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Differences in perception among nurses and physicians towards collaborative in pediatric hospitals/ Iraq

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Abstract---Background: Health care team relationship and collaboration increases the effectiveness and efficiency of the practice, as well as patient outcomes. Aims: The purpose of this study is to investigate the perception of nurses and physician regarding their collaborative in pediatrics Hospitals/ Babylon, Iraq. Methods: A comparative study is conducted in Baghdad Province at the pediatric hospitals. A non probability convenience of 390 nurses and 107 physician participated in the study. The reliability of the questionnaire was achieved through a pilot study and then presented to experts to prove its credibility. The data were collected by using self-report techniques method and analyzed through the application of descriptive and inferential statistical analysis. Results: Findings show that the mean age for nurses is 27, the age 20-29 years old were recorded the highest percentage among nurses (83.3%) and the mean age among physician is 34, the age 30-39 years old were recorded the highest percentage among physician (37.4%), the female were predominated among nurses (80%), compared with male among physician (60.7%), both nurses and physician had been 5 to 10 years of experience (70% and 45.8%) respectively, most of nurses work at wards (80%) and most of physician work at emergency department (53.3%). Findings indicate that the nurse-physician perception related to relationship was demonstrate at $M \pm SD = 36.69 \pm 5.135$ among nurses and $M \pm SD = 29.05 \pm 2.935$ among physician. There were highly significant difference in perception towards relationship with regard to nurses ($M \pm SD = 2.03 \pm 0.285$) and physicians ($M \pm$

SD=1.61±0.163) at p-value <0.01. Conclusion: Nurses expressed a more cooperative than the physicians, and physicians expressed a negative perception towards nurses-physician collaboration due to do not understand the roles of nurses at work. Hospital Administration need to be establishing programs to enhance the communication between nurses and physicians through these programs they understand and improving collaborative relationship between nurses and physicians through understand each other's roles.

Keywords---perception, nurses, physicians, collaborative.

Introduction

In health facilities, where the majority of activities are performed by teams, collaboration between specialists is critical. Patient outcomes, nurse job satisfaction, and organizational costs are all affected by ineffective nurse-physician collaboration, which is hampered by personal, interpersonal, and organizational issues [1]. Collaboration implies “collective action toward a common goal in the spirit of trust and harmony”. In the context of healthcare, collaboration is understood as the way in which physicians and nurses interact with each other in relation to clinical decision making. Collaboration involves direct and open communication, respect for different perspectives, and mutual responsibility for problem solving [2]. Collaboration between health professionals is essential to achieve clinical outcomes high quality particularly in health institutions where most activities are team performed [3]. Nurse physician collaboration affects patient outcomes [4], nurses' job satisfaction, and organizational cost [5]. Especially, in the inpatient care unit where patients stay longer away from their home and depend on care and guidance of the health professionals [6]. Therefore, thus study aimed to assess the perception of nurses and physician regarding their collaborative in pediatrics Hospitals/ Babylon, Iraq.

Methodology

A comparative study is conducted in Baghdad Province at the pediatric hospitals. A non probability convenience of 390 nurses and 107 physicians participated in the study. The instruments underlying the study phenomenon deals with nurses and physicians socio-demographic characteristics and constructed questionnaire related to the nurses-physicians cooperation. The questionnaire was presented to 5 arbitrators, including professors specialized in nursing science. Arbitrators were requested to provide their views and suggestions on each of the items of the study questionnaire in term of its linguistic appropriateness, its association with the dimension of study variables it was assigned to and its suitability for the study population context. Data were collected out from study participants to verify the reliability of questionnaire, the test was applied to 30 nurses and 10 physicians of the study population from outside the sample. Cronbach's alpha was found at 0.76. Statistical analyses were performed using the SPSS version 20.0 software program (SPSS). The data were normally distributed. One-way analysis of variance to analyze the differences variables according to socio-demographic characteristics. Descriptive data are presented as mean ± standard deviation for

continuous variables and number (%) for categorical variables. A $p < 0.05$ was considered as statistically significant.

Results

In table (1) findings show participants age, the mean age for nurses is 27, the age 20-29 years old were recorded the highest percentage among nurses (n=325; 83.3%). While, the mean age among physician is 34, the age 30-39 years old were recorded the highest percentage among physician (n=40; 37.4%). There were highly significant differences in age groups for nurses and physician ($p < 0.01$). Respect to the gender, the female were predominated among nurses (n=312; 80%), compared with male among physician (n=56; 60.7%). There were highly significant differences in gender for nurses and physician ($p < 0.01$). Years of experience related findings, both nurses and physician had been 5 to 10 years of experience (n=273; 70%, 49; 45.8%) respectively. There were significant differences in years of experience for nurses and physician ($p < 0.05$). In regards with workplace, most of nurses work at wards (n=312; 80%). While, most of physician work at emergency department (n=57; 53.3%). There were highly significant differences in workplace for nurses and physician ($p < 0.01$).

