A Qualitative Exploration of Nurse-Physician Collaboration in Intensive Care Units

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Purpose:

Optimal outcomes in the Intensive Care Unit (ICU) are achieved using a patient centered interdisciplinary approach. The interdisciplinary team has many members, but two of the key players are nurses and physicians. Effective nurse-physician communication and collaboration is essential to achieve a positive and productive work environment. The Institute of Medicine's (IOM) Assessing Progress on the Future of Nursing Report (2015) emphasized the importance of nurses being full partners on the health care team. In the ICU, due to high patient acuity and low nurse to patient ratios, nurse-physician coloration is especially critical. In fact, hospital units where ICU nurses and physicians rank their collaboration as favorable are associated with superior patient outcomes (Boev & Xia, 2015).

To date, most studies utilized quantitative methodology to better understand nurse-physician collaboration. Exploration of nurse-physician collaboration includes accounts of power imbalance and difference in the perception of the importance of this dynamic (Garber et al., 2009). Nurses identified both work environment and physician attributes as barriers to effective collaboration (Amunda et al., 2018). These attitudes and perceptions work to undermine this partnership and could negatively impact patient safety. This study addresses an important gap in the literature by utilizing qualitative methodology to better identify the essential elements of nurse-physician collaboration in ICUs.

Methods:

After receiving the appropriate Institutional Research Board approval, the research team conducted semi-structured in-depth interviews with four ICU physicians and six ICU nurses. The sample of nurses and physicians are employed in four separate hospitals. Each interview lasted approximately 30 minutes and all interviews were audiotaped and transcribed. All data were stored and organized using ATLAS.ti.

Using an iterative process, data analysis occurred after each interview. Each interview transcript was reviewed and coded by the research team using the same process. We reached data saturation after interviewing six ICU nurses and four ICU physicians. Lincoln and Guba's Trustworthiness Criteria was used to maintain validity of the study (Lincoln & Guba, 1985).

Results:

Both nurses and physicians identified multidisciplinary rounds as the best mechanism for collaboration. All facilities established a structured and regular rounding practice. The most common theme was communication. The importance of effective collaboration was emphasized by all nurses and physicians who participated in this study. Effective collaboration was associated with teamwork, trust, respect, and unit culture. Barriers to effective collaboration included disrespect, silos, and poor communication.

Conclusion:
Effective nurse-physician collaboration is essential to a healthy work environment and optimized patient outcomes. Collaboration improves with the implementation of multidisciplinary rounds (Urisman et al, 2018). This is the first study to examine this relationship using a qualitative approach. Regardless of health system, both nurses and physicians value effective collaboration. Efforts should be made to invest in activities to improve this relationship.

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Abstract Summary:
Effective nurse-physician collaboration is an essential part of the healthy work environment and is associated with improved patient outcomes. This research team interviewed ten nurses and physicians to better understand nurse-physician collaboration in intensive care units. Our findings will help to design interventions to improve this dynamic.

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