Nursing and Medical Students Views Regarding the Nurses' Role in Tanta University

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ABSTRACT: The role of the nurses is one of the challenges facing nursing and medical students entering the clinical phase of their education. This study designed to assess and compare between the views of nursing and medical students about the nursing' roles. This study used descriptive and comparative design. The study carried out at Nursing and Medicine Faculties in Tanta University. The subject constitute of 100 nursing students and 100 medical students, both of them were undergraduates belonging Tanta University. Data were collected randomly from the last year program of both nursing and medical students. One tool was used to collect necessary data to measure nursing and medical student's views about nurses' role. The result indicated that, the majority of nursing and medical students have negative view about nurses' roles. The study recommended that, there is need to identify the nursing faculty program and joint objectives that can be measured and evaluated to minimize the gap between the views of nurses and medical staff.

INTRODUCTION

Nursing and medical are engaged in an ongoing power struggle. Many writers and researchers believe these tensions are responsible not only for work dissatisfaction and attrition among nurses, but also for deterioration in the quality of patient care as a result of poor communication patterns and a lack of collaboration between physicians and nurses.[1-5]

One important nursing practice dimension is medical services coordination which the extent to coordination between nurses and physicians is viewed as important, carried out by nurses, collaborative, rather than standardized. [6] A review of the literature reveals that, individual, interpersonal and institutional factors greatly influence the

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doctor-nurse relationship in both positive and negative ways.[7] Excellent working relationships between nurses and physicians are key to creating a productive, safe, and satisfying practice environment. The patient and the patient's family benefit from care delivered by a team practicing within this environment.[8] Dysfunctional nurse-physician communication is linked to medication errors patient injuries and patient deaths.[1,9,10] Conflicts in clinical setting are varied; they involve interpersonal difficulties among staff member department and physicians. Nurses and physicians experience conflicts and verbal abuse in their relationship because their relationship is characterized by interdependence. So, dealing with physicians may also be a source of conflict relations for nurses because physicians may see their role as technical care giver and reliance on another for his/her contribution can lead to frustration and eventual conflict. [11]

Often today nurses and doctors work side by side but independently, rather than together or collaboratively, in their patient care efforts. It has now become essential that these two groups of professionals define their independent, dependent and interdisciplinary clinical learning experiences for health science students. [12]

Role ambiguity is a source of conflict action set for an expected role that is incomplete or insufficient to tell the individual what is desired or how to perform the role, this confusion regarding role expectations and appropriate behavior can be stressful.[13,14] While formalization tended to reduce role ambiguity, clarify operational standards, and provide a basis for identification with the organization by articulating congruence between organizational mission and professional goals. The role of the nurse is one of the challenges facing medical students entering the clinical phase of their education is to ascertain about her role.[12]

Teaching hospitals are those hospitals to which a university Medical or Nursing

School is attached or which places its students in that hospital. Non-teaching hospital do not routinely have medical or nursing students. Generally speaking, greater prestige is accorded to those nurses and doctors who work in teaching hospitals compared with those who work in non-teaching hospitals. Teaching hospitals get two extremes of nurses, the best nurses and the worst nurses.[15,16] Developing effective team working skills is an appropriate focus for health professional students. The timing of learning about the roles of different professionals is yet to be resolved. The belief that the effectiveness of patient care will improve through collaboration and teamwork within and between health care teams.[12]

Problems of interprofessional relationships in the health care field were examined by asking medical and nursing students, what experiences were important to the development of their views of nurses and nursing. [3]

Aim of the Study:

This study is designed to assess and compare between the views of nursing and medical students about the nurses' role.

Materials and Method

Design: a descriptive and comparative design.

Setting: The study was conducted in Nursing and Medicine Faculties in Tanta University.

Subjects: The subject constitutes of 100 nursing students and 100 medical students, both of them were undergraduate belonging Tanta University. Data were collected randomly from the last year program of both nursing and medical faculties. This study was conducted at Tanta University in Gharbia Governorate.

