ASIA PACIFIC JOURNAL OF EDUCATION AND SOCIETY

Asia Pacific Journal of Education and Society, 2026, 14(1), Article 9
eISSN: 3177-7743

lectito

Review paper

Interprofessional Education Through the Lens of Theory of Planned Behaviour Model

Tirtha Goradia *

Curtin University, AUSTRALIA

***Corresponding Author:** tirtha.goradia@curtin.edu.au

Citation: Goradia, T. (2026). Interprofessional education through the lens of theory of planned behaviour model. *Asia Pacific Journal of Education and Society, 14*(1), Article 9. https://doi.org/10.20897/apjes/18511

Published: May 4, 2026

ABSTRACT

The requirement for advancing health, equity and wellbeing across disciplines necessitates producing health science graduates who are equipped with broader skills to work across various health professions. From this, stems the need for interprofessional education (IPE). This education occurs in a social, organisational and cultural context with globalisation necessitating proficient language skills and efficient caring relationships between patients and health professionals. Accordingly, educators advocate for evidence-based teaching practices (EBTPs) that would equip students with the necessary skills to establish collaborative practice across disciplines thereby enhancing IPE. However, implementation of IPE can be quite challenging. The aim of this article was to explore the challenges in the implementation of IPE and further provide insights for development of successful IPE initiatives. The review discusses personal, social, and academic factors that influence implementation of IPE in an educational setting. This review on IPE is connected to behavioural theory that is relevant and a priority in healthcare settings. In particular, this review draws upon the Theory of Planned Behaviour Model, Self-Determination Theory, and the Theory of constructivism while explaining behavioural sciences. The findings of this review have the potential to leverage supportive measures needed to promote the implementation of IPE in educational institutions.

Keywords: interprofessional education, interprofessional collaboration, evidence-based teaching practices, instructional practices

Interprofessional education (IPE) is critical to solving local and global health issues. Central to the concept of IPE is the development of collaborative practice across various health professions. As identified in the World Health Organization (WHO) Framework, "Interprofessional education occurs when two or more professionals learn about, from and with each other to enable effective collaboration and improve health outcomes" (World Health Organization, 2010). The core competencies for IPE are summarised as: roles and responsibilities; ethical practice; conflict resolution; communication; and collaboration and teamwork (van Diggele et al., 2020). Many educational institutions have therefore paid heed to the need for IPE and thereby implemented IPE initiatives (Bowman et al., 2023; Rossler et al., 2024). The benefits of IPE are widely reported in the literature. For example, Kwon et al. (2024) report improvement in collaboration, problem-solving, socialisation, and interprofessional attitudes. Chau et al. (2020) note collaborative practice related to IPE has the potential to improve the quality of life of patients by improving patient-centered coordinated care and collaborative decision making in care planning. Despite the benefits noted in the literature, implementation of IPE has been challenging (Bogossian & Craven, 2021; Rossler et al., 2024). A number of personal and contextual factors have been reported as barriers to

implementation of IPE in literature. Consequently, the aim of this study was to identify the challenges towards implementation of IPE.

Recent work by Goradia (2024) investigated factors that influence instructors in the implementation of evidence-based teaching practices (EBTPs). EBTPs are practices that promote active learning and collaborative skills in learners. The findings revealed that changing academic landscape in higher education, professional identities, self-efficacy, pedagogical knowledge, and peer support were factors that influenced instructors in implementing EBTPs. Similar findings have been reported in recent literature (Almusharraf & Almusharraf, 2021; Bharti, 2025; Collier, 2023; Halpern et al., 2025; Köşger & Görgülü, 2025; Mapulanga & Jita, 2026; Natsi & Vitsou, 2025; Sarkar, 2025; Schefers, 2026; Webb, 2026). As interprofessional collaboration is an essential outcome of EBTPs in healthcare education, current review extends on the previous work to identify factors that influence instructors and institutions from implementing IPE.

