

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

Hussein SZ^{*1}, Fatin Amira Ahmad², S.Hawa M.Noh³

Nursing Department, UKM Medical Centre, Kuala Lumpur, Malaysia.
Department of Nursing, Faculty of Medicine, Universiti Kebangsaan Malaysia (UKM).
Jalan Yaakob Latif, Bandar Tun Razak, 56000, Cheras Kuala Lumpur, Malaysia.
zuhaida_hussein@yahoo.com

**Corresponding Author: Dr. Hussein SZ, Nursing Department, UKM Medical Centre, Kuala Lumpur, Malaysia.*

Abstract

Background: Nurses and doctors are educated separately, yet nurses and doctors are expected to know how to build a good relationship towards improving patient outcomes.

Methods & Materials: This is a descriptive cross-sectional study to determine the nurses' perception and attitude toward nurse-doctor relationship in at the Tertiary Hospital, Universiti Kebangsaan Malaysia Medical Centre (UKMMC) in Kuala Lumpur. The research was conducted among the 146 staff nurses working in Surgical and Medical Wards in the UKMMC.

Results: The result revealed that nurses' perception onto the overall significance of nurse-doctor relationship at hospital is resulted 81.5%. The overall mean score for nurses' attitude on nurse-doctor relationship was 44.8 (+SD=4.3). There was a significant difference between nurse-doctor relationship and the level of education of the respondents ($t=-2.92$; $p=0.004$).

Conclusion: These professions, nurses and doctors have to play their role and take responsibility for their work to prevent the possibility that can break down in the nurse-doctor relationship. Thus, to enhance nurse-doctor relationship must generate awareness in the working environment.

Keywords: Nurse-Doctor Relationship; Nurses' Perception; attitude

INTRODUCTION

A good working relationship is essential for nurses and doctors to build an effective, safe and conducive environment. These relationships are indeed in teamwork followed by collaboration, communication, respectful and honesty to strengthen the relationship between them. It was produced beneficial towards the patient and their relative in delivering a high quality of care by both of these professions. In fact, maintaining successful nurse-doctor relationships have been shown to be associated with higher satisfaction and better outcomes among hospitalized patients [1]. As a result, a breakdown in this area is a major root cause of sentinel events. In contrast, several studies recorded the nurse-doctor relationship negatively influences the nurse's job satisfaction, stress, empowerment, retention, and productivity and the outcomes of health care services to patients [2,3].

The nurses have their own perception of the nurse-doctor relationship. With the occurrence of negative thinking or bad behavior, it can affect the nurse-doctor relationship. Recent studies found three-quarter of nurses were unsatisfied with their role as a profession of health care [3]. Nurses claimed that doctors did not treat them well, but it differs from the doctors [5]. In contrast, the doctors claim that the problem comes from nurses. The results of the previous qualitative study conducted in South Africa found there was a conflicted relationship between the nurses and doctors which it was described as a destructive force [4]. The effect of the conflicts was counterbalanced by the track record of the relationship towards each other. In Qolohle et al. (2006) studies, more than half of the respondents experienced quite a good relationship that was balanced by the positive and negative factors. The positives factors were described

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

as a personal growth, competency at work, chances for education and learning at the primary healthcare level. The previous studies also reported that the negative attributes in the nurse-doctor relationship were doctors do not consistently attend clinic visits, role confusion, a power of authority of the doctor in the relationship, and passive communication [4,6,7].

Apart from that, nurses and doctors role is to deliver their services to the community, to make some collaboration, communication is important to exchange the information [9]. The previous study mentions that both professions failed during communication to ensure patient safety [2,9,10,11,12]. In the awkward situations, nurses are labeled with insufficient in knowledge, unable to critical thinking an involvement in decision-making, and also give a rejection of a totally dominant doctor role [8,24]. In addition, both of this profession have a low commitment and passions in a working area were often afflicted by busy conditions [13]. In short idea, nurses and doctor do the work with their emotional whether control or uncontrolled. Out of concern, this situation will contribute stress with a clinical workload and automatically, quality of care is harmless. Nonetheless, the researcher states that good communication is a basic way to give some positive attributes in the nurse-doctor relationship [4]. A good communication will prevent misunderstanding, conflicts, and mistakes between nurses and doctors. The researcher states that good communication can be a firm foundation by constructing attitude, co-operation, and ingenuity [4].

The relationships between doctors and nurses based on working experience which is senior nurses have a cordial relation with doctors that made patients satisfied with their service [14,15]. Meanwhile, several studies reported younger nurses which born after the 80s was facing higher levels of stress who lack exposure to the hospital environment and differ with older colleagues who overdose expose in the different place or hospital [16]. The finding from Parro Moreno et al. (2013) stated that nurses with Degree's or Postgraduate studies in Nursing have a preferable perception of the overall perception of the clinical setting [16]. In contrast, more than half of ICU and Medical-Surgical nurses reported they satisfied with the nurse-doctor relationships [11]. However, they admitted that there are also the certain doctors that are unprofessional, bad behavior and behave disrespectfully [11].

