

# **Student's trajectory through the education into the labour market**

## **ABSTRACT**

A range of programmes and new vocations emerge as an answer to societal changes that suggest new work functions as well as new sub-specializations of already existing professions and work functions. In 2010, a multidisciplinary designed training programme started at the University West in Social Psychiatric Care (SPC). The new occupation can be said to fall within the category of pre-professions, a third generation of professionals seeking professional status. The possibility for employment is broad and unspecified and in worst case might go no further than the students' hopes of new careers. Against this background, an inside perspective is given from students experiences. The purpose was to gain a deeper understand of student's trajectory through a new education into the labour market. Eleven female students were interviewed prior to graduation. A hermeneutical phenomenological approach was conducted in order to identify central themes important in students professional becoming. As preliminary result three themes were identified. The theme 'tensions between high and low position' concerning level of involvement in treatment and care or in more administrative leading function, were connected to power and payment. The theme 'generalist or specialist' concerned specialist in the respect of expert on broadness suitable for coordinating positions, otherwise broadness was defined as knowing everything and difficulties in finding professional identity. The theme 'change and tradition' concerned questions concerning establishment where new vocations seek legitimacy among employers and colleagues in the workplace. Standing at the threshold to labour market is an existentially challenging position between hope and despair.

**Background:Purpose:Methods:Result:Conclusion: Keywords:**

## **INTRODUCTION**

This paper addresses the issues of students' trajectories through a newly designed education into the labour market. In 2010, a training programme started at the University West in Social Psychiatric Care (SPC). The new profession can be said to fall within the category of pre-professions, a third generation of professionals seeking professional status (Olofsson & Peterson 2011). SPC is a three-year multidisciplinary academic programme, preparing students for working on a broad labour market in the context of psychiatry and mental health.

As a consequence of The Psychiatric Reform in 1995 (SOU 1992:73), the future direction for the Swedish public mental health system was suggested by Silverhielm & Kamis-Gould (2000). A need for improved development in terms of collaboration between the mental health system, the social service system and other related health providers was highlighted. Collaboration was recommended to be based on e.g. consistency in visions expressed with a common language and shared goals for treatment of persons with mental illness. A commonality of evaluation methods was also requested (Silverhielm & Kamis-Gould, 2000). Concerning education for health care professionals in 2012, there is still a call, also on an international level, for rethinking, transformation and cooperation between educators and the health care, in order to meet future needs in the health care system (Frenck et al. 2012).

The idea of interdisciplinary educations is not new, and e.g. already in the 1970s, the benefits of involving several academic disciplines for medical and health related educations in general was recognized (Baldwin JR & Baldwin, 2007). Approaches such as interprofessional training within health educational programmes, based on specific topics that are common to the different professions, have been implemented (Chehade, Bentley & Burgess, 2011). Interdisciplinary collaborations in terms of partnership between the community, educational institutions and health authorities have been accomplished, aimed to address the lack of

professional competence and future needs of competence on a regional labour market as well as the need of academic programmes (Anonson, Leischner, Manahan, Randal & Wejr, 2008).

Interprofessional learning within education and students' experiences and attitudes to specifically designed introduction programmes have been investigated. Tunstall-Pedoe, Rink and Hilton (2003) found that students considered that a foundation programme common for several health professions would improve future interprofessional cooperation. Some students were doubtful and questioned the relevance of it for their own profession not wanting to study subjects unnecessarily. A stereotyped view of health professions was stronger in students who had parents working as health care professionals. Another study on introductory interprofessional education using enquiry-based learning, including 10 different health care professional programmes, revealed students' satisfaction, but also disbelief in its methods, as well as confusion concerning their own and others' professions (Jonson, 2003). Students from different health professional programmes participated when students' learning in cross-professional groups was investigated in an intervention pilot study. Students' attitudes in the cross-professional groups, towards the other health professionals, were affected positively compared with those in the control group (Lindqvist, Duncan, Shepstone, Watts & Pearce, 2005). To develop nursing students' and social work student's understanding of the meaning of caring, interdisciplinary seminars were held. The mutual understanding between nursing students and students in social work, of several dimensions of caring, was developed through the interdisciplinary seminars (Chan, Mok, Po.ying & Man-chun, 2009).

