

**ORIGINAL RESEARCH ARTICLE****ATTITUDE TOWARDS COLLABORATIVE CARE AMONG NURSES AND PHYSICIANS AT A TEACHING HOSPITAL, CHITWAN**Alisha Karki¹, Sara Thapa^{1*}, Bedantakala Thulung¹¹School of Nursing, Chitwan Medical College, Nepal**Correspondence to: Ms. Sara Thapa, School of Nursing, Chitwan Medical College, Affiliated to Tribhuvan University, Nepal.**Email: sarathapamagar@gmail.com***ABSTRACT**

Interprofessional collaboration is recognized as a means of improving patient outcomes and the cost effectiveness of care in a variety of settings from primary health care to acute care to rehabilitation. Hence, health professionals must be able to work collaboratively in interprofessional teams or groups in order to ensure consistent, continuous, and reliable care. This study was conducted to identify attitude towards collaborative care among nurses and physicians. A descriptive cross sectional study design was adopted and a total 131 respondents were selected from different units of Chitwan Medical College Teaching Hospital by using probability stratified proportionate random sampling technique. A standardized tool (Jefferson Scale of attitude towards collaborative care among Nurses and Physician) was used to collect the data. Descriptive and inferential statistics was used to analyze data. Nearly half of the physicians (47.7%) and one quarter of the nurses (25.3%) had good attitude towards collaborative care. There is significant association between the level of attitude of physician and professional qualification ($p=0.016$) and designation of physicians ($p=0.013$). The hospital administration needs to focus establishing environment for health professionals' to develop positive attitude toward collaborative care.

Key words: Attitude towards collaborative care, Nurses, Physician**INTRODUCTION**

Working in hospital is stressful environment can lead to frustration and it can take a toll on the staff. Without good working relationship, doctors and nurses become a fractured team. In order to avoid a fractured team, doctors and nurses need to work together despite the complexities and chaos of a hospital, and they need to embrace each other's profession and to engage each other, not diminish or degrade one's capabilities.¹ Interprofessional collaboration defined as "multiple health workers from different professional backgrounds, provide comprehensive services by working with patients, their families, caregivers, and community to deliver the highest quality of care across settings".² Positive nurse-physician collaborations are essential to good patient care outcomes, such as decreased health care costs, length of stay, and hospital-acquired infections. By contrast, ineffective nurse-physician collaborations have been linked to poor patient care outcomes. The health care professionals improve quality of care through increased trust, respectful

communication, and good working relationships. Positive nurse-physician collaborations can serve as an antidote for workplace incivility.³ One hundred sixty nine participants were agreed that physicians collaborate very well with the nursing staff. More than a half of the respondents (56%) perceived that physicians have not complete picture of the activities of a nurse, and 57.7% respondents perceived physicians underestimate too much the nursing staff.⁴ In United States, only 33% of nurses and 73% of physicians rated the quality of collaboration and communication as high or very high. Physicians and nurses perceive their teamwork climate differently.⁵ Nurses cannot exercise their autonomy while working with physicians and some of the physicians exercise the dominant role towards the nurses. This creates the gap between the two independent profession which should work by collaborating with each other to increase the quality of care (Ahmed, 2010). These two professions have got the vast difference but both are required to achieve the

same goal. In fact one cannot successfully function without the other. There seems to be discordance between doctors and nurses with respect to their roles and responsibilities.

METHODS

Descriptive, cross sectional study was used to find out the attitude of nurses and physician towards collaborative care among doctors and nurses working in various departments and wards of Chitwan Medical College Teaching Hospital. Probability stratified proportionate sampling technique was used to select 87 nurses and 44 physician. Self administered questionnaire was used for the socio-demographic and work related variables and a standardized tool (The Jefferson Scale of Attitudes towards Physician-Nurse Collaboration) was used to collect data to

assess attitude towards collaborative care. It consists of four domains consisting of 15 statements. The domains were shared education and teamwork (7 statements); caring as opposed to curing (3 statements); nurse's autonomy (3 statements) and physician's dominance (2 statements). Each response was measured on 4-point Likert scale i.e. strongly disagree; disagree; agree and strongly agree. Level of attitude was classified into two categories as those who scored below 50 were categorized as having poor attitude while those who scored 50 and above were grouped as having good attitude. Informed verbal consent was taken from each respondent. Confidentiality and anonymity was assured and maintained. All collected data were analyzed and interpreted in descriptive and inferential statistics.