The revolution on the nurse-doctor relationship was bringing the gap between both professions. Doctors and nurses have a complicated relationship over the year, which were affected by social status, gender, power, and perspectives. In addition, the power between nurses and doctors affected toward nurse-doctor relationship throughout 1970 and 1980s [17]. Nevertheless, the nurse-doctor relationship had been improved by the 1990s. It is shown when the nurses can challenge the doctors, discuss together, changing information and gain more respect. However, this situation may be not clear in Malaysia. Historically, the doctors have been in a position of greater authoritative power and the approach in medicine is more dominated by doctors than nurses. On top of that, the organizational structure within the Ministry of Health in Malaysia has left the nursing profession under the description of a non-independent body that being organized by doctors [7]. In other words, the traditional hierarchical relationship between nurses and physicians still exist. Thus, technically nurses have to carry out the doctor's orders. Out of concern, this situation has made the nurse feel less autonomous and not respected and could create a less cooperative relationship. To date, there is lack of knowledge and information data regarding Malaysian doctor-nurse relationships. Therefore, this study should be carried out to determine the nurses' perception and attitude toward the nurse-doctor relationship in the teaching hospital in Malaysia.

MATERIAL AND METHODS

This descriptive and quantitative study was conducted in a form of cross-sectional design to collect information about the nurses' perception and nurses' attitude toward the nurse-doctor relationship in two disciplines which were general medical ward and surgical ward at the Universiti Kebangsaan Malaysia Medical Centre (UKMMC). The UKMMC is a tertiary hospital situated in Cheras, Kuala Lumpur. A cross-sectional design was chosen because this current study was conducted at one point in time and the variables are measured simultaneously in a given population [18]. The inclusion and exclusion criterion were listed in order to ensure a homogenous sample. This research sample used stratified random selection as the method to obtain samples. This sampling technique designed to ensure that subgroups or strata are fairly represented [18]. All the nurses that

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

are working in this two disciplines which are the Medical and Surgical ward in UKMMC, they fulfilled the inclusion criteria were be selected to be one of the elements that sample was chosen. Nurses who are working more than 6 months working experience in Medical and Surgical Ward during the data collection period were invited to participate in the study. In this study, the Krejcie and Morgan (1970) formula was used to calculate the desired sample size. With an accepted margin of error of 5% and a 95% confidence interval, the sample size required was 152 nurses, but the researcher only able to achieve total respondent of 146 nurses (96%).

Measurement Tools

Two instruments were used in this research study; the Jefferson Scale of Attitudes toward Physician-Nurse Collaboration (JSAPNC) and Nursing Work Index-Revised (NWI-R). The questionnaire package was developed to provide information about study procedure to respondents and was delivered in bilingual language (English and Bahasa Malaysia). Both instruments were translated back-to-back translation to Bahasa Malaysia. The translate tools have a good internal consistency with Cronbach's Alpha of 0.87 and 0.90.

Nurses' Perception

In this study, the nurses' perception was measured using modified Nursing Work Index-Revised (NWI-R), developed by Aiken and Patrician (2000). The total score of the reliability of the overall scale for the NWI-R is 0.96 [19]. The NWI-R consists of 17 questions which addressed five constructs (sub-scales): (a) attitude of nurses on hospital atmosphere (b) nurses work environment (c) clinical autonomy of nurses (d) administrative support of nurses in the nurse-doctor relationship and (e) recognition of nurse's work by the doctor. This section required the respondents to indicate their answer using Likert's scale of four categories ranging from 'very dissatisfied' to 'very satisfy'. The higher scores indicate a positive relationship between nurses and doctors.

Nurse's Attitudes

This survey used the instrument from the Jefferson Scale of Attitudes toward Physician - Nurse Collaboration (JSAPNC) developed by Hojat et al.

(1999) to measure the scale of attitude towards the nurse-doctor relationship [20]. The total score for reliability is between 0.96 and 0.85 [21]. This instrument consists of 15 questions that addressed four constructs (sub-scales): (a) shared educational and collaborative relationships (b) caring as opposed to curing (c) nurses' autonomy and (d) doctor's authority. The possible range of scores is from 15 to 60. The higher the score indicate more positive attitudes toward the nurse-doctor relationship.

Data Collection Method

The researchers approach the respondents that fulfill the inclusion criteria and agree to participate. Before starting the study, every respondent was given an explanation of the purpose of the study through an information sheet by the researchers. Respondents were informed that the participation is voluntary and respondents can withdraw from the study at any time. The questionnaires were distributed to the nurses who are working in the General Medical and Surgical ward in UKMMC. The completed questionnaires were be collected by the researchers as soon as the participants complete them.

Data Analyses

The result has measured the level of knowledge into three categorized which are with low, moderate and high. For the level of practice, it was categorized into 2 categories which are poor and good. The data was analyzed using SPSS Statistic version 23 for Windows in accordance with the purpose of the study and the characteristics of the variables. All reported p -values were based on two-tailed tests and were considered statistically significant at $p = 0.05$ or less.