Efforts to develop multi-discipline health education and new professional roles in mental health care have been described by Brown, Simsons and Zeeman (2008). A mental health practitioner programme was developed in the UK including studies in psychology, nursing and occupational therapy. The education prepared the healthcare practitioners for a trans-

disciplinary role, which was described as connected to nursing, but was experienced as different role than that of a nurse (Brown, Simons & Zeeman, 2008).

### **The training programme of Social Psychiatric Care**

Starting from the then current discussion concerning persons with severe mental illness in society, and investigations and recommendations (REF psykiatriutredningen; SOU 2006:100) of how to improve care and to meet these peoples' needs, a programme different from others was designed and developed. The three-year multidisciplinary programme of SPC consists of 180 HE credits, with a major in caring sciences, 90 HE credits; courses in social work, 45 HE credits; criminology, 15 HE credits. SPC leads to a Bachelor Degree in Caring Sciences. During the first year, the training is directed towards a basic knowledge of care and fundamental perspectives in social work. In the second year, the training is focused on care and social work in mental ill-health, and on basic criminology. The third year training includes care, social work and criminology aspects of complex psychiatric needs, and an independent project (degree project) for 15 HE credits within the main field of caring science. All the courses in SPC are directed towards the problematic and complex area of mental illness. The education adheres to the main profile of University West, which is Work Integrated Learning (WIL). In the education, the students prepared for participating in multi-disciplinary themes in the context of psychiatry and mental health. The education also prepares the students for working in several societal organizations, where persons with mental health problems are cared for voluntarily, or within compulsory or correctional care.

### **The emergence of new professions in response to societal changes**

Professions could be described in three categories; traditional professional, semi-professional and pre-professional. SPC may be considered as belonging to the category pre-professional (Olofsson & Peterson 2011). The traditional professions are characterized by having a

scientific basis, applying science and other forms of systematic knowledge for solving a task in the profession. In society, they have been recognized as legitimate practitioners of their knowledge, skills and tasks; professionals have common standards (ethics) of how to act to other professionals, clients and society. The professionals are organized in professional associations, which govern relationships between professionals, the entry into the profession, as well as relationships with the clients (Olofsson 2011). The second generation of semi-professional welfare workers are often educated through postsecondary school courses. These courses were previously organized by special institutes or seminars for such professions as nurses, teachers and social workers. Semiprofessionals are characterized as dependent on others or subordinate to other professions, they are administratively subordinate to other decision makers such as social workers in relation to government officials and politicians. The knowledge base of these professionals is primarily a case of applied knowledge; the scientific base of the profession is weak. There is a female predominance among the professionals. The concept pre-profession, describes a third generation of professionals and represents a large and heterogeneous group of new professions seeking professional status and have their own training programmes in college and university systems (Olofsson & Petersson 2011).

In relation to the concept of pre-professions, a range of programmes and new vocations emerge as an answer to societal changes that suggest new branches, new work functions as well as new sub-specializations of already existing professions and work functions. There is a development and expansion of educational sites, often related to new vocations, but the possibility for employment might go no further than the students' hopes of new careers. Against this background, it would be important to take an inside perspective with a point of

departure in students' early encounters with the labour market at the time of graduation from the Social Psychiatric Care Programme.

## **PURPOSE**

The purpose was to gain a deeper understanding of students' perceived trajectory through a new education into the labour market.

## **METHODS**

The present study is an interview study, with the first students to have graduated from the SPC education. The study is part of a five year Alumni follow up study with the overall purpose to explore challenges, reported by the students, educators and employers when this new group of professionals were in training and later arrived on the labour market.

### **Settings and procedures**

The present study took place at a university in the south of Sweden in spring 2013, in close connection to graduation. All 23 students were invited to participate in an interview study. 12 students accepted and were informed about the study and signed an informed consent.

### **Participants**

The participating students were females between 21-35 years old (average age 25). Three of these had no work experience, coming directly from secondary schools; two were starting a new career through this education after some years in other occupations. The rest had minor work experiences.

### **Data collection**

Data was collected through narrative interviews (Mishler, 1986) conducted by the first author. These were performed at the university, in a familiar environment for the students. The questions concerned the situation, motives, aims, and hopes involved in their educational choice. Questions were asked about their perception of the most valuable parts of the training, their development and professional knowledge. In addition, participants were asked questions concerning their encounters with the labour market and their expectation of the field of employment after graduation. The interviews lasted between 50 and 70 minutes (median 60). The interviews were recorded on a digital voice recorder and were transcribed verbatim.

