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Original Research Article

PERCEIVED INFLUENCE OF INTERDISCIPLINARY COLLABORATION AMONG HEALTHCARE PROFESSIONALS ON INDUSTRIAL HARMONY IN UNTH, ENUGU, NIGERIA.

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Abstract: Aim: This study was conceived to determine the factors influencing industrial harmony among health care professionals in UNTH, Ituku-Ozalla, Enugu State. The study was specifically aimed at assessing the influence of interdisciplinary collaboration among health care professionals on industrial harmony.

Materials and Methods: The study used a descriptive survey design. Purposive sampling was used to select medicine, nursing, pharmacy and medical laboratory science disciplines. The population of study was 1371, with the Krejcie-Morgan formula for finite population, a sample size of 300 health care professionals, consisting of eighty doctors, one hundred and ten nurses, twenty pharmacists and fourteen Medical Laboratory Scientists was obtained. A researcher-developed questionnaire was employed to collect data from the respondents. Inferential statistics consisting Chi Square and Analysis of Variance was used to analyze data and test the hypotheses at a 0.05 level of significance.

Results: Results showed that the perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony was statistically significant with the health care professionals reporting a favorable interdisciplinary collaboration (2.86 ±0.76, p= 0.0000).

Conclusion: There existed good interdisciplinary collaboration among health care professionals but also a need for improvement and a more inclusive approach so clients of health care would benefit form harmonious working relationship among health care professionals.

Keywords: Interdisciplinary, Collaboration, Industrial Harmony.

Introduction: Workplaces are complex systems. Within the typical healthcare organization there are many interactions between so many different types of people - colleagues, board members, patients, clients, and the general public. In a typical hospital setting, no single discipline or specialty can meet all of a patient's needs. Industrial harmony refers to a friendly and cooperative agreement

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on working relationships between employers and employees for their mutual benefit (Laden, 2012).Industrial harmony is a situation where the employees and management cooperate willingly for the company's commercial objectives and the employees' benefits. This creates a high level of satisfaction. Many organizations in Nigeria are bedeviled by many problems caused by inefficient and ineffective management styles or strained relationship between management and the staff (Osanwomi & Ugiagbe, 2013). This has led to intermittent conflicts between employers and employees. In the health care sector, these conflicts have dire consequences, resulting in loss of lives of clients whose health have been decimated by illness. Many of the conflicts may have been between employees over perceived preferential and discriminatory treatments by the employers in the multidisciplinary workplaces such as a health care organization. The health care delivery process involves significant interaction of the patient with multiple groups of health care practitioners having different levels of educational and occupational preparations. Managing diverse workplace relationships often requires balancing multiple demands. Organization members need to collaborate and be concerned with the well-being of all those who work to advance the mission of the organizations. Just as it is important for the staff to cooperate in order to enjoy harmonious operations, the clients of health care organizations need them to collaborate and communicate effectively for them to have the best care. A hospitalized patient for example, may need a physician to provide diagnosis and treatment plan, a nurse to administer medications, help with bathing and toileting, a phlebotomist to take blood samples; a dietician to monitor food intake, a physiotherapist to help in muscle strengthening and flexibility, a social worker to coordinate home care on discharge (O'Daniel& Rosenstein, 2008). If there is no collaboration between these disciplines, the patient will be denied comprehensive and efficient management.

Collaboration in health care is health care professionals undertaking complementary roles and cooperatively working together, sharing responsibilities for problem-solving and making decisions to fashion out and execute plans for patient care. Interdisciplinary collaboration between healthcare professionals is described as working together, sharing in decision-making around health and social issues, to formulate and carry out plans for patient care and solving patients' problems (Bridge, Davidson, Odegard, Maki, & Tomkowiak, 2011). Interdisciplinary collaboration includes the interactions, relations, cohesion, communication, and coordination between healthcare professionals (Hassankaneh, 2013). Positive outcomes occur when there is effective communication and collaboration among health care professionals. The absence of interdisciplinary collaboration may result in higher possibility of errors and omissions in patient care. In any organization where collaboration is non-existent, abusive and disruptive behaviours are present, burnout, lowered job satisfaction and decision to leave the profession have been reported (Sirota, 2007).Organizational conflicts and failures are common in many organizations, and poor management styles have contributed significantly to these. It has been observed that conflict is a sign that something is wrong somewhere (Osanwomi & Ugiagbe, 2013**).** The many professionals engaged in patient care in the health care environments imply that there exist significant stressful and complex environments that are prone to conflict. Conflict can be described as a process in which one party perceives that its interests are being opposed or negatively affected by another party (Kreitner & Kinicki, 2010). Hospital employees experience conflict quite frequently in the workplace (Berman-Kishony, 2011, Guidroz, Wang & Perez, 2011). This is largely due to its high stress environment and the variety of stakeholders involved (Shin, 2009). It is

