalism in their curriculum.

Limitations and Future Research

The majority of participants in the current study identified as Caucasian females who lived in suburban settings. It is recommended that future researchers replicate the methods of the current study with HSPs who have greater demographic diversity. There were also limitations regarding the investigation of participants’ interprofessional experiences by professional discipline. The sub-sample sizes of participants’ professional disciplines were not evenly distributed, human services (43.3%), counseling (31.6%), psychology (16.6%), and social work (8.6%). Unequal sub-sample sizes, however, are a common limitation in research that seeks to compare professionals between different disciplines (Orlinsky, Schofield, Schroder, & Kazantzis, 2011). Future researchers can replicate the methodology in the current study and attempt to recruit equal sub-sample sizes to make comparisons between participants’ experiences with interprofessionalism by professional discipline.

It is also recommended that future researchers use a variety of methodological approaches to extend the knowledge base on interprofessionalism in human services. Future researchers could utilize a correlational/predictive design to identify the extent to which HSP’s previous interprofessional experiences predict their readiness to work in the interprofessional climate that is emerging in the field. Future researchers might also utilize a between-subjects experimental design to investigate the extent to which the implementation of interprofessionalism in higher education curriculum prepares HSPs for working on interdisciplinary teams. It is recommended that future qualitative researchers attempt to gain a more in-depth understanding about how HSPs are experiencing interprofessionalism. Prospective qualitative researchers could conduct a phenomenological study to investigate the lived-experiences of HSPs perceptions of interprofessionalism.

Conclusion

Human services practitioners are generalists who frequently work on interdisciplinary teams (Neukrug, 2017). Interprofessionalism is an emerging approach to delivering client care where a variety of professionals work collaboratively to provide optimal patient care (Orchard et al. 2012). The aim of the current study was to begin investigating the extent to which human services practitioners and professionals in related fields have engaged in interprofessional experiences. Researchers also sought to identify the extent to which participants’

interprofessional experiences have influenced their perceptions about interprofessionalism. Results revealed that participants who had at least one interprofessional experience were significantly more likely to have positive perceptions about working collaboratively with other professionals. However, findings also indicated that only a small proportion of human services students and practitioners have had interprofessional experiences. Based on the findings of the current study, researchers have provided recommendations for how interprofessionalism can be infused into the curriculum of higher education programs and into the CSHSE's accreditation standards. Interprofessionalism is an emerging trend in human services and in related fields (DeMatteo & Reeves, 2013). It is therefore, recommended that educators integrate interprofessionalism into HMSV training programs to prepare students for their future as well-rounded and collaborative HSPs.

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