Interprofessional Learning in Adult Critical Care:

Early findings of a focused ethnographic study

BACKGROUND

Due to its complexity, critical care requires numerous professionals to effectively work together (Rose 2011). However, further exploration is needed to ascertain how different critical care staff working together also learn with and from each other in this particular environment.

The critical care setting is claimed to have the potential to share interprofessional knowledge between staff (Wagter et al. 2012). However, Paradis *et al.* (2014) emphasise limited knowledge in this area at present, despite recognition that interprofessional collaboration in critical care units improves patient safety and quality of patient care. They claim that there needs to be increased understanding regarding the effects that culture or context have on shaping interprofessional practices and advocate ethnography as an appropriate research methodology.

AIM

To explore the culture of interprofessional learning (IPL) within adult critical care settings.

OBJECTIVES

- To develop a rich description of the interprofessional learning culture in adult critical care clinical practice.
- To understand in-depth critical care practitioners' perceptions & experiences of interprofessional learning (IPL) within adult critical care clinical practice.
- To identify which factors are perceived to promote or inhibit effective IPL.

For the purpose of this study IPL is defined as:
'Learning which happens between different occupational groups through the collaborative sharing of expertise, knowledge and experience.'

METHOD

The multi-site research is in fulfilment of doctoral study.

Data collection: 12 months
3 different NHS Hospital critical care units
January 2016 – December 2016 .
Methodology: Focused ethnography
Observation: 90 hours estimated
Interviews: 12-36 hours
Data analysis: Constant comparison

Focused ethnography was chosen to develop a rich description of the interprofessional learning culture in adult critical care. Participants are being observed in clinical practice using partial participant observation and four staff groups (nurse, HCA, doctor and physiotherapist) are being interviewed on a one-to-one basis using semi-structured interviews.

FINDINGS

Early analysis of findings confirm that critical care staff are a rich source of knowledge and various conduits seem to facilitate effective IPL. IPL does appear to exist in adult critical care settings and this is explicated by numerous learning theories. Three themes are emerging from the iterative data analysis thus far: *'Creating Space & Time for IPL', 'Collaborative IPL'* and *'IPL & Humanistic Values'*. An emergent theoretical framework is also developing which is influenced by social constructionism, socio-cultural learning theory and complexity theory. The IPL culture in critical care can be influenced by organisations and groups. However, variability in the IPL culture can be accounted for by the behaviour of individuals within the adult critical care setting. An early explanation for this is to theoretically consider that there might be a changeable holistic IPL 'climate' which is repeatedly influenced by the individuals in the critical care setting at any given time. The climate influences can be psychological, physical, emotional, spiritual, intellectual or social in origin. IPL is also not linear; it results in different levels of knowledge construction (deep and surface learning) and varying levels of learner recognition and awareness of IPL.

THE INDIVIDUAL & INTRINSIC INFLUENCES * EMERGING THEORETICAL FRAMEWORK * THE ORGANISATION, GROUPS & EXTRINSIC FACTORS

RECOGNITION

Creating Space & Time for IPL

- **Time**: finding it, formal vs. informal, study leave
- **Deadlines**: HEI courses, competencies, targets
- **Spatial Theory**: proximity between patients & staff
- **Territory**: safeguarding learning zones
- **Freedom**: space to move, constraints

Collaborative IPL

- **Collaboration:** team effort, partnership approach
- **Knowledge Exchange:** stories, dialogue
- **Visibility:** location, presence, ratios, equity
- **Roles:** expertise, remit, uniforms, expectations
- **Responsibility:** emotions & IPL accountability
- **Technology:** ICT, telephone, email

IPL & Humanistic Values

- **Socialisation:** belonging, shared identity, friendly
- **Security:** trust, respect, social norms
- **Errors:** critical incident, debrief, reflection
- **Humour:** coping, connecting, rapport, relations
- **Motivation:** interest, morale, self-esteem
- **Feeling:** hot, tired, overwhelmed, burnt out, fear

DEPTH OF IPL

IPL CULTURE is affected by the changeable HOLISTIC IPL CLIMATE: *PSYCHOLOGICAL, PHYSICAL, EMOTIONAL, SPIRITUAL, INTELLECTUAL OR SOCIAL*

EMERGING KEY POINTS

- Interprofessional Learning (IPL) is apparent within the adult critical care setting and it is complex.
- IPL is not linear; the depth and recognition of IPL is variable.
- IPL is influenced by internal drivers, such as intrinsic motivation and an individual's personal aspirations.
- It is also affected by external influences, such as extrinsic motivation and professional regulations.
- The adult critical care IPL culture can be shaped by the organisation and by groups, but also individuals in the setting.
- Variability can be accounted for theoretically by considering a changeable holistic IPL 'climate' which is repeatedly influenced by the individuals in the setting at any given time.

CONCLUSION

Whilst data collection remains incomplete; preliminary findings shed light on the intricacies and influencing factors leading to interprofessional learning within adult critical care.

This research reveals numerous ways interprofessional learning takes place within adult critical care settings and the influential factors have been found to be multi-faceted. Critical care staff can be affected by both intrinsic and extrinsic influences therefore, individuals behaviour and engagement with IPL may be symptomatic of these extensive factors.

3 research themes are emerging: *'Creating Space & Time for IPL', 'Collaborative IPL'* and *'IPL & Humanistic Values'.* The emerging theoretical framework is underpinned with social constructionism, socio-cultural learning theory and complexity.

IMPLICATIONS FOR PRACTICE

This study provides increased understanding of the components which facilitate effective IPL in the adult critical care setting. It has the potential to improve the quality of care for patients and to promote knowledge development of critical care staff.

The research findings could optimise the environmental design of learning spaces in adult critical care; 'creating space for IPL'. The importance of safeguarding time and opportunity for IPL could also be factored into daily critical care practises and adopting a humanistic approach to IPL and team working may also prove beneficial to IPL in adult critical care settings.

This exploratory study invites further research into IPL in adult critical care settings to improve the quality of care provided.

REFERENCES

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