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Examination of Opinions of Physicians and Nurses About Intensive Care Unit Visits and Their Professional Collaborations: A Cross-sectional Study

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Abstract

The aim of this cross-sectional study was to examine the opinions of physicians and nurses who work in intensive care units of a university hospital about intensive care unit visits and professional collaborations.

The data of the study data were collected within a three-month period. Question sheets were given to 75 physicians and 91 nurses who were working in intensive care units of a university hospital. The sample of the research consisted of 43 physicians and 62 nurses who volunteered to participate in the research and who filled the question sheet completely. Sample was selected by convenience sampling method. Percentage calculations, correlation, variance analysis (ANOVA) and Kruskal-Wallis, Mann-Whitney U test analyses were used in the evaluation of the data. The limit of significance was $p<0.05$ for all tests.

It was determined that 72.6% of the nurses regularly participated in visits and 93.5% of the nurses stated that participation in visits was beneficial for the treatment and care of the patient. Nurses' average score of the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration was 51.27±3.83.

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95.3% of the physicians stated that they believed that nurses should regularly participate in visits. A great majority of the physicians (97.7%) stated that the participation of nurses in visits provided great benefit to the treatment and care of the patient. Physicians' average score of the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration was 46.48±4.80.

Keywords: Intensive Care Unit, Collaboration, Visit, Nurse, Physician

Introduction

Interdisciplinary collaboration is very important in the protection and development of health. Delivery of a high-quality healthcare service depends on the collaboration and teamwork. As a word meaning, a team is a group consisted of people who share their goals and thoughts, who perform a task specific to each one and share their experiences and knowledge to achieve the best result and who direct their work for the same purpose (1,2).

In healthcare services, a team consists of people who have received education in different fields and thus have acquired different knowledge and skills. When services provided by these team members come together, the entire healthcare service is formed (3,4). The main purpose of the health care team is to protect the health of the individual, to ensure him to get healthy again when he decays, and to make him cope with diseases, deformities and disabilities (3). Over the years, there have been repeated cries and admonitions for improving nurse-physician communication and questioning why it is so difficult to achieve. Miller PA (5). Collaboration and teamwork between physicians and nurses is very important for patient care. According to Benner, each team member can achieve the most appropriate treatment and care plan for the patient only with collaboration and knowledge exchange (6). Collaboration and positive relationships between physicians and nurses are defined as major factors contributing to positive patient results and quality of patient care (1).

Benner has stated that physicians and nurses should work for more collaborative attitudes in their training programs and working areas (6).

The World Health Organization proposes an orientation within the healthcare sector for the development of the health care system and expects the agreement of health care personnel in various categories on the division of labor, and intradisciplinary and interdisciplinary collaboration. At the same time, WHO has proposed that professional groups embrace the importance of teamwork "to support and improve the establishment of the health care system", and to act in this direction (7).

Physicians and nurses are the most interacting members of a health team. The physician-nurse collaboration is an important issue in terms of the fact that the nurse shares knowledge, opinions and abilities with the physician in order to maintain an effective patient care. Collaboration necessitates trusting each other's opinions and working together. The physician-nurse collaboration provides information that ensures to understand the patient better and more effective practices. Patient care, especially in intensive care units, sometimes becomes a difficult

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and stressful task for even the most qualified and experienced nurse. In many intensive care units, administrators are physicians and nurses can stand alone in approaching and solving problems during patient care and treatment (8). The institution is an important factor that affects the participation of nurses in the decision-making process and physician-nurse collaboration (7).

The effectiveness of teamwork depends on the well-defined tasks and collaboration. Improvement of the quality of patient care is possible only if the physician and the nurse collaborate in the treatment and care of the patient on a large scale. Visits have a great importance in providing a high-quality treatment and care. This is only possible with an effective teamwork. Some studies have shown that nurses play a passive role such as only delivering information to the physician during visits, that they have low self-esteem in this regard and that they are not enterprising in participating in the discussion (9,10,11). While studies in the field of medicine focus on physician-patient relations during visits, nursing studies focus on the development of nursing visits(3).

Patient visits are defined as the establishment of an oral forum communication when health care professionals come together in order to improve the quality of care, to share information, to emphasize problems of the patient, to plan and evaluate the treatment. Patient visits also provide a good teaching environment for employees (9,10).

Conducting patient visits through team collaboration provides the following important benefits.