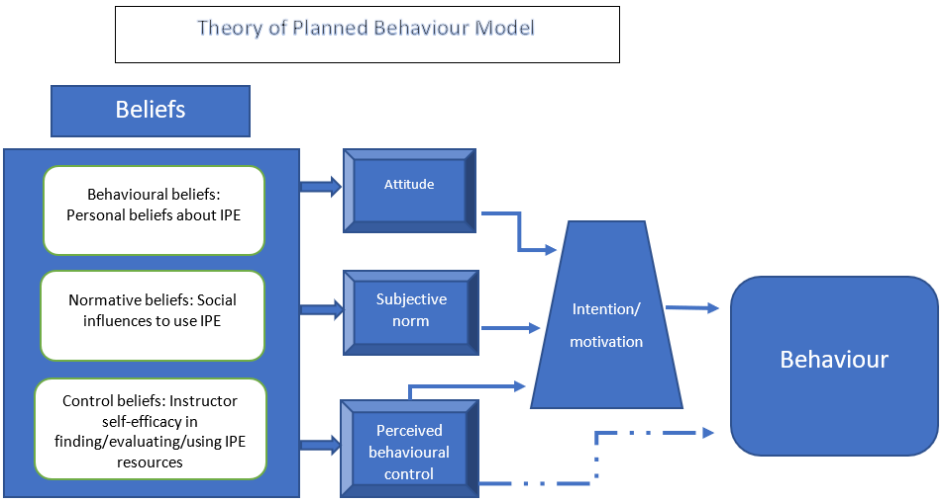
Theoretical framework

The theoretical framework that guided this review was Ajzen's Theory of Planned Behaviour (TPB) (Ajzen, 1991, 2011) and provided a rationale for behavioural change in an educational context. The model highlights various factors that play a role in the determination of one's behaviour. The TPB model was based on the assumption that any behavioural change reflects an interplay between a multitude of factors specific to the occasion, situation, and action under observation (Ajzen, 1991), in this case the implementation of IPE.

The TPB explains how personal attitudes, subjective norms, and perceived behavioural control or self-efficacy influence an individual's decision to engage in certain behaviours (Ajzen, 1991). See Figure 1. Central to this theory lies the construct of an individual's intention to engage in that behaviour and is driven by the individual's motivation to perform the behaviour. According to Ajzen (1991), personal attitudes refer to "the degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question"; subjective norms refer to "the perceived social pressure to perform or not to perform the behaviour" and perceived behavioural control refers to "people's perception of the ease or difficulty of performing the behaviour of interest" (ibid., p. 183). The notion of perceived behavioural control resonates with Bandura's concept of self-efficacy (Bandura, 1977) and indicates that an individual's behaviour can be strongly influenced by their confidence in their capabilities to perform. These three important constructs determine the intention or the motivation to perform a particular behaviour thereby predicting the behavioural intention with greater accuracy based on the correlation scores (Ajzen, 1991). Within an academic context, institutions providing IPE have the responsibility of incorporating IPE appropriately into the curriculum.

Figure 1

Theory of planned behavioural model



Note. Adapted from "The theory of planned behavior," by I. Ajzen, 1991, Organizational Behavior and Human Decision Processes, 50(2), p. 182. (https://doi.org/10.1016/0749-5978(91)90020-T). Copyright 1991 by Academic Press. Inc.

LITERATURE REVIEW

Informed by the above theoretical framework, the following research question guided this review: What are the personal, social, and academic factors that shape implementation of IPE?

Studies were identified using several databases such as ERIC, CINAHL PLUS, A+ Education, Informit, JSTOR, PubMed, ScienceDirect, Sage journals, and Google Scholar that focus on IPE. The following keywords were used in conducting the search: interprofessional education and interprofessional collaborative practice. Publications that were not written in English were excluded. Empirical evidence was drawn from papers that were published from 2020 onwards.

Academic

Findings from a recent scoping review by Bogossian and Craven (2021) revealed challenges within an academic context such as administrative processes, educational systems and policies, lack of learning, financial and staffing resources, large student numbers, variability in learning needs of students. Similar findings were evident in past research works. For example, limited teaching and learning resources (Lapkin et al., 2012), faculty availability and teaching loads, room size, ratio of teachers to students in different health professions, power and leadership of institution (Herath et al., 2017), inadequate curriculum space, and inadequate funding (Lapkin et al., 2012) were constraints to successful implementation of IPE. Execution of IPE involves designing and implementation of initiatives and lectures which requires personnel, time and financial resources contributing to further challenges (Homeyer et al., 2018).

Personal

At a personal level, factors such as lack of knowledge about different healthcare professionals' scope of practice, lack of training in interprofessional collaboration, professional culture, stereotypes, and liability issues (Chau et al., 2020), professional and cultural beliefs and attitudes among health professionals (Bogossian & Craven, 2021) hindered building trust and interprofessional relations.

