

Title:

A Grounded Theory Study to Understand Nurse and Resident Physician Communication Dynamics

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Session Title:

Rising Stars of Research and Scholarship Invited Student Posters

Keywords:

Collaboration, Communication and Interprofessionalism

References:

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Wagner, J., Liston, B., & Miller, J. (2011). Developing interprofessional communication skills. *Teaching and Learning in Nursing*, 6, 97-101.

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Abstract Summary:

The purpose of this study was to uncover how resident physicians relate to nurses as members of the healthcare team and how nursing communication is valued. The overarching theme was getting things done supported by shifting communication, accessing nurse's knowledge, and determining the team.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to articulate the study findings that contribute to how resident physicians relate to and value nursing communication.	A substantive theory of nurse-resident physician relationship dynamics: getting things done will be presented with descriptive language from participants supporting each dimension.
The learner will be able to discuss the educational and practice implications of communication dynamics focused on getting things done.	The poster will provide the educational and practice implications. These include bridging the gap between interprofessional education and translation into practice, the impact of the educational systems on nurses ability to articulate their value, and the influence of healthcare complexity on prioritizing interprofessional practice.

Abstract Text:

Communication between nurses and physicians frequently occurs in the delivery of care to patients in the acute healthcare setting. In an environment where a person's life and well-being depends upon accurate communication, it becomes an essential component of care delivery and care coordination among health professionals. The nurse-physician relationship has long been defined in terms of a patriarchy. Stein (1967) described a relationship founded on an educational model that emphasized medical authority and the subservient nurse. These traditional relationships continue to exist due to system factors that support physicians as the leader of the healthcare team (Wagner, Liston, & Miller, 2007). Different interventions to improve communication have focused on localization of physicians, forms and checklists, teamwork training, and interdisciplinary rounds (O'Leary et al., 2012), with little advancement in the effectiveness of communication among healthcare providers. Current research has focused predominantly on the technical processes of communication (Havens, Vasey, Gittel, & Lin, 2010; Weinberg, Lusenhop, Gittel, & Kautz, 2007). Investigations of how physician-nurse relationships contribute to the physician's value of nursing and nursing communication do not exist. The purpose of this study is to uncover how resident physicians relate to nurses as members of the healthcare team and how nursing communication is valued.

This study followed constructivist grounded theory to develop a substantive theory that explains how relationships influence nurse and resident physician communication. A purposive snowball sample of 15 1st, 2nd, and 3rd year internal medicine residents from an academic medical center completed semi-structured interviews. During theoretical sampling, 2nd year residents were asked more focused questions that supplemented links between categories and themes that were emerging. Following Constructivist Grounded Theory methods, interviews were analyzed through initial, focused, and theoretical coding (Charmaz, 2006). Memo writing and sensitizing concepts were included as part of the analysis, development of the codes, and interpretation of codes and categories.

The overarching theme for this study was getting things done, which was comprised of three theoretical categories: shifting communication, accessing nurse's knowledge, and determining the team. The relationship between these theoretical categories create a context for understanding how communication between nurses and resident physicians influences teamwork and health care delivery. For resident physicians in this study the relationship with nurses is built on a basic foundation of getting work done.

Nurses are not perceived as having discipline specific knowledge that contributes to patient care planning. Rounding patterns illustrate how the nurse is prevented from contributing unique knowledge to the plan of care for patients. The patriarchy that has traditionally influenced the relationship between nurses and resident physician continues to exist today. Further, resident physicians are unaware of the scope of nursing practice and see the nurse as a source for data and executor of prescribed orders. The findings from this study will inform how interprofessional education and practice must focus on relationships that are built on acknowledging the uniqueness of each individual on the patient care team.