

Abstract of the doctoral dissertation

Dissertation title: **The concept of the ICU therapeutic team cooperation model based on the level of autonomy and on coordinated nursing care of a mechanically ventilated patient.**

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ABSTRACT

Title: The concept of the ICU therapeutic team cooperation model based on the level of autonomy and on coordinated nursing care of a mechanically ventilated patient.

Introduction: Providing care in an intensive care unit requires specialized knowledge, commitment and cooperation of specialists from various disciplines. One of the factors that has a positive impact on the level of collaboration between physicians and nurses is the professional autonomy of nurses and the ability to make decisions under time pressure in stressful conditions. Good cooperation between ICU team members, as well as coordination of care taken of a patient in the intensive care unit, translates into improved quality of care by appropriate actions taken for a given patient, reducing the mechanical ventilation time, the length of hospitalization and mortality rate in the ICU.

Objective of the study: To assess the level of professional autonomy of nurse anesthetists and the coordination of nursing care for a mechanically ventilated patient in the Intensive Care Unit, as well as to assess their impact on the attitude towards physician-nurse collaboration. The relationship between sociodemographic and professional variables and the results of the following assessment criteria: physician-nurse collaboration, professional autonomy and coordinated nursing care of a mechanically ventilated patient were also analyzed. The relationships between individual scales were examined as well.

Materials and methods: 1,455 nurse anesthetists working in 28 Intensive Care Departments/Clinics from 11 voivodeships were invited to participate in the study. 732 questionnaires were collected, 65 of them were rejected. Ultimately, the answers provided by 667 respondents were included in the study. The study was conducted using the diagnostic survey method and survey technique. The questionnaire in the form of a brochure included a sociodemographic part and 3 standardized research tools, i.e. The Jefferson Scale of Attitudes toward Physician-Nurse Collaboration (JSAPNC), the Dempster Practice Behaviour Scale (DPBS) and the Nurses' Care Coordination Competency Scale (NCCCS).

Results: The study showed a high level of professional autonomy of nurse anesthetists 112.69 (SD 12.52), a high level of physician-nurse collaboration 51.07 (SD 5.29) and an average level of coordination of nursing care for a mechanically ventilated patient 3.28 (SD 0.69). A positive correlation was found between the general results of the JSAPNC and DPBS, JSAPNC and NCCCS, as well as between DPBS and NCCCS.

Conclusions: (1) Nurse anesthetists in the ICU have a high level of professional autonomy. (2) Nurse anesthetists demonstrate a high level of attitude towards physician-nurse collaboration. (3) Coordination of nursing care for mechanically ventilated patients in the ICU is at an average level. (4) The higher the result of the assessment of physician-nurse collaboration, the higher the level of professional autonomy of nurse anesthetists. (5) The higher the level of attitude towards physician-nurse collaboration, the better the coordinated care of a mechanically ventilated patient. (6) The higher the professional autonomy coefficient, the better the coordinated care of a mechanically ventilated patient. (7) As the doctor's authority increases, the level of development and clarity of the patient's care plan decreases.

Keywords: Intensive care, professional autonomy of nurses, interprofessional collaboration, mechanical ventilation, coordinated care.