

Strategies to Overcome Barriers to Effective Nurse Practitioner and Physician Collaboration



Olivia A. Clarin

ABSTRACT

Nurse practitioners (NPs) are highly used within primary, specialty, and acute care settings. The NP role eventually evolved to one of collaborating provider. However, barriers to NP and physician collaboration continue to exist. Each barrier affects the ultimate goal of all medical institutions: patient care outcomes. Among the most commonly seen in the literature are the lack of knowledge on NP role, lack of knowledge on NP scope of practice, poor physician attitude, lack of respect, and patient reluctance to accept NP care. This article reviews the literature on the barriers and the strategies to overcome those barriers.

Keywords: Collaboration, interdisciplinary relationships, nurse practitioners, physician, scope of practice

NURSE PRACTITIONERS (NPs) and physicians have worked together to manage patients since the inception of the NP role in the 1960s.¹

Because the underserved and rural areas lacked primary and specialty care physicians, the NP role eventually evolved to one of a collaborating midlevel provider.² The integrated use of NPs and physicians together has positively affected the health care system, yet barriers to effective collaboration continue to exist, and this may lead to a reduced level of quality health care for patients. The barriers to effective collaboration between NPs and physicians are important to consider because the main goals of any NP–physician collaborative team are positive patient care outcomes.

Numerous articles have been written on collaboration between NPs and physicians; each giving different perspectives on the barriers to collaboration. Current research examines the experiences of NPs and physicians in collaborative practice and lists the critical components of effective collaborative relationships. Formal orientation to collaborating between health care providers in different disciplines is essential to managing patients efficiently.³ The use of theoretical frameworks was deemed helpful in developing an effective collaborative practice.⁴ The aim of this literature review is to review common barriers to effective NP and physician collaboration to identify the strategies to overcome these obstacles. The hope is that once common barriers are clearly identified and the strategies to overcome these barriers are used, successful collaboration will occur, leading to improved patient outcomes.

Essentially, the role of the NP is similar or equal to that of a physician; therefore, the duties inadvertently overlap. A physician will do the same type of work as a NP but brings more in-depth knowledge and expertise to patient care. In addition, physicians have the ability to perform special procedures or make more advanced clinical decisions and therefore can serve as an excellent resource in practice. Regardless, an NP has had sufficient knowledge and training to accurately assess and treat patients who have common disorders. Sharing similar goals and mirroring each others' practice provides consistent and comparable patient medical management. Together their duties overlap, but ultimately physicians and NPs share the goal of improved or better patient outcomes.^{5,6}

The effect of barriers to effective NP and physician collaboration on patient outcomes is depicted in [Fig-](#)

[ure 1](#). Two circles at the top depict the interprofessional relationship and how many duties overlap. The obstacles of the path to better patient outcomes are the barriers. The common barriers found in the literature are presented as the peach-colored square. The strategies to eliminating the barriers are shown in gray. Because better patient outcomes are the ultimate goal, this concept is illustrated as a barrel to show the open door to improved quality of care provided by the NP and physician collaborative team.

COLLABORATION BARRIERS

Twelve research and other scholarly articles identified the common barriers to NP and physician collaboration and the strategies to eliminate those barriers. Two tables of evidence were developed. [Table 1](#) shows the research studies done on NP and physician collaboration, whereas [Table 2](#) provides the overview articles on NP and physician collaboration. Those articles were obtained through a literary search of the databases PubMed, MEDLINE, CINAHL, Nursing and Allied Health, Cochrane Library, and Academic Search Elite. Key terms used to guide the search were “nurse practitioner,” “physician,” and “collaboration” together. Inclusion criteria for articles were (1) published within the past 10 years; (2) English language; (3) published worldwide; (4) descriptive studies showing interprofessional relationships of NPs and physicians; and (5) stories of collaboration. Exclusion criteria for the material being researched were (1) articles on nurses and physician collaboration and (2) articles involving NP collaboration with other health care members aside from physicians. Articles were extracted from journals such as the *Journal of Advanced Nursing*, *Journal of the American Academy of Nurse Practitioners*, *American Academy of Nurse Practitioners*, *AACN Clinical Issues*, *New England Journal of Medicine*, and *Journal of Pediatric Health Care*.

KNOWLEDGE OF NP SCOPE OF PRACTICE

A commonly found barrier to effective collaboration was the lack of physician knowledge on NP scope of practice.^{1–3,6,7,9} Physicians must know the NP scope of practice to appropriately share patient management duties. However, it was found that physicians are often unclear on this concept.³ There was an overall physician acceptance of NPs, but they were unsure^{5,6} of the NP scope of practice in regard to prescribing, performing physical examinations, and ordering laboratory studies.⁶ This can be attributed to

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