



# A Study To Assess The Knowledge And Practice Regarding Interprofessional Collaboration Among Student Nurses At Selected Setting, Chennai.

<sup>1</sup>Mrs.Vergin Geor Malar

<sup>1</sup>Nursing Tutor

<sup>1</sup>VHS M.A.Chidambaram College of Nursing

## CHAPTER I

### INTRODUCTION

“Talent wins games, but teamwork and intelligence win championships.”

Jordan.M

Collaboration is a term commonly used in research, clinical practice, and health professions education. There are collaborations in almost every aspect of health, such as patient advocacy and health care collaborative, collaborative learning, Interprofessional collaboration in practice and in education, health care value collaborations, business collaborations, collaborative efforts in research and funding. The relationship includes a commitment to a definition of mutual relationships and goals, a jointly developed structure and shared responsibility, mutual authority and accountability for success, and sharing of resources and rewards. Creating successful collaborations is no mean task, and naysayers may scoff at the idea. Interprofessional collaboration occurs when 2 or more professions work together to achieve common goals and is often used as a means for solving a variety of problems and complex issues. The benefits of collaboration allow participants to achieve together more than they can individually, serve larger groups of people, and grow on individual and organizational levels. (Green.N.2019).

In health care it is generally believed that collaborative efforts yield better health services and outcomes for the populations that are served. Littlechild and Smith state that collaboration leads to improved efficiency, improved skills mix, greater levels of responsiveness, more holistic services, innovation and creativity, and a more user-centered practice. The World Health Organization (WHO) has linked IPC with better outcomes in family health, infectious disease, humanitarian efforts, responses to epidemics, and noncommunicable diseases. Further studies have shown improvements in access to care and coordination of services, appropriate use of specialty care, chronic disease outcomes, and safety. Important indicators of safety, patient care, and environment of care, such as complications and error rates, length of hospital stay, conflict among caregivers, staff turnover, and mortality rates, have all been shown to decrease in collaborative care environments. (Johnson.D.2020).

Effective Interprofessional collaborative practice (ICP) can lead to improved access to health interventions and improved coordination between different sectors for individuals and their families with more involvement in decision making, a comprehensive, coordinated and safe health system that is responsive to the needs of the population, efficient use of resources, reduced incidence and prevalence of disability. In particular disability associated with non-communicable diseases when health systems embrace ICP across the full course of the disease (health promotion, illness and injury prevention as well as disease management and cure, and rehabilitation), and increased job satisfaction, with reduced stress and burnout of health professionals.(World Health Profession Alliance, 2020).

Collaborative teams should have appropriate and complementary skills, thus ensuring access to the right professional at the right time in the right place. The skill mix will differ according to the purpose of the team that has been brought together, the characteristics and needs of patients/clients and the practice setting. Health professional associations should be actively engaged together in discussions and development of ICP policy, governance structures and funding models.

Professional regulatory systems and processes including professional competencies, practice standards, and scopes of practice should permit and facilitate effective collaborative practice.

## BACKGROUND OF THE STUDY

Health care that is patient-centered, high quality, has positive outcomes, and is delivered with efficiency and seamless coordination, is what patients expect. To reach this goal, health care providers rely on an Interprofessional team-based patient care to be well-orchestrated, coordinated, and complete. One method of preparing students to become effective practitioners in team-based health care is to create Interprofessional education (IPE) opportunities in student education.

The World Health Organization defines it as “multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care.” The benefits of Interprofessional collaboration are improving patient care and outcomes, reduce medical errors, start treatment earlier, reduce inefficiencies, improves staff relationships and job satisfaction.

Interprofessional collaboration has been defined as an evolving interpersonal process, involving a diverse team of healthcare and other community providers who interdependently engage in frequent communication and shared decision-making, for the purposes of providing optimal health and social care services to community-living older adults and their families. IPCP in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, caregivers, and communities to deliver the highest quality of care across settings. Community care, however, is often provided by a heterogeneous workforce consisting of professionals by different levels of education working in different organizational structures that may hamper the ability to collaborate effectively.

Rhode (2020) study findings provide evidence that an interprofessional pain course for nursing and pharmacy students, taught by different health professionals, with assignments including interprofessional care plans and simulations and a personal reflection, helps to foster and build upon the Interprofessional Education Collaborative Panel’s competencies for IPE.

Physician–nurse relationships prior to the educational programs and during clinical placements

dominate the formation of new relationships and acquisition of new knowledge about roles, which might have implications for future practice. Interprofessional collaboration is considered by many in governments and health care organizations and professions to be critical to the provision of safe, effective, and efficient care. The incorporation of interprofessional collaboration into health care settings affects the everyday practice of nurses. Moreover, preparing nursing students to practice in a collaborative environment demands an understanding of how interprofessional collaboration is developed and mirrored in practice.(Taplay.E, 2021)

## NEED FOR THE STUDY

Interprofessional collaboration is the practice and education where individuals from two or more professional backgrounds meet, interact, learn together, and practice with the client at the center of care. Interprofessional collaboration is seen as potentially a powerful strategy for achieving optimal health outcomes.

When nurses work alongside other professionals every day and teamwork is a job expectation, effective collaboration can be challenging. Several strategies like safety huddles, patient rounds, safety rounds, daily goals, shared care and discharge plans, structured family meetings, and shared department training improve collaboration.(Sigmon 2020). Collaborating with other professionals allows the doctors to share their expertise with others in their field, assisting them with learning new technologies and gaining a deeper understanding of patient needs. Improving communication between team members leads to more efficient care and better outcomes for the patient.