### **Analytical framework**

The phenomenological life-world approach provides an integrated framework that enables the understanding of the individual development occurring reflexively in relation to the world (Bengtsson 1999). Professional development is guided by the knowledge we find stimulating in searching for meaning. This process influences who we become as professionals (Dall'Alba 2009). We understand ourselves in terms of possibilities; to use the words of Dall'Alba, we are continually in a process of becoming who we are, it is a process that is open-ended, never complete. Not only do we negotiate possibilities, we are already oriented towards what we are not yet. There could be several trajectories, along which we might develop in specific ways, in line with our own choices. While having a range of possibilities, it matters who we are and who we are becoming. This means, according to Dall'Alba, that we do not avail ourselves of every opportunity; rather we are likely to adopt those opportunities that are consistent with, or advance our sense of self, while resisting those that undermine our sense of who we are. The forming and shaping of our own present and future in this ambiguous world involves anticipation and anxiety; it all forms part of being in a developmental process. Ambiguity is inherent in our relation to our life-world and in some situations, we are open to extending, or challenging, our familiar ways of understanding ourselves, or our understanding of certain

aspects of the world. At the same time, we continue to be restrained by the possibilities available in the particular situations we inhabit, as well as by our past and by what we anticipate for the future. Development includes both continuity and transformation. There are different ambiguities such as continuity-change, possibilities-constraints; openness-resistance; individual-others. These are all polarities that exist in the professional situation (Dall'Alba 2009).

### **Analytical process**

Interviews were analysed according to a phenomenological life-world approach in order to identify central themes emerging from student-experiences. The analysis started with a naïve reading of the interview texts, as a whole, to get a qualified guess of the implicit meaning of the text. This guided the analysis in which the text was further interpreted into themes (van Manen 1990; Dahlberg, Dahlberg et al. 2008) in the light of the framework of Dall'Alba (2009)

### **Ethical considerations**

This study has been approved by the by the local ethics committee at University West (2013/444B22), and adhered to the guidelines of the Swedish Research Council (Vetenskapsrådet 2008).

## **RESULT**

### **Becoming professional**

In their process of becoming professional, the students found various parts of their training interesting and aligned themselves towards different sectors of the labour market. However,



they had a self-understanding that was independent of the professional field to which they were inclined.

As professionals, they contribute with an understanding of mental illness in different sectors, as well as a caring perspective independently of their professional preferences. Students with an interest in the correctional sector mentioned seeing the human being behind categorizations as the most important competence. It was like a mission important in every sector of the profession.

... for example, the identity is not a murderer, but behind such an action there is a reason, which I think is important to understand if your intention is to help /.../ violent situations, for example, could be prevented if the staff knew more about how to handle people who feel bad. A common attitude towards prisoners is that they do not feel bad mentally, but that they have themselves to blame for being there ( R:5).

The students had identified a lack of awareness in the correctional sector about mental distress and argued that much violence and bad behaviour would be prevented with a caring perspective and a more human attitude towards prisoners.

An important part of a professional identity is promoted by psychiatric knowledge, which contributes to having a different perspective of mental illness than other professions. Students reflected on professional contributions while working together with people of other professions.

I know that when I'm at working and discussing matters among social workers and social pedagogues, I am the only one who thinks about how the mental disorder manifests itself. Everyone else thinks about the family and

network, and there are very few who consider the diagnosis and how it is enacted (R:12).

Students described how they see themselves as representatives for a caring perspective with methods of treatment other than medicine in psychiatric care.

I can feel that I really want to use the knowledge I have about other treatment methods, and other supportive efforts that can be used as alternatives to medication.

I hope I will have the possibility to apply the new ideas that I have learned (R:8)

The training seemed to have fostered caring ideals and the importance of a caring perspective in treatment, with the intention to reduce suffering, violence or medication in different sectors. Students also understood their professional identity as being an expert in understanding mental illness; this seemed important in several sectors.

### **A high or low position**

When it comes to specifying their professional identity, a common ambiguity was expressed in the distinction between administrative or treatment elements in their future service. Their competence was described in terms of first and second person quality relations, which included skills in treatment as well as in structural issues conditioning client situations.