- It allows nurses to share their thoughts related to their own knowledge and areas of responsibility with every member of the healthcare team, revealing the real situation of the patient exactly.
- It eliminates inadequacies and risks in the healthcare service by providing communication with the team members about patient's treatment and care.
- It plays an important role in achieving comprehensive care of the patient since it ensures the contribution of team members to the planning of treatment and care. Nurses, especially those in intensive care units, have more possibilities to observe positive or negative changes that can occur in the patient since they are with the patient 24 hours a day. For this reason, nurses can be effective in guiding the diagnosis and treatment plan to the benefit of the patient by collaborating with other members of the health team (3).

The positive communication of these two important professions that are based on humans, and integration of them with a professional collaboration is very important for patients and the quality of health care service (2,10,11).

Methods

The universe of this descriptive study consisted of 75 physicians and 91 nurses who worked in intensive care units of general surgery, Plastic and Reconstructive Surgery, cardiovascular surgery and neurosurgery departments of a university hospital. The data of the research were

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collected within a three-month period. The sample of the research consisted of 43 physicians and 62 nurses who volunteered to participate in the research and who filled the question sheet completely. Sample was selected by convenience sampling method. The percentage of responding to the questionnaire was 57.3% among physicians and 68.1% among nurses.

The question sheet consisted of two parts. In the first part, there were 18 questions for nurses and 13 questions for physicians in order to determine the opinions of physicians and nurses about intensive care visits. 6 questions in nurses' question form and 5 questions in physicians' question form were open-ended questions. The second part consisted of the "Jefferson Scale of Attitudes toward Physician-Nurse Collaboration" which was developed by Hojat (1985) and adapted to Turkish by performing a validity-reliability study by Yıldırım, Ateş and Şelimen (alpha reliability coefficient 0.71- and 0.75) (12).

The Jefferson Scale of Attitudes toward Physician-Nurse Collaboration is a Likert-type scale consisting of 15 items scored between 1-4 points. It is easily applicable and individuals can respond by themselves. Each expression has a scoring system ranging from 1 to 4 points. Individuals were asked to mark the most appropriate option among "Strongly agree (4), Agree (3), Disagree (2), Strongly disagree (1)". Questions number 8 and 10 on the scale are evaluated reversely. The minimum score obtained from the scale is 15, the maximum score is 60.

Percentage calculations, correlation, variance analysis (ANOVA) and Kruskal-Wallis, Mann-Whitney U test analyses were used in the evaluation of the data. The limit of significance was $p<0.05$ for all tests.

Results

Findings of Nurses

The average age of the nurses was 25.90±2.56 (min:23, max:33). 82.3% of the nurses were found to be graduated from nursing school. When working years in the profession were examined, it was determined that 74.2% of the nurses were working as a nurse for 1 to 5 years. When nurses evaluated the nursing care applied in the intensive care unit, 64.5% were found to rate it as well. When nurses' level of knowledge about the diagnoses of patients staying in intensive care unit was examined, 56.5% were found to be partially adequate, 38.7% adequate and 4.8% inadequate. When nurses' level of knowledge about the treatment of patients staying in intensive care unit was examined, 64.5% were found to be adequate, 33.9% partially adequate and 1.6% inadequate (Table 1).

When the responses of the nurses about the purposes of visits were examined, it was found that 38.7% of the responses were conducting regular follow-ups for the patient, 16.1% were changing treatment and care, 16.1% were evaluating patient's prognosis and 29.0% were unanswered (Table 1).

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It was determined that 72.6% of the nurses regularly participated in the visits, that 90.3% believed that they should attend the visits regularly, and that 93.5% stated that participation in the visits was beneficial for the treatment and care of the patient (Table 1). When the responses of the nurses about the reasons for participation in the visits were examined, it was determined that 40.3% were unanswered, 33.9% were conscious treatment and care, 17.7% were good diagnosis of the patient and 8.1% were finding common solutions to patient's problems with physicians.

It was determined that 80.6% of the nurses shared information about the patient with the physician during visits. It was determined that 80.6% of the nurses shared information about the patient during visits with the physician. It was found that 72.6% of the nurses found the ratio answering questions about the diagnosis and treatment of the patients during visits adequate (Table 1).

When the recommendations of nurses for active participation in visits were examined, 21.0% stated that they should have adequate theoretical knowledge, 27.4% that they should be a good observer, 9.7% that nurses and physicians should decide the treatment and care together, 14.5% that treatments should not be given at visit hours, and 27.4% were unanswered (Table 4).

The average Jefferson Scale of Attitudes toward Physician-Nurse Collaboration score of the nurses was found to be 51.27±3.83.

