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Nurse-physician collaboration and associations with perceived autonomy in Cypriot critical care nurses

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ABSTRACT
Background and aims: Increased nurse-physician collaboration is a factor in improved patient outcomes. Limited autonomy of nurses has been proposed as a barrier to collaboration. This study aims to explore nurse-physician collaboration and potential associations with nurses’ autonomy and pertinent nurses’ characteristics in adult intensive care units (ICUs) in Cyprus.

Design and Methods: Descriptive correlational study with sampling of the entire adult ICU nurses’ population in Cyprus (five ICUs in four public hospitals, n = 163, response rate 88.58%). Nurse-physician collaboration was assessed by the Collaboration and Satisfaction About Care Decisions Scale (CSACD), and autonomy by the Varjus et al. scale.

Results: The average CSACD score was 36.36 ± 13.30 (range: 7–70), implying low levels of collaboration and satisfaction with care decisions. Male participants reported significantly lower CSACD scores (t = 2.056, p = 0.04). CSACD correlated positively with years of ICU nursing experience (r = 0.332, p < 0.0001) and professional satisfaction (r = 0.455, p < 0.0001). The mean autonomy score was 76.15 ± 16.84 (range: 18–108). Higher degree of perceived collaboration (CSACD scores) associated with higher autonomy scores (r = 0.508, p < 0.0001).

Conclusions: Our findings imply low levels of nurse-physician collaboration and satisfaction with care decisions and moderate levels of autonomy in ICU nurses in Cyprus.

Relevance to clinical practice: The results provide insight into the association between nurse-physician collaboration and nurses’ autonomy and the correlating factors.

Key words: Autonomy • Clinical decision-making • Collaboration • Critical care • Power disparities • Professional satisfaction

INTRODUCTION
Collaborative relationships affect patient care and outcomes in critical care (Rose, 2011). The increased complexity and acuity of critically ill patients necessitate a team approach. Nonetheless, poor collaboration and communication in intensive care units (ICUs) have been reported (Punttillo and McAdam, 2006).

Evidence indicates increased nurse-physician collaboration as a factor in improved physiological patient outcomes, including lower mortality rates (Knaus et al., 1986; Baggs et al., 1999; Wheelan et al., 2003), lower rates of ICU readmission (Baggs et al., 1992, 1999), and lower complication rates, such as ventilator-associated pneumonia and pressure ulcers (Manojlovich et al., 2009). Additionally, interprofessional collaboration is one of the core nursing practice elements of magnet hospitals and is associated with nurses’ and patients’ satisfaction (Stordeur and D’Hoore, 2007). For true collaboration to occur, all parties need to be empowered to employ their expertise and authority to implement their decisions. Professional collaboration has been proposed as both a precondition and an outcome of autonomy (Baggs et al., 1999).