Physician and Nurse Communication/Collaboration: Is there a difference in the US and in South Africa?

Ann Marie T. Brooks
Helen Kuroki
Sharon Vansuthevan
Conflicts of Interest

- Faculty Name: Helen Kuroki, MD, MPH
  - Conflicts of Interest: None
  - Employer: Main Line Health, USA
  - Sponsorship/Commercial Support: None

- Faculty Name: Ann Marie T. Brooks, RN, PhD, FAAN, FACHE
  - Conflicts of Interest: None
  - Employer: None
  - Sponsorship/Commercial Support: Consultant
    - None
Conflicts of Interest

- Faculty name
  - Sharon Vasuthevan, RN, PhD
- Conflicts of Interest
  - None
- Employer
  - None
- Sponsorship/Commercial Support
  - None
Objectives

- Identify and describe disruptive behavior between nurses and physicians in the workplace and its effect on patient care and the work environment
- Compare and contrast current strategies used
- Describe the role of the nurse, physician and other leaders in developing, implementing and evaluating standards and strategies required to effectively address disruptive behavior and change the work environment
Physician and Nurse Communication: Is there a difference in the United States and in South Africa?

- US Physician Perspective – Helen Kuroki
- US Nurse Perspective – Ann Marie Brooks
- SA Nurse/Physician – Sharon Vanusethen
Physician – Nurse Disruptive Behavior: How a Physician Champion Changes Outcomes

Helen Kuroki, MD, MS-HQS

STTI International Nursing Research Congress
July 22, 2016
Objectives

- To understand the impact that medical inter-professional behavior can have on medical care delivery.
- To gain insight into the creation of a culture of safety and the need to continually reassess how the organization may better embed its processes.
- To review an example of how a multidisciplinary, collaborative patient safety action plan can decrease the power gradient and improve safety outcomes.
Why is this topic important?

- Patient safety is a #1 priority in healthcare

- Institute of Medicine (IOM), The Joint Commission (TJC), and the Agency for Healthcare Research and Quality (AHRQ) have provided us with ongoing data about ways to improve safety

- Leaders and Healthcare organizations can do much more to improve and change the culture

- Physicians and nurses are major drivers in patient outcomes and patient care

- Patients and families assume that physicians and nurses regularly communicate about the plan of care and discharge process

- Culture of Safety assumes that physicians and nurses are working together and applying and integrating error prevention behaviors and tools into daily practice
Behavior Impacting a Culture of Safety

“conduct by staff and physicians working in the organization that intimidates others to the extent that quality and safety could be compromised.”

TJC (2011)
Strategy for Building a Strong Culture of Safety

What Leaders Do

Set Expectations

Educate & Build Skill

Reinforce & Build Accountability
An accountability system to convert behaviors to work habits

Make safety a core value

Find and fix problems

MIND THE GAP
Physician–Nurse Behavior Survey

- Based on the survey used by the American College of Physician Executives in 2009
- Undertaken across Main Line Health, a 5 hospital community health system in Northeastern US in 2013
- Repeated in 2014 after culture of safety initial training completed and multiple embedding exercises undertaken to reinforce reduction of power gradient
<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Count ACPE</th>
<th>Response Percent MLH - 2013</th>
<th>Response Count MLH - 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Executive</td>
<td>67.2%</td>
<td>66.9%</td>
<td>67.5%</td>
</tr>
<tr>
<td>Direct Care Nurse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indirect Care Nurse</td>
<td>17.0%</td>
<td>20.9%</td>
<td></td>
</tr>
<tr>
<td>Physician Executive</td>
<td>32.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed Physician</td>
<td>5.4%</td>
<td>4.1%</td>
<td></td>
</tr>
<tr>
<td>Independent Practitioner</td>
<td>10.7%</td>
<td>7.5%</td>
<td></td>
</tr>
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<td><strong>answered question</strong></td>
<td>2,124</td>
<td>783</td>
<td>584</td>
</tr>
<tr>
<td><strong>skipped question</strong></td>
<td>33</td>
<td>3</td>
<td>10</td>
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</table>
Does your health care organization ever experience behavior problems with doctors and nurses? -

<table>
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<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>89.9%</td>
<td>668</td>
<td>90.7%</td>
<td>534</td>
</tr>
<tr>
<td>No</td>
<td>10.1%</td>
<td>75</td>
<td>9.3%</td>
<td>55</td>
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</table>

answered question 743

Skipped question 5
Generally speaking, how often do behavior problems arise between doctors and nurses at your health care organization?