Tool:

Modified Student Evaluation of nurse' role Questionnaire".[17] It was used to collect the following data from the students:

1- Demographic characteristic of subject include college, age, sex, residence and

about their socioeconomic level.

2- Students' view about nurses' role. It is composed of 29 questions in five subscales include woman's work, respect relationship, direct role, indirect role and nurses motivation. It scored on five points Likert scale. It is designed from strongly agree to strongly disagree with a middle category of "unsure". In date analysis, it is designed as agree strongly and agree (3) to disagree and strongly disagree (1) for each specific items.

Methods:

The tool was examined for content validity, visibility and utility by 5 experts. A pilot study was carried out on five students of each college (who were excluded from the study sample), to assess the clarity of questionnaire and to identify difficulties that may be faced during data collection, as change the itme of *the women should be unworked* to *the women should not have a job*. A permission to conduct the study was obtained from the Dean of colleges.

Students completed a questionnaire in their college to determine students' views about nurse' role.

Statistical analysis:

Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family's economic and social position relative to others, based on income, education, and occupation. When analyzing a family's SES, the household income, earners' education and occupation are examined, as well as combined income, versus with an individual, when their own attributes are assessed

Socioeconomic status is typically broken into three categories, high SES, middle SES, and low SES to describe the three areas a family or an individual may fall into. When placing a family or individual into one of these categories any or all of the three variables (income, education, and occupation) can be assessed.

Data was collected, coded and organized into tables, and then analyzed using the statistical package for social science (SPSS). Descriptive measures, including frequency, percentage, arithmetic mean and standard deviation were presented. A P value was statistically significant at level 0.05%. Ranking of obstacles was also done.

The general view towards every items of the study designed was considered positive view if 65.0% or more of answers was agree or strongly agree, while if the from 65-50 % agree it considered neutral view, when the agree and strongly agree less than 50.0% it considered negative view.

RESULTS

Table 1 show that the mean of students' age was 22.69 for medical students and 22.03 for nursing students, and the SD was ±2.06 and ± 1.99 respectively. The medical students females was 44.0% and the difference was significant (P= 0.001). Most of the students in both groups were in

middle level of socioeconomic scale (42 % and 40% respectively).

Table 2 shows that, 86% of the nursing students were agree in the item of *nurses hospital need male* and the statistical different was significant (P = 0.0001). The number of nurses who agree in item of *the women should not have a job* were 28% only, this percent was higher than medical students which was 10%, and the statistical difference was significant   (P = 0.021). The both medical and nurses students groups were agree in item of *woman's work is important in community*, which were 84% and 82% respectively.

Table 3 presents the relation between medical and nursing students' view regarding respecting in each relation. Data revealed that nurses' students' agreement was high than medical students in all items except in item of *doctor respect nurses*. The researchers were found that medical students were higher than nursing students, 36% to 18% respectively. As well

it was found significant difference between all items related to respecting between doctors and nurse, except item related to patient " *patient respect nurses* ".

Table 4 presents the students' view according to direct nurses' role, the most number (66%) of nurses were agree in the item of *nurses administer intravenous infusion correctly and accurately*, but 48% of medical students were agree about the same item, and the difference was statistically significant (P = 0.023). In the item of nurses give bedside nursing care , 8% only of medical students and 43% of students nurse were agree and the difference was statistically significant (P= 0.003).

Table 5 reveals that students' view regarding to indirect nurses' role, the statistical significance was presented in two items only *nurses give emotional support to patients* and *nurses function as leaders on the word* in both groups (P = 0.036 , 0.021respectively). The percentage of agree nurses students were 26% and

46% , but the percentage of agree medical students in the same items were 12% and 26% respectively.

In table 6 the difference between two groups of students was clear in two items *nurses are motivated to do their best work* and *nurses are satisfied with their best image*, and also the percentage of students' nurses " 24% and 26%" were higher compared to medical students which were "4% and 12%" respectively, the difference was statistically significant in these items, it was (P = 0.002 and 0.036 respectively).