Table 1
Distribution of Study Sample by their Characteristics

	Classification	Nurses		Physician		<i>p-value</i>
		Freq.	%	Freq.	%	
Age /years	20-29 years old	325	83.3	39	36.4	0.000
	30-39 years old	49	12.6	40	37.4	
	40-49 years old	10	2.6	19	17.8	
	50 and older	6	1.5	9	8.4	
	<i>Mean ± SD</i>	27 ± 6.181		34 ± 8.495		
Gender	Male	78	20.0	65	60.7	0.000
	Female	312	80.0	42	39.3	
Years of experience	<5 years	0	0.0	3	2.8	0.013
	5-10 years	273	70.0	49	45.8	
	11-15 years	78	20.0	30	28.0	
	15-20 years	39	10.0	24	22.4	
	>20 years	0	0.0	1	0.9	
Workplace	Emergency	39	10.0	57	53.3	0.000
	Wards	312	80.0	25	23.4	
	Operating room	0	0.0	19	17.8	
	Intensive care unit	39	10.0	6	5.6	

Table 2
Overall Perceptions of the Nurse–physician regarding Influence of Administrative Policies and Norms on their Relationship

Weighted	Nurses			Physician		
	Freq.	%	M ± SD	Freq.	%	M ± SD
Negative	27	6.9	31.35 ± 4.283	84	78.5	21.62 ± 2.523
Neutral	251	64.4		23	21.5	
Positive	112	28.7		0	0.0	
<i>Total</i>	390	100.0		107	100.0	

M: Mean for total score, SD: Standard Deviation for total score (Negative= 14-23, Neutral= 24-33, Positive= 34-42)

The analysis of nurse-physician perception related to influence of administrative policies and norms on relationship was demonstrate at mean ± SD= 31.35±4.283 among nurses and mean ± SD=21.62±2.523 among physician; and according to the study criteria, nurses express a neutral perception; and physician express a negative perception towards nurse-physician relationship.

Table 3
Differences between Nurses and Physician Perception

Perception	Weighted	Mean	S.D	t-value	d.f	p≤ 0.05	Sig
	Nurses	2.175	0.1968				
	Physician	1.573	0.1423	28.544	495	0.024	S

M: Mean, SD: Standard deviation, t: t-test, d.f: Degree of freedom, Sig: Significance, p: Probability value, S: significant

Current findings is reveals that there is significant difference in perception towards cooperation with regard to nurses (M ± SD=2.175±0.1968) and physician (M ± SD=1.573±0.1423) at p-value <0.05.

Discussion

Socio-demographic characteristics

Findings of present study show participants age, the mean age for nurses is (M=27), the age 20-29 years old were recorded the highest percentage among nurses. While, the mean age among physicians is (M=34), the age 30-39 years old were recorded the highest percentage among physicians. There were highly significant differences in age groups for nurses and physicians (p<0.01). This findings come in line with Goda et al. (2018), who compared the perception among nurses and physicians. Their findings demonstrated that the mean age of nurses is less than the mean age of doctors (Mean ± SD= 29±8.41; 33±8.24) respectively ⁽⁷⁾. Nurses and doctors, due to academic studies and career progression, there is a big difference. Where we find young nurses, because most of them are graduates of medical institutes, whose academic studies are two to four years, unlike a doctor, who has an academic study of at least six years.

Respect to the gender, the female were predominated among nurses, compared with male among physicians. There were highly significant differences in gender for nurses and physicians ($p < 0.01$). The current results study were similar to the results from Siedlecki and Hixson (2015), who studied the relationships between nurses and physicians who reported that most of their physicians were males and female nurses⁽⁸⁾. The female more than male of studied nurses, may be due to the fact that females are still the main gender in the nursing profession. This finding is consistent with Weller et al. (2011) who studied the attitude of nurses and physicians regarding collaboration in Mansoura University and revealed that most of studied nurses were females⁽⁹⁾. Especially in children's hospitals, and for the sake of motherhood, it is preferable that the nursing staff be female. In addition, male nurses are often in specialized centers that require more workload, so we find them in less number.

Years of experience related findings, both nurses and physicians had been 5 to 10 years of experience. There were significant differences in years of experience for nurses and physicians ($p < 0.05$). This findings come in line with Hossny and Sabra (2021), who investigated the attitudes towards cooperation among nurses and physicians. Their findings illustrated that both nurses and physicians with less than 10 years of experience, and justifying that those who had this experience are more cooperative to participated in the study⁽¹⁰⁾. Also, in study of Hussein et al. (2018), recorded in their findings that one-third of study participants from nurses and physicians between 5 to 10 years of experience⁽¹¹⁾. From researcher point of view, by virtue of the nurses' ages, as well as the years of academic study, nurses have years of uneasy experience, unlike doctors, due to their ages, as well as the years of academic study.

In regards with workplace, most of nurses work at wards. While, most of physicians work at emergency department. There were highly significant differences in workplace for nurses and physicians ($p < 0.01$), this may be due to working in the emergency department requires a large number of doctors, at the same time those doctors have obligations in other places. With the same regards, findings of Amsalu et al. (2014), who reported in their study that the most of nurses work in medical wards and one third of physicians work in surgical wards and many department in same time⁽¹²⁾.

