MCP[2]

Multidisciplinary Collaborative Primary Maternity Care Project

Projet de soins primaires obstétricaux concertés

# Assessing **Knowledge, Attitudes, Beliefs**

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# Why measure attitudes, beliefs and knowledge?

- Attitudes often determine behavior
- Purpose
  - to compare pre and post MCP-2 project
  - to compare attitudes of team members from different professional groups
  - to identify issues that need attention

# Collaborative Care

- Essential
  - Client/patient needs are multiple
  - Improve efficiency, quality, cost-effectiveness
- Yet,
  - What elements are important from practitioner's perspectives?
  - Should one professional have accountability?
  - Are team meetings a waste of time?

# Survey Development

- Items from the literature (previous scales)
- Demographics
- Drafts to executive and research committees
- Reviewed by an ethics board, U of Ottawa
- Pilot, revised, then translated into French

THANKS
MERCI

# Response Rates (Total 796)

| Association | N | Number (%) |
|---|---|---|
| AWHONN (nurse) | 483 | 195 (40%) |
| CAM* (midwife) | 500 | 160 (32%) |
| CNA* (np & cns) | 890 | 52 (6%), Total 232 |
| CFPC (family physician) | 920 | 156 (17%) |
| SOGC (obstetrician) | 834 | 141 (17%) Total 341 |
| SRPC (rural physician) | 350 | 57 (16%) |

*Provincial and regional lists used

# Participant Demographics

Typical respondents:

- Females (77%), reflects nurses + midwives
- Age 45-54 (38%)
- Provided maternity care 0-9 years (50%)
- Gender shift with increasing proportion of male family physicians + obstetricians in older age groups

# Primary Work Environment

- 61% - Hospital
- 49% - Teaching institution
- 39% - Mostly/completely reflected HC, 2003*

***"Collaborative patient -centered practice is designed to promote the active participation of each discipline in patient care. It enhances patient and family centered goals and values, provides mechanisms for continuous communication among care givers, optimizes staff participation in clinical decision making (within and across disciplines), and fosters respect for the contributions of all disciplines"***

# Primary Work Environment

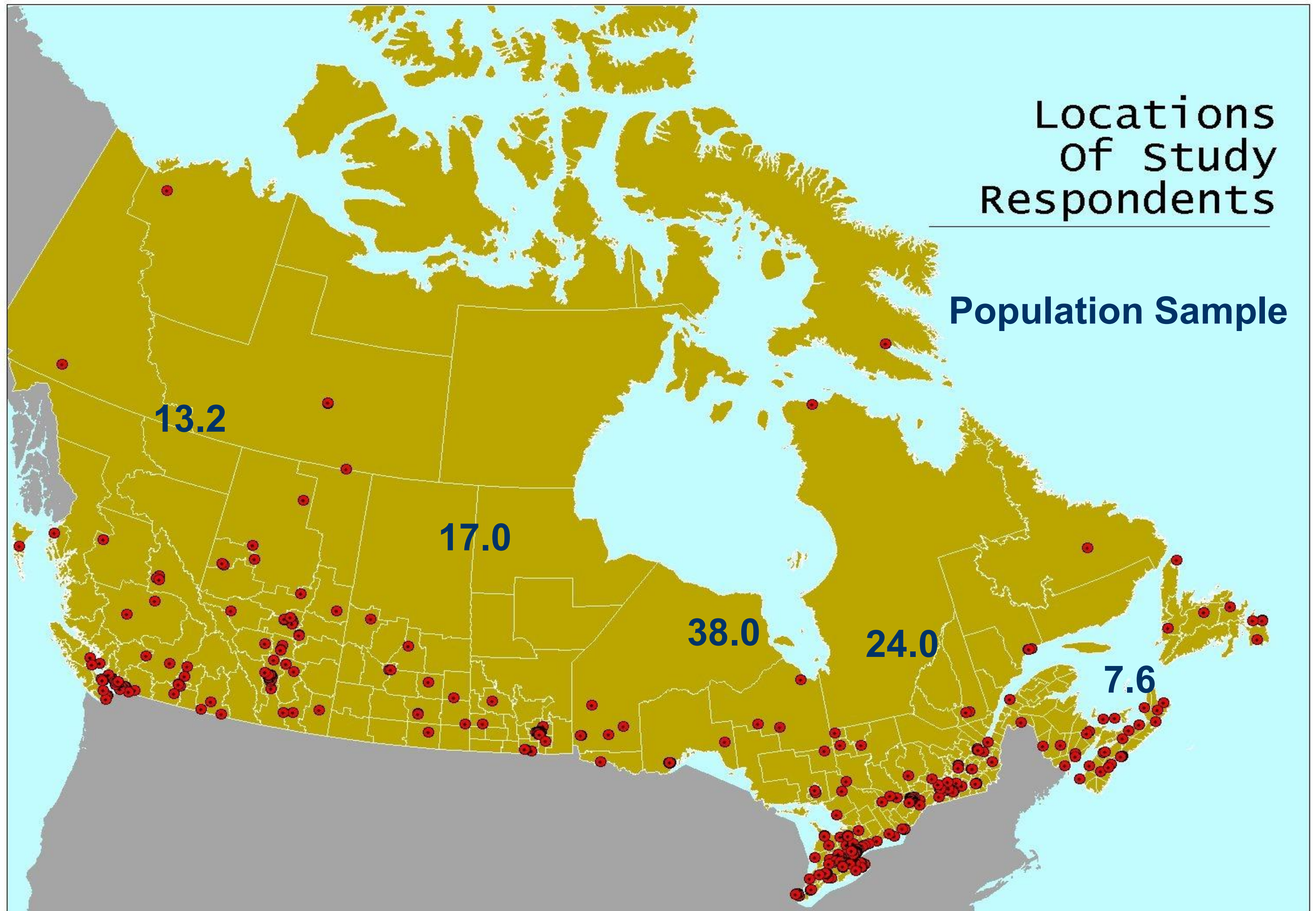
***What other health care providers do you work with?***