Table 7 indicated that the nursing students have positive view according all nurses' role items and the difference was significant in the two items *respect relationship"* and" *direct nurse' role* (P = 0.044 and 0.021 respectively) .

From this table 8 it was found that there was significant correlation between the socioeconomic status and student' view to *women's work* the high socioeconomic

scale increase the positive student' view towards women's work in the medical group (R=0.46 and p=0.13), also there was a significant correlation between the socioeconomic scale and respect relationship in nursing student (R=0.41 and P=0.16), finally there was a significant correlation between socioeconomic status and direct role in medical group (R=0.399 and P=0.045).

DISCUSSIONS

Conflict can push organization to higher levels of achievement and quality or it can suppress growth and foster frustration. Because most organizations function as open system, they are susceptible to conflict.[18] In the last years, much has changed in the health care environment. Health care professionals now recognize that interdisciplinary collaboration and good communication are crucial to patient safety. In fact, agencies expect health care facilities to promote good communication

and teamwork to prevent errors and improve patient outcomes.[2]

Effective health care depends on multidisciplinary collaboration and teamwork, yet little is known about how well medical students and nursing students interact with staff nurses in hospital environment, where physicians and nurses in-training acquire their first experiences as members of the health care team.[7,12]

The finding of this study revealed that the percentage of agree nursing students about the woman should not have a job "28%", more than the medical student "10%" (table 2), the difference was significant differences between the two groups. This may be due to conflict between nurses and physicians. Also, the study found that correlation between high socioeconomic scale and increase the positive student' view towards women's work in the medical group (R=0.46 and P=0.013) (table 8). Hence, excellent working relationships between nurses and

physicians are key to creating a productive, safe and satisfying practice environment[8]. These findings are in agreement with other study which provided that low- level of agreement of nursing students attitude toward women and their work and this finding was not supported among medical students regardless of respondent's sex.[3]

The results of this study clearly suggest a striking difference in the way in which nursing and medical students perceive doctor-nurse relations in general. In table 3 the difference significant was found in the most items of respect relation between doctor and nurse. Generally 38% of nursing students have negative view to respect relationship (table 7). Which affected by nurses socioeconomic scale, there was a significant correlation between the socioeconomic scale and respect relationship in nursing student (R=0.41 and P=0.016) (table 8). These findings supported those of another study, who noted, that while the medical students felt

that interprofessional relations were generally good, the nursing students demonstrated a much more pessimistic attitude.[7] Which indicated that from the nursing students' point of view, the medical professions' lack of respect for nursing knowledge constituted a major area of conflict.[19]

A statistically significant difference was found between the views to the direct nurse's role of both groups of respondents, with nursing student more likely to direct nurses' role. The nursing student agreement was higher in all items if direct nurses' role, than medical students (table 4). In general half of students nurse with positive view to direct role, but less than half of medical students with negative view to this role, and the difference was significant difference (table 7). Another study suggested that there was a high level of agreement from medical students on the extent to which nurses should question medical practice; there was a marked

disparity in the results obtained from both groups. Most of the nursing students and only a small percentage of the medical students agreed with this role.[7] Another explanation, focus on fourth-year students were likely to say they had seen nurses working in different hospital departments, only 3 of the 30 medical students in third and fourth years saw helping medical students as part of the nurses' role [14]. This raised several other issues about the students' awareness of nurses' activities. Fewer than 20% of the students exhibited awareness that nurses had legitimate role that were independent of physicians' orders and expectations or that were not simply subsumed under the medical role.[14]

In other words, the majority seemed to assume that, in practice nursing is essentially a lower level of the practice of medicine or entirely dependent on the physician's investigation and supervision rather than a separate role characterized by variable degrees of overlap or intersection with the physician's role. Primarily however, the most serious obstacle to expanding the nurse's role in patient care comes from physicians.[20]