Competencies have been explored in various areas of health care, especially in the clinical field. The competencies introduced were extracted and categorized into six domains of “patient-centered care,” “Interprofessional communication,” “participatory leadership,” “conflict resolution,” “transparency of duties and responsibilities,” and “teamwork.” The competence of “transparency of duties and responsibilities” was mentioned in all studies and is required for any collaboration. Interprofessional competencies provide quality, safety, and patient-centeredness through effective collaboration. Integrating interprofessional competencies into the educational curriculum, in-service training, and continue education is essential to form effective

interprofessional collaboration.

Interprofessional collaboration is an important and necessary step in better patient outcome. The importance of Interprofessional collaboration should be known to the nursing students where they could implement during their practice. This motivated the investigator to assess the knowledge and practice regarding Interprofessional collaboration & its importance among student nurses.

## STATEMENT OF THE PROBLEM

A study to assess the knowledge and practice regarding Interprofessional collaboration among student nurses at selected setting, Chennai.

## OBJECTIVES

- ✓ To assess the knowledge and practice regarding Interprofessional collaboration and its importance among student nurses.
- ✓ To find the correlation between the knowledge and practice regarding Interprofessional collaboration and its importance among student nurses.
- ✓ To find the association between the knowledge and practice regarding Interprofessional collaboration and its importance with the demographic variables.

## OPERATIONAL DEFINITION

### Assess

It is an act of gathering information regarding the knowledge and practice of Interprofessional collaboration and its importance.

### Knowledge

It refers to the awareness about the Interprofessional collaboration and its importance which is elicited using structured questionnaire.

### Practice

It refers to actual application of an idea and the way they perform in their clinical area.

## **Interprofessional collaboration**

It refers to the practice and education where individuals from two or more profession work together towards the come goal.

### **Student nurses**

It refers to the person who receives the training to be a nurse.

### **HYPOTHESIS**

There is no statistically significant relationship between knowledge and practice regarding Interprofessional collaboration among student nurses.

### **ASSUMPTIONS**

- ✓ Student nurses will have knowledge regarding Interprofessional collaboration.
- ✓ Student nurses will practice Interprofessional collaboration.
- ✓ Higher the knowledge more effective the practice of Interprofessional collaboration

### **DELIMITATIONS**

- ✓ The study is limited to one week of data collection.
- ✓ The study is limited to the selected setting.

### **PROJECTED OUTCOME**

- ✓ The study will help the investigator to assess the knowledge and practice regarding Interprofessional collaboration among student nurses.
- ✓ The study findings will also help the investigator to create awareness regarding practice of Interprofessional collaboration among student nurses.

## CONCEPTUAL FRAMEWORK

Conceptual framework is the theoretical approach to study the problems that are scientifically based which emphasize the selection, arrangement and classification of its concepts. A conceptual framework broadly explains phenomena of interest, expresses assumption and reflects a philosophical stance and it explains the relationship between the variables in the diagrammatic representation.

The present study aims at assessing the practices regarding interprofessional collaboration followed by the student Nurses. The conceptual framework adopted for the study is based on **Pender's Health Promotion Model (1982)**. The model focuses on individual characteristics and experiences, Behavior specific cognition and affect and Behavioral outcome. The Health Promotion Model notes that each person has unique personal characteristics and experiences that affect subsequent actions. It describes the multidimensional nature of persons as they interact with the environment to pursue health. The set of variables for behavioral specific knowledge and affect have motivational significance. The variables can be modified through nursing actions. Health promotion in behavior is the desired behavioral outcome and end point in the Health Promotion Model.

### 1. INDIVIDUAL CHARACTERISTICS AND EXPERIENCES

- a. **PRIOR RELATED FACTORS:** It influences subsequent behavior through perceived self-efficacy, benefits, barriers and affects related to that activity. It refers to the experiences of interprofessional collaboration practices among student Nurses.
- b. **PERSONAL FACTORS:** Personal factors categorized as biological, psychological and socio cultural. These factors are predictive of a given behavior and shaped by the nature of the target behavior being considered. It refers to the demographic variables of the student nurses such as age, course, year of study, education and occupation of mother and father, monthly family income.
- c. **BEHAVIOR SPECIFIC COGNITION AND AFFECT:** These variables are considered to be very significant in behavior motivation. They are a core for intervention because they may be modified through

nursing actions. The knowledge are categorised as above average, moderate knowledge and below average. The practice has been categorised as good, moderate and poor.

#### CUES FOR NURSING ACTION:

- Reinforcement can be given to the nursing students with above average and good practice.
- Creating awareness about interprofessional collaboration and its importance and implement their knowledge in their clinical practice

## CHAPTER II REVIEW OF LITERATURE

Review of literature is an important component of the research study as it provides a broad understanding of the research problem. A review of literature is the systematic identification, location, scrutiny and summary of written materials that contain information about research problems (Polit and Hungler). A review of literature was collected to generate a picture of what is known about a particular situation. A literature is an organized written presentation of what has been published on a topic (Burns & Groove, 2004). This chapter deals with a broad view of related literature review which is presented in the following sections.

**Part I: Studies on knowledge on interprofessional collaboration among nursing students. Part II: Studies on practice of interprofessional collaboration among nursing students.**

### **PART I: STUDIES ON KNOWLEDGE ON INTERPROFESSIONAL COLLABORATION AMONG NURSING STUDENTS.**

Degu (2022) conducted a mixed method multi centered cross sectional study on inter-professional collaboration and associated factors among nurses and physicians working in referral and teaching hospitals in the Northwest and Ethiopia in 2022. A structured, self-administered nurse-physician collaborative scale questionnaire was used to collect quantitative data from 279 nurses and 87 physicians. A simple random sampling technique was used to select participants. The study concluded that (43.4%) of the respondents had ineffective collaboration during their professional activities. The qualitative findings identified poor communication, a lack of professionalism, and failure to adhere to professional duties as barriers to nurse-physician collaboration.

