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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