<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Daily</td>
<td>13.2%</td>
<td>97</td>
<td>12.4%</td>
<td>72</td>
</tr>
<tr>
<td>Weekly</td>
<td>24.9%</td>
<td>183</td>
<td>24.0%</td>
<td>139</td>
</tr>
<tr>
<td>Monthly</td>
<td>15.9%</td>
<td>117</td>
<td>19.8%</td>
<td>115</td>
</tr>
<tr>
<td>Several times a year</td>
<td>29.8%</td>
<td>219</td>
<td>26.9%</td>
<td>156</td>
</tr>
<tr>
<td>Once a year</td>
<td>6.3%</td>
<td>46</td>
<td>6.9%</td>
<td>40</td>
</tr>
<tr>
<td>Less than once a year</td>
<td>9.8%</td>
<td>72</td>
<td>10.0%</td>
<td>58</td>
</tr>
</tbody>
</table>

answered question 734
 skipped question 15

14 580
At your health care organization, who most often exhibits behavior problems?

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>47.1%</td>
<td>334</td>
<td>47.8%</td>
<td>273</td>
</tr>
<tr>
<td>Nurses</td>
<td>9.7%</td>
<td>69</td>
<td>7.5%</td>
<td>43</td>
</tr>
<tr>
<td>A pretty even mix of doctors and nurses</td>
<td>43.2%</td>
<td>306</td>
<td>44.7%</td>
<td>255</td>
</tr>
</tbody>
</table>

answered question: 709
Answered Question: 571

skipped question: 39
Skipped Question: 23
In the last year, has your health care organization held any staff training programs to try to reduce behavior problems between doctors and nurses?

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>56.4%</td>
<td>407</td>
<td>53.6%</td>
<td>307</td>
</tr>
<tr>
<td>No</td>
<td>43.6%</td>
<td>315</td>
<td>46.4%</td>
<td>266</td>
</tr>
</tbody>
</table>

answered question 722  
answered Question 573  

skipped question 26  
skipped Question 21
Over the last three years, how would you characterize the number of behavior problems between doctors and nurses at your healthcare organization?

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>More behavior problems between doctors and nurses</td>
<td>11.3%</td>
<td>83</td>
<td>10.9%</td>
<td>63</td>
</tr>
<tr>
<td>About the same number of problems between doctors and nurses</td>
<td>48.2%</td>
<td>355</td>
<td>42.8%</td>
<td>248</td>
</tr>
<tr>
<td>Less behavior problems between doctors and nurses</td>
<td>40.6%</td>
<td>299</td>
<td>46.3%</td>
<td>268</td>
</tr>
</tbody>
</table>

answered question 737

answered Question 579

skipped question 11

skipped question 15
Question for PHYSICIANS only
What situation do you encounter that has the highest likelihood for the occurrence of disruptive behavior between a physician and a nurse?

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<th>Response Percent MLH</th>
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<td>Telephone call to discuss a change in a patient’s condition</td>
<td>9.2%</td>
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<td>6.2%</td>
<td>4</td>
</tr>
<tr>
<td>Telephone call to report an error or patient injury</td>
<td>0.0%</td>
<td>0</td>
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<tr>
<td>Call in the middle of the night for an order for a change in medication</td>
<td>18.5%</td>
<td>12</td>
</tr>
<tr>
<td>In-person discussion questioning a treatment plan</td>
<td>29.2%</td>
<td>19</td>
</tr>
</tbody>
</table>