Social

At a social level, lack of communication and social skills, lack of peer support, and interprofessional hierarchies were identified as barriers to IPE collaboration among healthcare professionals (Chau et al., 2020; van Diggele et al., 2020).

Thus, extending the TPB model to this review, instructors who espoused professional and cultural beliefs, who perceived social support as drivers to implement IPE, and who believed in their own abilities, would likely engage in the implementation of IPE.

Strategies for successful implementation of IPE

Academic

Empirical findings provide strong associations between professional identities and interprofessional collaboration (He et al., 2024; Reinders & Krijnen, 2023). IPE course developers should therefore provide ample opportunities for students to interact with other professionals with the aim of understanding different roles and responsibilities. For example, Garwood et al. (2022) developed an IPE program including case-based problem solving that focused on pain management. The program supported development of students' knowledge regarding pain management, as well as the IPE core competencies, including roles and responsibilities, collaboration, communication, patient-centered care, and conflict management. Similarly, Rossler et al. (2024) provides a practical application of simulation-based IPE program that offers an avenue to facilitate communication, collaboration, and teamwork while establishing mutual goals across multiple health professions and identifying roles of different healthcare professionals. Such opportunities are known to allow for interprofessional socialisation, thereby, breaking down any existing unprofessional biases about other health care professions and increasing knowledge of others' roles and responsibilities (Tartavoulle et al., 2016). Various ideas from literature provide pedagogical support on enhancing core competencies of IPE. Role-modelling (van Diggele et al., 2020), high-fidelity simulations (Rossler et al., 2024), and active learning strategies such as group discussions and case-based learning (Goradia et al., 2023) have been effectively used. Further, scholars argue facilitation of IPE in clinical settings is more effective than in classroom settings (van Diggele et al., 2020; Wijnen-Meijer, 2024).

Personal

Considering how personal factors play a role in IPE implementation, educators should focus on improving student attitudes, beliefs, motivation, and engagement in regard to IPE. However, improving attitudes towards other health professions can be challenging (Lee et al., 2014). Wijnen-Meijer (2024) note that even a one-time

intervention on IPE has the potential for improving the perception of self-efficacy. For instance, Jung et al. (2020), developed an IPE program to support learners' perceptions and self-efficacy towards IPE using a role-play to solve a medication-based error conflict among health professions. Their findings showed that the intervention group scored higher scores on these scales in comparison to the control group. IPE initiatives when well-designed are able to boost confidence. Similarly, Ganotice Jr et al. (2024) investigated the role of peer relatedness(belonging) in enhancing students' motivation and engagement in IPE. Their findings revealed that intrinsic motivation mediated through peer relatedness significantly increased engagement. According to the self-determination theory (Ryan & Deci, 2017), relatedness refers to feelings of belonging and is one of the basic psychological needs, which when fulfilled, learners feel interested and motivated to engage in certain behaviours. As it stands, central to the TPB model lies the construct of an individual's intention to engage in particular behaviours and is driven by the individual's motivation to perform the behaviour.

Social

A supportive and inclusive learning environment will allow learners to participate and engage in IPE activities (van Diggele et al., 2020). Advocates of IPE recommend role modelling, small group teaching and peer teaching for IPE facilitation (Herinek et al., 2022; van Diggele et al., 2022; van Diggele et al., 2020). Such formats allow for socialisation, where learners have the opportunity to share their experiences and disciplinary knowledge with each other. Small group activities promote interprofessional engagement and understanding of the various roles of health professionals (Burgess et al., 2019). Close interaction with group members allows for shared decision making and a shared sense of identity (Burgess et al., 2019; van Diggele et al., 2020). What emerges from such collaborative practices, is the development of a Community of Practice (CoP). Wenger et al. (2002) defined CoP as "groups of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise in this area by interacting on an ongoing basis" (p. 4). These practices also align with the theory of constructivism, according to which, learners construct new knowledge through collaboration with other members and are shaped by the members' own prior experiences (Keaton & Bodie, 2011). Thus, integrating this theory with the TPB model, constructivism is seen to influence subjective norms. This implies that institutions must engage in IPE activities that bring together various interdisciplinary members to foster a cultural environment conducive to development of IPE.

