

## INTRODUCTION

Interventions to improve communication have focused on unit based physician care, standard forms and checklists, teamwork training, and interdisciplinary rounds (O’Leary et al., 2012).

Despite these measures communication challenges between nurses and physicians remain. (Makary & Daniel, 2016).

How relational ties influence each discipline’s value of communication with the other have been studied less.

The purpose of this study was to develop a substantive theory of how resident physicians relate to nurses as members of the healthcare team and how nursing communication is valued.

A Grounded Theory approach was used to develop a substantive theory that explains the interdependence of communication processes within the healthcare team.

The primary research questions was “How do resident physicians relate to nurses as members of the healthcare team and how does this relationship contribute to resident physician’s valuing of nursing communication about patients?”

## METHODS

A purposive snowball sample of 15 resident physicians, 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> year internal medicine residents, from an AHC completed semi-structured interviews.

During theoretical sampling, more focused questions were developed that supplemented links between categories and themes that were emerging.

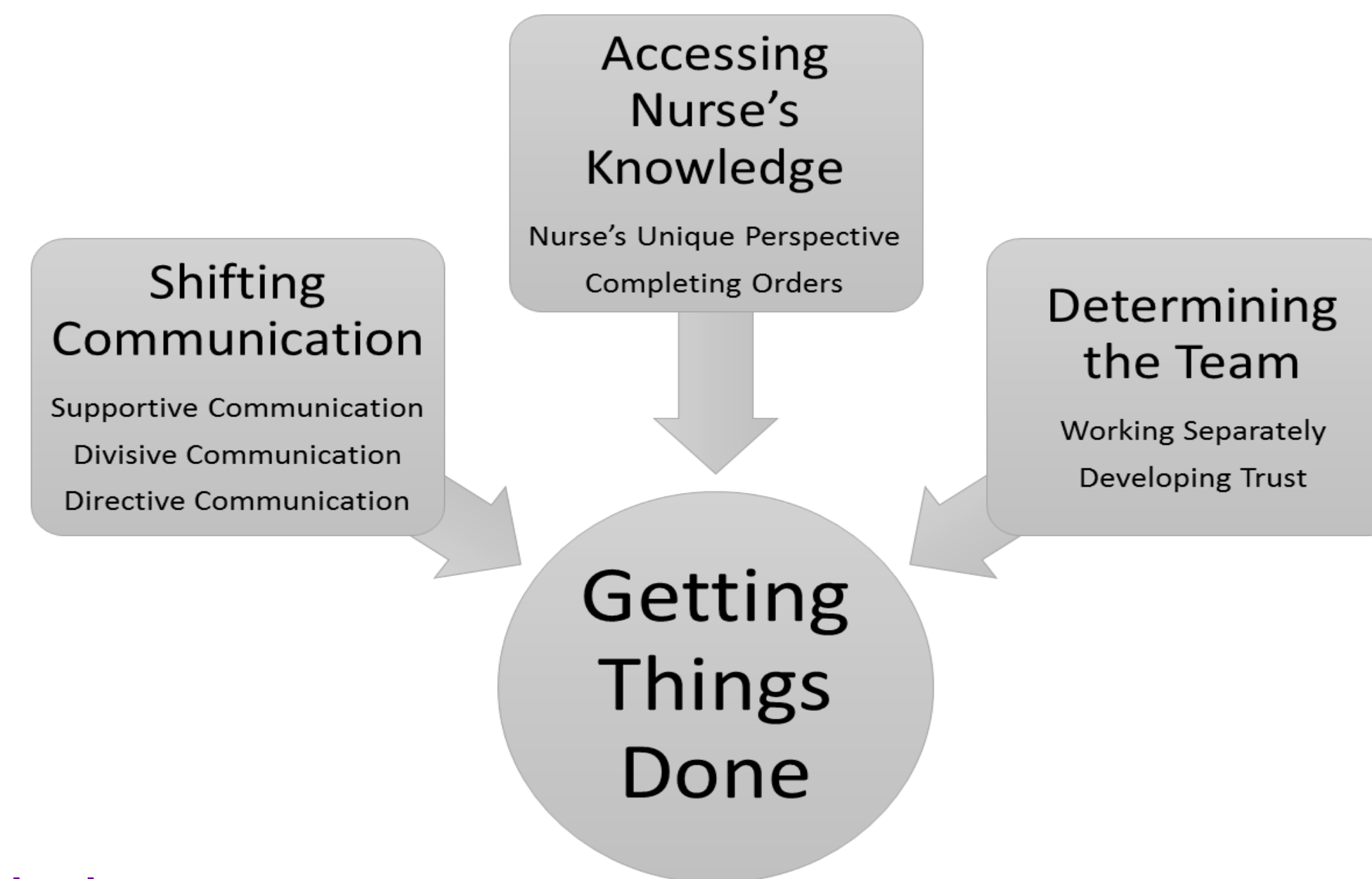
Following Constructivist Grounded Theory methods, interviews were analyzed through initial, focused, and theoretical coding (Charmaz, 2006).

Memo writing and sensitizing concepts were included as part of the analysis, development of the codes, and interpretation of codes and categories.

Nvivo v.10 was used to assist with data management.

## RESULTS

The overarching concept for this study was “Getting Things Done.” The analysis revealed three categories: Shifting Communication, Accessing Nurses Knowledge, and Creating the Team. The relationship between these core categories create a context for understanding how communication between nurses and resident physicians influences teamwork.



### Shifting Communication

“I think at the beginning it’s probably a little more cautious because they [nurses] know you’re still learning so they help you along the way.” (Dr. C, 1<sup>st</sup> year)

“There’s a shift that happens as you progress through residency where you start to perhaps know more about medicine.” (Dr. L., 3<sup>rd</sup> year)

### Accessing Nurses Knowledge

“They see the patients the most and you depend on them to guide you whether the patient actually needs to be seen or not.” (Dr. To., 3<sup>rd</sup> year)

“Being a nurse is like being street smart. You know how to get things done.” (Dr. S., 3<sup>rd</sup> year)

### Determining the Team

“Everybody’s there all the time, the relationship is actually improved. I think you become coworkers as opposed to some sort of parallel workers.” (Dr. L., 3<sup>rd</sup> year)

“We have residents, pharmacists, attending [physicians], but usually we don’t have nurses during rounds.” (Dr. To., 3<sup>rd</sup> year)

“I think especially, maybe I had it more as an intern than I did as a second year just because I’m new. They don’t trust you yet.” (Dr. A., 2<sup>nd</sup> year)

## DISCUSSION

For resident physicians in this study the relationship with nurses is built on a foundation of getting work done.

Nurses are a “source of knowledge” for the resident physician.

Nurses are not seen as having discipline specific knowledge relevant to resident physicians or patient care planning.

The lack of value for nursing discipline specific knowledge is not intentional. It is the resident physicians mental model of collaboration.

The traditional view of the nurse as an extension of the physician remains, but the motivation to communicate has changed.

Rounding patterns illustrate how the nurse is prevented from contributing unique knowledge, creating shared goals and assisting in developing a plan for patients.

Resident physicians and nurses receive interprofessional education but are inserted into a system that doesn’t support interprofessional practice.

More research is needed on educational processes that facilitate valuing the contribution of the nursing perspective on patient care and linking IPE efforts with the practice environment.

## REFERENCES

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