

# Effective Factors on Inter Professional Relationship Between Nurses and Physicians

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## Abstract

**Objectives:** To review the literatures on effective factors on inter professional relationship between nurses and physicians.

**Methods:** Major data bases (Pub Med, Elsevier of Science, Pro Quest and CINAHL) were systematically searched for all relevant papers. Inclusion criteria were: papers published in english and persian between 2000 and 2012, which present inter professional relations between doctors and nurses based studies focusing on effective factors on collaboration between nurses and physicians. A data abstraction form was developed to summarize each paper.

**Results:** 19 papers were included in this review. Based on our findings six categories were identified as effective factors on inter professional relationship between nurses and physicians: (1) Gender, (2) Context, (3) Attitude of nurses and physicians, (4) Hospital management and Government policies, (5) Inter professional education and (6) Professional knowledge and skill. **Conclusion:** This systematic review by describes and analyses international research on nurse- physicians relationships that have undertaken over 12 years, provides a facility for identification effective factors in this field. These results can be used by healthcare managers for improving inter professional collaboration between nurses and physicians. Of course there is still a lack of knowledge concerning in which factor is more important, therefore more research is necessary in this field.

**Keywords:** Relationship; Collaboration; Communication; Nursing; Physicians

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## 1. Introduction

Nursing is a profession that establishes various cultural and social communications in the context of work environment. Recognition of nurses, description and perception of communication can present valuable data for professional planning and decreasing or eliminating the communication problems. Also improving the professional communication can guarantee the quality of

professional services to the patients [1]. Although nursing is typically characterized as caring and medicine as curing, both are essentially healing disciplines combining art, science and craft and comprising caring, treatment and curative functions both of these professions cannot operate in isolation or a specific sphere [2], they have same philosophical goals [3]. Nursing and medicine have both traversed evolutionary paths over several

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hundred years but the collaborative relationship is a relatively recent phenomena stemming from the reform of hospital nursing by Florence Nightingale in the late 1800s [4]. Inter professional collaboration between nursing and medicine described as working together, sharing in decision making around health and social issues, to formulate and carry out plans for patient care and solving patients' problems [5]. Processes of inter professional relationship include the interactions, relations, cohesion, communication, and coordination between nurses and doctors. Collaboration outputs include the actual result of the team's performance. These can be both objective (patient outcomes, efficiency) as subjective (well-being, job satisfaction) [6]. This relationship is major factors at the centre of health care delivery and practice [7]. Nurses and physicians collaborative also can improve clinical outcomes as well as patient satisfaction and can decrease institutional costs and it can positively influence clinical outcomes such as patient death rates [8]. It has beneficial effect on the quality of drug use and the improvement of behavioral disturbances among a large number of nurses [9]. This kind of relationship between nurses and physicians can provide satisfaction within the professions, increase their knowledge and skills. By considering nursing workforce and shortage problem, collaboration between nurses and physicians can improve professional job satisfaction and resolve this problem [10].

By considering benefits of collaborative on patients and contributing better communication and satisfaction within the professions in 2001 a recommendation by the Institute of Medicine Committee on Quality of Health Care in America suggested that nursing and physician professionals working in inter professional teams can best communicate and address complex and challenging needs because patients have complex health needs and typically require more than one discipline to address issues regarding their health status [5], relationship between healthcare teams special nurses and physicians should always be cordial and collaborative [2] and it must be nonhierarchical, and power must be shared based on knowledge and experience, not role or title [3]. Combining skills and defining roles allowed for a comprehensive approach to care of a specific group of patients [11]. Collaboration is a complex process, inter professional working relationships of nurses and doctors have been discussed in the literature but little research has investigated specific components of the relationships and effective factors in this field [4]. Therefore, we have done this study and presents findings as systematic review article to

emerge picture of inter professional relations and its' effective factors.

## 2. Methodology

We applied a sensitive literature search strategy to identify relevant studies. We searched four electronic databases' Pub Med, Elsevier of Science, Pro Quest and CINAHL" for articles published between January 2000 and September 2012. Although Inter professional relationship between nurses and physicians described as working together, sharing in decision making around health and social issues, much of the literature only focuses on individual facets of the inter professional relationship concept but we wanted to investigated all effective factors in this field, therefore we used the results of various studies both Mesh and non-Mesh terms for inter professional relations between doctors and nurses were combined which led to the following search strategy: (Inter professional relationship OR professional relationship OR collaboration, doctor and nurse interactions OR communication, healthcare teams OR nursing AND physicians). Articles included matched the following criteria: (1) English or Persian-language publication, (2) A focus on inter professional relationship between nurse and physicians and (3) Focus on how this relation will improve (not only exist of relationship), 'abstract' and 'publication in last 12 years' articles were exclusion. We also examined the reference lists of identified publications.