CONCLUSION

Interprofessional education would require implementation of evidence-based teaching practices that promote collaboration and communication skills. This article summarised the key challenges in implementation of IPE from the TPB model perspective to identify factors within academic, personal and social domains. The insights provide theoretical perspectives to provide key areas of support for successful implementation of IPE initiatives: Academic support ensuring IPE fits appropriately within the curriculum guided by policies and procedures, resources, and IPE leadership; Personal support to develop professional and cultural beliefs and attitudes among health professions, pedagogical training, and role modelling by mentors; Social support established by supportive and inclusive learning environment and CoP. Most importantly, IPE initiatives should be developed with the objective of enhancing core competencies of IPE. Authentic IPE initiatives have the potential for solving local and global health issues. Future research is recommended for evaluation of long-term impacts of IPE initiatives.

Acknowledgement

The author would like to express sincere appreciation to the editorial team and reviewers for their support towards this publication.

Funding

No funding was received to assist with the preparation of this manuscript.

Ethical statement

This study utilised publicly available published literature from the Scopus database and did not involve human participants, primary data collection, or experimental interventions. Therefore, formal ethical approval from an institutional review board was not required.

Competing interests

The author declares no competing interests.

Author contributions

As a single-author study, the author was responsible for all aspects of the research and manuscript preparation.

Data availability

The data supporting the findings of this study were retrieved from the Scopus database.

AI disclosure

No AI-assisted tools were used for this study. All substantive research contents represent the original work of the author. The author assumes complete responsibility for the accuracy, integrity, and final content of this manuscript.

Biographical sketch

Dr. Tirtha Goradia, ORCID ID 0000-0002-8739-5265, is an academic at Curtin School of Allied Health and Curtin School of Diagnostic and Therapeutic Sciences, Curtin University, Australia, holds a Ph.D. in biomedical sciences. Her expertise lies in STEM education, pedagogies and technologies. Her key research interests include self-regulated learning, approaches related to teaching and learning, student engagement, and educational technologies alongside application of artificial intelligence in education.

Disclaimer/Publisher's Note

REFERENCES

Ajzen, I. (1991). The theory of planned behavior. *Organizational behavior and human decision processes*, *50*(2), 179-211. https://doi.org/10.1016/0749-5978(91)90020-T

Ajzen, I. (2011). The theory of planned behaviour: Reactions and reflections. *Psychology & Health*, *26*(9), 1113-1127. https://doi.org/10.1080/08870446.2011.613995

Almusharraf, N., & Almusharraf, A. (2021). Postsecondary instructors' reflective teaching practices pertaining to gender differences and teaching experience. *Journal of Ethnic and Cultural Studies, 8*(3), 1–16. https://doi.org/10.29333/ejecs/788

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, *84*(2), 191-215. https://doi.org/10.1037/0033-295X.84.2.191

Bharti, M. (2025). Engendering education and organisation: The women's reform movement in India. *Feminist Encounters: A Journal of Critical Studies in Culture and Politics, 9*(2), 30. https://doi.org/10.20897/femenc/16788

Bogossian, F., & Craven, D. (2021). A review of the requirements for interprofessional education and interprofessional collaboration in accreditation and practice standards for health professionals in Australia. *Journal of Interprofessional Care*, *35*(5), 691-700. https://doi.org/10.1080/13561820.2020.1808601

Bowman, C., Paal, P., Brandstötter, C., & Cordina, M. (2023). Evidence of successful interprofessional education programs—models, barriers, facilitators and success: A systematic review of European studies. *Journal of Health Organization and Management*, *37*(8), 526-541. https://doi.org/10.1108/JHOM-04-2022-0115

Burgess, A., van Diggele, C., & Mellis, C. (2019). Faculty development for junior health professionals. *The Clinical Teacher*, *16*(3), 189-196. https://doi.org/10.1111/tct.12795

Chau, J. P. C., Lo, S. H. S., Lee, V. W. Y., Yiu, W. M., Chiang, H. C. Y., Thompson, D. R., & Lau, A. Y. L. (2020). Fostering gerontology students' competence in interprofessional collaborative practice. *BMC Medical Education*, *20*(1), 388-388. https://doi.org/10.1186/s12909-020-02273-4

Collier, K. M. (2023). Surviving COVID isolation: A phenomenological study exploring high school teachers' lived experiences in a rural setting. *American Journal of Qualitative Research, 7*(2), 19–40. https://doi.org/10.29333/ajqr/12974