Ethical Consideration

The study was approved by the Ethics Committee of Universiti Kebangsaan Malaysia Medical Centre before conducting this research (FF-2015-156). This research study was guided by the ethical principles of autonomy, beneficence, confidentiality, and anonymity to ensure nurses' rights were protected. The participants were informed about the study aims and other details. Additionally, who was agreed to participate in the research had to sign the provided consent form before filling in the questionnaire.

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

RESULT

Socio-Demography Characteristics

The result of this study revealed the total of 146 respondents (93.1%) was involved in this study. The majority of respondents were Malay, female and the age ranged from 20 to 40 years. In addition, in

term of education level, 127 (87%) out of 146 respondents have the diploma as the highest education rather and the degree contributes only 13%. Moreover, in term of working experiences, 71.9% of the respondents have less than 10 years and the remaining have more than 10 years experiences.

Table 1. Socio-demographic data (n = 146)

Variables	Frequencies (n)	Percentage (%)
Gender		
Male	14	9.6
Female	132	90.4
Age		
20 – 40 years	145	99.3
41 – 60 years	1	0.7
Level of Education		
Diploma Holder	127	87.0
Degree Holder	19	13.0
Post-Graduate	0	0
Working Experience		
Below than 10 years	105	71.9
More than 10 years	41	28.1

Analysis of the Nurse-Doctor Relationship

The normality test for this study measurement has been assessed using Kalmogorov-Smirnov and the result showed that the test distribution was normal as the significance level is greater than 0.05 (0.06; p=0.20). Therefore, the researchers used a parametric test for the analysis. A total 91.8% (n=134) of the respondents reported that they satisfied with the overall atmosphere of nurse-doctor relationships at the hospital. The result showed the overall mean score for the nurses' perception was 48.7 (\pm SD=6.1). The item of attitude of nurses on hospital atmosphere (M=17.0, \pm SD=1.9), nurses work environment (M=14.5, \pm SD=1.4), the clinical autonomy of nurses (M=8.5, \pm SD=1.4) and recognition of nurses work by doctors (M=8.7, \pm SD=1.32). Table 2 showed the mean score of each of the elements of the nurse-doctor relationship which varies on nurses' perception.

Approximately, 40.4% of respondents dissatisfied the rate of administrative support for them in case of conflict with doctor and the nurses dissatisfied with

the doctors' support in case of nurse-doctor conflicts were 38.4%. In addition, the total of 30.1% (n=44) was dissatisfied with the statement; *effectiveness of the process for dealing with disruptive doctor behavior by nurse facility*. A total of 80.8% (n=118) of the respondents satisfied on the right of nurses to make the decision about patient care and 71.9% (n=105) of the respondents were satisfied for their decision making on patient care. Most of the respondents, 58.9% (n=86) satisfied toward doctor respect to nurses' decision about patient care, but 28.8% (n=42) was dissatisfied. The data showed that 65.8% (n=96) satisfied with the extent of support for nurses by doctors to make autonomous nursing care decisions. This result is similar to the perception statement; *most doctors understand what nurses do as a nurse* whereas, 2.1% (n=3) very dissatisfied with that statement. Lastly, 81.5% (n=119) of respondents satisfied with their competency, their professional skills, and knowledge they have. Meanwhile, 71.2% (n=104) respondents satisfied with recognition of their work from doctors.

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

Table 2. Frequency, percentages, mean and standard deviation of nurses' perception (N=146)

Subscale		Dissatisfied (f) (%)	Satisfied (f) (%)	Mean (±SD)	Minimum - Maximum
Attitude of nurses on hospital atmosphere	1. How do you rate the overall atmosphere of nurse-physician relationships at your hospital?	6 (4.1)	140 (95.9)	17.0 (1.9)	10-24
	2. How do you rate the overall significance of nurse-physician relationships at your hospital?	12 (8.2)	134 (91.8)		
	3. How do you rate physician awareness of the importance of nurse-physician relationships on nurses' job satisfactionz?	36(24.7)	110 (75.3)		
	4. How do you rate physician value and respect for nurse input and collaboration?	19(13.0)	127 (87.0)		
	5. How do you rate administrative support for nurses in case of conflicts with physicians?	59 (40.4)	87 (45.9)		
	6. How do you rate physician support for nurses in case of nurse-physician conflicts?	56 (38.4)	90 (61.06)		
Nurses work environment	7. In general working relationships between physicians and nurses in your hospital	12 (8.2)	134 (91.8)	14.5 (1.4)	10-19
	8. Collaboration (joint practice) between nurses and physicians is	13 (8.9)	133 (91.1)		
	9. The extent of teamwork between nurses and physicians is	10 (6.8)	136 (93.2)		
	10. Physicians' behavior in your hospital is	24 (16.4)	122 (83.6)		
	11. Effectiveness of process for dealing with disruptive physician behavior by your facility is	44 (30.1)	102 (69.7)		
Clinical autonomy of nurses	12. Right of nurses to make decision about patient care	28 (19.2)	118 (80.8)	8.5 (1.4)	4-12
	13. Respect of most physicians nurses' decision about patient care	43 (29.5)	93 (63.7)		
	14. The extent of support to nurses by physicians to make autonomous nursing care decision	40 (27.4)	106 (72.6)		
Recognition of nurses work by doctors	15. Most physicians understand what nurses do as a nurse	40 (27.4)	106 (72.6)	8.7 (1.3)	4-12
	16. Nurses competency with their professional skill and knowledge	10 (6.8)	136 (93.2)		
	17. Recognition of your work from physicians	31 (21.2)	115 (78.8)		
Overall Score of nurses' perception		12 (8.2)	134(91.8)	48.7 (6.1)	28-67