Zenani, Leepil.A (2021) conducted an integrative literature review on the contribution of interprofessional education in developing competent undergraduate nursing students. Three databases were searched for the articles, namely CINHALL, Scopus, and Science Direct. Three themes emerged from the review, namely the promotion of patient safety in nursing practice, the socialisation of nursing students in interprofessional collaboration, and the promotion of the development of professional identity.

Lisa.B, Beccaria.G (2023) conducted a cross sectional study to examine the correlation between interprofessional learning and socialisation, and group differences between mode of study, year level, and prior healthcare experience. A total of 103 undergraduate nursing students across year levels, including 58 enrolled on-campus, and 45 studying externally. Students completed an online survey using the Readiness for Interprofessional Learning Scale and the Interprofessional Socialisation and Valuing Scale. No significant differences in student readiness for interprofessional learning or interprofessional socialisation were found between on-campus and external modes of study and between healthcare experience and no prior healthcare experience. Participants with previous healthcare experience had significantly higher scores for interprofessional socialisation than those with no previous healthcare experience.

Wong Lee (2020) conducted a Qualitative study on experiences on interprofessional collaboration among nursing students Twenty-seven 3rd-year nursing and physiotherapy ed interviews were conducted, and written feedback was solicit undergraduates were recruited through purposive sampling. Semi- structured until data saturation was achieved. The study indicated that interprofessional team-based learning activities enhanced learning experiences of the students through interactive learning with other healthcare students. Experiences of relationships that are trustful and complementary allow students to develop confidence in knowledge transfer and in interprofessional collaboration, as well as in providing a holistic patient-centered care. These findings substantiate the importance and value of interprofessional learning in healthcare education.

Simco, Dianko (2022) conducted a study Students' Perspectives on Interprofessional Teamwork Before and After an Interprofessional Pain Education Course. A pre- and post-perception scale descriptive prospective study design utilizing Interdisciplinary Education Perception Scale (IEPS) and Collaboration and Satisfaction about Care Decisions (CSACD) with self-reported statements of knowledge and importance of professional

roles was used.

Post-scores improved from 2013 to 2014, with significant improvements for IEPS.

## **PART II: STUDIES ON PRACTICE OF INTERPROFESSIONAL COLLABORATION AMONG NURSING STUDENTS.**

Engel .J, Stobbe .K.(2022) conducted a phenomenological study on the experience of interprofessional collaboration from the perspective of nursing and medical students. Seventeen medical and nursing students from two different universities participated in the study. Face-to-face, conversational interviews to explore students' experience and expectations of interprofessional collaboration within learning situations was used. The findings suggest that the experience of interprofessional collaboration within learning events is influenced by the natural clustering of shared interests among students.

Ferri.P, Rovesti.S.(2022) conducted a randomized controlled trial To determine the efficacy of educational program based on high-fidelity interprofessional simulation aimed at improving collaborative attitude. a protocol for a planned single-center, non-blinded and Randomized Controlled Trial (RCT) was chosen. nursing students and resident physicians who participated in the interprofessional simulation show significantly higher levels of interprofessional collaboration compared to the CG, evaluated through the JSAPNC.

Yokono .T.(2021) conducted a comparative study on Face-to-Face and Online Interprofessional Education Models for Nursing Students All students who enrolled in the “Team Medical Practice” course in both 2019 and 2020 were invited to participate. After team-based learning with different healthcare professions, we quantitatively analyzed pre- and post-intervention outcomes using two measures: the Readiness for Interprofessional Learning Scale (RIPLS) and the IPE Questionnaire TSUKUBA model (IPET). We compared the results of 153 nursing students. The RIPLS results demonstrate significant pre- and post-intervention score differences in the teamwork and collaboration subscale for the online group only. The post-IPE score analysis revealed that scores were significantly higher in the online group in all subscales: Teamwork and collaboration, Opportunities for IPE, and Uniqueness of profession. Based on the IPET results, there were no significant

differences in pre- and post-intervention scores.

Caroline.G.(2020) conducted a qualitative descriptive study on Interprofessional competencies among nursing students A sample size of 48 students was selected .Snowball sampling technique was used to select the samples. Since we were targeting a ratio of one nursing student to one nurse practitioner student per scenario, the first six nursing students who confirmed their interest were included in the study. Three paramedics agreed to participate in the study. The six major themes were patient-and family-centred care, interprofessional communication, role clarification, team functioning, collaborative leadership, and interprofessional conflict resolution.

### CHAPTER III RESEARCH METHODOLOGY

<b>RESEARCH APPROACH</b> Quantitative in nature
<b>RESEARCH DESIGN</b> Descriptive research design
<b>SETTINGS OF THE STUDY</b> VHS – M.A. Chidambaram college and school of Nursing, Chennai
<b>TARGET POPULATION</b> Student nurses at selected setting
<b>SAMPLE &amp; SAMPLE SIZE</b> Student nurses (IV year) & 30 students
<b>SAMPLING TECHNIQUE</b> Non probability convenient sampling technique
<b>DATA COLLECTION METHOD AND TOOL</b> Method: Self-report Tool: 1. Structured questionnaire- Demographic Variables 2.checklist - Practice

**DATA ANALYSIS****Descriptive statistics**

Frequency and percentage distribution  
Correlation coefficient Chi-square test

**Inferential statistics****CHAPTER IV****DATA ANALYSIS AND INTERPRETATION**

Data analysis and interpretation is the core step in research process. The importance of analysis and interpretation of the collected data is to systematically organize, classify and summaries it, so that the results can be interpreted and comprehended to give all the answers to the questions that triggered the research.