I experience that we have a competence of being both first and second persons for the client. I do not feel that I would have difficulty in being the first person with this client, to be the one to talk to and sit with him/her and such kind of things. There would be no difficulty in being the second person either. /.../ I think a second person is more a person who is in contact with authorities, acting as a coordinator, or an investigator, and not necessarily be the person that is in direct contact... (R:7)

The students expressed an uncertainty of the type of services they could apply for and what positions they could actually get on the labour market. Students expressed how they had been given double messages from the educators. The students described how they had repeatedly been studying the homepage that presents the education. They were under the impression that they would be able to work with correctional, forensic psychiatry and social psychiatry. But their expectations had changed during the education:

I understand now that social psychiatry encompasses housing supporting functions, so my expectations have changed. The picture I have now is that this was the idea all along; that we would be working within housing and accommodations. This was not the picture I had from the beginning. The impression then was that as academics we could work within administration, development, leadership, social work services (R:2).

The student also mentioned that the understanding of the profession in this aspect varied during training, depending on which courses they were studying. They called for the teachers and the institutions involved creating a common understanding of this. This dilemma of position was reflected in the discussion about titles and the level of payment. They gave examples of how salaries could vary depending on the level of the position.

It can be both positive and negative. The negative is that some of us in class will work within housing support with a salary of 17 000 kronor a month while social workers get between 23 000 and 24 000 kronor monthly when they are newly graduated/.../There, as I just said I am really pleased with my payment. But I suffer with my classmate who are paid 17 000 kronor. That's what employers do, they are pretty ugly, they turn this against us. They say, "you have no title, you are not a social worker, you are a person who has

the skills, academic skills, but we have no specific obligations to you. These are the tasks that we have for you and this is the salary (R2).

It seemed that the administrative jobs were higher valued, which was confirmed by the higher payment. Several students also mentioned that a combination of treatment and administration as investigators or treatment secretaries, and involvement in planning and investigation, makes work more balanced and could lead to better working hours.

### **Generalist or Specialist**

The students understood their profession in terms of generalist or specialist. All students talked with pride about this broad education providing an understanding in mental illness in relation to various sectors of nursing, social work and criminology. They described themselves as specialists in the respect of being expert on taking coordinative perspective.

I think our skills consist of the ability to see an issue or a person from three different perspectives. Firstly from a nursing perspective and then from the perspective of social work and criminology. These perspectives can almost always be applied when it comes to people with mental illness. It is a skill that not many possess / ... / we know how the different institutions operate, which means that when you are having a coordinative meeting and such like with these people, I think you can somehow ... understand the people you are cooperating with and we know who is doing what(R:9).

The students experienced that they knew a little of everything. They perceived the broadness as positive in that it was a good start to learn about and get experience from the different fields before deciding, more specifically, where they wanted to work. Some respondents argued that it was not necessary to have a title. Instead, they appreciated the openness, feeling that you become what you are employed for, and start to develop from that point.

The wideness of the programme and the professional field also result in their professional identity becoming elusive. The difficulty in formulating a professional identity was confirmed by the students' stories about how difficult it was to explain to outsiders and new employers who they were professionally and what they might contribute with.

...I think I've got a broad foundation when applying for work, but I also think it depends a lot on confidence and belief in oneself and one's own abilities. Sometimes you can feel, "What can I say? Because the education is so broad, it is difficult to pin down sometimes and there will be very many parts to remember, but I think depending on the area you are targeting you will then immerse yourself in it( R:8).

The organisers of the training had chosen not to give the profession a specific title. This was experienced by several students as a deficiency as it became difficult to launch oneself facing employers.

### **Change and tradition**

The students standing at the threshold of the labour market were hopeful and they perceive themselves as having a mission that they were eager to realize. They understood their potential in terms of the possibility of being a complement rather than being a competitor on the labour market.

Say for example we'd work on SIS in the Investigation. There, they had a social pedagogue and a social worker who are employed as investigators and there would also be a person from SPC. Then you have all the parts because psychiatry is important and that's the way I see that our profession can be a complement and not a competitor.

However, besides this optimism, students had met some sectors with excluding mechanisms that prevented them from being employed. An example was the field of health care. The students perceived this field to have its fixed hierarchy of assistant nurses, nurses, psychologists, social workers and doctors, where it was nearly impossible to be accepted

I met with the counsellor where I was and she was a bit like; Oh well, are you supposed to be able to work here?" She was probably a social worker or something like that. Then there will be some people feeling threatened by the emergence of a new profession. Actually I have more expertise in psychiatry than social workers and social pedagogues, in many cases, we may be more suitable to work in certain occupations. Otherwise, I have been well received, although it is impossible to be employed there permanently (R2).