RESULTS

Table 1: Socio-demographic Characteristics of Respondents

Variables	Physicians (N=44) (%)	Nurses (N=87) (%)
Age group		
Young	-	15(17.2)
Adult	42(95.5)	72(82.8)
Old	2(4.5)	-
Sex		
Male	27(61.4)	
Female	17(38.6)	87(100)
Ethnicity		
Brahmin	17(38.6)	34(39.1)
Chhetri	10(22.7)	21(24.1)
Janjati	12(27.3)	15(17.2)
Dalit	1(2.3)	13(14.9)
Others	4(9.1)	4(4.6)
Religion		
Hindu	38(86.4)	80(92)
Buddhist	3(6.8)	4(4.6)
Christian	1(2.3)	2(2.6)
Muslim	2(4.5)	1(1.1)
Marital Status		
Married	18(40.9)	24(27.6)
Unmarried	26(59.1)	63(72.4)

Table 1 revealed that the mean age \pm SD of nurses was 22.98 ± 3.118 , minimum age was 20 and maximum age was 35. The mean age \pm SD of the physician were 32.84 ± 9.226 years, minimum age was 25 and maximum age was 68. All the nurses (100%) were female and among physicians 61.4%

were male. Regarding ethnicity of nurses, 39.1% of nurses and 38.6% of physicians were Brahman. Concerning religion of nurses, 92% of nurses and 86.4% of physicians were Hindu. About 40.9% of Physicians and 27.6 % nurses were married.

Table 2: Profession Related Information of Physicians

Variables	Frequency	Percentage
Professional qualification		
MBBS	19	43.2
Postgraduate	4	9.1
MD/MS	21	47.7
Designation		
Medical Officer	19	43.2
Residents	2	4.5
Lecturer	10	22.7
Assistant Professor	10	22.7
Professor	3	6.8
Total Work Experience		
<1 Year	6	13.6
1-5 Year	29	65.9
5-10 Year	6	13.6
>10 Year	3	6.8
Working Unit		
Medicine	10	22.7
Pediatric	5	11.4
Surgical	5	11.4
Orthopedic	5	11.4
Gynae/Obs	4	9.1
Operation Theatre	-	-
Psychiatry	2	4.5
E-ENT	4	9.1
Emergency	7	15.9
Skin	2	4.5

Table 2 shows that among 44 physicians, 52.3% had completed MBBS and 43.2% worked as a medical officer, 65.9% of physicians had 1-5 years of work experiences, and 22.7% worked in medicine unit.

Table 3: Profession Related Information of Nurses

Variables	Frequency	Percentage
Professional qualification		
P.C.L. Nursing	69	52.7
Bachelor in Nursing Science(BNS)	9	6.9
Bachelor of Science in Nursing (B.Sc. N)	9	6.9
Designation		
Staff Nurse	78	59.5
Senior Staff Nurse	9	6.9

Total Work Experience		
<1 Year	25	28.7
1-5 Year	58	66.7
5-10 Year	4	4.6
>10 Year	-	-
Working Unit		
Medicine	24	27.6
Pediatric	11	12.6
Surgical	24	27.6
Orthopedic	3	3.4
Gynae/Obs	6	6.9
Operation Theatre	5	5.7
Psychiatry	3	3.4
E-ENT	2	2.3
Emergency	9	10.3
Skin	-	-

Table 3 shows that among 87 nurses, 79.4% of nurses had completed PCL Nursing, 89.7% of nurses were working as a staff nurse, 66.7% of nurses had 1-5 years of work experiences, and 27.6% of nurses were working in medicine unit.

Table 4: Nurses' Level of Attitude towards Collaborative Care

Level of Attitude	Frequency	Percentage
Good (≥ 50)	22	25.3
Poor (< 50)	65	74.7
Total	87	100.0

Mean Score \pm SD: 47.3 \pm 4.62 Minimum: 36 Maximum: 58

Table 5: Physicians' Level of Attitude towards Collaborative Care

Level of Attitude	Frequency	Percentage
Good (≥ 50)	21	47.7
Poor (< 50)	23	52.3
Total	44	100.0

Mean score \pm SD: 49 \pm 5.55 Minimum: 33 Maximum: 58

Table 6: Association between Physicians' Level of Attitude towards Collaborative Care and Selected Variables

Variables	Level of Attitude		p-value
	Good No.(%)	Poor No.(%)	
Age group (in years)			
<32 years	12(44.4)	15(55.6)	0.583
≥ 32 years	9(52.9)	8(47.1)	

