

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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NURSE-PHYSICIAN COLLABORATION TODAY: IMPLICATIONS FOR POLICY AND RESEARCH *NURSE-PHYSICIAN COLLABORATION: FACT SHEET IV OF IV*

This fact sheet (IV of IV) presents selected content from a report entitled *Nurse-Physician Relationships – Solutions and Recommendations for Change*. The full report is available online at www.nhsru.com.

CURRENT RESEARCH

Although hospitals have little control over patient characteristics such as the severity or complexity of a patient's condition, they may have a significant influence on other aspects of the overall system. These aspects include nurse characteristics, system characteristics and behaviours, and environmental complexity factors, which are amenable to policy and management interventions (O'Brien-Pallas et al., 2004). Accordingly, interventions targeted at certain areas of patient-care delivery (e.g., nurse-physician relationships) may be extremely useful in improving nurses' workplace environment, satisfaction, and concomitantly the recruitment and retention of nurses (Rosenstein, 2002).

WHAT ARE THE IMPLICATIONS FOR POLICY, PRACTICE, AND FUTURE RESEARCH?

The body of literature on nurse-physician relationships is sizeable; however, while the literature may comment on, editorialize, or encourage the use of collaboration, very few studies have been carried out which seek to improve collaboration within healthcare organizations through intervention focused research (Corser, 1998; Zwarenstein & Bryant, 2004; Lassen et al., 1997; Boyle & Kochinda, 2004; Horak et al., 2004). The term intervention encompasses a variety of activities such as: inter-disciplinary workshops, interdisciplinary ward teams, home healthcare nurse-practitioner partnerships, interdisciplinary education, etc. The following table provides a selected list of intervention studies located in the literature.

Researchers	Intervention Implemented	Study Participants	Target Audience
Coeling & Cukr (2000)	Communication class	Nursing graduate students	All healthcare professionals
Barrere & Ellis (2002)	Shadows program	Medical students	Medical & nursing students
Boyle & Kochinda (2004)	6 learning modules	Nurse & physician leaders	Nurse & physician leaders
Buback (2004)	Self-paced learning modules	OR Nurses	OR Nurses
Dechairo-Marino et al. (2001)	Operating principles for collaboration and quality patient outcomes & class focussing on components of collaboration	Medical-surgical & ICU Nurses	Not identified
Korabek et al.(2004)	Partnering groups set up, team building exercises, partnership forums & a newsletter	Community based physician & nurses	Community based nurses & physicians
Foley, Nespoli, & Conde (1997)	Case scenarios using standardized patients and standardized physicians	Medical-care nurses	Nurses
Keenan, Cooke, & Hillis (1998)	Nine vignettes	Emergency room nurses	Nurses & physicians
Horak et al. (2004)	Team building meetings, ground rules for collaboration.	Nurses, physicians, nurse & physician leaders	Nurses & physicians
Trossman (2003)	Procedure for reporting disruptive behaviour	Nurses & physicians	Nurses & physicians

RECOMMENDATIONS FOR POLICY AND RESEARCH

Given the strong evidence regarding the positive influence of optimal nurse-physician relationships (see Nurse-Physician Collaboration Fact Sheet II), the following policy and research initiatives are indicated.

Selected possible policy implications:

- I. Raise awareness of the importance of positive nurse-physician relationships with such individuals or associations as the Ontario Ministry of Health and Long-Term Care; Ministry of Training, Colleges and Universities; Ontario Hospital Association; Ontario College of Physicians and Surgeons; Council of Universities; Joint Provincial Nursing Committee; and Joint Provincial Planning Committee.
- II. Measure nurse-physician relationship indicators as part of the hospital report card system and RFP Template for Community Care Access Centres (or contract monitoring protocols).
- III. Incorporate collaborative education models and curricula for nurses and physicians.

Selected possible research implications:

- I. Commission a research project to test an intervention(s) designed to positively influence nurse-physician relationships:
 - Use an intense dose of intervention
 - Test specific outcomes such as degree of shared decision making, risk adjusted length of stay, patient satisfaction, nurse satisfaction, and physician satisfaction
 - Include both physicians and nurses if possible
 - Use a large sample size
 - If possible incorporate a randomized block design
 - Apply a validated and statistically reliable measurement tool
- II. Following additional research and the implementation of an intervention study a nurse-physician collaboration component could be added to the funded Ontario Nursing Strategy Initiatives. A Request for Proposal could be developed for healthcare organizations to submit their project ideas to optimize nurse-physician collaboration that could then be considered for funding to a level established by the MOHLTC.
- III. Encourage the Canadian Association for Schools of Nursing and the Council of Ontario Universities to continue developing their inter-professional education initiatives including shared curricula for their health discipline programs to build communication skills and foster optimal collaboration between nursing and medical faculties, students, and graduates.