



Korean Society of
Nursing Science

Contents lists available at [ScienceDirect](#)

Asian Nursing Research

journal homepage: www.asian-nursingresearch.com



Research Article

Physicians' Experience of Communication with Nurses related to Patient Safety: A Phenomenological Study Using the Colaizzi Method

Park Kwang-Ok, PhD,¹ Park SungHee, PhD,² Yu Mi, PhD^{3,*}

¹ Department of Nursing, College of Life Science and Natural Resources, Suncheon National University, Republic of Korea

² Department of Nursing, Kyungmin College, Republic of Korea

³ College of Nursing, Institute of Health Sciences, Gyeongsang National University, Republic of Korea

ARTICLE INFO

Article history:

Received 26 November 2017

Received in revised form

29 May 2018

Accepted 4 June 2018

Keywords:

communication
nurse
physician
qualitative research
safety

ABSTRACT

Purpose: This study attempted to understand the core experiences of physicians related to communicating with nurses in Korea.

Methods: Ten physicians who worked at four tertiary university hospitals were interviewed. Data were analyzed using the phenomenological method developed by Colaizzi.

Results: The following six categories of participants' experience of communication with nurses were extracted from the analysis: (a) "Complex situations and heavy roles that cannot afford safety," (b) "Forcing a superior position in an authoritative environment," (c) "Different perspectives on patient care and difficulties in establishing relationships," (d) "Communicating key clues and receiving feedback from each other," (e) "Apathetic agreements rather than improvements," and (f) "Gradually developing mutually complementary communication."

Conclusion: The present findings revealed that physicians lacked an understanding about the roles and tasks of nurses. The participants engaged in mutually complementary communication with experienced nurses, obtaining desirable patient outcomes and perceived order filtering by nurses as a safety mechanism. It is important for managers to act as proactive change agents to improve communication. Furthermore, the importance and different forms of complementary communication between physicians and nurses need to be described and taught in depth with practical cases.

© 2018 Korean Society of Nursing Science, Published by Elsevier Korea LLC. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Communication-related patient safety issues have become a global concern, and therefore, these issues have been studied in the United States [1], Iran [2], and Sweden [3]. Disruptive communication between nurses and physicians occurs with alarming frequency [4]. A lack of effective communication between nurses and physicians can lead to adverse effects such as hospital readmissions, extended length of stay [5], preventable patient injury, and death [6]. In contrast, one study showed that as the level of communication between physicians and nurses increased, patient mortality and medication error rates decreased [7]. However, there is limited research on the communication between physicians and

nurses. Previous studies examining health professionals' communication have generally focused on medical accidents related to duties [8], obstacles or factors related to communication delivery [9], developing a standardized handover tool [10], and communication styles [11]. However, although researchers have recognized the importance of patient safety [1], studies examining patient safety content are insufficient and limited.

Communication is influenced by contextual factors such as education, culture, language, gender relations, and health-care systems, and it is typically examined based on individual interactions. Nurses and physicians have been trained to communicate in very different ways [12], but very little nursing and medical education has addressed interprofessional communication [13]. Furthermore, communication regarding patient safety has not been discussed actively by medical educators in Korea [14], unlike those in the USA [15]. In addition, a cultural environment emphasizing hierarchy creates peer conflict and hinders effective and constructive communication within the institution [16]. Japanese physicians' style of communication with nurses was identified as

* Correspondence to: Yu Mi, PhD, College of Nursing, Gyeongsang National University, 816-15, Jinju-daero, Jinju-si, Republic of Korea.

E-mail addresses: kopark@suncheon.ac.kr, angelshee@hanmail.net, yumi825@gnu.ac.kr

<https://doi.org/10.1016/j.anr.2018.06.002>

p1976-1317 e2093-7482/© 2018 Korean Society of Nursing Science, Published by Elsevier Korea LLC. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

“individualistic” at one end and “collaborative” at the other [11]. Ruhnke et al [17] suggested that the communication styles of American and Japanese physicians differ, but it remains unclear how they differ. In the Korean culture, refraining from revealing one’s emotional state is considered a virtue. Problems that involve emotional expression and communication are closely associated with the need to “save face” and to authority variables that are peculiar to the patriarchal culture of Korea. Furthermore, these characteristics exist among individuals as well as groups [18].

In addition, in Korea, technical solutions such as e-Healthcare, up-to-date equipment, and the promotion of clinical practice guidelines are being used to reduce medical malpractice related to patient safety issues [19]. Nevertheless, there is no report that such technological advances improve the quality of communication between physicians and nurses. Furthermore, there is a lack of comprehensive qualitative examination of the experiences of physician–nurse communication from the perspective of physicians to determine appropriate resolutions for communication problems and to prevent latent errors.