Findings of Physicians

The average age of the physicians was 28.97±3.57 (min: 24, max: 36). When working years in the profession were examined, it was determined that 44.2% of the physicians were working as a physician for 1 to 5 years. When the distribution of physicians according to their field was examined, it was determined that 25.6% were working in general surgery, 9.3% in neurosurgery, 11.6% in cardiovascular surgery, 14% in plastic surgery and 39% in orthopedics intensive care units (Table 1).

When the responses of the physicians about the purposes of the visits were examined, 60.5% of the responses were conducting regular follow-ups for the patient, 27.9% were changing the treatment and care, and 11.6% were unanswered (Table 1).

95.3% of physicians stated that they believed that nurses should regularly participate in visits. A great majority of the physicians (97.7%) stated that the participation of nurses in visits was very beneficial to the treatment and care of the patient (Table 1).

When the reasons why physicians wanted nurses to participate in patient visits were examined, 48.2% of the physicians stated that nurses would be with patients more, 14% stated

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that nurses would take necessary precautions in case of emergency, 7% stated that nurses would give more detailed information and 48.8% did not give an answer.

The average Jefferson Scale of Attitudes toward Physician-Nurse Collaboration score of the physicians was found to be 46.48±4.80.

Discussion

It is thought that since the average age of physicians (28.97±3.57) and nurses (25.90±2.56) who were included in the study was considered in the young age group, this situation may be positive in terms of their orientation for collaboration. In the study conducted by Karadağ et al. (2015), it was mentioned that the communication skills of elderly nurses and physicians were significantly higher in various dimensions and these findings do not show parallelism with the results of this study (13). In the study Krogstad et al. (2004), the large majority of both nurses (71%) and doctors (79%) considered inter-professional co-operation good at the hospital in which they worked (14).

The fact that 82.3% of the nurses were graduated from a nursing school, is interpreted as a positive result in terms of sharing information in areas requiring critical treatment and care such as intensive care. Our findings are similar to the findings of the studies conducted by Sterchi (2007) and Karadağ et al. (2015) (1, 13).

There was no significant relationship between the ages of physicians (r:0.17, p:0.27 > 0.05) and nurses (r:0.13, p:0.32 > 0.05) and professional collaboration scores.

There was no significant relationship found between the educational status of nurses and the average professional collaboration scores (p:0.38 > 0.05). However, in the study conducted by Sterchi (2007), it was emphasized that the educational status of nurses working in critical areas such as intensive care units can be effective in showing positive collaboration (1).

When physicians' and nurses' working years in the profession were examined, it was determined that 74.2% of the nurses and 44.2% of the physicians were working for 1 to 5 years. A statistically significant relationship was found between the working years of the nurses and the professional collaboration scores (p:0.03 <0.05). There was no statistically significant relationship found between the working years of the physicians and the professional collaboration scores (p:0.29 >0.05). However, the average professional collaboration score of those who were working for 11 to 15 years was found to be higher (Table II). Our result shows parallelism with the result of the study conducted by Miller (2001) (5).

In the study conducted by Miller (2001) investigating the opinions of nurses and physicians working in an intensive care unit, it was found that the duration of experience affected physician-nurse relation and collaboration. As a result, Miller (2001) found that nurses who

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worked longer than seven years had more positive attitudes about collaboration than nurses who worked less than six years (5).

In the study by Sterchi (2007), it was determined that the average professional collaboration scores (10<yr = 49 ± 4.11 - 10>yr = 50.61 ± 4.98) increased as the working hours of physicians increased and that this situation was the opposite for nurses (10<yr = 54.33 ± 3.25 - 10>year = 53.91 ± 3.72). Our study result was not similar to the result of Sterchi (2007). Similarly, in the research conducted by Dener (1985) with doctors, nurses and medical and nursing students comparing the level of readiness for interprofessional learning, it was reported that interprofessional learning scores of physicians and nurses did not differ according to the active working year in the profession and years of graduation (1,15).

There was no statistically significant difference found between intensive care units where nurses and physicians worked and their professional collaboration scores (p:0.73 > 0.05 - p:0.14 > 0.05). The intensive care unit in which nurses had the highest average professional collaboration score was orthopedics and that for physicians was plastic surgery intensive care unit (Table II). In the study of Dener (2015), there were no differences according to the units among physicians and nurses (15).

It was determined that 72.6% of the nurses regularly participated in visits, 90.3% believed they should participate in visits regularly, and 93.5% stated that participation in visits was beneficial for the treatment and care of the patient. There was no significant relationship between the participation of nurses in visits and reasons for participation in visits and the professional collaboration scores (p:0.35>0.05 - p:0.25>0.05). In the study conducted by Busby and Gilchrist (1992), it was determined that the purpose of nurses' participation in visits was only to provide information to physicians. Our finding did not show parallelism with the result of the study by Busby and Gilchrist (1992), moreover, the result that 89.2% of the nurses believed that their participation in visits was beneficial for the treatment and care of the patient, was a pleasing result (9).