Sex			
Male	13(48.1)	14(51.9)	0.944
Female	8(47.1)	9(52.9)	
Ethnicity			
Brahman and Chhetri	12(44.4)	15(55.6)	0.583
Others	9(52.9)	8(47.1)	
Religion			
Hinduism	17(44.7)	21(55.3)	0.403##
Others	4(66.7)	2(47.1)	
Marital status			
Married	8(44.4)	10(55.6)	0.717
Unmarried	13(50.0)	13(50.0)	
Type of family			
Joint	10(55.6)	8(44.4)	0.387
Nuclear	11(42.3)	15(57.7)	
Place of residence			
Rural	1(20.0)	4(80.0)	0.348##
Urban	20(51.3)	19(48.7)	
Professional qualification			
Bachelor	7(30.4)	16(69.6)	0.016*
Masters	14(66.7)	7(33.3)	
Professional designation			
Medical Officers	5(26.3)	14(73.7)	0.013*
Consultants	16(64.0)	9(36.0)	
Total professional experience			
≤5 year	16(45.7)	19(54.3)	0.716
> 5 year	5(55.6)	4(44.4)	
Working area			
Medical Surgical Unit	14(42.4)	19(57.6)	0.223
Others	7(63.6)	4(36.4)	

*significance level at 0.05 p-value, where p value is computed from chi square test

##: fisher's exact test

DISCUSSION

Table 5 shows that there is significant association between physicians' level of attitude towards collaborative care and professional qualification ($p=0.016$) and designation of physicians ($p=0.013$).

Regarding attitude towards collaborative care majority (74.7%) nurses and more than half of physician (52.3%) had poor attitude towards collaborative care. This study is supported by the

study titled 'Attitudes of Nurses and Physicians towards Nurse Physician Collaboration in Northwest Ethiopia: a Hospital Based Cross Sectional Study' conducted by Amsalu et al., (2014) in which the majority of nurses (72%) had poor attitude but only less than half of the physicians had poor attitude towards collaborative care which is not supported by this study.⁸

Regarding association between level of attitude towards collaborative care and selected variables of nurses, there is no significant association between level of attitude and other selected variables. The reason behind this may be due to small sample size and filling the instruments haphazardly viewing it as a heavy burden.

CONCLUSION

Nearly half of the physicians have good attitude towards collaborative care and one quarter of nurses had good attitude towards collaborative care. Physicians with higher professional qualification and designation have good attitude towards collaborative care. The selected variables of nurses had no effect on level of attitude towards collaborative care as there is no association between level of attitude towards collaborative care and selected variables of nurses. The hospital administration should plan and organize the proper practices for interprofessional collaboration i.e. nurse-physician collaboration. Hence there is urgent need for the hospital administration to improve the attitude of physicians and nurses to provide quality service.

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REFERENCES

1. Ficarra B. Doctor-nurse relationship: how to energize and engage the doctor and nurse team. (2010). Retrieved from <http://healthin30.com/2010/09/doctor-nurse-relationship-how-to-energize-and-engage-the-doctor-and-nurse-team/>
2. World Health Organization (WHO). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization. (2010). Retrieved from http://whqlibdoc.who.int/hq/2010/WHO_HRH_HPN_10.3_eng.pdf.
3. House SL. Effective nurse-physician Collaborations: A systematic literature review. Leadership Connection. (2016). Retrieved from <http://www.nursinglibrary.org/vhl/handle/10755/620414>
4. Dimitriadou A, Lavdaniti M, Theofanidis D, Psychogiou M, Minasidou E, Konstadinidou-Straukou A, Sapountzi-Krepia D. Interprofessional collaboration and collaboration among nursing staff members in Northern Greece. *International Journal of Caring Sciences* 2008;1(3):140-146. Retrieved from http://internationaljournalofcaringsciences.org/docs/Vol1_Issue3_06_Dimitriadou.pdf
5. Thomas EJ, Sexton JB, Helmreich,RL. Discrepant attitudes about teamwork among critical care nurses and physicians. *Critical Care Medicine* 2003;31(3):956-959. doi: 10.1097/01.ccm.0000056183.89175.76 Retrieved from http://journals.lww.com/ccmjournals/Abstract/2003/03000/Discrepant_attitudes_about_teamwork_among_critical.47.aspx
6. Sayed KAE, Sleem WF. Nurse – physician collaboration: a comparative study of the attitudes of nurses and physicians at Mansoura University Hospital. *Life Science Journal* 2011;8(2):140-146. Retrieved from http://www.lifesciencesite.com/lj/life0802/18_4746life0802_140_146.pdf
7. Falana TD, Afolabi OT, Adebayo AM, Ilesanmi OS. (2016). Collaboration between doctors and nurses in a tertiary health facility in South West Nigeria: Implication for effective healthcare delivery *International Journal of Caring Sciences* 2016;9(1):165-74. Retrieved from http://www.internationaljournalofcaringsciences.org/docs/16_Tolutope_original_9_1.pdf

8. Amsalu E, Boru B, Getahun F, Tulu B. Attitude of nurses and physician towards nurse physician collaborative in northwest Ethiopia: a hospital based cross-sectional study, Biomed Central Nursing. 2014. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4443301/> ures: A comparative study. Int J Shoulder Surg. 2009;3(2):23-7.