- Nurses (85%)
- Family physicians (81%)
- Obstetricians (79%)
- Midwives (50%)
- Nurse Practitioners (26%)
- Others, (Social workers, Pediatricians, Dieticians, Anesthetists)

# Regional Distribution of Respondents %

| Region | % |
|---|---|
| Ontario | 38.5 |
| Prairie & North | 20.1 |
| Québec | 16.3 |
| British Columbia & Yukon | 15.9 |
| Maritime Provinces | 8.5 |

# Map of Respondent Distribution



# Concepts that should be *demonstrated* in a Collaborative Practice

- Majority Agree (> 85%):
  - Autonomy in scope of practice
  - Consultation
  - Cooperation
  - Flexibility
  - Shared documentation
  - Competency-based roles
  - Quality of work life
- Majority Disagree or Neutral (> 50%)
  - Supervision and clear hierarchical structure

# *Importance* of Components to a Collaborative Practice Model

## Important or Very Important:

### Almost all (> 90%):

- *Mutual respect*
- *Mutual trust*
- *Professional competence*
- *Communication between team members*
- *Shared goals*
- *Informed choice for women and families*
- *Women's enhanced access to care*
- *Collegial relationships among team members*

# *Importance* of Components to a Collaborative Practice Model

**How important are? (Very important)**

- **78%:**
  - *Complimentary practice styles*
- **58%:**
  - *Assertiveness of individual team members*
- **48%:**
  - *Ultimate accountability of one health care provider*

    (disparate thinking spread out across disciplines)

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# *Importance* of Components to a Collaborative Practice Model ($p < 0.0001$)

| ASSERTIVENESS OF INDIVIDUAL TEAM MEMBERS | Not Important | Somewhat Important | Moderately Important | Important | Very Important |
|---|---|---|---|---|---|
| **Nurse** | 3.01 | 7.89 | 17.67 | **41.35** | **30.08** |
| **Midwife** | 7.45 | 13.04 | **25.47** | **34.78** | 19.25 |
| **Family Physician** | 7.77 | 16.06 | **25.91** | **34.72** | 15.54 |
| **Obstetrician** | 12.00 | 12.00 | **29.33** | **33.33** | 13.33 |

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| Quality of care Process Scale | AGREE (%) |
|---|---|
| The team approach improves the quality of care to patients | 96.0 |
| Team meetings foster communication among team members from different disciplines | 95.3 |
| Having to report observations to the team helps team members better understand the work of other health professionals | 94.9 |
| The give-and-take among team members helps them make better patient care decisions | 90.7 |
| The team approach permits health professionals to meet the needs of families as well as patients | 87.4 |
| Hospital patients who receive team care are better prepared for discharge than other patients | 86.9 |

| Quality of care Process Scale | AGREE (%) |
|---|---|
| Working on a team keeps most health professionals enthusiastic and interested in their jobs | 86.1 |
| Developing a patient care plan with other team members avoids errors in delivering care | 85.1 |
| The team approach makes the delivery of care more efficient | 80.1 |
| Patients receiving team care are more likely than other patients to be treated as whole persons | 75.9 |
| Health professionals working on teams are more responsive than others to the emotional and financial needs of patients | 70.2 |

| **Quality of care Process Scale** *(Reverse questions)* | DISAGREE (%) |
|---|---|
| Working on teams **unnecessarily complicates things** most of the time | **84.5** |
| In most instances, the **time required for team meetings** could be better spent in other ways | **74.2** |
| Developing an interdisciplinary patient **care plan is excessively time consuming** | **63.7** |