important that health care administrators learn to recognize the precursors to conflict in order to avert any ill effects such as industrial actions, (Patton, 2014).Antecedents to conflict, as enunciated by Kreitner and Kinicki (2010), include personality and/or value differences, blurred job boundaries, battle for limited resources, democratic decision-making, collective decision-making, poor communication, competition among departments, unreasonable work expectations, unmet and/or unrealistic expectations (regarding salary, advancement or workload), etc. Interdisciplinary collaboration is believed to have many benefits and also ameliorating the ills of industrial disharmony. The benefits of interdisciplinary collaboration include improved patient outcomes, cost saving, reduced length of hospital admission, increased job satisfaction and retention, and improved teamwork, enable workers to communicate openly and directly and reduced conflicts. Collaboration is vital not only for the benefit of patients, but also for the satisfaction of health care providers. Effective collaboration and team cohesion produces higher patient satisfaction, fewer hospital readmissions, decreased medical errors, improved outcomes among individuals with chronic conditions, and a decreased mortality rate among hospitalized patients (World Health Organization., 2010).Collaboration is needed in inter professional practice and effectiveness is enhanced where there is open communication, the existence of autonomy, trust, respect, interdependency and equality of resources. Collaboration between health care professionals increases team members' awareness of others' type of knowledge and skills, leading to continued improvement in relationship and decision making. True collaboration ensures that the unique knowledge and abilities of each professional are respected in order to achieve safe, quality care for patients. Health care teams that do not trust, respect, and collaborate with one another are more likely to make a mistake that could negatively impact the safety of patients (O'Daniel& Rosenstein, 2008). Way, Jones and Busing (2009) identified seven essential elements of collaboration as mutual trust and respect, autonomy, responsibility, communication, coordination, assertiveness, and cooperation.

Poor inter professional collaboration can have negative impact on the quality of patient care (Zwarenstein, Goldman, & Reeves, 2009). The provision of healthcare services is indispensable, yet healthcare services in Nigeria are characterized by endemic inefficiency (Onyekwere, 2013). One obvious manifestation of the real problems in this all-important sector is the number of identifiable professional rivalries (Iyang, 2008). Onyekwere (2013) opined that considering the many attempts by government to improve healthcare delivery through the provision of enabling infrastructure, training, and posting of health staff to hospitals, and the establishment of a revolving drugs scheme, it appears that the endemic inefficiency of the health sector is caused by poor internal team management of professional groups.

According to Walsh, Brebeck and Howard, (2009), successful collaboration between healthcare professionals requires a shift from traditional hierarchical structures toward more horizontal structures. The traditional structures do not allow for effective collaboration and communication among different professionals on collegiate grounds. Research has demonstrated ample benefits for patients when health care providers communicate and collaborate before, during and after care delivery.

Materials and Methods: A descriptive survey design was used in this study to assess perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony in UNTH, Ituku-Ozalla.The population for the study comprised medical doctors, nurses, pharmacists, and medical laboratory scientists in service at the UNTH, Ituku-Ozalla, irrespective of area of specialization. The population of study is 1371