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

Nurses' Attitude Toward the Nurse-Doctor Relationship in UKMMC

The result showed the overall mean score for nurses' attitude towards the nurse-doctor relationship was 44.8 (+SD=4.3). The sub-scales of sharing educational and collaborative relationships shows the highest mean value which is 19.8 (+SD=2.1). Furthermore, the other two subscales which are caring opposed to curing and nurse and autonomy shows the mean value of 10.2 (+SD=1.3), and 10.0 (+SD = 1.3) respectively. While subscale of doctors' authority shows the lowest mean value which is 4.6 (+SD = 1.4). In table 3 below, about 50 to 52% respondent disagreed with the statement of 'A nurse should be viewed as

a collaborator and colleague with a physician rather than his/her assistant' and 'During their education, medical and nursing students should be involved in teamwork in order to understand their respective roles', respectively.

Majority of the respondents agreed with all the items of Caring as opposed to curing such as Nurses are qualified to assess and respond to psychological aspects of patients' needs, Nurses should be involved in making policy decisions affecting their working conditions and nurses have special expertise in patient education and psychological counseling (M=10.2). In particular, 72 (49.3%) respondents disagreed in the item 'doctors should be the dominant authority in all health care matters'.

Table 3. Nurses' attitude toward the nurse-doctor relationship (N=146)

Variable/Question	Disagree n (%)	Agree n (%)	Mean (±SD)
• Shared Education and Collaboration Relationship			19.9 (2.1)
1. A nurse should be viewed as a collaborator and colleague with a physician rather than his/her assistant.	73 (50.0)	73 (50.0)	
2. During their education, Medical and nursing students should be involved in teamwork in order to understand their respective roles.	77 (52.7)	69 (47.3)	
3. There are many overlapping areas of responsibility between physicians and nurses.	27 (18.5)	119 (81.5)	
4. Physicians and nurses should contribute to decisions regarding the hospital discharge of patients.	49 (33.7)	97 (66.4)	
5. Nurses should also have responsibility for monitoring the effects of Medical treatment.	45(30.8)	101 (69.2)	
6. Physicians should be educated to establish collaborative relationships with nurses.	65 (44.5)	81 (54.1)	
7. Interprofessional relationships between physicians and nurses should be included in their educational programs.	61 (41.8)	85 (53.4)	
• Caring as opposed to curing			10.2 (1.3)
1. Nurses are qualified to assess and respond to psychological aspects of patients' needs.	3 (2.1)	143 (97.9)	
2. Nurses should be involved in making policy decisions affecting their working conditions.	2 (1.4)	144 (98.6)	
3. Nurses have special expertise in patient education and psychological counselling.	7 (4.8)	139 (95.2)	
• Nurses' Autonomy			10.0 (1.3)
1. Nurses should be accountable to patients for the nursing care they provide.	2 (1.4)	144 (98.6)	
2. Nurses should be involved in making policy decisions concerning the hospital support services upon which their work depends.	9 (6.2)	101 (69.2)	
3. Nurses should clarify a physician's order when they feel that it might have the potential for detrimental effects on the patient.	5 (3.4)	141 (96.6)	
• Doctors' Authority			4.6 (1.4)
1. Doctors should be the dominant authority in all health care matters.	84 (57.5)	62 (42.5)	
2. The primary function of the nurse is to carry out the physician's orders.	45 (30.8)	101 (69.2)	
Overall Nurses' attitude			44.8 (4.3)

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

The Relationship between Socio-Demographic Status and Nurses' Perception Toward the Nurse-Doctor Relationship

The result of this study reported there was no significant difference in nurses' perception of male (M=49.93, SD=7.36) and female (M=47.53, SD=5.22; $t=1.24$, $p=0.22$) respondents. In addition, the result showed that the significant value (2-tailed) is more than 0.05 ($p=0.98$). Thus, there was no significant difference between the diploma holder (M=47.71, SD=5.63) and degree holder (M=47.74, SD=4.23). The t -value is -0.02. Furthermore, Table 3 showed that a significant value (2-tailed) is more than 0.05 which mean there was no significant difference between working experience less than 10 years (M= 7.90, SD=5.90) and working experience of more than 10 years (M=47.24, SD=4.12; $t=0.65$).