answered question 65
skipped question 529
Question for NURSES only
What situation do you encounter that has the highest likelihood for the occurrence of disruptive behavior between a physician and a nurse?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent MLH</th>
<th>Response Count MLH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repeated phone calls without response and finally a response</td>
<td>41.2%</td>
<td>200</td>
</tr>
<tr>
<td>Questioning of an order</td>
<td>34.2%</td>
<td>166</td>
</tr>
<tr>
<td>Request for discharge as soon as possible</td>
<td>4.3%</td>
<td>21</td>
</tr>
<tr>
<td>Telephone call to report an error or patient injury</td>
<td>1.6%</td>
<td>8</td>
</tr>
<tr>
<td>Telephone call requesting order for a newly admitted patient</td>
<td>3.9%</td>
<td>19</td>
</tr>
<tr>
<td>Relaying request by the patient or family member to speak with the physician as soon as possible</td>
<td>14.6%</td>
<td>71</td>
</tr>
</tbody>
</table>

answered question 485
skipped question 109
### Communication openness

<table>
<thead>
<tr>
<th>Question</th>
<th>2014</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff will freely speak up about things that may negatively affect</td>
<td>5% 16% 43%</td>
<td>7% 19% 48%</td>
</tr>
<tr>
<td>patient care</td>
<td>36%</td>
<td>26%</td>
</tr>
<tr>
<td>Staff are not afraid to ask questions</td>
<td>10% 24% 41%</td>
<td>13% 27% 42%</td>
</tr>
<tr>
<td></td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>Staff feel free to question the decisions of those with more authority</td>
<td>19% 28% 36%</td>
<td>24% 29% 34%</td>
</tr>
<tr>
<td></td>
<td>17%</td>
<td>13%</td>
</tr>
</tbody>
</table>

2014 N = 2,784 and 2012 N= 2,393. The N represents the number of respondents for the entire survey; the number of respondents for specific questions might be lower.

* Original negatively worded question have been reworded and rescored to read positively.
Collaboration

How do we engage physicians and nurses in the work of collaboration?
Transforming Systems of Care: MLH Quality and Patient Safety Framework

Performance Improvement Leadership Council

*PI, Project Management Competencies & Perpetual Readiness

Financial, Clinical & Operational Analytic Competencies

Population Workgroups

Joint Replacements
Knee
Hip

Cardiovascular
Conditions

Respiratory
Conditions

**High Risk Care Management

Cross-functional Workgroups

Safety Initiatives: Reliable Culture of Safety, Eliminating Harm and Reducing Mortality

Quality Initiatives: Improving Transitions of Care, Patient Experience and Delivery of Culturally Competent Care

Clinical Infrastructure work: (e.g. Smart Chart and Next Gen optimization, 3M Clinical Documentation and Ambulatory Quality/ACO)

Optimizing the Clinical Environment: Accountability Infrastructure

System Clinical Operations Council

Campus Clinical Operations Teams

Clinical Environment Workgroups and Microsystems

Inpatient Medicine and Critical Care CEW

BMH LMC PH RH

Emergency Medicine CEW

BMH LMC PH RH

Women and Infants CEW

BMH LMC PH RH

Surgical CEW

BMH LMC PH RH

Rehab Services

Ambulatory Services

Revised: 4/29/2014

*Process Improvement

**Includes patients enrolled in Pay for Performance programs
Automatic Medication Stop Order Project: Improving the Reliability of Medication Administration

SUMMARY OF THE PROBLEM

Patient had serious illness due to missed medication which was discontinued according to hospital automatic medication discontinuation policy. Opportunities for improvement existed for prescribers, nurses and pharmacists.

INTERVENTIONS

1. Prescribers—make EMR order entry more intuitive
2. Nurses—allow them to see orders approaching expiration
3. Pharmacists—lengthen medication default durations
GOALS

1. Reduce additional preventable harm events to ZERO.
2. Decrease pharmacy calls by 50%.

FINAL RESULTS

1. There have been no other preventable harm events associated with an inadvertently discontinued medication due to the Automatic Medication Stop Order Policy since the index event occurred in September of 2014.
2. 61% reduction in pharmacy medication clarification calls.
Automatic Medication Stop Order Project: Improving the Reliability of Medication Administration

PRE-INTERVENTION

Prescriber Survey Results – Pre-Improvement Initiatives

A. Do you know that some medications are automatically stopped without you placing an order to discontinue the medication?

- Yes: 27%
- No: 73%

B. Do you think that any of your patients have experienced a safety event because a medication was automatically discontinued?