While the present study found that, there was a statistical significant differences between the medical and nurses' students view according to indirect nurses' role in relation two items "nurses give emotional support to patients" and "nurses function as leaders on the word", nearly 62% and 44% of medical student disagree about the above two items respectively (table 5). Generally 44% of medical students were a negative view about the indirect nurses' roles. This finding may indicate that the medical students believed physicians were the appropriate leaders of health care team in all instances, because they were legally responsible for the provision of all care to a patient and because their education and their experience were presumed to provide them with knowledge about other fields. In

this respect, Kolb's[21] found that 45% of female medical students believed that the physician should automatically have such authority. As these students had limited or no exposure to interdisciplinary, their assumption that the physician's training was inclusive of all other fields was seldom challenged. [3,21,22]

In addition, 58% of medical students were with negative view about nurses' motivation (table 7). Which was evident in all items of nurses' motivation (table 6), and there was significant difference in item of "nurses are satisfied with their image". Another study suggested that Nurses want a respectful work atmosphere and want physicians to acknowledge the importance of the nurse's role in the health care team.[19,23]

Conflict can be a positive source of energy and creativity; it can be constructive when properly managed. Otherwise conflict can become dysfunction and destructive, draining energy and reducing both personal and organizational effectiveness.[24] When students in nursing and medicine work together in the clinical situation both groups benefit not only in their personal professional to provide a higher quality of patient care, but also effective health care depends on multidisciplinary collaboration and teamwork [12,14].

CONCLUSION

The role of the nurses is one of the challenges facing nursing and medical students entering the clinical phase of their education. It can be concluded that there was found that gap between the view of nursing and medical students about these role. The different students should learn about the roles of different professionals in health team is yet to be resolve the work conflict.

RECOMMENDATIONS

Based on the findings of the present study, the following recommendations are suggested:

- Develop program and joint objectives that can be measured and evaluated to minimize the gap between the views of nurses and medical staff.

- Create more opportunities to nursing and medical students for collaboration and communication through open forums, group discussions and workshops.

- Increase availability of training and educational programs for nursing and medical students that focus on improving teamwork and working relationships.

- Provide a case study or conduct role-play exercises that allow medical students to understand the importance of nurses' responsibilities and workflow.

Table 1: Characteristic feature of the medical and nursing students sample . (n= 100)

Characteristics	Medical		Nursing		p
	No.	%	No.	%	
Age					0.098
<22	42	42.0	65	65.0	
22 – 25	58	58.0	35	35.0	
Range	20 – 25		20 – 24		
Mean	22.69		22.03		
S.D.	±2.06		±1.99		
Sex					0.001*
Male	56	56.0	0	0.0	
Female	44	44.0	100	100.0	
Residence					
Rural	66	66.0	70	70.0	0.565
Urban	34	34.0	30	30.0	
Socioeconomic scale					
Low	22	22.0	25	25.0	
Middle	42	42.0	40	40.0	0.55
High	36	36.0	35	35.0	

*P value is significant at ≤ 0.05

Table 2: Comparison between medical and nursing students' view according to woman's work. (n= 100)

Items of woman's work.	Medical			Nursing			
	Agree	Unsure	Disagree	Agree	Unsure	Disagree	p
1. Woman's work is important in community	84	5	11	82	6	12	0.452
2. The worked women today affected community development	70	12	18	76	11	13	0.221
3. Encouragement of women's work should be done.	70	10	20	72	10	18	0.65
4. The women should not have a job	10	32	58	28	32	40	0.021*
5. The hospital needs male nurse.	24	28	48	86	5	9	0.0001*
6. Male nurse can do all work.	14	33	53	14	25	61	0.699

*P value is significant at ≤ 0.05

Table 3: Comparison between medical and nursing students' view according to different respect relation. (n= 100)

Respect relation	Medical			Nursing			p
	Agree	Unsure	Disagree	Agree	Unsure	Disagree	
1. Doctors respect nurses.	36	21	43	18	20	62	0.021*
2. Nurses respect these in authority.	38	25	37	54	19	27	0.033*
3. Nurses respect patient.	12	30	58	26	36	38	0.022*
4. Nurses respect doctor.	16	22	62	64	14	22	0.001*
5. Nurses treat patient kindly.	6	26	68	20	30	50	0.011*
6. Patients respect nurses.	40	30	30	52	22	26	0.068

