

ORIGINAL RESEARCH

The relationship between physicians and nurses in hospitals affiliated with Zanjan University of Medical Sciences, Iran

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ABSTRACT

Introduction: The establishment of a healthy relationship between healthcare professionals is required for resolving healthcare issues. The professional relationship between physicians and nurses are quite decisive and vital factor for patient care. Therefore, the purpose of this study was to examine the quality of relationship between physicians and nurses in hospitals affiliated with Zanjan University of Medical Sciences, Iran.

Methods: In this descriptive-analytic study, a cross-sectional method was used. Nurses working in hospitals affiliated with Zanjan University of Medical Sciences, Iran were selected randomly. A demographic data and a 32-item questionnaire related to the professional relationship between physicians and nurses were used for data collection. Of 160 nursing staff 96 nurses returned the questionnaire. Descriptive and analytical statistics were used for data analysis via the SPSS software.

Results: About 75.8% of the nurses were female and 76.8% held a bachelor's degree. Also, 86.4% of them had rotational shift works. Many of them (66.2%) held below 15 years of work experience and 59.5% received no reward to make a relationship with physicians. Moreover, 76.8% of the samples mentioned that non-existence of fixed work shifts and extra shifts created stressful and tedious conditions leading to ineffective nurse-physician relationships.

Conclusions: There were major shortcomings within nurse-physician relationships. Hence, the promotion of physicians' knowledge on nurses' career and nurses' welfare is required for advancing professional relationships between nurses and physicians.

Key Words: Communication, Relationship, Physician, Nurse, Iran

1. INTRODUCTION

Communication is a process by which information are transferred through signs, indications and behaviors between individuals. Communication is composed of verbal and non-verbal aspects.^[1]

Communication is a multi-method process wherein two or

more individuals exchange notions, ideas, sentiments and facts. Also, through communication, individuals denote the same meanings to accomplish the task. The significance of communication in the human being's life is so noteworthy that the foundation of human growth and advancements depends on communication. Furthermore, the ability to develop

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an effective contact between healthcare professionals is the principal characteristics of healthcare staff.^[2]

In healthcare professions, relationship and communication skills play crucial roles in patients' satisfaction and settling their health-related problems. For patients who need long-term care communication between healthcare providers are so important. Effective communications have many effects on blood pressure, pain control, reduction of anxiety and improvement of patients' satisfaction. On the other hands, inappropriate communication increases the possibility of false diagnoses, patients' participation in the treatment process.^[3] The ability to develop an effective relationship between physicians and nurses has been emphasized.^[4] It has been emphasized as an essential principle of nursing and multi-professional care.^[5] Pejmankhah et al. (2008) stated that appropriate communication improved patients' health consequences, reduced medical errors and probable litigations. It has been reported that the cause for most court cases against healthcare professionals was communication failure. Also, patients' most common complaints were related to information issues between healthcare providers. Communication between healthcare service providers and patients is a predictor of adherence to the therapeutic regimen, care outcomes and patients' satisfaction with care.^[6,7]

Communication between physicians and nurses needs mutual interactions concerning patient care for obtaining the therapeutic goal. Nurse is a member of the healthcare team who participate in the evaluation and implementation of care plans. Physicians and nurses owing to differences within their professions hold different understandings on patients' needs, which may cause variations in patient care. However, the existence of a proper relationship between physicians and nurses provides a common ground for reaching mutual purposes.^[3] Evidence suggests the presence of tension within the professional communication between physicians and nurses^[7] that can be one of the focal sources of anxiety among nurses in professional relationships. Tensions between nurses and physicians causes more stress in comparison with those with other healthcare colleagues.^[8] Tensions in professional relationships have always been available, but the development and expansion in nurses' roles, decision-making abilities, expertise and scope of practice have exacerbated the tensions.^[9]

Given the significance of communication and collaboration between physicians and nurses for improving the quality of patient care, nurses-physicians communication issues in developing countries are available. Therefore, this study was conducted to study communication issues between nurses and physicians. Therefore, the aim of this study was to in-

vestigate the quality of communication between physicians and nurses in hospitals affiliated with Zanjan University of Medical Sciences, Iran.