In connection with this, students talked about the need for change of the regulatory framework for recruitment within the health care sector if their new profession was to be given space. When asked how they considered that the training had prepared them for the labour market, one student responded:

I think that the training has been great. The problem is the market and the employers. They do not want to hire us because we have no title, they do not really know... it is a trade union issue, what should they hire us as? The organizations have not woken up to us. If you receive 300 applications and CVs for a job vacancy, it is easier to take a social worker, if that is what you are looking for, rather than taking me (R:2).

Students in this study expressed worries concerning how this profession will be perceived in the competition with other more well-known professions. On the other hand, several students

mentioned how employers were curious and often appreciative, but that they encountered suspicion from other professional groups.

The students reflected on strategies for finding work on the market, a market that was described as open, asking for new competences and at the same time traditional, suspicious towards breaking traditions. A strategy of openness to possibilities of getting a chance of internship was considered by some students to be the most effective strategies for entering the labour market.

I think this is a good way to get in, like internships and that kind of thing.

I me being able to work for a longer period of time. You have to be very insistent at the employment office to get an internship and you can..

and then it is easier because you get both a reference and an opportunity to show what you can do. It is often easier than showing a sheet of paper, especially if you are not sure what that paper represents. Any employment, even if it is on an hourly basis is OK, just so you get references /... /and so

I think it is important not to lock oneself in a compartment (R:10).

This student promoted openness to what comes, not expecting permanent positions from the start. Among students in this study, internship during training was considered as an important way both to get the chance to prove oneself for later employment and to get a chance to try different sectors.

In contrast to this, there were more focused strategies. Students described how they were interested in criminology from start. After the first year at the training, a student started on an hourly basis in forensic psychiatric care as an attendant and after two years of training, was given the title “treatment assistant” which was a title new to the workplace to confirm her educational level. This position was followed by a negotiation that resulted in higher payment.

It started last summer when I returned to my summer service. Then I came back to my boss and said, 'I want to negotiate my wages because I think I have higher skills this year, I have also worked occasionally and have gained experience'. So there we were, my classmate and I, we negotiated and we got higher pay. This year, I said the same thing and that I have now finished my education! I did not have to say much before my boss had fixed it (R:6)

This student was actively choosing courses and internship in line with her interest already from start. Her plan also included following other educations towards a future career as a criminal investigator.

Some students talked about a strategy that can be called "being on hold" when they experienced that the greatest obstacle to getting the work was their young age. Half the interviewed group were under 25 and a number of occupations required the age of 25 e.g. in criminal correction. Therefore, those students were forced to stay in fields that they favoured less until they reached 25, when several possibilities open up.

## **Discussion**

The students' process of becoming professional is illuminated in their reflections about their achieved psychiatric and caring knowledge. They were able to identify a lack of such knowledge in different organizations, which apparently, from the students' perspectives, did not know about these deficiencies. This showed that the WIL, within SPC, was a possibility for recognizing one's own professional competence while translating theoretical knowledge into a multi-professional practice. Cooperation between educators and societal institutions seem fruitful in a process of becoming professional (Frenck et al. 2012). Although students experienced WIL as interesting, nobody talked about practice as an opportunity for the integration of scientific theory into practice, which would be beneficial in their process of



becoming professional. Rather, WIL was mentioned as an opportunity to orient themselves in their future labour market. However, students picked out some possibilities and not others within the available options. They contributed to shaping and actualizing their own development.

Students' expectations on their future professional role included thoughts on whether to work in a high or low position. Although students were satisfied with the education, some felt misled by the teachers of the programme concerning their role in future work. Further, a professional title, which SPC did not provide, would have made it easier to find a job in parity with their education and competence. However, the research of Thylefors (2012) has shown that status in e.g. a team in healthcare was not solely related to traditional professions or semi professional titles, instead it was connected to functional influence and to the ability of solving complex problems.

