Physician, Nurse and Unlicensed Assistive Personnel Perceptions of Interdisciplinary Communication and Collaboration: A Phenomenological Study

Presented by
Gwendolyn Lancaster, EdD, MSN, RN, CCRN
Disclosures

Author: Gwendolyn Lancaster, EdD, MSN, RN, CCRN, Mt. Sinai St. Luke’s Hospital, NYC

Learner Objectives:
- Gain insight into physician, nurse and unlicensed assistive personnel (UAP) perceptions of their functions in patient care and interdisciplinary communication and collaboration

No conflict of interest exists

Author received no employer or commercial support
Patients increasingly present to hospitals with more complex health issues.

Health care providers must work together to meet patients’ needs.

Working together is complicated and challenging.
Problem

- Nearly 100,000 patients die annually due to medical errors (Ross, 2008)

- Poor communication among healthcare professionals is one of the most common causes of patient care errors
Purpose

- Explore how physicians, nurses and UAPs
  - Describe their individual functions and roles as providers of safe patient care
  - View the functions and roles of members of the other disciplines.
- Gain insight into interdisciplinary communication and collaboration
Design

This phenomenological study used a purposive non-probability, criterion-based, convenience sample from a metropolitan hospital.
Theoretical Framework

- Schutzian lifeworld phenomenological orchestra study (Malhotra, 1981)
  - The various perspectives and talents (stock of knowledge) of individual orchestra members come together to produce a cohesive performance (safe patient care)
Individual talents and perspectives of physicians, nurses, and UAPs can be collaboratively blended to create a symphony: enhanced patient-centered care.
The Conductorless Orchestra

- Recognizes physician, nurse and UAP individual talents
- Flattens hierarchy
- Invites every member to participate in decisions
- Promotes open communication
- Encourages all members to give their best performance (Khodyakov, 2007)
Methods

- Qualitative phenomenological semi-structured audio taped interviews
  - Interactive conversation
- Interview guide
  - Piloted
- Computer assisted qualitative data analysis (CAQDA) program
Central Research Question

- How do physicians, nurses and UAPs perceive their own and each other’s role in patient care and interdisciplinary communication and collaboration?
Population

- Physicians, nurses and UAPs working at least one year
Findings

- Physician, nurse and UAP triad
- Hierarchy exists
- Physicians see themselves as the primary patient care decision makers
- Some nurses report that physicians boss them
- Many UAPs report nurses boss them
- UAPs are rarely included in meaningful patient care discussions
Conclusions

- Medical errors in health care is a major problem
- Valuable patient care information could be missed due lack of communication
- Hierarchical professional structure must be addressed and changed
- Physicians, nurses and UAPs must recognize, understand and respect each other’s contributions.
Recommendations

- Education and training about different healthcare providers’ roles and functions
- Interprofessional learning programs.
- Communication technology creatively incorporated as an *adjunct* to face-to-face meetings to keep all team providers informed.
Global Significance

- Understanding and aligning physician, nurse and UAP individual and group values, attitudes, perceptions, competencies and patterns of behavior might help health care leaders develop patient safety systems that providers will embrace, thereby improving patient safety (Stavrianopoulos, 2012).
References