2. METHODS

This was a descriptive-analytic study using a cross-sectional method. It was conducted from June to September of 2015. All the nurses working in three teaching hospitals affiliated with Zanjan University of Medical Sciences, Iran were recruited into the study through a random sampling method. Out of 500 nurses working in the mentioned hospitals, 160 nurses were required to participate in this study using the following sampling formula:

$$n = Z_{1-\alpha/2}^2 P(1 - P)/d^2$$

A thorough literature search led to the development of a questionnaire in two parts: (i) data collection regarding socio-demographic characteristics and (ii) inter-professional communication deriving from the questionnaire developed based on the findings of Rostami (2010).^[3] This instrument was consisted of 25 items with a five-point Likert scale as follows high (grade 5), average (grade 4), low (grade 3), very low (grade 2) and never (grade 1).

The validity of the instrument was assessed using content validity. For this purpose, the instrument was sent to faculty members of medical and midwifery schools and their feedbacks were incorporated into the final instrument. The Cronbach's alpha coefficient was employed to determine the reliability of the instrument. Using a pilot study, 40 nurses filled out the questionnaire and the Cronbach's alpha coefficient was reported as 0.93.

Subsequent to explaining research objectives, the informed consent form was signed by the nurses who agreed to take part in this study. The instrument was filled out by the nurses. Lastly, 96 questionnaires were filled out by the nurses.

Descriptive and inferential statistics were used to analyze the data via the SPSS 18.0 software for windows.

3. RESULTS

It was found that 75.8 percent of the nurses were female and 76.8 percent of them held bachelor's degree. Moreover, 74.8 percent of them were below 40 years old.

Also, 86.4 percent of them had rotational shift works. Many of them (66.2%) held below 15 years of work experience and 59.5 percent received no reward to make a relationship with physicians. Moreover, 76.8 percent of the samples mentioned that non-existence of fixed work shifts and extra shifts created stressful and tedious conditions leading to ineffective

nurse-physician relationships. Additionally, 42 percent of the nurses said that doctors had not enough knowledge of nurses' academic abilities. Only, 3.8 percent of them declared that physicians were informed of nurses' abilities. 69.1 percent of nurses believed that physicians were not aware of nurses' job obsession and 64.3 percent of them stated that nurses were the ones who performed greetings first. 10.5 percent of the nurses experienced no verbal communication with physicians.

74.8 percent of the nurses blamed career fatigue as a negative factor affecting communication between nurses-physicians. 34.5 percent of the nurses experienced abusive behaviors by physicians and 50 percent served as nurses with no feedback from physicians. 48 percent of the nurses stated that their comments concerning patients' health were ignored by physicians.

4. DISCUSSION

This study was conducted to determine the quality of communication between physicians and nurses in three hospitals attached with a university in Iran in 2015. According to this study, 59.5 percent of the nurses claimed that low reward was a crucial factor affecting their communication with physicians. Mirkamali (2011) demonstrated that the most poor payment and low income affected communication.^[10] Studies by Zahedi et al. (2000) and Mirzabeigi et al. (2009) indicated that nurses' discontent stemmed from payment and the promotion system.^[11, 12]

Income and salary were considered factors affecting nurse-physician communication. Plenty of factors caused dissatisfaction among nurses, but insufficient earnings led to the multiplication of staff turnover and their discontent.

The identical nature of nursing in various contexts can describe the causes of similarity between the findings of this

study and those of other studies. It was found that physicians had insufficient knowledge of nurses' abilities. Also, it was the nurses who performed greetings first. Our findings were similar to those by Snellgrove and Hughes's in the UK (2000), but they were convers to those of the Shokri et al.'s findings as 57.4 percent of nurses experienced appropriate communication with physcists and 42.6 percent hold average quality of communication.^[2, 13]

It was also demonstrated that physicians did not ask for nurses' advice for patient care as the most pivotal factor in disrupting the professional relationship between physicians and nurses.^[2]

A lack of cooperation of nurses for filling out the data collection tool was a main limitation of this study.

5. CONCLUSION

The results of this study indicated that many shortcomings existed in the relationship between physicians and nurses. Major contributing factors were physicians' lack of knowledge about abilities and career obsessions of nurses, the existence of environmental stress factors such as insufficient income, heavy workload and fatigue. Nurse Managers can use the findings of this study for devising strategies for improving nurses' communication with physicians. For instance, education for physicians and nurses on inter-professional collaboration are required. Therefore, more emphasis should be placed on communication skills education in nursing and medical educational courses. Also, the knowledge of physicians' promotion of nurses' career and improving nurses' social welfare are recommended. An environment should be created for improving interactions between healthcare professionals.

CONFLICTS OF INTEREST DISCLOSURE

The authors declare that there is no conflict of interest.

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