# Comparison of Mean Scores on Quality of Care/Process Scales

| Study | Nurse | Midwife | Family MD | Obstet. | p-value |
|---|---|---|---|---|---|
| **MCP-2** | **55.4** | 49.4 | 47.0 | 46.0 | <0.0001 |

*14 Items, 5 point scale, score range 0-70* ***MCID=7***

**Heinnamnn et al. 1999, national sample USA, Institute of Aging, Geriatrics, 1018 hospital and home care professionals, 34 VA centres**

**Scores: RN 57.4, Physician 56.4, Social Worker 57.5**

# Physician Centrality Scale

## *In general, responses do not favour acceptance of high physician authority*

| To what extent do you AGREE or DISAGREE with the following statements: | Strongly-somewhat DISAGREE |
|---|---|
| A team's primary purpose is to assist the physicians in achieving treatment goals for patients | 64.4 |
| Physicians, as a rule, are team players | 62.2 |
| Physicians have the right to alter patient care plans developed by the team | 56.4 |
| The physician has the ultimate legal responsibility for decisions made by health care teams | 54.9 |
| Physicians are natural team leaders | 59.1 |
| REVERSE QUESTION: The physician should not always have the final word in decisions made by health care teams | 26.1 |

# Comparison of Mean Scores on Physician Centrality Scales

| Scale | Nurse | Midwife | Family MD | Obstet. | p-value |
|---|---|---|---|---|---|
| **Physician Centrality** | 10.2 | 9.5 | **16.3** | **18.0** | <0.0001 |

*Score range 0-30  6 items  MCID=3*

**Heinnamnn Scores: RN 7.4, Physician 13.4, Social Worker 8.0**

# Centrality Items by Profession

| | | Strongly - somewhat DISAGREE | Somewhat - strongly AGREE |
|---|---|---|---|
| **Midwives** | as a rule are team players | 41.4 | **58.6** |
| **Nurses** | | 10.5 | **89.5** |
| **Physicians** | | **62.2** | 37.8 |
| **Midwives** | have the right to alter care plans developed by the team | **72.9** | 27.1 |
| **Nurses** | | **74.3** | 25.7 |
| **Physicians** | | **56.3** | 43.7 |
| **Midwives** | are natural team leaders | **66.6** | 33.4 |
| **Nurses** | | 48.9 | **51.1** |
| **Physicians** | | **51.9** | 48.1 |

*Professional practice groups had significantly different responses to all these items*

# Predictors of high scores on attitudes towards health care team scale

*Independent factors (higher scores)*

*Gender (female versus male)*

*Age (older)*

*Region (Maritimes)*

*Workplace (community)*

*Had heard about McP-2 Project (yes)*

*Environment (completely reflects collaborative care definition)*

# Predictors of low scores on physician centrality scale

- Age (older practitioners lower)
- Practice (midwives lower)
- Workplace (Non-hospital births)
- Had heard about MCP-2 lower scores
- Environment (does not reflect collaborative care definition had lower scores)

# Prior to this survey, had you heard about the MCP-2 Project?

| Predictors for yes | Need communication for |
|---|---|
| Female | Male |
| Midwife | Family MD |
| Increased years in practice | Newer graduates |
| British Columbia + Yukon | Quebec |

# Comments: Caution

*“forcing "teams" in a system that works well can be a very dangerous undertaking, be very careful about deciding what a team is and who needs one”*

*“Women in this, and, I would contend in most, communities have NO choices about their delivery. Given this reality, in what Utopian World do you imagine you are living?”*

# Developed over time

- ***My clinical work is community based but I provide care to women in two hospitals one of which is a Level 2 hospital and the other a tertiary care centre. I also have a full time academic appointment in the Midwifery Education Program at [name of university] I think the relationships in [name] between midwives, physicians and nurses are, generally, very good. <u>These relationships have developed over time and are the result of a lot work across professions</u>. Midwives are expected to participate in the life of the hospitals (MAC appointment, hospital and departmental committees, regional committees. <u>The exposure of each profession to the other(s) increases understanding across disciplines and goes a long way to improving care.</u>***

# TAKE-HOME MESSAGES

- Large numbers from all professional groups agree with key elements of collaborative practice
- Elements with mixed attitudes
  - Supervision
  - Hierarchical structure
  - Accountability of one care provider
- Professional education needed towards being team leaders
- Demographics to consider in future targeted communication

# Discussion

- Your views: Expected versus surprises?
- Is there a need for multi-disciplinary interpretation for publication?
- What should be included in the post survey?
  - New definitions, new model
- How to capture lessons learned in this short project?