

# Nursing Health Services Research Unit

a collaborative project of  
the University of Toronto  
Faculty of Nursing and  
McMaster University  
School of Nursing

Our mission is to develop,  
conduct and disseminate  
research that focuses on:

- design
- management
- utilization
- outcomes
- provision  
...of nursing.

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funded by the  
Ontario Ministry of Health &  
Long-Term Care  
2004-2009



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This research has been generously  
funded by a grant from the  
Government of Ontario. The views  
expressed do not necessarily reflect  
those of the Government of Ontario.

## INTRODUCTION TO NURSE-PHYSICIAN COLLABORATION *NURSE-PHYSICIAN COLLABORATION: FACT SHEET I OF IV*

This fact sheet (I of IV) presents selected content from a report entitled *Nurse-Physician Relationships – Solutions and Recommendations for Change*. The full report is available on line at [www.nhsru.com](http://www.nhsru.com).

### INTRODUCTION

The current nursing shortage has focused public attention on the importance of nursing care (Williamson, 2003; Estabrooks et al., 2005; Aiken et al., 2001), and the unfavorable conditions under which most nurses work: poor financial rewards, low professional autonomy, and limited participation in decision making processes (Stein et al., 1990; O'Brien-Pallas et al., 2004). Jansky (2004) states that the current nursing shortage is directly affected by nurse-physician relationships. When those relationships are positive, nurses are more likely to feel satisfied within their workplace and to remain in their current positions. This job satisfaction maintains nurses' equilibrium, and prevents burnout. This is particularly important as the "growing concern about the worldwide shortage of nurses will necessitate more attention to recruitment and retention issues" (Laschinger, Shamian, & Thomson, 2001, p. 10).

### CONTEXT

Changes which have been observed within healthcare during the past decade include:

- Increased responsibilities for healthcare professionals
- Elimination of healthcare positions
- Higher acuity of hospital patients
- Decrease in numbers of hospital beds
- Reduction in the average hospital length of stay
- Increasingly stressful working environments
- Inappropriate staffing levels
- Reduced job security
- Substitution of Registered Nurses (RNs) and Registered Practical Nurses (RPNs) with unregulated care providers
- Reduction in full time to part time ratio of nursing staff
- Increased utilization of agency nurses
- Higher workloads for nurses

In combination, these factors lead to lower professional and organizational commitment (O'Brien-Pallas et al., 2004).

### RESTRUCTURING IN CANADA

"Healthcare restructuring in Canada is currently being addressed at national, provincial, and regional levels" (Korabek et al., 2004, p. 261). This trend has put particular emphasis on healthcare research with a move to incorporate evidence based practice; integrate healthcare services provided by different disciplines across the care continuum, and design and implement primary care models incorporating collaborative practices and partnerships between healthcare professionals (Korabek et al., 2004).

## ***COLLABORATION AMONGST HEALTHCARE PROFESSIONALS***

“Collaboration improves patient care, enhances job satisfaction, boosts productivity, and helps to contain costs” (Pavlovich-Danis, 1998, p. 20). The development of understanding, respect, and trust among healthcare professionals, seems to be an essential process in ensuring effective collaboration, as well as an appreciation of each individual’s strengths and limitations.

“It is becoming increasingly clear that now and in the future a health care model consisting of partnerships that build collaborative interventions is the approach that will lead to improved health outcomes for the public at large and in particular to vulnerable and at-risk populations” (Bolton et al., 1998, p. 6). Successful collaboration fosters quality, satisfaction, and enhanced productivity for those who provide and those who receive healthcare (Korabek et al., 2004; Warren, Houston, & Luquire, 1998). A successful collaborative team is “a multidisciplinary team in which the healthcare professionals treat a patient independently but share information, pool their knowledge, and jointly evaluate or develop an appropriate plan of care” (Warren et al., 98, p. 95).

## ***NURSE-PHYSICIAN COLLABORATION***

Boyle and Kochinda (2004, p. 61) define collaboration as “nurses and physicians working together cooperatively to achieve shared problem solving, conflict resolution, decision making, communication and coordination”. Collaboration has also been described as: “a process which allows the interaction of colleagues within a flat hierarchy, with individuals being able to make decisions both independently and as part of a team” (Burchell, Thomas & Smith, 1983, as cited in Taylor-Seehafer, 1998, p. 387); and “an interaction that includes consideration for all comments involved in the interaction, and active integration of the perspectives and skills of various participants” (Coeling & Cukr, 2000, p. 67). Keenan, Cooke and Hillis (1998, p. 69) recalled the suggestion by Gray (1989) that “the essence of collaboration is balanced power among participants who recognize each other’s mutual value”. The Killman and Thomas (1977) model of conflict resolution (as cited in Dechairo-Marino et al., 2001), states that collaboration involves a high level of concern for others (cooperativeness), as well as a high concern for self (assertiveness).

Regardless of which description is used, the central element of collaboration seems to be communication. As derived from the literature, the other factors which contribute to collaboration seem to be mutual trust, respect, and shared decision making responsibilities. Interestingly, good nurse-physician relationships have been repeatedly identified as a fundamental characteristic of magnet hospitals (McLure et al., 1983; Kramer & Schmalenberg, 2002; Hinshaw, 2002) and the link between magnet hospitals and positive nurse-physician collaboration has been strongly established.

Current research indicates that nurses generally feel that physicians do not respect them for their unique knowledge and skills, which has a negative affect on their relationships (Jansky, 2004; Rosenstein, 2002). This is a cause for concern as studies have demonstrated that communication and collaboration between nurses and physicians can have a profound effect on workplace environment and patient care (Baggs et al., 1997; Pike, 1991; Knaus et al., 1986; Lo, 1995). Optimal nurse-physician collaboration is associated with higher levels of satisfaction for physicians (Miccolo & Spanier, 1993; Genet et al., 1995, as cited in Corser, 1998) and for nurses (Jansky, 2004). It has also been linked to lower turnover levels for nurses (Jansky, 2004) and a quality practice environment (Matthews & Lankshear, 2003). These outcomes provide the impetus for further research into nurse-physician collaboration.