Ganotice Jr, F. A., Mendoza, N. B., Dizon, J. I. W. T., Shen, X., Lee, J. C.-Y., Chan, E., Luk, P., Manio, M. M., He, Q., Khoo, U. S., Lam, M. P. S., Chan, S. C. S., Chow, A. Y. M., Wang, N., & Tipoe, G. L. (2024). Students'

motivation and engagement in interprofessional education: The mediating role of peer relatedness. *Medical Education Online*, *29*(1), 2430593. https://doi.org/10.1080/10872981.2024.2430593

Garwood, C. L., Banfill, K., Maher, S., McQueen, J., Moser, L. R., Moul, A., & Walczyk, M. (2022). A multimodal interprofessional education program including case-based problem solving focused on pain management increases student's knowledge and interprofessional skills. *Journal of Interprofessional Care*, *36*(6), 864-872. https://doi.org/10.1080/13561820.2022.2038102

Goradia, T. (2024). *Exploration of factors which promote and inhibit the introduction of evidence-based teaching practices in biomedical sciences* [Doctoral dissertation, Curtin University]. epace. http://hdl.handle.net/20.500.11937/98285

Goradia, T., Blackley, S., Southam, D. C., & Lareu, R. R. (2023). The effectiveness of evidence-based teaching practices in biomedical sciences on students' learning experience : A systematic literature review. *International Journal of Innovation in Science and Mathematics Education*, *31*(1), 55-66. https://doi.org/10.30722/IJISME.31.01.005

Halpern, B., Aydin, H., & Halpern, C. (2025). Seeing multilingual learners through media and AI: Pre-service teachers' perceptions in an ESOL course. *Journal of Interdisciplinary Research in Artificial Intelligence and Society, 1*(1), 4. https://doi.org/10.20897/jirais/17647

He, Q., Dizon, J. I. W. T., Ganotice, F. A., Zheng, B., Yeung, P. P. N., Shen, X., Ho, L. Y. W., Wong, A. K. C., Cheng, F. W. T., Chan, K. M. K., Chan, L., Chan, S. S. C., Chow, A. Y. M., Chu, J. K. P., Chua, D. M., Dung, E. C.-H., Lee, W.-N., Leung, F. C. Y., Wang, Q., . . . Tipoe, G. L. (2024). Unveiling the impact of interprofessional education on shaping students' interprofessional identity and collaboration perception: A mixed-method study. *BMC Medical Education*, *24*(1), 855-814. https://doi.org/10.1186/s12909-024-05833-0

Herath, C., Zhou, Y., Gan, Y., Nakandawire, N., Gong, Y., & Lu, Z. (2017). A comparative study of interprofessional education in global health care: A systematic review. *Medicine (Baltimore)*, *96*(38), e7336-e7336. https://doi.org/10.1097/MD.0000000000007336

Herinek, D., Woodward-Kron, R., Huber, M., Helmer, S. M., Körner, M., & Ewers, M. (2022). Interprofessional peer-assisted learning and tutor training practices in health professions education–A snapshot of Germany. *PloS One*, *17*(12), e0278872. https://doi.org/10.1371/journal.pone.0278872

Homeyer, S., Hoffmann, W., Hingst, P., Oppermann, R. F., & Dreier-Wolfgramm, A. (2018). Effects of interprofessional education for medical and nursing students: Enablers, barriers and expectations for optimizing future interprofessional collaboration – a qualitative study. *BMC Nursing*, *17*(1), 13-10. https://doi.org/10.1186/s12912-018-0279-x

Jung, H., Park, K. H., Min, Y. H., & Ji, E. (2020). The effectiveness of interprofessional education programs for medical, nursing, and pharmacy students. *Korean Journal of Medical Education*, *32*(2), 131-142. https://doi.org/10.3946/kjme.2020.161

Keaton, S. A., & Bodie, G. D. (2011). Explaining social constructivism. *Communication Teacher*, *25*(4), 192-196. https://doi.org/10.1080/17404622.2011.601725

Köşger, N., & Görgülü, A. (2025). Pre-service science teachers' views on philosophical and scientific books in the Nature of Science course. *ISophos: International Journal of Information, Technology and Philosophy, 8*(15), 31–62.

