

Medical Health Care Practitioners' Views on Collaboration with Psychologists in the City of Harare (Zimbabwe)

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ABSTRACT Globally, there has been a realisation that patient health issues are best understood in relation to biological, spiritual, psychological, and social factors rather than viewing illness in purely biological terms. The current study investigated the medical health practitioners' views on collaboration with psychologists. A descriptive study was conducted. Stratified random sampling was employed to select practitioners from the different areas of specialisation. A questionnaire was used to collect data. The study produced mixed feelings. Although the participants felt that psychologists could be core members of the integrated health team, they however indicated that health institutions did not need psychologists, their patients did not require psychological intervention and they did not refer patients to psychologists. The study recommends that opportunities for collaboration between medical health practitioners and psychologists be explored and implemented at both informal and formal levels for the benefit of the patients.

INTRODUCTION

Collaborations must however constantly remain on the health and wellbeing of the client. The fundamental element of the collaborative initiative between psychologists and other health care professionals must be their individual and collaborative encounters with the patient (Andermo et al. 2015; Anton 2013; Gray and Orrock 2014; Holloway et al. 2005; Somjee and Marrelli 2015). Both individual and group cases deliver opportunities for doctors, nurses and psychologists to collaborate successfully and meaningfully. The goal of such collaborations must however constantly remain on the health and wellbeing of the client. In fact, this model of patient care not only provides psychologists with opportunities to display their skills but also heralds a call for them to make psychology more robust, accessible, visible and beneficial to the community (Herman et al. 2007; Sundberg et al. 2014). This newer approach, which is popularly known as the bio-psychological approach to patient care, is a call for health practitioners to focus on the biological, psychological and social needs of patients (Andermo et al. 2015; Anton 2013; Halligan and Ayward 2006). The call draws from the realisation that patient health issues are best understood in relation to biological, spiritual, psychological, and social factors rather than viewing ill-

ness in purely biological terms as advocated for by the biomedical approach (Santrock 2007; Sundberg et al. 2014). A study conducted by Qwabe (2009) in South Africa indicated that mutual collaboration between doctors and psychologists would facilitate the provision of comprehensive patient care both in the private and public health systems. In this collaboration, medical doctors treat the physical conditions of patients whilst psychologists facilitate healing by treating the psychosocial factors affecting the patient's health (Anton 2013; Gray and Orrock 2014; Wild 2003). Thus, integrating psychologists into primary health service could improve the quality of every day health care. It would be a necessary addition to every day medical practice and lead to a valuable exchange of knowledge and increased patient satisfaction.

Nevertheless, some physicians think that psychologists do not provide adequate feedback after seeing patients referred to them. This is despite a strong concurrence that psychologists did offer effective alternative treatments which were needed by most of their patients (Andermo et al. 2015; Grenier et al. 2008). This shows a perception that psychological service is expensive and hence, beyond the reach of many. This thinking has also been largely alluded to in study of psychology in Africa (Seedat and Lazarus 2011).

Another dimension was provided by the study by Grenier. Despite physicians knowing

that psychologists belong to a regulated health profession, they were still ill informed about psychologists' training. Many of them were uncertain as to the distinctions between psychologists and other mental health workers such as psychotherapists and psychiatrists. Gray and Orrock (2014) and Grenier et al. (2008) view this uncertainty as a barrier to possible collaboration between psychologists and other health professionals. In the case of Zimbabwe, it would be interesting to, as desired by one of the research questions, understand the roles psychologists are expected to play in a health care set up. This perception would however be inferred from the understanding that health workers have of the training that is needed to qualify an individual as a psychologist.

The existing relationships between psychologists and health professionals in Zimbabwe have not been documented. What may be known is from personal experiences and discussions between the researcher and peers working in health care settings. There is a general perception that while psychologists may be accommodated in large psychiatric hospitals like Parirenyatwa, Annexe and Ingutsheni, they are still only acknowledged as subordinate to the psychiatrist. This situation even affects the contributions the psychologist might make to the assessment, diagnosis and treatment of psychiatric patients in these settings. A case in point is a situation where a client was diagnosed as psychotic on the basis of hallucinations. On further probing by the researcher, it emerged that the patient was taking Efavirenz, an antiretroviral drug which is well known for causing severe nightmares. This explanation was grudgingly accepted by the psychiatrists after this issue was raised by the researcher, who has a strong nursing background. This and other situations give rise to the possible disdain that some health workers may have of psychology as an equal health care profession. It is against the above that the current study sought to investigate the medical health care practitioners' views on collaboration with psychologists.

METHODOLOGY

Research Design

A descriptive survey was conducted to describe the medical practitioners' views of psychologists as professional health care partners factually. The variables involved the medical

practitioners' knowledge of psychologists and subsequently their perceptions thereof.

Participants

Stratified random sampling was performed to select 51 participants from five categories of nurses (19), environmental health officers (4), health promotion officers (4), medical doctors (17) and specialist medical doctors (7). The sampling method chosen allowed for the selection of a sample that had a higher degree of representativeness. Of the 51 participants, 18 were female while 33 were male with a mean age of 38.5 years and the age range of 25 to 70 years.

Research Instrument and Data Collection

The study modified and adopted two sections of Qwabe's (2009) questionnaire that was individually administered to the participants. The two sections were the participants' demographic information and medical practitioners' perceptions of collaboration with psychologists. The questionnaire was preferred for strengths inherent in its design, response format, ease of circulation and a high return rate (Popper 2004). To ensure reliability and validity, the questionnaire was pretested with 8 participants who did not take part in the main study. Feedback was used to improve the questions that had a high test retest reliability co-efficient of 0.79. Initially, appointments with the participants were made through telephone calls followed by visits to administer the questionnaires. The questionnaires were hand delivered and the participants were given varied times to complete. Follow up visits were made to collect the completed questionnaires and the return rate was 85 percent.

