NURSES’ AND PHYSICIANS’ ATTITUDES TOWARD
PHYSICIAN-NURSE COLLABORATION IN PRIVATE
HOSPITAL CRITICAL CARE UNITS

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A research report submitted to the Faculty of Health Sciences, University of the
Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the
degree of
Master of Science in Nursing.

Johannesburg, 2013
DECLARATION

I, Lynn Le Roux, declare that this research report is my own work. It is being submitted for the Degree of Master of Science in Nursing in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

Signature..................................................

......................... day of ................. 2013

Protocol Number M120624
DEDICATION

This work is for my two darling angels. Your sparkling eyes and innocent giggles pushed me through to the end. May you grow up to be happy souls.

To my husband, thank you so for all your encouragement, patience and expertise during this process.

You are a saint.

Mum, I wish you could have seen this.
ABSTRACT

In the setting of the critical care unit, the nurse is caring for the critically ill patients and is the care giver who is present at the bedside for 24 hours. The nurse comes into contact with all other disciplines attending to the patient and is thus often the common link in the multidisciplinary team. It is therefore essential that there is effective collaboration between the physician and the nursing practitioner.

With the world-wide shortage of skilled nurses worsening, it is imperative that we look at a means of retaining our current nursing personnel and attracting new nurses into the profession. Many studies examining the relationship between a healthy work environment and the retention of nurses have rated collaboration as a key aspect.

The setting for this study was five critical care units within the private health care sector. The study investigated both nurses’ and physicians’ attitudes towards collaboration in critical care units, as well as identifying factors which facilitate and constrain effective physician-nurse collaboration.

Recommendations for enhancing collaboration within the critical care unit were explored.

In this study a non-experimental descriptive design was used. The Jefferson Scale of Attitudes toward Physician-Nurse Collaboration, a 15 statement Likert scale, was utilized to collect data from both the nurses and the physicians. The data was analysed using factor analysis and descriptive statistics.

The results showed that nurses had a slightly more positive attitude toward collaboration as compared to the physicians, however the difference in the overall scores was not statistically significant.
ACKNOWLEDGMENTS

This undertaking would not have been possible without the collaboration and understanding of so many individuals.

Of primal significance is Dr Gayle Langley, my supervisor. Your sense of humour, endless badgering, devoted listening and ability to hand out an occasional reality check has been so appreciated over the years. Thank you, you truly are a marvel.

Thank you to the institutions that opened their doors to me and allowed me into their Critical Care Units.

All the nurses and physicians, thank you for taking the time to be part of this work. Your candour and courage has been heartfelt.

Mohammadreza Hojat, co-author of Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration, thank you for so willingly giving permission for the use of your works.
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