The Relationships Between Socio-Demographic Status Aand Nurses' Attitude Toward the Nurse-Doctor Relationship

In this study, there was no significant difference in nurses' attitude for male (M=45.93, SD=3.93) and female (M=44.64, SD=4.32; $t=1.07$, $p=0.28$) respondents. Moreover, the result showed that the significant value (2-tailed) was less than 0.05 ($p=0.004$). Thus, there was a significant difference between the diploma holder (M= 4.37, SD=4.23) and degree holder (M=47.37, SD=3.82). The t -value is -2.92. Furthermore, Table 3 showed that significant value (2-tailed) is more than 0.05 which mean there was no significant difference between working experience less than 10 years (M=4.65, SD=4.30) and working experience of more than 10 years (M=45.05, SD=4.29; $t= -0.51$, $p=0.61$).

Table 4. Independent t - test between socio-demographic status, nurses' perception, and nurses' attitude toward the nurse-doctor relationship

Variables	Nurses' Perception				
	n	Mean	±SD	t value	Sig. t
Gender				1.24	0.22
Male	14	49.93	7.36		
Female	132	47.53	5.22		
Level of Education				-0.02	0.98
Diploma holder	127	47.71	5.63		
Degree holder	19	47.74	4.23		
Working experience				0.65	0.52
Below 10 years	105	47.90	5.90		
Above 10 years	41	47.24	4.12		

Table 5. The relationship between socio-demographic status and nurses' attitude toward the nurse-doctor relationship

Variables	Male (n = 14)	Female (n = 132)	Diploma holder (n = 127)	Degree holder (n = 19)	Below 10 years (n = 105)	Above 10 years (n = 41)
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Shared educational and collaborative relationships	20.71 (1.90)	19.90 (2.11)	19.80 (2.12)	21.16 (1.61)	19.89 (2.02)	20.22 (2.29)
t value (Sig. t)	1.38 (0.17)		-2.68 (0.01)		-0.86(0.39)	
Caring as opposed to curing	10.71 (0.99)	10.12 (1.30)	9.98 (1.20)	11.47 (1.02)	10.18 (1.26)	10.17 (1.34)
t value (Sig. t)	1.66 (0.10)		-5.13(<0.001)		0.043(0.97)	
Nurses' autonomy	10.14 (1.70)	10.02 (1.20)	9.91 (1.24)	10.84 (1.07)	10.04 (1.26)	10.02 (1.24)
t value (Sig. t)	0.34 (0.73)		-3.12(0.002)		0.06(0.95)	
Doctors' authority	4.36 (1.69)	4.59 (1.41)	4.67 (1.41)	3.89 (1.45)	4.54 (1.46)	4.63 (1.37)
t value (Sig. t)	-0.58 (0.56)		2.23(0.03)		-0.35(0.73)	
Overall Nurses' Attitude	45.93 (3.93)	44.64 (4.32)	44.37(4.23)	47.37(3.82)	44.65 (4.29)	45.05 (4.29)
t value (Sig. t)	1.07 (0.29)		-2.92(0.004)		-0.51(0.61)	

DISCUSSION

From the analysis data, it shows the positive answer about nurses' perception among respondents in the Medical and surgical ward had shown in the results. The result reflects the previous study, in which the nurse-doctor work relationship response was more negative [3]. However, the previous study reported that nurses' perception based on their type of relationship in the working environment [2,22]. Furthermore, the nurses are not able to go through in a collegial and collaborative relationship with the doctor in a discussion [23].

Of the four sub-scales, respondents mean and standard deviation values were higher for an attitude of nurses on hospital atmosphere than for nurses' work environment and recognition of nurses' work by doctors, and the lowest for the clinical autonomy of nurses. The results were contrary by Gebremedhin et al. (2014) study in which attitude of nurses on hospital atmosphere than for nurses work environment, the clinical autonomy of nurses and the lowest for recognition of nurse's work by doctors [14]. The respondents may assume that the doctor does not understand their role and always ask a help from nurses. Besides that, no one of them voice out about nurses right in process of decision making in patient care. Furthermore, some of the respondents believed that some doctors do not know much about the knowledge, skills and experience base that nurses have. Other than that, lack of staff nurse also will contribute to excessive workload [1,2]. In this case, nurses must be supported by the administrative department in case of conflict with doctors. In order to prevent this became worst, the nurses should give a commitment when doctors need help while performed treatment to a patient and need to be explained the importance of two ways communication for the purpose of preventing misunderstanding and approach the improved quality of patient care in the hospital.

In this study, the analysis of Subscales of Jefferson scale showed that nurses' score was higher in the subscales sharing education and collaborative relationships, caring as opposed to curing and nurses' autonomy. Meanwhile, the lowest mean item scores are doctors' authority. This analysis implies that the higher the

score indicates the more positive attitude toward the nurse-doctor relationship. This is consistent with a study done in northwest Ethiopia [24] and in the United States of America [25].