Differences between Nurses and Physicians Perception in regard their Cooperation

Current findings is reveals that there is significant difference in perception towards cooperation with regard to nurses and physicians at p -value < 0.05 . The findings of the study indicated that the nurse and physicians perception was characterized by cooperation as (nurses-physicians) neutral to negative respectively, and it was related to their perception of the nature of their relationship correlating with their perception of the cooperative relationship. This differences may be due to the authoritarian nature of physicians in the healthcare setting and the power imposed by hospital administration to support physicians all the time. In agreement with the current study, the study of Weller et al. (2011) who studied the inter-professional collaboration between junior physicians and nurses in healthcare setting and revealed the presence of some barriers that

interfere with the completion of that collaboration process between them, some of the highlighted barriers were organizational problems due to hospital administration and limitations imposed over professional workplace relationships⁽¹³⁾.

In addition, the study of Papathanassoglou et al. (2012), who studied the collaboration between nurses and physicians in intensive care units in Europe also revealed the presence of none co-operational relationship between nurses and physicians due to insufficient autonomy that resulted in moral distress among ICU nurses⁽¹⁴⁾. With same regard, survey from Gaza Strip, investigated the nurses and physicians attitudes toward nurses-physicians collaboration. The t-test analysis revealed significant differences in the attitude toward collaboration between physicians and nurses (t-test: 10.391; $p < 0.001$). The mean total score, on the four-point scale, for nurses was 3.40 (SD: 0.30) compared to 3.01 (SD: 0.35) for physicians. Nurses scored higher than physicians in the four subscales of the questionnaire which was statistically significant ($p < 0.001$), indicating that the nurse's attitudes toward nurse-physicians collaboration were more positive than the physicians⁽¹⁵⁾.

The perception toward collaboration between physicians and nurses is significantly different and nurses showed neutral perception than physicians negative perception. The findings are further supported by previous similar researches conducted in a hospital based setting⁽¹⁶⁾⁽¹⁷⁾. Other studies showed different results in which physicians in ICU units had more positive attitudes toward collaboration than nurses⁽¹⁸⁾. From above studies, the literature attribute the nurse-physicians relationship to hierarchical model of patient care which means nurses are doctors' assistant and are viewed as subordinate. Studies showed that American nurses expressed more positive attitudes toward collaboration than their counterparts in Italy and Mexico. This is because the American nurses followed complementary model of professional roles rather than hierarchical model of practice in the counterpart⁽¹⁹⁾. Katz and MacDonald (2002), and Barrere and Ellis (2002), stated that when knowledge concerning nursing role increases, significant favorable changes in the nurses' attitude toward collaboration can happen. Therefore, limited knowledge of nursing roles negatively affects the physicians' willingness to practice collaboration⁽²⁰⁾⁽²¹⁾.

It support the fact that the cooperation between physicians, nurses, and other healthcare professionals increases team members, and other type of knowledge and skills, leading to continued improvement in decision-making⁽²²⁾. In contrast, Elsous et al. (2017) found that the perception toward collaboration between physicians and nurses is significantly different, and nurses showed more favorable perception than physicians⁽²³⁾. Other studies showed different results, in which physicians in ICU had more positive attitudes toward collaboration than nurses⁽¹⁸⁾. Masson (2007) supported that cooperation and collaboration between doctors and nurses is vital to patient care and need to be no difference between them. The physicians and nurse working together with a clear sense of their individual and professional strengths and limitations has potential for healing the whole person, un-equalled by either healer alone⁽²³⁾. Mackay (2010), added that having a good relation, doctors and nurses learn from each other, and share valuable information, which promotes good patient care and maintains a

productive work environment ⁽²⁴⁾. In addition, collaboration is the most preferred strategy of the conflict resolution styles; it requires both cooperation and assertiveness, and involves fully recognizing others' concerns while not sacrificing or suppressing one's own ⁽²⁵⁾.

The researcher view of point from study findings, the significant differences by independent sample t-test which indicate a negative perception of cooperation between them, which means that the nurses (M=2.17) more cooperative than the physicians (M=1.57). Relationship between nurses and physicians is reflects negative outcomes between the two parties in study because how well these two groups work together affects the quality of care that patients receive. It need to be conducted more studies to investigate the impact of nurses and physicians cooperation upon patients quality of care. Collaborative nurse-physicians relationship also leads to better patient and organizational outcomes such as decreased length of stay and reduction in treatment costs without reduction in functional levels or decrease in satisfaction among patients. In addition to patient outcomes, high quality nurse-physicians relationships result in increased satisfaction among nurses and physicians and increased autonomy for nurses ⁽²⁶⁾. Researcher sees the collaboration, clear communication, cooperation, respect, and positive attitudes are the essential ingredients for any relationship. Shared positive attitude and behavior is what will drive a team to be successful. Physicians and nurses need to function at an emotionally intelligent level.

Conclusions

Nurses expressed a more cooperative than the physicians, and physicians expressed a negative perception towards nurses-physician collaboration due to do not understand the roles of nurses at work. Hospital Administration need to be establishing programs to enhance the communication between nurses and physicians through these programs they understand and improving collaborative relationship between nurses and physicians through understand each other's roles.

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