Alternating between perceiving oneself as generalist or specialist emerged as a dimension of a future professional role. Being able to use knowledge from several disciplines was considered as a strength. This competence was regarded as well needed in settings where persons with mental ill-health are cared for. The students' point of view regarding possessing both interdisciplinary and interprofessional knowledge and understanding is supported in earlier studies (Baldwin JR & Baldwin, 2007; Chehade, Bentley & Burgess, 2011). Students pointed out the circumstance that their three-perspectives-understanding of the ill person, as well as of professionals from different organizations of healthcare, was different from other professions and beneficial to the person with mental ill-health. Students could be said to pay a price when the programme generated a wide foundation of knowledge instead of deeper knowledge, which sometimes made the students "knowledge confused". This might hamper their possibilities of role identification and their process of becoming professional (*c.f.* Brown, Simons & Zeeman, 2008). However, a deeper knowledge in caring for persons with mental

ill-health, deeper than in most of the other professionals they met during WIL, filled them with confidence and was experienced as a main advantage when positioning themselves in job seeking situations.

In the theme 'change and tradition', students described that they met open as well as closed doors in terms of employment, and were met with both curiosity and suspiciousness concerning their competence. Some of the resistance from professionals in healthcare, social services and correctional care could be due to the competence profile of SPC. Even if the results show that students meet a labour market related to mental health care that is under transformation (Silverhielm & Kamis-Gould, 2000), some traditional structures seem to be cemented. Organizations within those structures do not yet appear to be ready for such a pre-professional competence profile. For instance, healthcare professionals in mental healthcare were pointed out as not acknowledging students' competence. However, Bisholt (2012) described in a study aimed to investigate the socialization of newly graduated nurses into the profession, that novice nurses were also strongly questioned by the staff concerning their professional skills. Being exposed to negative attitudes caused problems in being included in the staff group and the nurses felt left out for long periods. As nursing is a traditional profession, it raises questions of whether the reported experiences of the students in SPV is a phenomena that affects newly graduated professionals who are novices at work, rather than a phenomena related to the pre professions or a specific educational programme. On the other hand, it could be an expression of tradition in favour of change.

The limitations of this study were that only one graduating class participated. Moreover, male students were not available for this interview study, which could have contributed to the results. On the other hand, the participating students provided detailed interviews. This contributed to the understanding of being a student in a new multi-disciplinary programme, preparing oneself for a labour market related to mental health care. Throughout the whole

research process, the two authors scrutinized and discussed the study, in order to reach consistency and trustworthiness in all parts of the study (Leininger, 1994).

## **CONCLUSION**

A deeper understanding of students' perceived trajectories through a new education into the labour market, turned out to illuminate a situation where students find themselves in an existentially challenging position. The chosen education is experienced as important and meaningful, in that it corresponds to a lack of knowledge that they have identified and recognized. At the same time, the students' awareness has increased concerning the difficulties that are implicit in establishing themselves in an unknown profession. This was a worry that many of the students underestimated initially. Considering students' expectations of a future profession and employment, their trajectory could be described as a journey between hope and despair.

## **ACKNOWLEDEMENT**

We are grateful to the participants in this study and to Judith Crawford who revised the language. We are also grateful to the milieu of "Learning in and for the new work-life" at University West financially supported this study..

## **REFERENCES**

Anonson, J., Leischner, C., Manahan, C., Randal, J. & Wejr,R. (2008). Interdisciplinary collaborative approach to health education: A partnership addressing community health needs

and laying the groundwork for long term planning in health education. *Journal of Interprofessional Care*, 22(1), 107-109.

Baldwin JR, D. C. & Baldwin, M. A. (2007). Interdisciplinary education and health team training: A model for learning and service. *Journal of Interprofessional Care*, 21(S1), 52-69.

Bengtsson, J. (1999). *Med livsvärlden som grund: bidrag till en livsvärldsfenomenologisk ansats i pedagogisk forskning [Based on the lifeworld: Contribution to a life world phenomenological approach in pedagogical research]*. Lund Studentlitteratur.

Bisholt, B. K.M. (2012). The professional socialization of recently graduated nurses: Experiences of an introduction program. *Nurse Education Today*, 32(3), 278-282.

Brown, J., Simons, L. & Zeeman, L. (2008). New ways of working: How mental health practitioners perceive their training and role. *Journal of Psychiatric and Mental Health Nursing*, 15(10), 823-832.