health care professionals comprising nurses, doctors, pharmacists and medical laboratory scientists.The sample size of 300 was determined using the Krejcie and Morgan (1970) formula for determining sample size for finite population.The purposive sampling method was used to select UNTH, Ituku-Ozalla, being a tertiaryhospital in Enugu State with a good blend of health care professionals. The professional health care disciplines in UNTH were then clustered. Non-probability purposive sampling method was employed to select nursing, medicine, pharmacy and medical laboratory science for the study. The four health care professions were purposively selected for the study because they have direct care of the patients. Proportionate sampling was then used to determine the sample size and their distribution across each professional discipline for the study. Convenience sampling was used to reach the participants from the different disciplines. The instrument used for data collection for the study was a researcher-developed questionnaire. It comprised two sections. Section A comprised 3 questions on demographic variables. Section B, was made up of seven (7) questions in a four-point Likert format. The instrument was validated by three experts from the Department of Nursing, University of Nigeria, and Enugu Campus. The instrument was piloted at Federal Teaching Hospital (FETHA), Abakaliki involving 10 doctors, 10 nurses, 5 pharmacists and 5 medical laboratory scientists using the split-half method. The responses obtained were subjected to statistical test using Cronbach's Alpha yielding reliability co-efficient of 0.87.Ethical approval was obtained from Research and Ethics Committee of the UNTH, Ituku-Ozalla, and Enugu, Nigeria following the submission of the research protocol. The voluntary participation of respondents was emphasized and they were informed of their right to continue or refuse continuation in the research. The principle of anonymity and confidentiality was ensured. Informed consent was obtained from each participant that was willing to participate in the study. The researcher approached the Director of Nursing Services in UNTH, Chief Nursing Officer's in-charge of different wards, the Head, Pharmaceutical services, the Head, Medical Laboratory Science and Heads of various medical departments to secure permission to distribute questionnaire to the staff. Six research assistants were instructed on the purpose of the study and were guided on how to administer the questionnaire to respondents at their duty posts. The introductory letter attached to the questionnaire highlighted the purpose of the study and the rights of the respondents in the study. With the assistance of the research assistants the questionnaire were administered and retrieved immediately or within one day after administration. Data collection was done over a period of two weeks by the researcher and the research assistants. Descriptive statistic including frequencies and percentages were used to analyze demographic variables. The Likert type questions on section B was analyzed using non-parametric statistics weighted as follows: Strongly Agree= 4, Agree = 3, Disagree = 2, and Strongly Disagree = 1.The mean of the options of the four-point rating scale (4+3+2+1) = 10/4 = 2.5. Scores equal to or above this mean (2.5) were regarded as positive while less than 2.5 were regarded as negative. The null hypotheses of the study were tested using Chi Square statistics and analysis of variance (ANOVA) at the level of significance of 0.05.

Results: Table 1 showed that there were 80 doctors, 110 nurses, 20 pharmacists and 14 MLS that participated in the study. There were 83 males and 141 females showing that more females, 141(63%), took part in the study while males were represented by 83 (37%) of the respondents. The bulk of the female respondents were nurses (94) while doctors represented the majority of males (50) in the study. The table demonstrated the duration of service of the respondents in UNTH ranging from 1-35 years. There were 70 respondents that had served for

between 1-5 years, 74 respondents served for 6-10 years 29 for 11-15 years. Others are 16-20 years that had 17 (7.5%) of the respondents. The majority of the respondents 74 (33%) had served for between 6 and 10 years, and is closely followed by those that had served for between 1 and 5 years with 70 (31.2%). Those that had served for between 11 and 15 years were 29 (12.9%) while those least represented were those that had served for between 31 and 35 years with 2 (0.9%). Only nurses had candidates occupying all the cells in the years in service category followed by doctors who only had no representation for 31-35 years group. MLS had representation for only 1-5 years, 6-10 years and 11-15 years duration groups.

Table 2 shows the scores of the respondents on perceived influence of interdisciplinary collaboration among health care professionals in UNTH on industrial harmony. A Score less than 2.5 is regarded as negative, that is, rejecting the assertion while score of 2.5 and above are positive and regarded as supporting the assertion implied. The table showed that 'inputs are usually taken from the different health care professionals to assist in patient care decisions' (3.23 ±0.92).The table also shows that 'members of health care professionals are invited to provide care for patient where they have expertise' with a score of (3.32 ±0.84). The respondents also reported that 'members of other health care professions share information with members of their profession on patient care' (2.91 ±0.89). Respondents reported that 'they have freedom to act autonomously' (2.60 ± 0.98). Other professionals respect my colleagues' professional viewpoint has a score of (2.86 ±0.86). For the item, 'practice of interdisciplinary collaboration is such that could promote industrial harmony in UNTH' the mean score is (2.52 ±0.93). The perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony as measured above has a grand mean of 2.86 (±0.76) thereby indicating that interdisciplinary collaboration is perceived to be positive and has influence on industrial harmony among the health care professionals in UNTH, Ituku-Ozalla.