Data Analysis

The Statistical Package for Social Sciences (SPSS) was used to compute response frequencies and percentages. Descriptive statistics enabled the study to categorise all possible measures of a variable and tallying each piece of data that was collected (Bums and Grove 2005).

Ethical Considerations

After obtaining clearance to conduct the study from Midlands State University, consent

to participate was sought individually. Participation was voluntary and the participants had the right to withdraw from the study. The participants were not subjected to harm while privacy, confidentiality and anonymity were maintained throughout the study. To meet this requirement, no identification was required on the questionnaire. The participants took part in the study in their own individual capacities as professionals and not as representatives of their employer.

RESULTS

This section was designed to determine how health workers have been collaborating with psychologists in their different capacities.

Table 1 shows that most of the participants felt psychologists can be core members of the integrated health team (92.2%) and were comfortable with psychologists in an integrated health team (90.2%). However, the majority of the participants felt that health institutions did not need psychologists (90.2%), their patients did not require psychological intervention (86.3%) and that they usually did not refer only mentally ill patients to psychologists (74.5%).

DISCUSSION

The perceptions of medical health practitioners were somewhat confusing. Most of the practitioners felt psychologists can be core members of the integrated health team and were comfortable with psychologists in an integrated health team. Surprisingly, the majority felt that health institutions did not need psychologists their patients did not require psychological intervention and that they usually did not refer only mentally ill patients to psychologists. Gray and Orrock (2014) and Witko (2002) indicate that one of the more common obstructions to effective inter-professional referral and collaboration

between mainstream health care professionals and psychologists is that health workers and psychologists receive different training. They are also oriented in different theoretical models, use different professional languages, and adopt different working styles. Training for doctors and nurses is based mainly on the biomedical model, while for the psychologist the training is predominantly based on the bio-psychosocial model. It may therefore become difficult for doctors and psychologists to understand each other's technical terminologies and languages. Further blurring better collaboration between health workers and psychologists is the difference in their working styles (Anton 2013; Gray and Orrock 2014; Witko 2002).

In a similar study carried out in Canada by Grenier et al. (2008), several findings also pointed out to the ambiguities that exist regarding perceptions of psychological service by medical doctors, with resultant uncertainties and suspicions characterising their professional relationships. (Grenier et al. 2008; Sundberg et al. 2014) further found that family physicians acknowledged that the training they received during college years was not enough to enable them to give proper psychological service. Psychological service for them consisted of advice and reassurance.

In fact, this model of patient care not only provides psychologists with opportunities to display their skills but also heralds a call for them to make psychology more robust, accessible, visible and beneficial to the community (Brown et al. 2002). This newer approach, which is popularly known as the bio-psychological approach to patient care, is a call for health practitioners to focus on the biological, psychological and social needs of patients (Andermo et al. 2015; Anton 2013; Coons 2015; Halligan and Aylward 2006). The call draws from the realisation that patient health issues are best understood in re-

Table 1: Medical health care practitioners' perceptions of collaboration with psychologists

<i>Item</i>	<i>Response Frequency</i>	<i>Agree</i>	<i>Not sure</i>	<i>Disagree</i>
Psychologists can be core members of the integrated health team	47 (92.2%)	2 (3.9%)	2 (3.9%)	
I usually refer only mentally ill patients to psychologists	12 (23.5%)	1 (2%)	38 (74.5%)	
I have never referred a patient to a psychologist	13 (25.5%)	3 (5.9%)	35 (68.6%)	
I do not think that my patients need psychological intervention	4 (7.8%)	3 (5.9%)	44 (86.3%)	
Health institutions do not need psychologists	2 (3.9%)	3 (5.9%)	46 (90.2%)	
I am comfortable with psychologists in an integrated health team	46 (90.2%)	1 (2%)	4 (7.8%)	
Psychologists' long waiting lists makes me not refer patients to them	4 (7.8%)	18 (35.3%)	29 (56.9%)	

lation to biological, spiritual, psychological, and social factors rather than viewing illness in purely biological terms as advocated for by the biomedical approach (Lam and Sun 2013; Santrock 2007; Sundberg et al. 2014). A study conducted by Qwabe (2009) in South Africa indicated that mutual collaboration between doctors and psychologists would facilitate the provision of comprehensive patient care both in the private and public health systems. In this collaboration, medical doctors treat the physical conditions of patients whilst psychologists facilitate healing by treating the psychosocial factors affecting the patient's health (Wild 2003).

The goal of such collaborations must however constantly remain on the health and well-being of the client (Coons 2015; Somjee and Marrelli 2015). According to Andermo et al. (2015) and Holloway and David (2005), the collaborative team can still elect any one of the available collaborative models depending on the specific situations and conditions governing the collaboration, in addition to the needs of the client. It has also been proposed that partnership can take the form of both informal and formal consultations, co-provision of care, to co-therapy between physicians and psychologists (Gray and Orrock 2014; Holloway and David 2005; Lam and Sun 2013).

CONCLUSION

The study concludes that the treatment approach that addresses the patient's biological, psychological and social need not overemphasised. It is this comprehensive approach that leads to a significant decline in human suffering. The medical health practitioners and psychologists need to collaborate for the benefit of patients. Disease and human suffering in general should not be addressed in a piecemeal fashion.

RECOMMENDATIONS

There is a need for medical health practitioners to embrace psychologists as important professional partners in their discharge of duties. Platforms for promoting collaborations between medical health practitioners and psychologists need to be created. The bio-psychosocial model needs to be promoted at the expense of the model and psychological model that have obvious gaps.

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