The Relationship Between Socio-Demographic Status and Nurses' Perception Toward Nurse-Doctor Relationship

The question in this research regarding the relationship between socio-demographic status and nurses' perception specified on respondents' gender, level of education and working experience. There was no significant difference between nurse-doctor relationships with all socio-demographic data except for the level of education. The result showed that the socio-demographic data of the respondents did not affect the nurse-doctor relationship. However, there was a significant difference between the nurse-doctor relationship and the level of education of the respondents. This could be nurses that pursue a high level of education perceived the better relationship with the doctors. Besides, increased knowledge could lead to a better relationship. Although in general, the result shows that there is a relationship between the level of education and nurses' perception. However, after doing a statistical analysis, the results have shown that there is no significant relationship between higher levels of education to the nurse-doctor relationship. Some studies conducted showed that with the higher level of knowledge, the higher expectation on nurses' perception toward nurse-doctor relationship [16]. The nurses with Degree's or Post-Graduate studies in Nursing have a preferable perception of the overall perception of the clinical setting [16]. To reaching the conclusion that the higher academic qualifications can be made the perception of the working environment become higher. The level of education must parallel to their expectation in the nurse-doctor relationship.

Comparison of the respondent who was Degree holder obtained a higher mean score to those diploma holders showed a significant difference on the attitudes scale. Moreover, there was a significant difference on the attitudes scale with all the subscales (shared educational and collaborative relationship, caring as opposed to curing, nurses' autonomy, and doctors' authority) and the level of education of the respondents. This finding showed reflects the mind-set that higher

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

education level affects the individuals with a sense of achievement and confidence in the collaborative role [24,25]. This could be nurses that pursue a high level of education perceived the better relationship with the doctors. Besides, increased knowledge could lead to a better relationship [23]. In the previous study, the Medical-Surgical unit showed that nurses with more education were likely to perceive collaborative relationship [23]. Nurses with a job title and had advanced certificate with advanced clinical practice will demonstrate a better collaborative relationship. Nurses nowadays have become more specialized and confident in their knowledge and thus, as a result, nurses are more likely to stand on an equal footing with doctors in some health area [14,15]. To reach the conclusion that the higher academic qualifications can make the perception of the working environment becomes higher. The level of education must parallel to their expectation in the nurse-doctor relationship.

This research evaluates 146 respondents which consist of 14 male respondents and 132 female respondents. The result of this study stated that male respondents have the higher mean score on nurses' perception compared to female respondents. Indeed, the male respondents have the higher mean score on nurses' perception compared to female respondents. However, there is no significant difference was observed between gender and the nurse-doctor relationship. This result was contrasted compared to previous research where the female respondents showed a positive attitude toward the nurse-doctor relationship than the male [25]. The contribution factors also include the women's social and communication skills, maternal attitudes, and social learning [25]. However, in the previous study, the gender issue did not affect the nurses' attitude toward the nurse-doctor relationship [21,24].

The finding of this study shows that there is no significant difference between working experience and nurses' perception as well as nurses' attitude toward the nurse-doctor relationship. The four subscales in nurses' attitude have no significant difference with working experience of fewer than 10 years and over 10 years. A similar result was found in the previous study which neither was there any significant difference in positive attitudes detected in the length of service of the respondents [23,24]. In

contrast, the study done by Ward et al. (2008) showed that who had working experience in healthcare and with those that no working experience showed a significant difference on the attitudes scale [25]. Moreover, the study conducted in Texas, Egypt and Aurora experience showed a significant difference. The previous study reported that the younger nurses or newly graduated nurses have a higher level of stress which they had to cope with others healthcare providers especially the physicians' expectations [27]. Thus, they feel that they always need assistance and support during the working hour [28]. As well their older seniors which have experienced more than 10 years were matured with the situation in the working environment. Therefore, nurses in this group are capable to control herself prevent from creating some conflict with others healthcare professional as well as they had a feeling of authority and high confidence level as well as being trusted by others (physicians) during working hours. This study had own strength which its help to find out the precise nurses' perception toward the nurse-doctor relationship. Furthermore, the finding of this study helps to build the evidence-based in collaboration and relationship between both professions. Additionally, there is lack of studies about a nurse-doctor relationship in Malaysia but in West Country, there are many studies and focus on the nurse-doctor relationship. With the occurrence of ineffectiveness in delivering care service, it shows the need for more study in Malaysia with the main focuses on the quality of care delivered. With the effective study, it probably will. Despite this strength, the study has some limitations that should be mentioned to facilitate the proper understanding of study outcomes. Firstly, this quantitative study design was cross-sectional surveys which seem only provide information about the current situation of the experiences, but cannot explore the direction of relationships or causal of nurse-doctor relationship. Therefore, the results of this study cannot be generalized to nursing professions in Malaysia. Secondly, this research focuses on female staff nurses only in which the finding could not generalized to another type of nursing professions.