Chan, E.A., Mok, E., Po.ying, A. H. & Man-chun, J. H. (2009). The use of interdisciplinary seminars for the development of caring dispositions in nursing and social work students. *Journal of Advanced Nursing*, 65(12), 2658-2667.

Cehade, M., Bentley, D. & Burgess, T. (2011). The AMSEC project: A model for collaborative interprofessional and interdisciplinary evidence-based competency education in health. *Journal of Interprofessional Care*, 25(3), 318-220.

Dahlberg, Dahlberg, & Nyström (2008). *Reflective Lifeworld Research*. Lund, Studentlitteratur.

Dall'Alba, G. (2009). *Learning to be Professionals*.(4) Maastricht: Springer.

Frenk, J., Chen, L., Bhutta, Z.A., Cohen, J., Crisp, N., Evans, T., et al. (2012). Health professionals for a new century: transforming education to strengthen health systems in an

interdependent world. The Lancet Commissions. [www.thelancet.com](http://www.thelancet.com) Published Online November 29, DOI:10.1016/S0140- 6736(10)61854-5

Johnson, R. (2003). Exploring students' views if interprofessional education. *International Journal of therapy and rehabilitation*, 10(7), 314-320.

Kristiansen, L., Hellzén, O & Asplund , K. (2010). Left alone - Swedish nurses' and mental health workers' expereinces of being care providers in a social psychiatric dwelling context in the post-health-carer-restructuing era. A focus-group interview study. *Scandinavian Journal of Caring Sciences*, 24(3), 427-435.

Leininger M (1994). Evaluation criteria and critique of qualitative research studies. In: J. Morse. *Critical Issues in Qualitative Research Method*. pp. 95-115. Sage Publications, Thousand Oaks.

Lindqvist, S., Duncan, A., Shepstone, L. Watts, & Pearce, S. (2005). Case-based learning in cross-professional groups: The development of a pre-registration interprofessional learning programme. *Journal of Interporfessional Care*, 19(5), 509-520.

Mishler, E. G. (1986). *Research Interviewing Context and Narrative*. London: Harvard University Press.

Olofsson, G. (2011). Högskoleutbildning, yrke och profession [University education, career and profession] In: G. Oloffson & O. Petersson. *Med sikte på profession. Akademiska yrkesutbildningar vid ett nytt universitet*. [Aiming for a profession. Academic education of professionals at a new university] Århus: Ariadne förlag.

Olofsson, G. & Petersson, O. (2011). *Med sikte på profession. Akademiska yrkesutbildningar vid ett nytt universitet*. [Aiming for a profession. Academic education of professionals at a new university] Århus:Ariadne förlag.

Silverhielm, H., & Kamis-Gould, E. (2000). The Swedish mental health system. Past, present and future. *International Journal of Law and Psychiatry*, 23(3-4), 293-307.

SOU 2006:100. Ambition och ansvar. Nationell strategi för utveckling av samhällets insatser till personer med psykiska sjukdomar och funktionshinder. Slutbetänkande av Nationell psykiatrisamordning. [Ambition and Responsibility. National strategy for developing measures taken concerning persons with psychiatric illnesses and functional disabilities. Final report from the Commission for Psychiatric Coordination]. Stockholm: Statens offentliga utredningar.

Thylefors, I. (2012). All professionals are equal but some professionals are more equal than others? Dominance, status and efficiency in Swedish interprofessional teams. *Scandinavian Journal of Caring Sciences*, 26(3), 505-512.

SOU 1992:73. Välfärd och valfrihet. Service, stöd och vård för psykiskt störda. Slutbetänkande från psykiatriutredningen. Stockholm: Allmänna förlaget.

Tunstall-Pedoe, S., Rink E., & Hilton, S. (2003). Student attitudes to undergraduate interprofessional education. *Journal of Interprofessional Care*, 17(2), 161-172.

van Manen, M. (1990). *Researching Lived Experience Human Science for an Action Sensitive Pedagogy*. Ontario: State University of New York Press.

Vetenskapsrådet (2008). Forskningsetiska regler inom humanistisk-samhällsvetenskaplig forskning, Vetenskapsrådet: 18. [*CODEX guidelines, ethics codes and laws that regulate and place ethical demands on the research process. The Swedish Research Council*]

Zeeman, L. & Simons, L. (2011). An analysis of discourses shaping mental health practitioners. *Journal of Mental Health Nursing*, 18(8), 712-720.