When the findings of physicians and nurses regarding the purposes of visits were examined, it was determined that 60.5% of the physicians and 38.7% of the nurses answered as conducting regular patient follow-ups (Table IV). In the study of Karaöz (1993), the answers given by the great majority of physicians (87%) and nurses (65.6%) to the purposes of the visits were the patient follow-ups and treatment planning. Our result shows similarity with the result of the study conducted by Karaöz (1993) (3).

When physicians' and nurses' recommendations for the active participation of nurses in visits were examined, 48.8% of physicians and 21.0% of nurses stated that the theoretical knowledge of nurses should be increased (Table IV). Our result is similar to the result of Sterchi (2007) (1).

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In our study, the average Jefferson Scale of Attitudes toward Physician-Nurse Collaboration score of nurses was 51.27 ± 3.83 and that of physicians was 46.48 ± 4.80. It was seen that the average professional collaboration score of the nurses was higher than that of the physicians. Our finding was similar to the study conducted by Yıldırım et al. (2006) with students in the faculty of medicine and nursing school about physician-nurse collaboration (4). On the other hand, Dener (2015) did not find a significant difference between the scores of physicians and nurses, and the interprofessional learning scores related to collaboration and communication (15).

In the study by conducted by Sterchi (2007), the average Jefferson Scale of Attitudes toward Physician-Nurse Collaboration score of the nurses was 54.01±3.59 and that of physicians was 50.29 ± 4.71. Our result shows parallelism with the study of Sterchi (2007) (1). In a study of AORN Workplace Safety Task Force (2003), it was determined that the quality of care and safety of the surgical patient depended on communication and collaboration between physicians and nurses. Rosenstein (2002) found that physicians found physician-nurse communication more important than their communication with managers (16). In the study conducted by Hojat et al. (2003) about physician-nurse collaboration, the average professional collaboration score of American physicians was 48 ± 4.9, that of nurses was 55 ± 3.6, that of Israeli physicians was 49 ± 5.3, that of nurses was 54 ± 3.8, that of Italian physicians was 45 ± 5.8, that of nurses was 51 ± 4.7, that of Mexican physicians was 45 ± 6.3, and that of nurses was 48 ± 5.5. (17). Our study results are compatible with our other study studies (18,19).

As it is seen in the study by Hojat et al. (2003), in countries where the study was conducted, the average professional collaboration score of nurses was higher than that of physicians. Our study results show parallelism with the results of Hojat et al. (2003) (17). In the study conducted by Hojat et al. (2003), it was determined that nurses showed more positive attitudes towards collaboration than physicians (17). Similarly, in the study conducted by Göndoğan in 2016, the doctor-nurse collaboration score of nurses was significantly higher than that of physicians (20). In addition, in the study conducted by Karadağ et al. in 2015, it was found that the general communication skills of nurses were significantly higher than that of physicians (13).

Conclusion

As a result of the research, the average Jefferson Scale of Attitudes toward Physician-Nurse Collaboration score of nurses was 51.27 ± 3.83 and that of physicians was 46.48 ± 4.80. The fact that the average professional collaboration score of nurses was high is a pleasing result.

In the light of these findings, the following recommendations are given.

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Courses about intensive care can be organized in order to ensure the effective participation of nurses in intensive care unit visits.

More experienced nurses in terms of duration of work should have tasks in intensive care units.

Starting from the undergraduate education of physicians and nurses, it is necessary to increase the lectures for communication techniques in other educational periods.

The research can be carried out in a larger population.

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Tables

Table 1: Distribution of Data about Working Fields, Duration and Visits of Physicians and Nurses

	Physician		Nurse	
	Number	**%**	**Number**	**%**
Working Field				
General Surgery	**11**	**25.6**	**33**	**53.2**
Neurosurgery	**4**	**9.3**	**14**	**22.6**
Cardiovascular surgery	**5**	**11.6**	**9**	**14.5**
Plastic surgery	**6**	**14.0**	**4**	**6.5**
Orthopedics	**17**	**39.5**	**2**	**3.2**
Working Time				
1-5 years	**19**	**44.2**	**46**	**74.2**
6-10 years	**10**	**23.2**	**9**	**14.5**
11-15 years	**14**	**32.6**	**7**	**11.3**
Nursing care given in intensive care unit				
Very good	**1**	**2.3**	**7**	**11.3**
Good	**18**	**41.9**	**40**	**64.5**
Moderate	**24**	**55.8**	**15**	**24.2**
Nurses' level of information about patients' diseases				
Inadequate	**3**	**7.0**	**3**	**4.8**
Adequate	**13**	**30.2**	**24**	**38.7**
Partially adequate	**27**	**62.8**	**35**	**56.5**
Nurses' level of information about patients' treatments				
Inadequate	**6**	**14.0**	**1**	**1.6**
Adequate	**26**	**60.5**	**40**	**64.5**
Partially adequate	**11**	**25.5**	**21**	**33.9**