Previous research implies that cooperation between physicians and nurses is not achieved easily, and conflicts between the two parties have been observed since long. Furthermore, it has been reported that nurses, rather than physicians, thought negatively about communication and cooperation, and therefore, it is important to improve this attitude [20]. In addition, it has been reported that nurses’ communication with physicians is unidirectional [21]. However, there is a paucity of studies investigating how nurses or physicians communicate with each other in the clinical setting, where they are practical counterparts. Communication represents a continuum of activities, as one behavior in a larger cluster of behaviors [22]. To better understand the differing perceptions of information needs and communication patterns of health-care professionals with reference to patient safety, we need to understand how physicians’ communication with nurses can promote patient safety or can lead to errors.

Aim and research questions

To understand the core experiences of physicians in communicating with nurses, interview data were analyzed using the method proposed by Colaizzi [23].

This study aimed to understand the core of the experience of communication concerning patient safety between physicians and nurses in hospitals based on the perspectives of physicians in Korea. The study involved listening to descriptions of communication experiences and analyzing cases, with the goal of providing information to develop ways to improve patient safety in clinical practice. The following research question was explored: “What do physicians experience while communicating with nurses concerning patient safety?”

Methods

Study design

In this qualitative study, physicians were interviewed in depth about their experiences regarding communicating with nurses about patient safety. Data were collected in hospitals, and they were analyzed based on the phenomenological methodology suggested by Colaizzi [23]. In phenomenology, we try to understand the subjective experiences of participants by returning to the situation itself. In other words, the researcher uses discontinuities such as bracketing to describe participants’ experience world without bias or prejudice. In the phenomenological approach, the situation itself refers to the subjective feelings, perceptions, and

reactions experienced by the participants in a specific life scene. Thus, the aim of a phenomenological study is to understand the meaning and essence of participants’ experiences in a specific situation [24]. In the present study, Colaizzi’s method [23] of phenomenological analysis was applied.

Characteristics of the participants

The participants in the present study were 10 physicians from four tertiary university hospitals in two large Korean cities. An initial purposive sampling was conducted to identify “good informants,” that is, those who had experienced the phenomenon under study and were reflective and willing to share their experiences [25]. The inclusion criteria were “being a physician with 2 or more years of clinical experience and of working in the same department,” as this is the amount of time it takes for physicians to be able to explain their own duties; “having performed conventional duties such as prescription and ordering” [26]; and “having experienced the phenomenon under study and being reflective and willing to share one’s experiences [25] regarding physician–nurse communication.”

Data collection

Researchers’ training and preparation

The present researchers had varying experiences as nurses and nurse managers in the general ward, operating room, intensive care unit (ICU), and nursing administration department, and they took qualitative research courses in graduate schools. In addition, they had recently published qualitative studies in journals. Therefore, it was deemed that they were capable of understanding the participants’ communication experiences in the hospital.

All interviews were conducted in person, at a participant-chosen time and location, including small hospital conference rooms or a quiet spot near the participant’s workplace. Interviews usually took about 90–120 minutes, and the authors conducted in-depth interviews using the same interview guidelines to reduce variation or errors in the data collection process. All interviews were audio recorded with the participants’ permission. The main question that the participants were required to answer was “What is your experience of physician–nurse communication concerning patient safety?” Interviews began with open-ended questions such as “In your workplace, how is the communication with nurses regarding patient safety issues such as prescription including verbal order and discussion about patient condition?” To elicit rich descriptions from the interviewees and/or to understand their descriptions clearly, auxiliary open-ended questions such as “Could you describe some successful experiences or difficulties in communicating with nurses regarding different types of communication or the background?”, “Have you ever experienced accidents or close calls due to communication?”, “Which aspect of communication impedes patient safety?”, and “What strategies do you use to improve communication?” were used. During each interview, significant dialogs were recorded in a memo, which were used for the subsequent interview and analysis. Data collection and analysis were performed simultaneously. After each interview, the analyst listened to the recorded data, reviewed the transcript, and then coded the data. Newly collected data were compared to the preanalyzed categories in terms of similarities and differences. Transcribed data were coded independently by the three authors, and the results of their analyses were discussed to reach complete agreement among the study’s authors.

Data analysis

For the data analysis, the recorded data were first transcribed word for word. It took 8–10 hours to transcribe each participant’s

Download English Version:

<https://daneshyari.com/en/article/11019235>

Download Persian Version:

<https://daneshyari.com/article/11019235>

[Daneshyari.com](https://daneshyari.com)