This chapter, deals with the analysis and interpretation of the data collected to assess the knowledge and practice regarding interprofessional collaboration and its importance among student nurses

**ORGANIZATION OF DATA**

The findings of the study were grouped and analysed under the following sections.

**SECTION A- ASSESSMENT OF DEMOGRAPHIC VARIABLES**

Frequency and percentage distribution of the demographic variables of student nurses.

**SECTION B – ASSESSMENT OF KNOWLEDGE AND PRACTICE REGARDING INTERPROFESSIONAL COLLABORATION**

- a) Assessment of knowledge.
- b) Assessment of practice
- c) Assessment of interprofessional collaboration and its importance

## SECTION C – CORRELATIONAL OF KNOWLEDGE AND PRACTICE REGARDING INTERPROFESSIONAL COLLABORATION AND ITS IMPORTANCE AMONG STUDENT NURSES

Correlational between the knowledge and practice regarding interprofessional collaboration and its importance.

## SECTION D – ASSOCIATION OF INTERPROFESSIONAL COLLABORATION AND ITS IMPORTANCE AMONG STUDENT NURSES

- a) Association of knowledge with demographic variables.
- b) Association of practice with demographic variables.

### SECTION A

#### TABLE 1: DESCRIPTION OF THE DEMOGRAPHIC VARIABLES OF STUDENT NURSES

Table 1.1: Frequency and percentage distribution of demographic variables of student nurses based on age, course, year of study and education of mother of the samples.

S.No	Demographic Variables	Frequency	Percentage
1.	AGE		
	21 years	23	77%
	22 years	7	23%
2.	COURSE		
	DGNM	0	0%
	B.SC	30	100%
3.	EDUCATION OF MOTHER		
	Primary	8	27%
	Secondary	14	47%
	Higher Secondary	5	16%
	Graduate	3	10%

4.	OCCUPATION OF MOTHER		
	Daily wages	22	73%
	Government	2	7%
	Private	6	20%

Table 1.1 shows that majority 23 (77%) of the samples were in the age group of 21 years. All 30 (100%) samples were B.Sc. Nursing students. Majority 14 (47%) of samples mother educated till secondary school and 22 (73%) samples mothers were daily wage earners.

**Table 1.2 Frequency and Percentage Distribution of Demographic Variables of Student Nurses Based on Education of Father, Occupation of Father and Family Monthly Income.**

S.No	Demographic Variables	Frequency	Percentage
5.	EDUCATION OF FATHER		
	Primary	6	20%
	Secondary	13	43%
	Higher Secondary	3	10%
	Graduate	8	27%
6.	OCCUPATION OF FATHER		
	Daily wages	15	50%
	Government	2	7%
	Private	13	43%
7.	FAMILY MONTHLY INCOME		
	Rs.15000		
	Rs.20000	21	70%
	Rs.25000	5	16%
	Rs.30000	2	7%
		2	7%

Table 1.2 shows that majority 13 (43%) samples father were educated till secondary school education.

Majority 15 (50%) samples fathers were daily wage earners. Majority 21(70%) samples monthly family income was Rs.15000.

## SECTION B

### ASSESSMENT OF KNOWLEDGE AND PRACTICE REGARDING INTERPROFESSIONAL COLLABORATION AND ITS IMPORTANCE

**Table-2.1:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as Common goal and team work.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	The mutual and well-defined relationship between one or two profession for a common goal is		
	Professionalism	9	30
	collaboration	15	50
	adaptation	4	13
2	communication	2	7
	_____ provides benefit to the health care providers by reducing extra work		
	Teamwork	26	86
	extra work	2	67
shift work	2	7	
reallocation	0	0	

Table 2.1 Shows that, majority 50% stated collaboration, 30% stated professionalism, 13% stated adaptation and 7% stated communication as a common goal and majority 86 % stated teamwork, 67% stated extra team work, 7% stated that shift work and none of them stated reallocation as their benefit to the health care providers.

**Table-2.2:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration can improve and better patient outcome.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	Interprofessional collaboration can improve _____	10	33
	coordination	7	23
	responsibility	2	7
	authority	11	37
2	Team members are more efficient and better patient outcome when their _____ is better	18	60
	Communication	3	10
	Collaboration	9	30
	coordination	0	0
	assimilation		

**Table 2.2:** Shows that, majority 37% stated decision making, 33% stated coordination, 23% stated responsibility and 7% stated authority which improves the interprofessional collaboration and. majority 60% stated communication, 30% Stated coordination, 10% stated collaboration and none of them stated assimilation when their team members are more efficient and better patient outcome.

**Table-2.3:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as benefits and effective deliver.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	The most significant benefits of Interprofessional collaboration in healthcare is high work _____	8	27
	Elimination	11	37
	retention	6	20
	detection	5	16
2	Interprofessional collaboration are more effective in delivering _____	4	13
	Immediate care	18	60
	quality care	6	20
	adequate care	2	7
	transparent care		

**Table 2.3.** Shows that, majority 37% stated retention , 27% stated that elimination , 20 stated detection and 16% stated regulation as the significant benefits of Interprofessional collaboration .and majority 60% stated quality care, 20% stated adequate care, 13% stated immediate care and 7% stated transparent care are more effective.