IMPLICATION INTO NURSING RESEARCH

This review has shown that more research is needed to find out the precise nurses' perception toward the

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

nurse-doctor relationship. The research will help to build the evidence-based in collaboration and relationship between both professions. There is a lack of studies about the nurse-doctor relationship in Malaysia but in Western countries, there are many studies and focus on the nurse-doctor relationship. With the occurrence of ineffectiveness in delivering care service, it shows the need for more study in Malaysia with the main focuses on the quality of care delivered. With the effective study, it probably will help to identify the related causes of nurse-doctor relationship.

RECOMMENDATION

For the future research, researchers' suggestion is the research for nurses' perception toward nurse-doctor relationship will not state the limit of unit or ward. The future research may also be conducted over a long period of time to collect more data from nurses as well as an in-depth study with a qualitative approach. There is some suggestion to improve the relationship in the workplace. One of the ways is to establish programs to enhance the communication between nursing students and medical student who is will be a nurses and doctors. By providing this program, indirectly they understand each other's roles and improve the collaborative relationship between them. Moreover, it also promotes chances for discussion of the solution, thus their relationship will not affect their objective and goals to supply the quality of patient care. \

CONCLUSION

In conclusion, this research has given a clear figure of nurse-doctor relationships in UKMMC. These both professions have to play their role and take responsibility for their work to prevent the possibility that can break down in the nurse-doctor relationship. The findings indirectly give a provided some recommendation for future improvement in health organization in order to enhance the collaborative relationship among the health care providers.

ACKNOWLEDGEMENT

The authors are grateful to the National University of Malaysia (UKM) for sponsored this research. Additionally, thank you very much to the Department of Nursing, UKM and all the people who had been involved in this study.

REFERENCES

- [1] Hussein, A. H. M. Relationship between nurses' and physicians' perceptions of organizational health and quality of patient care. 2014.20(10).
- [2] Siedlecki S.L. & Hixson E.D. Relationship between Nurses and Physicians Matter. *Online Journal of Issues in Nursing*. 2015. 20(3). Doi:10.3912/OJIN.vol120No03PPT03.
- [3] You, L., Aiken, L. H., Sloane, D. M., Liu, K., He, G., Hu, Y., Jiang, X. et al. Hospital nursing, care quality, and patient satisfaction: cross-sectional surveys of nurses and patients in hospitals in China and Europe. *International journal of nursing studies*. 2013. 50(2), 154–61. doi:10.1016/j.ijnurstu.2012.05.003.
- [4] Qolohle, M., HH, C., GA, O. & NH, M. A qualitative study on the relationship between doctors and nurses offering primary health at KwaNobuhle (Uitenhage). *South African Family Practice journal*. 2006a. 48(1).
- [5] Steve, J.. The Nurse-Physician Relationship : Is Collaboration the Answer ? *Journal of Practical Nursing*, 2004.54(2), 28.
- [6] Qolohle, M., HH, C., GA, O. & NH, M. A qualitative study on the relationship between doctors and nurses offering primary health at KwaNobuhle (Uitenhage) A qualitative study on the relationship between doctors and nurses offering primary health at KwaNobuhle (Uitenhage). *South African Family Practice journal*. 2006b. 48(1).
- [7] Kamaruzaman Wan Su. *Nurses as communicator in a caring profession*. In: Islamic Medical Association of Malaysia National Conference, 19th- 20th June 2010, Kuantan, Malaysia. <http://irep.iiu.edu.my/id/eprint/17097> (Unpublished)
- [8] Aghamolaei, T., Tavafian, S. S., Hasani, L. & Moeini, B. Nurses' Perception of Nurse-physician Communication : A Questionnaire-based Study in Iran. *International Journal of Hospital Research*. 2012. 1(2), 77–84.
- [9] Kripalani, S., Jackson, A. T., Schnipper, J. L. & Coleman, E. a. 2007. Promoting effective