The table 3 shows the discipline specific scores of the different health care professionals on perceived influence interdisciplinary collaboration among health care professionals on industrial harmony after analysis of the Likert scale using decision rule analysis. Doctors, nurses and pharmacists reported that inputs are usually taken from their members during ward rounds to assist in patient care decisions. The scores of 3.57, 3.18 and 2.60 respectively reflect their affirmation of that. MLS with a negative score of 1.85 shows that the respondents feel they are not involved during ward rounds to assist in patient care decisions. Similarly, doctors with 3.77, nurses, 3.25 and pharmacists 2.80 agree that they are invited to provide care for patients in the ward where they have expertise. MLS respondents feel they are not with a score of 2.21. The respondents reported on, 'in UNTH, members of other health care professionals share information with members of my health care profession on patient care', only MLS produced a negative score, with 2.21 indicating their feeling of alienation. Doctors, nurses and pharmacists with positive scores, 3.27, 2.80 and 2.60 respectively, indicate their support for the assertion. Doctors, 2.90, and pharmacists, 2.70, report they enjoy mutual trust and respect of other health care professionals. Nurses' score of 2.52 is marginal and does not paint a confident picture. MLS with 1.93 indicates they do not enjoy as much mutual trust and respect of other health care professionals. Only doctors with a score of 2.85 report a high freedom to act autonomously in their own field whereas nurses and pharmacists with 2.56 and 2.50 respectively agree hesitantly. The responding health care professionals reported that the practice of interdisciplinary collaboration in UNTH is such that could promote industrial harmony with doctors and nurses (2.85 and 2.57 respectively) supporting while nurses and MLS produced

negative responses with 2.40 and 1.85 respectively.

Table 4 shows the result for all the variables measuring perceived influence of interdisciplinary collaboration among health care professional on industrial harmony measured at $\alpha = <0.05$. Inputs are usually taken from members of professions during ward rounds to assist in patient care decisions' score is 80.728(0.0001) and is statistically significant. The score for, 'members of your health care profession are invited to provide care for patient where they have expertise' is 65.405(0.0000). It is also statistically significant. For, 'practice of interdisciplinary collaboration is such that promotes industrial harmony' has 32.986(0.0001) and is significant. All the variable measuring perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony is statistically significant as shown in the table above.

Table 5, the result of ANOVA above showed a statistically significant (p=0.0000) result in the perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony.

Discussions: Interdisciplinary collaboration findings from the study showed that the respondents admit that their different health care professionals are involved in making patient care decisions during ward round. Doctors and nurses, in particular, reported higher involvement during ward rounds. The high score of doctors and nurses is connected directly to the fact that their services are conducted in the wards where they attend to patients at their bedsides. Pharmacists' only-just agreed that they are involved in patient care decision during ward rounds but would fancy increased involvement. This finding on the involvement of pharmacists agree with Franklin, Reynolds, Shebi, Burnett and Jacklin (2013) which found that greater involvement of pharmacists in ward rounds helps reduce problems such as prescribing errors. The finding above is similar to that of Sello and Danbisya, (2014) who found that respondents (49.1%) indicated that they were involved in ward rounds, whilst (50.9%) stated that they were not. Pharmacists in the public hospitals were willing to be involved in clinical ward rounds and suggested that this be introduced during undergraduate training.

The respondents reported that there is mutual trust and respect for their members by members of other health care professions. This is of utmost importance in developing a healthy interdisciplinary working relationship. However, Medical Laboratory Scientists reported that they do not enjoy much respect from other health care professionals. Pharmacists on the other hand, barely supported the assertion that there is mutual trust and respect for their members. This is thought to be fallout of MLSs and pharmacists 'low physical interaction and contact with members of other health care professionals as they are mostly engaged in their respective units. Trust is a central aspect of collaboration and involves trusting that others would manage their work and have good intentions. Holm and Severinsson (2013) found that creating an environment characterized by mutual trust and respect is important for determining professionals' collaborative roles. According to Mitchell, Wynia, Golden, McNellis, Okun, Webb et al. (2012): when a strong trust fabric is woven, team members are able to work to their full potential through relying on the assessments and information they receive from other team members, as well as the knowledge that team members will follow through with responsibilities or will ask for help if needed.

The respondents agree that the members of their profession are permitted to act autonomously where they have expertise in their own field. To gain autonomous practice, health care professionals must be competent and have the courage to take charge in situations where they are responsible Skar (2010).Health care provision allows for independent,

interdependent and dependent activities. Health care professionals should enjoy the freedom to function without interference by other professionals where they have independent roles. This is of particular importance since without the ability to work independently in their sphere of expertise, the provider team becomes inefficient and work becomes unmanageable (Bradford, 2009).