**Table-2.4:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as rates and collaborating with nurse and medical assistants.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	Interprofessional collaboration reduces the _____ rates.		
	Admission	5	17
	discharge	6	20
	readmission	6	20
	death	13	43
2	Collaborating with nurses and medical assistants can help the doctor identify _____ problems before they happen.		
	Actual	7	23
	potential	8	27
	both	11	37
	none	4	13

**Table 2.4** Shows that, majority, 43% stated death, 20 stated discharge and readmission and 17% stated admission are reduced due to Interprofessional collaboration and majority, 37% stated both ,27% stated potential, 23% stated actual and 13% stated none can be able to identify the problems.

**Table-2.5:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as principles and Implementation.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	Implementing an Interprofessional collaborative team process involves _____	3	10
	Rounding	9	30
	shared care plans	6	20
	family meetings	12	40
2	The principles of Interprofessional collaboration are communication, leadership, teamwork and _____.	9	30
	Conflict resolution	8	27
	communication	4	13
	retention	9	30
	coordination		

**Table 2.5.** Shows that majority,40% stated all the above,30% stated shared care plans,20% stated family meetings and 10% stated rounding which involve the implementation of interprofessional collaboration team and majority,30% stated conflict resolution and coordination, 27% Stated communication and 13% retention as the principle of interprofessional collaboration.

**Table-2.6:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as achieve and effective collaboration.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE	
1	Interprofessional competencies provide quality, _____centeredness through effective collaboration.	12	40	
		4	13	
		13	43	
		1	3	
2	_____ provided a general framework that includes educational, health, and clinical management systems to achieve interprofessional collaboration.	10	33	
		16	53	
		UNICEF	2	7
		WHO	2	7
		USAID	2	7
	CRY			

**Table 2.6.** Shows that majority, 40% stated patient,43% stated health team, 13% stated family and 3% stated friends through effective collaboration and majority, 53% stated WHO,33% stated UNICEF, 7% stated USAID and CRY are the clinical management systems to achieve interprofessional collaboration.

**Table-2.7:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as type of training and education create and strengthens interprofessional collaboration.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	A type of training where people know and learn from each other to increase the collaboration is _____	9	30
	Vocational	7	23
	Recreational	10	33
	educational	4	13
2	_____ education creates and strengthens interprofessional competencies.	12	40
	Formal	5	17
	Informal	3	10
	Non formal	10	33
	Inservice		

**Table 2.7** Shows that majority,30% stated vocational,33% stated educational,23% stated recreational and 13% stated occupational as a type of training to increase the collaboration.

and majority,40% stated formal,33% stated in-service ,17% stated informal and 10% Stated non formal which creates and strengthens interprofessional competencies.

**Table-2.8 :** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as barriers and elements of interprofessional collaboration.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	The real barrier of Interprofessional collaboration is _____	12	40
	Communication	9	30
	confidentiality	8	27
	autonomy proximity	1	3
2	The elements of collaboration are responsibility, accountability, autonomy and _____	11	37
	Assertiveness	7	23
	communication	8	27
	coordination respect	4	13

**Table 2.8** Shows that majority, 40% stated communication,30% stated confidentiality,27% stated autonomy and 3% stated proximity as their barrier and the elements as majority,37% stated assertiveness,27% stated coordination,23% stated communication and 13% stated respect.

**Table-2.9:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as team work and communication.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	Interprofessional teamwork includes	20	67
	_____	3	10
	Knowledge, skills and talents practice	2	7
	education clinical practice	5	16
2	The important part of communication	6	20
	_____	5	17
	Sender receiver	10	33
	feedback	9	30
	active listener		

**Table 2.9** Shows that majority,67% stated knowledge, skills and talents,16% stated clinical practice,10% stated practice and 7% stated education as Interprofessional teamwork and majority,33% stated feedback,30% stated active listener,20% stated sender and 17% stated receiver as their important part of communication

**Table-2.10:** Frequency and percentage distribution of the samples based on knowledge on interprofessional collaboration such as health care and nurse’s action.

S.NO	KNOWLEDGE	FREQUENCY	PERCENTAGE
1	Interprofessional collaboration in healthcare helps to prevent _____	11	37
	Medication error	7	23
	documentation	9	30
	malpractice technology care	3	10
2	The nurse acts as a _____ in Interprofessional collaboration.	1	3
	Stranger	2	7
	teacher	10	33
	resource person all the above	17	57

**Table 2.10** Shows that majority,37% stated medication error, 30% stated malpractice,23% stated documentation and 10% stated technology care which helps to prevent the interprofessional collaboration and majority,57% stated all the above,33% stated resource person,7% stated teacher and 3% stated stranger.

### Assessment of knowledge

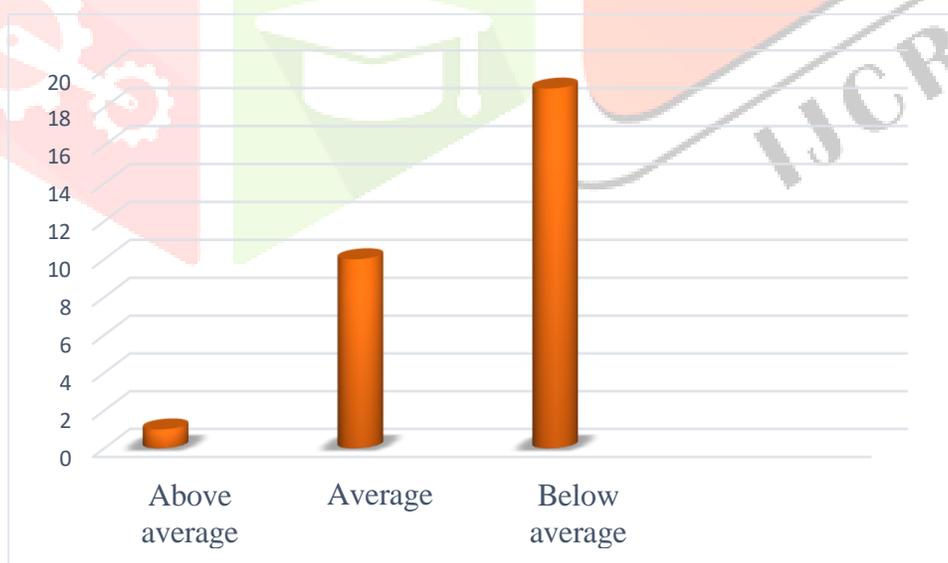
Table 2.11: Frequency and percentage distribution of knowledge