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The purpose of conducting visits				
Conducting regular follow-ups for patients	**26**	**60.5**	**24**	**38.7**
Making changes in treatment and care	**12**	**27.9**	**10**	**16.1**
Evaluating prognosis of patient	**-**	**-**	**10**	**16.1**
Unanswered	**5**	**11.6**	**18**	**29.0**
Visits' status of providing benefit to treatment and care of patient				
Yes	**42**	**97.7**	**58**	**93.5**
No	**1**	**2.3**	**4**	**6.5**
Nurses' status of giving adequate information during visits				
Yes	**21**	**48.8**	**45**	**72.6**
No	**6**	**14.0**	**4**	**6.5**
Partially	**6**	**14.0**	**13**	**20.9**
Unanswered	**10**	**23.2**	**-**	**-**

Table 2: Distribution of Working Years, Intensive Care Units and Average Professional Collaboration Scores of Physicians and Nurses

Working year in profession	**Physician (n=43) Average Professional collaboration score X SD**	**Nurse (n=62) Average Professional collaboration X SD**	**Physician KW p**	**Nurse KW p**
1 – 5 years	45.89 ± 3.58	51.06 ± 3.70	KW=2.45 p=0.29	KW=6.68 p=0.03
6 -10 years	45.40 ± 3.86	49.66 ± 4.21		
11 – 15 years	48.07 ± 6.49	54.71 ± 2.21		
ICU	**Physician (n=43)**	**Nurse (n=62)**		
Generalsurgery	46.18 ± 3.99	52.18 ± 3.61	KW=1.98 p=0.73	KW=6.92 p=0.14
Neurosurgery	45.00 ± 2.16	50.42 ± 3.93		
Cardiovascular	46.00 ± 4.69	49.44 ± 4.12		
Orthopedics	46.23 ± 5.69	54.50 ± 2.12		
Plastic	49.16 ± 5.15	49.25± 3.30		

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ICU: Intensive Care Unit KW: Kruskal Wallis Test

Table 3: Nurses' Status of Participation in Visits and Distribution of Average Professional Collaboration Scores

Nurses' Status of Participation in Visits	Average Professional collaboration score X SD	Mann-Whitney U test
Regularly Participating	51.66 ± 3.44	Z= -0.920 p=0.35
Sometimes Participating	50.23 ± 4.68	
Reasons of Nurses' Participation in Visits		**KW p**
Providing Conscious Treatment and Care	50.57 ± 3.55	KW=2.72 p=0.25
Making a Good Patient Diagnosis	52.18 ± 4.57	
Finding Common Solutions for Problems	52.80 ± 2.68	

Table 4: Distribution of Opinions of Physicians and Nurses About Visits and Average Professional Collaboration Scores

The purpose of conducting visits	Number	Percentage(%)	Average Professional collaboration score X SD
Physician (n=43)			
Conducting regular follow-ups for patients	26	60.5	48.53 ± 4.60
Making changes in treatment and care	12	27.9	43.50 ± 3.68
Unanswered	5	11.6	-
Nurse (n=62)			
Conducting regular follow-ups for patients	24	38.7	50.66 ± 3.98
Making changes in treatment and care	10	16.1	50.30 ± 3.97
Evaluating prognosis of patient	10	16.1	51.20 ± 4.10
Unanswered	18	29.0	-
Recommendations For Effective Participation In Visits			

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Physician (n=43)			
Theoretical Knowledge of Nurses Should Be Increased	21	48.8	45.61 ± 4.17
Seminars About Team Communication Should Be Organized	8	18.6	47.87 ± 3.18
Courses on Intensive Care Should Be Organized	7	16.3	47.85 ± 4.41
Unanswered	7	16.3	-
Nurse (n=62)			
Should Have Adequate Theoretical Knowledge	13	21.0	50.84 ± 3.31
Should Be A Good Observer	17	27.4	51.64 ± 3.74
Treatment and Care Should Be Decided with Physician	6	9.7	49.00 ± 4.85
Treatment Should Be Given Out of Visit Hours	9	14.5	50.77 ± 4.89
Unanswered	17	27.4	-