The respondents 'response that the practice of interdisciplinary collaboration in UNTH is such that could promote industrial harmony is not very assuring. The respondents discipline specific responses showed pharmacists and MLSs believe they are not doing enough interdisciplinary collaboration to promote industrial harmony. Nurses hold some confidence in the practice of interdisciplinary collaboration in the hospital as enough to promote industrial harmony. The result would mean that there is fragile peace which could be upset at the slightest provocation. Only doctors seem to be happier with the prevailing situation. This suggests that physicians are satisfied with the state of affairs in the health system and consider it to be enough to promote industrial harmony while the other health care professionals are less enthusiastic. Schadewaldt, McInnes, Hiller and Gardner (2013) found that health workers agree on the importance of collaboration but have differing views on the essentials of collaboration, supervision and autonomy.

The findings showed that for 'inputs are usually taken from members of your profession during ward rounds to assist in patient care' a statistically significant result was obtained. This suggests that all the health care professional disciplines feel they are involved in caring for the patient in the wards. For the item, 'there is mutual trust and respect for your professionals by other health care professionals', a statistical significant result was obtained. This implies that health care professionals enjoy respect of their professional colleagues and members of other health care professions. This imbues confidence in them and promotes cooperation among health care professionals. There were statistically significant results for all the items on the influence of interdisciplinary collaboration among health care professionals on industrial harmony measured at 0.05, level of significance.

The result of ANOVA on the influence of interdisciplinary collaboration among health care professionals in UNTH on industrial harmony is statistically significant. Hence, the health care professionals perceive that interdisciplinary collaboration among health care professionals influences industrial harmony.

Conclusions: The study is on perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony demonstrated that health care professionals acknowledge the importance of healthy working relationship. The aim of the study is to determine the influence of interdisciplinary collaboration among health care professionals on industrial harmony. The research demonstrated that industrial harmony is perceived to be influenced by interdisciplinary collaboration. In any health care institution where nurses work with a team of professionals to provide nursing services, harmonious co-existence is essential for smooth service delivery and realization of the goals of quality nursing care delivery.

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Table 1: demographic characteristics of respondents (n= 224)

S/N	Sex	Doctors	Nurses	Pharmacists	Med. Lab. scientists	Total	(%)
1.	M	50	16	12	5	83	37
2.	F	30	94	8	9	141	63
Years in service.		Doctors	Nurses	Pharmacists	M LS	Total	(%)
1.	1-5	29	24	10	7	70	31.2
2.	6-10	29	36	4	5	74	33.0
3.	11-15	5	17	4	3	29	12.9
4.	16-20	5	10	2	-	17	7.5
5.	21-25	6	6	-	-	12	5.3
6.	26-30	6	15	-	-	21	9.3
7	31-35	-	2	-	-	2	0.9
Total(%)		80(35.7)	110(49.1)	20 (8.9)	14 (6.2)	224	100.0

Table 2, Perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony.(n=224)

Variables:	SA f (%)	A f (%)	D f (%)	SD f (%)	Mean(SD)
1. Inputs are usually taken from members of your profession during ward rounds to assist in patient care decisions	109(48.6)	78(34.8)	18(8.0)	19(8.4)	3.23(± 0.92)
2. Members of your health care profession are invited to provide care for patients where you have expertise.	119(53.1)	75(33.4)	18(8.0)	12(5.3)	3.32(±0.84)
3. In UNTH, members of other health care professions share information with members of my health care profession on patient care.	64(28.5)	93(41.5)	51(22.7)	16(7.1)	2.91(±0.89)
4. There is mutual trust and respect for your professionals by members of other health care professions.	33(14.7)	103(46.0)	61(27.2)	27(12.1)	2.63(±0.87)
5. In UNTH members of your health care discipline are permitted to act autonomously in their own field.	43(19.1)	88(39.2)	55(24.5)	38(16.9)	2.60(±0.98)
6. Members of other health care disciplines respect your professionals' viewpoint on patient care issues.	50(22.3)	109(48.6)	49(22.0)	16(7.1)	2.86(±0.84)
7. The practice of interdisciplinary collaboration in UNTH is such that could promote industrial harmony.	37(16.5)	87(39.0)	66(29.5)	34(15.2)	2.52(±0.93)
Grand Mean 2.86(±0.76)					

SA = strongly agree, A = agree, D = disagree, SD = strongly disagree, Mean = 2.5

Table 3; scores on perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony (n=224)