N=30

KNOWLEDGE	FREQUENCY	PERCENTAGE
ABOVE	1	3.33%
AVERAGE	10	33.33%
BELOW AVERAGE	19	63.33%

Table 2.11 shows that, 10 (33.33%) had average (50-75%) knowledge and 19 (63.33%) had below average (<50%) knowledge regarding interprofessional collaboration.

Fig 3: Frequency and percentage distribution of knowledge



## FREQUENCY AND PERCENTAGE DISTRIBUTION OF SAMPLES BASED ON THEIR PRACTICE ON INTERPROFESSIONAL COLLOBORATION

**Table-2.12:** Frequency and percentage distribution of the samples based on practice on interprofessional collaboration on relationship.

S.NO	PRACTICE	YES		NO	
		F	P	F	P
1.	I am a team member of Interprofessional collaboration	26	86	4	13
2.	I have good communication with the team member.	29	97	1	3
3.	I know my responsibilities my team	29	97	1	3
4.	I had opportunities to learn beyond my traditional ways of thinking	25	83	5	16
5.	I am accountable for my work	27	90	3	10
6.	I maintain confidentiality with my team members	27	90	3	10
7.	Family members are also involved in collaborative care	25	83	5	16

**Table 2.12** Shows that majority of the sample 86% answered they are a team member of interprofessional collaboration. 97% had good communication within the team, 97% know about their responsibilities, 83% had opportunities to learn beyond my traditional ways of thinking, 90% believed that they are accountable for their work, 90% maintains confidentiality, 83% stated that the family members are involved in the care.

**Table- 2.13:** Frequency and percentage distribution of the samples based on practice on interprofessional collaboration

S.NO	PRACTICE	YES		No	
		FP	F	P	
8.	I gained knowledge about others	2893	2	6	
9.	I assessed to new resources and potential to develop new skills	2997	1	3	
10.	I increased my productivity through doing more work in less time.	2790	3	10	
11.	Interprofessional collaborative education is important	2273	8	26	

**TABLE 2.13:** Shows that 93% gained knowledge about others,97% assessed to new resources and potential to develop new skills, 90% increase their productivity through doing more work in less time. 73% believed Interprofessional collaborative education is important.

**Table- 2.14:** Frequency and percentage distribution of the samples based on practice on interprofessional collaboration on values .

S.NO	PRACTICE	YES		NO	
		F	P	F	P
12.	I developed ability to overcome adversity.	28	93	2	6
13.	I am able to overcome personal differences	27	90	3	10
14.	I developed problem solving skills.	27	90	3	10
15.	I had conflicts with my team members.	20	66	10	33
16.	I have been leader of Interprofessional team	22	73	8	26
17.	I received positive feedback from patients.	27	96	3	10
18.	I found collaborative to be more effective on patient care.	28	93	2	6
19.	I shared my recommendations to my team members	25	83	5	16
20.	I am satisfied with my collaborative care	25	83	5	16

**Table 2.14 :** Shows that majority,93% developed ability to overcome adversity,90% able to overcome & problem solving skills,66% had conflicts,73% are the leader of the team,96% received positive feedback, 93% had effective care,83% satisfied with collaborative care.