## 3. Results

We included 19 studies in this review. Based on our findings six categories were identified: (I) Gender, (II) Context, (III) Attitude of nurses and physicians, (IV) Hospital management and Government policies, (V) Inter professional education and (VI) Professional knowledge and skill. Summary of the main research articles on nurse-doctor relationships and its effective factors have shown in table 1.

### 3.1 Gender

Gender has important role in imbalance relationship between nurses and physicians. By considering this fact that majority of the nursing profession is women and, although this is changing, men still predominate in the medical profession as unequal partners [4]. The doctor-nurse relationship, often seen as a dominant-subservient one, has traditionally been seen as a man-woman relationship with the latter consigned to a "handmaiden" role [2] doctors are responsible for diagnosing, operating and prescribing, were being covertly guided in clinical decisions by apparently acquiescent female nurses, supposedly responsible

only for 'housekeeping' and patient service [9]. This cause struggle in inter professional relationship between nurses and physicians.

### 3.2 Context

Context involves social and cultural factors. The extent of mutual collaboration between physicians and nurses can be influenced by prescribed societal roles and cultural norms. According to the tenet of the social role theory, attitudes and expectations in different cultures play key roles in physician–nurse

collaborative relationships for example, it is reported that the relationship between physicians and nurses tends to be “hierarchical” in societies where nurses have very little autonomy, while physicians have a total dominance in patient care decisions. In contrast, inter-professional relationships tend to be “complementary” in societies where physicians and nurses share the power and are viewed to have complementary roles and responsibilities in patient care [12].

**Table 1.** Summary of the main research articles on nurse–doctor relationships and its effective factors.

Major conclusions	Location	Author
(gender has important role in imbalance relationship )unequal and exploitative power relations that were the basis of gender dimensions of the division of labor between the two groups	Australia	IAN BLUE et al., (2002)
societal roles and cultural play key roles in physician–nurse collaborative relationships both American and Israeli nurses, who worked in a complementary model of professional roles, expressed more positive attitudes toward collaboration than did their Italian and Mexican counterparts, who practiced in a more hierarchical model of professional practice	USA	Mohammadreza Hojat et al., (2003)
to enhance inter-professional collaboration should be directed first at changing organizational structures and policies to promote easy opportunities for natural dialogue between doctors and nurses. Nurse-doctor working relationships were statistically significantly affected by hospital management and government policies	Newcastle Australia Nigeria	Carolyn Hastie & Kathleen Fahy (2011) Roseline I Ogbimi and Clement A Adebamowo (2006)
Physicians were "in charge", and nurses learned to defer to them and follow their lead. These findings indicated the trend toward more positive attitude related to collaboration versus the more traditional attitudes of the physician as the primary authority in patient care decisions	Egypt	Karima A et al., (2011)
Inter professional education IPE provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals	USA	Diane R et al., (2011)
Professional knowledge and skill increases inter-professional collaboration	Nigeria	Roseline I Ogbimi and Clement A Adebamowo (2006)

### 3.3 Attitude of nurses and physicians

Attitude of nurses and physicians has important role on collaboration between them. Most articles show that nurse have better attitude than physicians. Factors such as tradition, the subordination of nurses to physicians, socialization within health care facilities, sexism, stereotyping and apprenticeship model of nursing education are found to affect the attitudes of physicians and nurses alike. Traditionally, the predominately male physician group gives the orders for patient care, and the predominately female nursing group carried out the orders. Physicians were "in charge", and nurses learned to defer to them and follow their lead. These traditional views on the nurse-physician relationship can affect caregiver's attitudes toward nurse-physician collaboration (EL Sayed, 2011). Physicians and nurses think collaboration is

desirable but it means different things to different groups. Physicians think collaboration involves clear communication where nurses give physicians required information for the physicians' decision making and then follows physicians' instructions. Nurses think collaboration means working together in a friendly and supportive manner (Hastie et al., 2011). This difference attitude cause conflict between nurses and physician.

### 3.4 Hospital management and government policies

Government and hospital management were unfavorable. Management decisions such as the category of health care worker who can head government policies such as headship of public health care institutions is discriminator [14]. According to Ogbimi occupational prestige is determined by its sophistication, effectiveness, exclusiveness and accessibility of service to the public [15]. The current

situation where headship of hospitals is preserve of physicians compared to nurses [14]. Physicians receive social support systems and high incomes, there is resisting regulatory and financial restriction. Professional boundaries have not identified [9].

