Preliminary Findings on Using Self-Efficacy and Transformative Learning Theories to Examine Interprofessional Collaborative Practice at End of Life in the ICU Between Nurses and Physicians
Edonn V. Ball RN, MS, PhD-c; Yu-Ping Chang, RN, PhD; Yvonne Scherer, RN, EdD; & Davina Porock RN, PhD
School of Nursing, University at Buffalo

Background
- To provide appropriate end-of-life nursing care to the patient and family, nurses must be able to communicate their nursing assessments effectively to the health care team in order to contribute to the plan of care by way of interprofessional communication and interprofessional collaborative practice (IPCP).
- IPCP affects the quality and efficiency of patient care, leads to fewer negative patient outcomes, increases patient and family satisfaction, and improves nurse retention and job satisfaction.
- The core competencies of IPCP developed by the Interprofessional Collaborative Expert Panel are: values and ethics, roles and responsibilities, interprofessional communication and teams and teamwork.

Purpose & Learning Objectives
- To examine nurses’ and physicians’ perceptions of interprofessional collaboration during end-of-life care situations in critical care practice settings.
- To understand the relationship between selected demographics and core competencies for interprofessional collaborative practice during end-of-life care situations between ICU nurses’ and physicians’.

Methods
Design: cross-sectional, survey
Setting: ICU & step down unit at public and private urban teaching hospitals in the Northeast of the U.S.
Data collection method: SurveyMonkey® platform used to collect quantitative data using five valid and reliable instrument tools that measured four independent and one dependent variable along with demographic information.

Results

<table>
<thead>
<tr>
<th>Sub Scale</th>
<th>Nurse (Mean)</th>
<th>Physician (Mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interprofessional Collaboration</td>
<td>3.34</td>
<td>2.24</td>
</tr>
<tr>
<td>Professional Valuing</td>
<td>4.30</td>
<td>4.24</td>
</tr>
<tr>
<td>Overall Satisfaction</td>
<td>4.31</td>
<td>5.20</td>
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Discussion
- Preliminary data suggest:
  - Physicians have a more positive self-perceived belief in their ability to work with others and are more comfortable than nurses.
  - Nurses have a more positive attitude toward collaborative relationships than Physicians.
  - Physicians are less satisfied with communication and more open with communicating than Nurses.
  - Physicians are more satisfied with decision-making process than Nurses.
  - Nurses believe there is better team functioning and collaboration than Physicians.

Limitations
- The research design has the potential for sampling bias as the units selected may not represent the population and will limit ability of results to be generalized.
- The sample is limited to the culture of Western New York therefore results may not be generalizable.

Implications
- Improving how nurses and physicians communicate and collaborate in end-of-life care situations will assist to improve quality of patient care and patient and family satisfaction with care.
- Using the theoretical frameworks of Self-Efficacy and Transformative Learning may provide knowledge about nurses’ and physicians’ collaborative behaviors and assist in developing a model that promotes positive change in the manner that they are educated and trained to collaborate with each other in the ICU setting during end-of-life care situations to improve the quality of care and patient outcomes.