



ORIGINAL ARTICLE

Intensity of interprofessional collaboration among intensive care nurses at a tertiary hospital[☆]

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KEYWORDSInterprofessional collaboration;
Nursing;
Critical care**Abstract**

Objectives: To measure the intensity of interprofessional collaboration (IPC) in nurses of an intensive care unit (ICU) at a tertiary hospital, to check differences between the dimensions of the Intensity of Interprofessional Collaboration Questionnaire, and to identify the influence of personal variables.

Method: A cross-sectional descriptive study was conducted with 63 intensive care nurses selected by simple random sampling. Explanatory variables: age, sex, years of experience in nursing, years of experience in critical care, workday type and work shift type; variable of outcome: IPC. The IPC was measured by: Intensity of Interprofessional Collaboration Questionnaire. Descriptive and bivariate statistical analysis (IPC and its dimensions with explanatory variables).

Results: 73.8% were women, with a mean age of 46.54 (± 6.076) years. The average years experience in nursing and critical care was 23.03 (± 6.24) and 14.25 (± 8.532), respectively. 77% had a full time and 95.1% had a rotating shift. 62.3% obtained average IPC values. Statistically significant differences were found ($p < 0.05$) between IPC (overall score) and overall assessment with years of experience in critical care.

Conclusions: This study shows average levels of IPC; the nurses with less experience in critical care obtained higher IPC and overall assessment scores.

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PALABRAS CLAVE

Colaboración
interprofesional;
Enfermería;
Cuidados críticos

Intensidad de colaboración interprofesional entre enfermeras de cuidados intensivos de un hospital de tercer nivel

Resumen

Objetivos: Medir la intensidad de colaboración interprofesional (ICP) en enfermeras de una unidad de cuidados intensivos (UCI) de un hospital de tercer nivel; comprobar diferencias entre las dimensiones de la escala Intensidad de la Colaboración Interprofesional (ICP), e identificar la influencia de variables personales en la ICP.

Método: Estudio descriptivo transversal realizado con 63 enfermeras de cuidados intensivos seleccionadas mediante muestreo aleatorio simple. Variables explicativas: edad, sexo, años de experiencia en enfermería, años de experiencia en cuidados críticos, jornada laboral y turno de trabajo; variable resultado: ICP. La ICP se midió mediante el cuestionario «Intensidad de la Colaboración Interprofesional». Se realizó análisis estadístico descriptivo y bivariante (ICP y sus dimensiones con variables explicativas).

Resultados: El 73,8% fueron mujeres, con una edad media de 46,54 ($\pm 6,076$) años. La media de años de experiencia en enfermería y en cuidados críticos fue de 23,03 ($\pm 6,24$) y de 14,25 ($\pm 8,532$), respectivamente. El 77% tenían una jornada completa y el 95,1%, turno rotatorio. El 62,3% tuvieron valores de ICP media. Se encontró asociación estadísticamente significativa ($p < 0,05$) entre ICP (puntuación global) y apreciación global con años de experiencia en cuidados críticos.

Conclusiones: El estudio muestra niveles medios de ICP; las enfermeras con menos experiencia en cuidados críticos son las que puntúan más alto la ICP global y su dimensión de apreciación global.

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What is known/what is the contribution of this?

Over the past few years, patients' needs have gradually intensified, which implies that no professional can satisfy them on their own. Hence, interprofessional collaboration has become an essential tool for the current health systems.

This study highlights the mean intensity levels of interprofessional collaboration among nurses of an intensive care unit, identifying possible weaknesses and, consequently, potential improvements in interprofessional collaboration.

Implications of the study

This study has enabled us to detect components related to interprofessional collaboration that need a greater degree of attention on the part of health professionals, in order to achieve improved collaborative work. Improving these levels of collaboration could improve patient health outcomes, teamwork among professionals and, ultimately, the health system as a whole. It is crucial to continue research on this matter, as the available literature shows positive results related to interprofessional collaboration in healthcare settings.

Introduction

At present, patients' health needs have become so complex¹ that no professional is capable of satisfying all of them,² transforming collaborative work into an urgent goal for health systems.

But beyond its necessary nature, interprofessional collaboration has proved to be a fundamental tool for achieving efficient and effective¹ health care, as it allows for improving health outcomes and strengthening the health system,³ while promoting planned health coordination⁴ and helping professionals carry out their job and address problems in a more positive manner.³ Many policymakers have identified it as one of the most effective ways of dealing with the complexity of health care.³

However, working cooperatively is not an easy task.¹ There are important barriers that hamper interprofessional collaboration, such as communication problems among health professionals,⁵⁻¹² the ignorance of the professional roles and responsibilities of other staff members,^{5-7,12-14} the power and hierarchy,^{5,6,13-16} the lack of confidence (in the other)^{5,6} and even the lack of respect.^{5,6,8} In order to overcome these barriers, it is especially important to hold real interprofessional meetings,^{2,5,10,17,18} given that the actual or de facto absence of some professional groups at these meetings (in which a patient's care is decided) is still frequent.^{6,7,15} Nevertheless, the existence of such meetings does not suffice, and it is essential that those gathered in the meeting value the contributions of each member of the team to the patients' health,⁹ in order for the meeting to

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