*P value is significant at ≤ 0.05

Table 4: Comparison between medical and nursing students' view according to direct nurses' role. (n= 100)

Direct nurses' role	Medical			Nursing			p
	Agree	Unsure	Disagree	Agree	Unsure	Disagree	
1. Nurses are efficient.	20	26	54	46	19	35	0.002*
2. Nurses do only what doctor tells them to do	46	15	39	52	18	30	0.106
3. Nurses do thesis own duties and nothing else	38	20	42	50	20	30	0.089
4. Nurses give bed side nursing care	8	22	70	34	22	44	0.003*
5. Nurses administer intravenous infusions correctly & accurately	48	16	36	66	16	18	0.023*

*P value is significant at ≤ 0.05

Table 5: Comparison between medical and nursing students' view according to indirect nurses' role. (n= 100)

Indirect nurses' role	Medical			Nursing			p
	Agree	Unsure	Disagree	Agree	Unsure	Disagree	
1. Nurses give emotional support to patients.	12	26	62	26	27	47	0.036*
2. Nurses function as leaders on the word.	26	30	44	46	22	32	0.021*
3. Nurses report changes in patients' condition to doctors.	36	19	45	44	26	30	0.089
4. Nurses spent more time on nursing activities.	24	27	49	24	23	53	0.98
5. Nurses write unite reports.	34	30	36	28	24	48	0.22
6. Nurses teach student nurses.	54	19	27	60	19	21	0.105

*P value is significant at ≤ 0.05

Table 6: Relation between medical and nursing students' view according to nurses' motivation. (n= 100)

Nurses motivation	Medical			Nursing			p
	Agree	Unsure	Disagree	Agree	Unsure	Disagree	
1. Nurses are motivated to do their best work.	4	22	74	24	22	54	0.022*
2. Nurses are satisfied with their image.	12	23	65	26	25	49	0.036*
3. Nurses are satisfied with their role.	20	30	50	32	26	42	0.113
4. Nurses use initiative in their job.	22	21	57	28	23	49	0.365
5. Nurses are adoptable.	32	19	49	44	21	35	0.55
6. Nurses keep up to date in health case through continuing education.	18	30	52	24	19	57	0.26

*P value is significant at ≤ 0.05

Table 7: Comparison between general medical and nursing students' view towards nurses' role. (n= 100)

General students' view	Medical	Nursing	p
Women's work			
Positive	45	60	
Neutral	20	15	0.104
Negative	35	25	
Respect relationship			
Positive	25	39	
Neutral	25	24	0.044*
Negative	50	38	
Direct role			
Positive	32	50	
Neutral	20	19	0.021*
Negative	48	31	
Indirect role			
Positive	31	38	
Neutral	25	24	0.557
Negative	44	38	
Nurses motivation			
Positive	18	30	
Neutral	24	23	0.124
Negative	58	47	

*P value is significant at ≤ 0.05

Table 8: Relation between socioeconomic and residence and students' view of the both medical and nursing groups.

Students' view	Medical		Nursing	
	Socioeconomic scale	Residence	Socioeconomic scale	Residence
Women's work R P	0.46 0.013*	0.32 >0.05 N.S	0.29 >0.05 N.S	0.18 >0.05 N.S
Respect relationship R P	0.21 >0.05 N.S	0.22 >0.05 N.S	0.41 0.016*	0.22 >0.05 N.S
Direct role R P	0.399 0.045*	0.29 >0.05 N.S	0.28 >0.05 N.S	0.11 >0.05 N.S
Indirect role R P	0.236 >0.05 N.S	0.162 >0.05 N.S	0.33 >0.05 N.S	0.174 >0.05 N.S
Nurses motivation R P	0.205 >0.05 N.S	0.165 >0.05 N.S	0.221 >0.05 N.S	0.177 >0.05 N.S

*P value is significant at ≤ 0.05

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