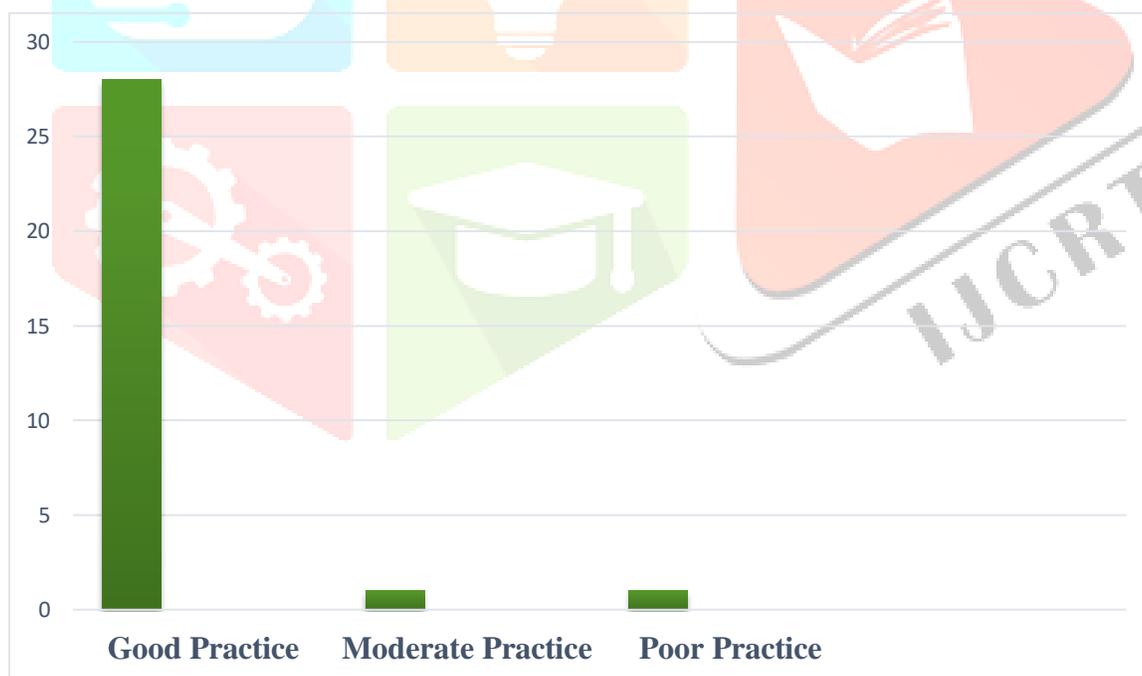
## ASSESSMENT OF PRACTICE

Table 2.15: Frequency and Percentage Distribution of Practice

PRACTICE	FREQUENCY	PERCENTAGE
GOOD PRACTICE	28	93.33%
MODERATE PRACTICE	1	3.33%
POOR PRACTICE	1	3.33%

Table 2.2 shows that 28 (93.33%) had good practice, 1(3.33%) had Moderate practice and 1 (3.33%) had poor practice regarding interprofessional collaboration

**Fig 4: Frequency and Percentage Distribution of Practice**



## SECTION C

## CORRELATIONAL OF KNOWLEDGE AND PRACTICE REGARDING INTERPROFESSIONAL COLLABORATION AND ITS IMPORTANCE

Table 3.1 correlation between the knowledge and practice regarding interprofessional collaboration

Variables	Mean	S. D	Correlation Coefficient (r)
Knowledge	8.63	3.178	r=0.0289
Practice	17.3	2.791	P=0.879 NS

\*p&lt;0.05, \*\*&lt;0.01, \*\*\*P&lt;0.001

S-Significant

NS- Non significant

Table 3.1 shows that the maximum score for knowledge regarding interprofessional collaboration and its importance is 1 and minimum score is 0 and mean score is 8.63 with the standard deviation of 3.178. The maximum score for practice is 1 and minimum score is 0 and mean score is 17.3 with the standard deviation of 2.791 and there were positive correlation between knowledge and practice.

## SECTION D

## ASSOCIATION OF INTERPROFESSIONAL COLLABORATION AND ITS IMPORTANCE OF STUDENT NURSES

Table 4.1 Association of knowledge regarding interprofessional collaboration and its importance with demographic variables

S.No	Demographic Variables	Above Average	Average	Below Average	Chi Square
1.	Age 21 years 22 years	1 0	8 2	14 5	$X^2=0.24$ d.f=2 P= 0.88 NS
4.	Education of mother Primary Secondary HSC Graduate	0 1 0 0	3 4 1 1	5 9 4 2	$X^2=1.572$ d.f = 6 P=0.95 NS
5.	Occupation of Mother Daily wages Government Private	1 0 0	8 0 2	13 2 4	$X^2=3.42$ d.f=4 P=0.49 NS
6.	Education of Father Primary Secondary HSC Graduate	0 1 0 0	3 3 0 4	3 9 3 4	$X^2 = 5.15$ d.f = 6 P=0.52 NS
7.	Occupation of Father Daily wages Government Private	1 0 0	5 1 4	9 1 9	$X^2 = 1.020$ d.f = 4 P= 0.90 NS
8.	Family monthly income Rs.15000 Rs.20000 Rs.25000 Rs.30000	0 0 0 1	7 2 1 0	14 3 1 1	$X^2 = 15.8$ d.f = 6 P= 0.01 S

\*p&lt;0.05, \*\*&lt;0.01, \*\*\*P&lt;0.001

S-Significant

NS- Non significant

Table 4.1 shows that there was no statistically significant association found between knowledge regarding interprofessional collaboration and its importance with the demographic variables like education and occupation of father and mother and significant association found between knowledge and demographic variable family monthly income.

**Table 4.2 Association of practice regarding interprofessional collaboration and its importance with demographic variables**

S.No	Demographic Variables	Good practice	Moderate practice	Poor practice	Chi Square
1.	Age 21 years 22 years	22 6	0 1	1 0	$X^2=5.12$ d.f=2 P=0.07 NS
4.	Education of mother Primary Secondary HSC Graduate	7 14 5 2	0 0 0 1	1 0 0 0	$X^2=10.07$ d.f = 6 P=0.12 NS
5.	Occupation of Mother Daily wages Government Private	20 2 6	1 0 0	1 0 0	$X^2=0.78$ d.f=4 P=0.94 NS
6.	Education of Father Primary Secondary HSC Graduate	4 13 3 8	1 0 0 0	1 0 0 0	$X^2 = 8.36$ d.f = 6 P=0.21 NS
7.	Occupation of Father Daily wages Government Private	15 2 11	0 0 1	0 0 1	$X^2=2.89$ d.f = 4 P=0.57 NS
8.	Family monthly income Rs.15000 Rs.20000 Rs.25000 Rs.30000	19 5 2 2	1 0 0 0	1 0 0 0	$X^2 = 3.71$ d.f = 6 P=0.71 NS

\*p&lt;0.05, \*\*&lt;0.01, \*\*\*P&lt;0.001

S-Significant

NS- Non significant

Table 4.2 shows that there was no statistically significant association found between practice regarding interprofessional collaboration and its importance with the demographic variables

## CHAPTER V DISCUSSION

This study is aimed to assess the knowledge and practice regarding interprofessional collaboration and its importance among student nurses at selected setting in Chennai. The review of literature provided the base and in-depth knowledge about the interprofessional collaboration and its important among student nurses. A descriptive research design was used to assess the knowledge and practice regarding interprofessional collaboration. A total of 30 samples were selected using non- probability convenient sampling technique. The data was analyzed and presented in the form of tables and diagrams. The discussion is based on the objectives specified in the study.