- transitions of care at hospital discharge: a review of key issues for hospitalists. *Journal of hospital medicine : an official publication of the Society of Hospital Medicine*, 2(5), 314–23. doi:10.1002/jhm.228.
- [10] Johnson, S.. Nurses' Perceptions of Nurse-Physician Relationships: Medical-Surgical vs. Intensive Care. *MEDSURG Nursing Journal*. 2012. 21(6), 343–347.
- [11] Johnson, S. & Kring, D. 2012. Nurses' Perceptions of Nurse-Physician Relationships: Medical-Surgical vs. Intensive Care. *MedSurg Nursing*, 21(6), 343–347.
- [12] LaValley, D. Physician-Nurse Collaboration and Patient Safety. *CRICO*. 2008. 26(2).
- [13] Di Giulio, P., Arnfield, a, English, M. W., Fitzgerald, E., Kelly, D., Jankovic, M. & Gibson, F. Collaboration between doctors and nurses in children's cancer care: insights from a European project. *European journal of oncology nursing : the official journal of European Oncology Nursing Society*. 2013. 17(6), 745–9. doi:10.1016/j.ejon.2013.01.003.
- [14] Getachew Gebremedhin, T. Birhan Tema, Wudneh H., Gerezgiher B., H. B. Nurse - Physician Work Relationships and Associated Factors in Public Hospitals in Tigray Region , Northern Ethiopia , a Cross Sectional Study Ethiopia , a Cross Sectional Study. *Greener Journal of Biomedical and Health Sciences*, 2014. 1(1), 001–013.
- [15] Bartholomew, K. Ten Steps to Improving Physician-Nurse Relationships. 2008.9–10. www.marylandpatientsafety.org/html/education/040209.
- [16] Parro Moreno, A., Serrano Gallardo, P., Ferrer Arnedo, C., Serrano Molina, L., de la Puerta Calatayud, M. L., Barberá Martín, A., Morales Asencio, J. M. et al. Influence of socio-demographic, labour and professional factors on nursing perception concerning practice environment in Primary Health Care. *Atencion primaria / Sociedad Española de Medicina de Familia y Comunitaria*, 2013. 45(9), 476–85. doi:10.1016/j.aprim.2012.12.015.
- [17] McKay, K. A. & Narasimhan, S. Bridging the gap between doctors and nurses. *Journal of Nursing Education and Practice*, 2012. 2(4), 52–55. doi:10.5430/jnep.v2n4p52.
- [18] Boswell, C & Cannon, S. *Introduction to Nursing Research: Incorporating Evidence-Based Practice*. 2017. Ed (2).USA. Jones & Bartlett Learning.
- [19] Rosenstein, A. H. Nurse-Physician Relationships: Impact on Nurse Satisfaction and Retention. *AJN, American Journal of Nursing*, 2002. 102(6), 26–34. doi:10.1097/00000446-200206000-00040
- [20] Hojat, M., Fields, S., Veloski, J., Griffiths, M., Cohen, M. & Plumb, J. Critical Analysis of the Jefferson Scale of Attitudes Toward Physician-Nurse Collaboration (JSAPNC). *Psychometric properties of an attitude scale measuring physician-nurse collaboration*, 1999. 22(2), 208–220.
- [21] Hojat, M., Gonnella, J. S., Nasca, T. J., Fields, S. K., Cicchetti, A., Scalzo, A. Lo, Taroni, F. et al. Comparisons of American, Israeli, Italian and Mexican physicians and nurses on the total and factor scores of the Jefferson scale of attitudes toward physician–nurse collaborative relationships. *International Journal of Nursing Studies*, 2003. 40(4), 427–435. doi:10.1016/S0020-7489(02)00108-6.
- [22] Baiyekusi, I. 2010. *Physician-Nurse Relationship - Nurse's Perception in Internal Medicine and Surgical Units Thesis Degree Programme in Nursing October 2010*.
- [23] Nelson, G. A., King, M. L. & Brodine, S. Nurse-Physician Collaboration On Medical-Surgical Units. *MedSurg Nursing*, 2008. 17(1).
- [24] Amsalu, E., Boru, B., Getahun, F. & Tulu, B. Attitudes of nurses and physicians towards nurse-physician collaboration in Northwest Ethiopia: a hospital based cross-sectional study. *BMC Nursing*, 2014. 13(1). doi:10.1186/s12912-014-0037-7.
- [25] Ward, J., Schaal, M., Sullivan, J., Bowen, M. E., Erdmann, J. B. & Hojat, M. The Jefferson Scale of Attitudes toward Physician-Nurse Collaboration:

Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur

- a study with undergraduate nursing students. *Journal of interprofessional care*, 2008. 22(4), 375-386. doi:10.1080/13561820802190533.
- [26] Averlid, G. & Axelsson, S. B. Health-promoting collaboration in anesthesia nursing: A qualitative study of nurse anesthetists in Norway. *AANA Journal*, 2012. 80 (SUPPL.4), 74-80.
- [27] Olatunji, S. & Mokuolu, B. O. The Influence of Sex, Marital Status, and Tenure of Service on Job Stress, and Job Satisfaction of Health Workers in a Nigerian Federal Health Institution 2014. 8(32), 126-133.
- [28] Ogbimi, R. I. & Adebamowo, C. A. Questionnaire survey of working relationships between nurses and doctors in University Teaching Hospitals in Southern Nigeria. *BMC Nursing*, 2006.5(2). doi:10.1186/1472-6955-5-2.

Citation: Hussein SZ, Fatin Amira Ahmad, S.Hawa M.Noh. *Nurses' Perceptions and Attitude Toward Nurse-Doctor Relationship at the Tertiary Hospital in Kuala Lumpur. Open Access Journal of Nursing. 2018; 1(2): 1-12.*

Copyright: © 2018 Hussein SZ, Fatin Amira Ahmad, S.Hawa M.Noh. *This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*