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

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Session Title:
Interprofessional Relationships and Healthy Workplaces
Slot:
B 03: Friday, April 8, 2016: 1:15 PM-2:30 PM
Scheduled Time:
1:55 PM

Keywords:
Healthcare teamwork, Interprofessional collaboration and physician-nurse relationship

References:
Delunas, L. R., & Rouse, S. (2014). Nursing and medical student attitudes about communication and collaboration before and after an interprofessional education experience. Nursing Education Perspectives, 35(2), 100-105. doi: 10.548/11-716.1

Abstract Summary:
This study explored physician, nurse and unlicensed assistive personnel (UAPs) perceptions of their own roles and perceptions of each other’s roles in patient care. The researchers surmise that understanding these perceptions can be used to develop effective strategies for improving interprofessional communication and collaboration thereby enhancing patient safety in hospitals.

Learning Activity:

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<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<td>The learner will be able to define effective interdisciplinary/interprofessional communication and collaboration among physicians, nurses and UAPs</td>
<td>The presenter will discuss the background, problem, purpose, theoretical framework and literature review for the study: Problem: Insufficient communication and collaboration among health care providers can jeopardize patient safety. Purpose: To explore physician, nurse and unlicensed assistive personnel (UAPs) perceptions of their individual roles in providing safe patient care, and explore their perceptions of each other’s roles. Gain a better</td>
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understanding of interdisciplinary communication and collaboration among physicians, nurses and UAPs. Theoretical Framework: Conductorless orchestra, which is based on Malhotra’s (1981) Schutzian lifeworld phenomenological orchestra study. Literature Review: Discuss Institute of Medicine (IOM) report on communication among physicians and nurse. Studies suggest that interprofessional communication and collaboration is important to safe patient care. Studies also suggest that understanding health care provider roles is important. Physicians view collaboration primarily as a physician-to-physician activity. Physicians sometimes view nurses desire for autonomy as an encroachment on physician territory. Interprofessional education has had mixed results. There is a lack of understanding of roles. Few studies examine UAPs. Most UAP studies were done in nursing home setting. UAPs role is stigmatized.

| The learner will be able to identify barriers to interdisciplinary communication and collaboration among physicians, nurses and UAPs |
| Historically, the physician-nurse relationship was hierarchical in nature. The physician was seen as superior to the nurse. Stein’s (1968) groundbreaking work described the physician-nurse relationship as the doctor-nurse game. According to Stein, nurses knew not to directly confront physicians with treatment recommendations. Nurses made subtle suggestions, and being careful not to appear insolent, persuaded the doctors to seriously consider their ideas. In a well-played game, the physicians and nurses efficiently operated as a team. Research indicates that over time, nurses grew tired of the traditional game and sought a professional identity and more autonomy. The struggle for recognition impedes collaboration. |

| Will be able to discuss recommendations for enhancement of interdisciplinary communication and collaboration among physicians, nurses and UAPs |
| Collaboration, communication, and coordination of care are limited in hierarchical hospital structures because isolated professionalism causes territorial issues (Kenaszchuk, MacMillan, van Soeren, & Reeves, 2011). Adoption of a hospital patient |
care system based on the conductorless orchestra model would mitigate hierarchy and recognize physician, nurse, and UAP contributions to care, improve communication and collaboration, and enhance patient safety. Interprofessional programs that allow healthcare professionals to learn together should be developed. Learning together will provide opportunities to gain professional respect, which is an essential condition for changes needed to make health care safe (Leape et al., 2012).

Abstract Text:

As patients increasingly present to hospitals with more complex health issues, it is essential that health care providers work together to meet patients’ needs. Working together, however, is complicated and challenging.

Purpose: The purpose of this study was to explore physician, nurse and unlicensed assistive personnel (UAPs) perceptions of their individual roles in providing safe patient care, as well as explore their perceptions of each other’s roles. The study also aimed to gain a greater understanding of interdisciplinary communication and collaboration among physicians, nurses and UAPs to enhance patient safety.

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

Theoretical Foundation: Malhotra's (1981) Schutzian lifeworld phenomenological orchestra study provided the theoretical basis for the conductorless orchestra model, which guided this study. Orchestra members see and hear the musical score from different perspectives and call upon their individual stock of knowledge or talent to work together for a seamless symphony performance. Similarly, in a hospital individual physician, nurse and UAP talent must blend together to create the symphony of patient-centered care.

Methods: Semi-structured face-to-face, individual interviews were conducted and carefully transcribed. Then the interview transcriptions were coded with the aid of NVivo 9, a qualitative data analysis software program, to discover emergent patterns and themes (Saldaña, 2009).

Findings: The study suggests that physicians, nurses, and UAPs operate as separate healthcare providers most of the time. They barely speak to each other. A physician-nurse hierarchy exists, but may be changing. Physicians and nurses consult with each other at times, but UAPs are rarely included in any type of meaningful patient discussion. The study indicates a hierarchical, subservient relationship among nurses and UAPs. Many UAPs report that they feel nurses do not value their contributions.

Conclusions: The negative impact of medical errors on patient safety poses a major problem. Physicians, nurses and UAPs each provide portions of patient care. Valuable information could be missed due to lack of communication among these providers. The Institute of Medicine and accrediting agencies like the Joint Commission identified poor communication between health care providers as a major cause of adverse patient outcomes (Costello & Thompson, 2015; Mannahan, 2010; Morris & Mathews, 2014; Rouse, Delunas, Anderson & Anderson, 2010). Misunderstandings, conflict, differences of opinions and
interests can interfere with effective interdisciplinary communications and collaboration (Weller, Barrow, & Gasquoine, 2011). Good communication and collaboration reflects independent and shared decision-making, which prevents fragmentation and increases the effectiveness of health care delivery (Ewashen, McInnis-Perry, & Murphy, 2013). To insure positive patient care outcomes in a hospital the longstanding hierarchical professional structure must be addressed and changed (Delunas & Rouse, 2014; Ewashen, McInnis-Perry & Murphy, 2013). Physicians, nurses and UAPs must recognize, understand and respect each other’s contributions. Members of each discipline should be included in patient care decisions. A patient care system based on the conductorless orchestra model flattens the hierarchy, recognizes each provider’s contributions to patient care and promotes communication and collaboration, which can prevent fragmentation of care and enhance patient safety.

**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).