### DESCRIPTION OF SAMPLE CHARACTERISTICS

#### Demographic variables of adolescents

- Majority 23 (77%) of the samples were 21 years and 7 (23%) samples were 22 years old
- All samples were from B.Sc Nursing final year.
- Majority 14 (47%) of the samples mother had secondary school education.
- Majority 22 (73%) of the samples mother were daily wage earners
- Majority 13(43%) of the sample's father had secondary school education
- Majority 15 (50%) of the samples father were daily wage earners.
- Majority 21 (70%) of the sample's monthly income of the family was Rs.15,000

#### 1. To assess the knowledge and practice regarding interprofessional collaboration and its importance among student Nurses.

Table 2.11 shows that, 1 (3.33%) had above average knowledge (>75%), 10 (33.33%) had average knowledge (50-75%) and 19 (63.33%) had a below average knowledge (<50%).

Table 2.15 shows that, 28 (93.33%) had good practice (>75%), 1 (3.33%) had moderate practice (50-75%) and 1 (3.33%) had poor practice (<50%).

This result is supported by Ezeme M. (2019) conducted a cross-sectional study on level of knowledge and practice about interprofessional collaboration among nursing students. The study concluded that the students had average knowledge about interprofessional collaboration and they had good practice. So, the investigator's assumption was supported by the above findings.

## **2. To correlate the knowledge and attitude regarding strategies to maintain emotional health**

Table 3.1 shows that the maximum score for knowledge regarding interprofessional collaboration and its important is 1 and minimum score is 0 and mean score is 8.63 with the standard deviation of 3.178. The maximum score for practice is 1 and minimum score is 0 and mean score is 17.3 with the standard deviation of 2.791. There was a positive correlation between knowledge and practice of interprofessional collaboration which is not statistically significant.

This result is supported by Lisa.B, Beccaria.G (2023) conducted a cross sectional study to examine the correlation between interprofessional collaboration and socialisation, healthcare experience. The study explained that there were relationship between the students' knowledge and practice regarding interprofessional collaboration . So, the investigator's assumption was supported by the above findings.

## **3. To find association between the knowledge and practice regarding interprofessional collaboration and its importance with demographic variables.**

Table 4.1 shows that there was no statistically association found between knowledge with demographic variables such as age, course, year of study, education and occupation of mother and father and there was a statistically association found between knowledge and demographic variable family monthly income.

Table 4.2 shows that there was no statistically association found between practice with demographic

variables such as age, course, year of study, education of mother, occupation of mother, education of father, occupation of father and family monthly income.

## CHAPTER VI

### SUMMARY, CONCLUSION, IMPLICATION AND RECOMMENDATION

#### SUMMARY

A research project was done to assess the knowledge and practice regarding interprofessional collaboration and importance among student nurses at selected setting in Chennai. The objective of the study was to assess the knowledge and practice to find the correlation between the knowledge and practice and to find the association between the knowledge and practice with demographic variables.

Descriptive research design was chosen in which to assess the practice on interprofessional collaboration. The study was conducted among B.sc nursing IV-year students residing at VHS-M.A. Chidambaram College of Nursing. The time duration of the study was from 30.11.2020 to 5.12.2020 and the samples were selected by using non-probability convenient sampling technique. The demographic data, knowledge and practice was collected using structured questionnaire. The data was collected, tabulated, analyzed and interpreted. The finding revealed that there was a significant increase in overall knowledge and practice regarding interprofessional collaboration among B.sc nursing IV-year students after structured teaching programme.

#### CONCLUSION

The study was done to assess the knowledge and practice regarding interprofessional collaboration and importance among student nurses at selected setting in Chennai.

The findings of the research project revealed that in knowledge 63.3% of the samples had below average, 33.33% of the samples had average and 33.33% of the samples had above knowledge, whereas in practice 93.33% of the samples had above average, 33.33% of the samples had average and 33.33% of the samples had below average. It implies that there was no association at ( $p=0$ ) of knowledge and practice with demographic variables.

## NURSING IMPLICATION

### NURSING PRACTICE

- Nurses in all settings should be given training classes on interprofessional collaboration and to impart knowledge among the reflective groups.
- Nurses should motivate adolescents about the importance of healthy life practices on interprofessional collaboration through health education.
- Nurses should motivate the student nurses to give mass health education programme on interprofessional collaboration at hospital.
- Conduct field campaign on interprofessional collaboration.

### NURSING RESEARCH

- The findings of the study help to extend knowledge upon the future research project
- The nurse researcher can develop new strategies to impart knowledge among Adolescents age group regarding interprofessional collaboration.
- The findings of the study can be disseminated through conference, seminar, and it can be published in journals

### NURSING EDUCATION

- Nursing educator can ensure that the staff and students are equipped with updated knowledge regarding interprofessional collaboration.
- Nursing educator should motivate the student nurses to prepare the informative health education models in relation to healthy life practices of interprofessional collaboration.
- Conduct CNE (continuing nursing education) programme on interprofessional collaboration among public for nursing students and staff nurses.

### NURSING ADMINISTRATION

- Nurse administrator can frame a policy on interprofessional collaboration at all health care settings.
- Nursing administrator attains knowledge and competency, through current research finding to enhance role

performance.

- Nurses’ administrator can provide information materials at all center level as a part of teaching programme.

### RECOMMENDATIONS

Based on the present study in view, the following recommendation were made,

- The research study can be conducted on larger sample to validate and generalize the findings.
- The research study can be conducted with descriptive research design.

### LIMITATIONS

- There was no limitation faced by the investigator during the study.