### *3.5 Inter professional education*

Another important factor is inter professional education that is consist of collaborative approach to develop healthcare students. Students trained using an IPE approach is more likely to become collaborative inter professional team members who show respect and positive attitudes towards each other and work towards improving patient outcomes. IPE provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values and respect for the roles of other healthcare professionals [5]. While new to medical and nursing school education, there is evidence that student attitude toward inter professional collaboration and communication may be enhanced through IPE. Participating in interdisciplinary teams also gives students a better understanding of the role each discipline has in the health care system and its delivery. These factors would result in efficient and effective patient care through improved clinical decision-making [16].

### *3.6 Professional knowledge and skill*

Professional knowledge and skill is another effective agent on collaboration between nurses and physicians. Insufficient information about patients' diagnosis, inadequate attention to patients, uncooperative work attitudes, insufficient drug administration, poor attitude to work, refusal to come for duty calls, interference, negligence of duty and staffing insufficiency are results of lack of professional knowledge [14]. Appreciation of the unique knowledge of contributing disciplines and a clear understanding of the unique contributions of nursing to care can demonstrate that nurses play an important role in achieving the positive patient's outcomes and can improve nursing image among physician and enhance collaboration between them [11] Most nurses describe that relevant clinical information is necessary for better communicating with physicians [17].

## **4. Discussion and Conclusion**

Given the role that gender perception plays in physicians -nurses working relationships [18], we opine that it is necessary to increase the recruitment of men into nursing and women into medicine in order to balance the gender distribution, reduce gender-role-perception based conflicts and enhance nurses-physicians working relationships [14]. Another major factor influencing the working relationships between

nurses and physicians was hospital management and government policies: bad behavior among both physicians and nurses has been linked to poor retention of staff in the health care system and poor clinical outcomes. While some authors think physicians are the major sources of these conflicts others have blamed medical training programs that set up a hierarchical model with nurses in a relatively subservient role. In the opinion of Witz physicians' behaviors serve as vital demarcation strategies to confirm physicians' autonomy in inter-occupational relationships with nurses [14]. Poor government and economic depression in developing countries has been the radicalization of workers' unions. Withdrawal of services became a frequent tool for negotiating new working conditions and display of grievances about government policies. Such activities tended to polarize workers, particularly in a multidisciplinary environment like health care, where some groups, usually physicians, may be considered more privileged than others. By this condition relationship will be worse [14]. By comprising inter professional relationship in varies contexts, findings shows that less conflict in the professional roles of physicians and nurses may be expected in countries with more traditional professional roles such as Mexico and Italy. On the contrary with complementary role model, there is a deeper gap between physicians and nurses such as US. This finding deserves further empirical scrutiny in future studies [12]. Results of varies studies show physicians and nurses' attitudes can affects on their relationship. Traditional views on the nurse-physician relationship can affect caregiver's attitudes toward nurse-physician collaboration; varies studies also show that nurse and physicians' attitudes can be affected and change positively by increasing physician's knowledge about a nurse's role instead limited knowledge about the nurse practitioner's role in patient care [11]. Therefore, by increasing nurses and physicians' knowledge, their relationship will be empowering. Inter professional education helps students to understand their own professional identity while gaining an understanding of other professional's roles on the health care team. By curricular mapping, mentor and faculty training, a sense of community, adequate physical space, technology, and community relationships we can be success in this program and enhance knowledge of nurses and physicians' students (Bridges et al., 2011). Updated professional knowledge and skills for interactions management is another important factor for collaboration. Most nurses describe that their knowledge and skills' effect on inter professional relationship [1]. In a climate where there is equality, respect and appreciation of each other's professional skills; it is more likely that effective professional relationships will exist and flourish [4].

Collaboration is vital not only for the benefit of patients, but also for the satisfaction of health care providers. Identification effective factors on inter professional relationship between nurses and physicians is very important which it can be used as a step to development inter professional collaboration between nurses and physicians. This systematic review by describes and analyses international research on nurse- physician relationships undertaken over 12 years" nurses and doctors relationships" provides a facility for identification effective factors on collaboration between nurses and physicians. Healthcare managers should notice to these factors and correct these factors. Of course there is still a lack of knowledge concerning in which factor is more important, therefore more research is necessary in this field.

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