S/n	Variables	Doctors	Nurses	Pharmacists	MLS
1.	Inputs are usually taken from members of your profession during ward rounds to assist in patient care decisions.	3.57	3.18	2.60	1.85
2.	Members of your health care profession are invited to provide care for patients where you have expertise.	3.77	3.25	2.80	2.21
3.	In UNTH, members of other health care professions share information with members of my health care profession on patient care.	3.27	2.80	2.60	2.21
4.	There is mutual trust and respect for your professionals by members of other health care professions.	2.90	2.52	2.70	1.93
5.	In UNTH members of your health care discipline are permitted to act autonomously in their own field.	2.85	2.56	2.50	1.71
6.	Members of other health care disciplines respect your professionals' viewpoint on patient care issues.	3.20	2.59	2.90	2.28
7.	The practice of interdisciplinary collaboration in UNTH is such that could promote industrial harmony.	2.85	2.57	2.40	1.85

Mean = 2.5, >2.5 = supporting <2.5 = rejecting

Table 4; Influence of interdisciplinary collaboration among health care professionals on industrial harmony, n=224.

Interdisciplinary collaboration Variables		Discipline(Different Health care professionals)				
	Measurement	Physician f (%)	Nurse's f (%)	Pharmacist f (%)	MLS f (%)	X^2(P-Value) Remark
1. Inputs are usually taken from members of profession during ward rounds to assist in patient care decisions	SA A D SD	52(65.0) 24(30.0) 2(2.5) 2(2.5)	50(45.5) 47(42.7) 7(6.4) 6(5.4)	4(20) 7(35.0) 6(30.0) 3(15.0)	3(21.4) -(0.0) 3(21.5) 8(57.1)	80.728(0.0000) S
2. Members of your health care profession are invited to provide care for the patients where you have expertise	SA A D SD	64(80.0) 16(20.0) - (0.0) - (0.0)	49(44.5) 45(41.0) 11(10.0) 5(4.5)	5(25.0) 9(45.0) 3(15.0) 3(15.0)	1(7.1) 5(35.7) 4(28.6) 4(28.6)	65.405(0.0000) S
3. In UNTH, members of other profession share information with members of my health care profession on patient care	SA A D SD	32(40.0) 38(47.5) 10(12.5) -(0.0)	28(25.5) 44(40.0) 26(23.6) 12(10.9)	2(10.0) 8(40.0) 10(50.0) -(0.0)	2(14.3) 3(21.4) 5(35.7) 4(28.5)	39.181(0.0000) S
4. There is mutual trust and respect for your professionals by other health care profession	SA A D SD	16(20.0) 42(52.5) 20(25.5) 2(2.5)	16(14.5) 45(41.0) 29(26.4) 20(18.2)	-(0.0) 15(75.0) 4(20.0) 1(5.0)	1(7.1) 1(7.1) 8(57.1) 4(28.6)	33.253(0.0001) S
5. In UNTH, members of your health care discipline are permitted to act autonomously in their own field	SA A D SD	20(25.0) 38(47.5) 12(15.0) 10(12.5)	20(18.2) 41(37.3) 30(27.3) 19(17.2)	1(5.0) 9(45.0) 9(45.0) 1(5.0)	2(14.3) -(0.0) 4(28.6) 8(57.1)	33.630(0.0001) S
6. Members of other health care disciplines respect your professionals view points on patient care issue	SA A D SD	30(37.5) 36(45.0) 14(17.5) -(0.0)	16(14.5) 55(50.0) 27(24.5) 12(11.0)	3(15.0) 12(60.0) 5(25.0) -(0.0)	1(7.2) 6(42.8) 3(21.4) 4(28.6)	33.520(0.0001) S
7. The practice of interdisciplinary collaboration in UNTH is such that could promote interdisciplinary harmony	SA A D SD	18(22.5) 38(47.5) 18(22.5) 6(7.5)	13(11.8) 32(29.1) 46(41.8) 19(17.3)	1(5.0) 9(45.0) 7(35.0) 3(15.0)	-(0.0) 5(35.7) 2(14.3) 7(50.0)	32.986(0.0001) S

Table 5, Summary of ANOVA on the perceived influence of interdisciplinary collaboration among health care professionals on industrial harmony (N=224).

Discipline	x	SD	F	p	Sig
Physicians	3.20	0.366	21.958	0.0000	S
Nurses	2.78	0.310	0.077		
Pharmacists	2.64	0.172			
MLS	2.01	0.224			