Kwon, Y. G., Namgung, M., Park, S. H., Kim, M. K., Myung, S. J., Eo, E. K., & Kim, C. W. (2024). Impact of a game-based interprofessional education program on medical students' perceptions: A text network analysis using essays. *BMC Medical Education*, *24*(1), 898-811. https://doi.org/10.1186/s12909-024-05893-2

Lapkin, S., Levett-Jones, T., & Gilligan, C. (2012). A cross-sectional survey examining the extent to which interprofessional education is used to teach nursing, pharmacy and medical students in Australian and New Zealand Universities. *Journal of Interprofessional Care*, *26*(5), 390-396. https://doi.org/10.3109/13561820.2012.690009

Lee, Y. H., Ahn, D., Moon, J., & Han, K. (2014). Perception of interprofessional conflicts and interprofessional education by doctors and nurses. *Korean Journal of Medical Education*, *26*(4), 257-264. https://doi.org/10.3946/kjme.2014.26.4.257

Mapulanga, T., & Jita, L. C. (2026). In-service secondary school teachers' self-reported pedagogical knowledge in science and mathematics instruction. *European Journal of STEM Education, 11*(1), Article 10. https://doi.org/10.20897/ejsteme/18036

Natsi, I., & Vitsou, M. (2025). Belonging and identity negotiation among Japanese-background learners in Greek schools. *European Journal of Education & Language Review, 1*(1), 5. https://doi.org/10.20897/ejelr/17642

Reinders, J. J., & Krijnen, W. (2023). Interprofessional identity and motivation towards interprofessional collaboration. *Medical Education*, *57*(11), 1068-1078. https://doi.org/10.1111/medu.15096

Rossler, K., Turkelson, C., & Taylor, J. (2024). Breaking barriers with simulation-enhanced interprofessional education: Transforming interprofessional education through simulation. *The Nursing clinics of North America*, *59*(3), 449-462. https://doi.org/10.1016/j.cnur.2024.01.007

Ryan, R. M., & Deci, E. L. (2017). *Self-determination theory: Basic psychological needs in motivation, development, and wellness*. Guilford Publications. https://ebookcentral.proquest.com/lib/curtin/detail.action?docID=4773318

Sarkar, R. (2025). Global agendas and education reforms: A comparative study. *Asia Pacific Journal of Education and Society, 13*(2), 2. https://doi.org/10.20897/apjes/17469

Schefers, S. E. (2026). Exploring intersectionality in identity research in multicultural education: Reflecting on the past to forge a more equitable future. *Asia Pacific Journal of Education and Society*, *14*(1), 3. https://doi.org/10.20897/apjes/17906

Tartavoulle, T. M. D. N. S. A. C. N. S. B. C., English, R. M. D., Gunaldo, T. P. P. P. T. D. P. T. M. H. S., Garbee, D. P. A. A.-B. C., Mercante, D. E. P., Andrieu, S. C. P., & Johnson, J. L. P. (2016). Using the IDEA framework in an interprofessional didactic elective course to facilitate positive changes in the roles and responsibility competency. *Journal of Interprofessional Education & Practice*, *2*, 21-24. https://doi.org/10.1016/j.xjep.2016.03.003

van Diggele, C., Lane, S., & Roberts, C. (2022). Student interprofessional facilitator training (SIFT) program: Building capacity in clinical education leadership. *BMC Medical Education*, *22*(1), 1-11. https://doi.org/10.1186/s12909-022-03725-9

van Diggele, C., Roberts, C., Burgess, A., & Mellis, C. (2020). Interprofessional education: Tips for design and implementation. *BMC Medical Education*, *20*(S2), 455-456. https://doi.org/10.1186/s12909-020-02286-z

Webb, R. (2026). Post pandemic English language teacher development: A global perspective. *European Journal of Education & Language Review*, *2*(1), 1. https://doi.org/10.20897/ejelr/17719

Wenger, E., McDermott, R., & Snyder, W. M. (2002). *Cultivating communities of practice: A guide to managing knowledge*. Harvard Business School Press.

Wijnen-Meijer, M. (2024). Interprofessional education in medicine. *GMS Journal for Medical Education*, *41*(2), Doc23. https://doi.org/10.3205/zma001678

World Health Organization. (2010). *Framework for action on interprofessional education & collaborative practice*. Geneva: World Health Organization; 2010. http://apps.who.int/iris/handle/10665/70185