- Yes: 34%
- No: 31%
- Not Sure: 35%

C. Do you recognize this symbol?

- Yes: 56%
- No: 44%

D. Do you know how to extend a medication’s duration in the EMR?

- Yes: 29%
- No: 33%

E. Do you think the process for extending duration of therapy in the EMR could be made easier?

- Yes: 13%
- No: 87%
Changes to the EMR: Icons

Change 1: Order Approaching Expiration Indicator

Original Icon:

![Original Icon Image]

New Icon:

![New Icon Image]

Change 2: Cannot renew due to order having explicit stop date

Original Icon:

N/A

New Icon:

![New Icon Image]

Change 3: Cannot renew due to physician acknowledging the discontinuation

Original Icons:

N/A

New Icons:

![New Icons Image]
Changes to the EMR: Nursing View Point

NEW NURSE VIEW ONLY SCREEN: Orders Approaching Expiration List
- When a physician renews or acknowledges expirations, it will update automatically on Nursing View Screen.

*Nurses have been asked to partner with physicians during rounds specifically regarding IV Fluids that are approaching expiration.
Automatic Medication Stop Order Project: Improving the Reliability of Medication Administration

RESULTS

Percent Decrease in the Number of Medication Line Items requiring Pharmacists to call Prescribers. (Note: Approximately 5 calls are placed per Line Item during the attempt to reach the current provider.)

<table>
<thead>
<tr>
<th></th>
<th>Baseline (Jan-Mar 2015)</th>
<th>November 2015</th>
<th>May 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Rx Interventions</td>
<td># Rx Interventions</td>
<td>% Decrease</td>
</tr>
<tr>
<td>OVERALL</td>
<td>1,097</td>
<td>459</td>
<td>58%</td>
</tr>
<tr>
<td>OVERALL ACUTE</td>
<td>879</td>
<td>326</td>
<td>63%</td>
</tr>
<tr>
<td>OVERALL REHAB</td>
<td>219</td>
<td>133</td>
<td>39%</td>
</tr>
</tbody>
</table>
Automatic Medication Stop Order Project: Improving the Reliability of Medication Administration

RESULTS

Figure 1. Total Monthly Pharmacy Rx Interventions by Hospital

Pharmacy Policy Changes Start to be Made

All Changes Fully Implemented – Status Update #1

# of Rx Interventions

Common Ground

- SUPERIOR PATIENT CARE
- People want to do the “right thing”
- Promote “value driven” culture
- Embrace accountability
- Recognize and reward excellence
- Get to know each other as PEOPLE and partners
Any questions?
Nurse Physician Disruptive Behavior: Building a culture of safety and quality

Ann Marie T. Brooks, RN, PhD, FAAN, FACHE, FNAP

July 22, 2016
Objectives

- Identify and describe how disruptive behavior affects nurses and nursing practice
- Describe the role of the nurse leader in addressing and resolving disruptive behavior between nurses and physicians
- Identify strategies that can be used to increase awareness and encourage nurses and others to “speak up for safety.”
Background

- Started in 2008 with Jefferson Attitude Scale
- Expanded data gathering and compared Magnet to non Magnet hospitals
- Surveyed AONE members, MLH nurses and doctors in 2013 and repeated the survey within MLH and added customized questions.
- Consistent findings that disruptive behaviors continues to occur on a regular basis with recognition of its effect and a desire for change
Challenges of Nurse – Physician Communication

- Pressured work environment
- Lack of clear expectations
- Power gradient
- Poor interpersonal communication skills
- Lack of understanding of the situation
- Lack of experience
- Willful blindness of leaders and others
Disruptive behavior in healthcare

Definition: Behavior which undermines the safety of the environment and the safety of the individual

Nurses and doctors perceive disruptive behavior in different ways
Importance

- Physicians and nurses are the major partners in health care
- Respectful communication is essential
- Patients and families expect that physicians and nurses work as a team and are shocked by disruptive behavior in the clinical setting
- Disruptive behavior puts safety and quality of care at risk
- Retention of nurses and morale is affected
What do you believe is the primary reason for disruptive behavior at MLH?

<table>
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<tr>
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<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of understanding of the situation</td>
<td>14.8%</td>
<td>86</td>
</tr>
<tr>
<td>Lack of respect for teamwork</td>
<td>30.5%</td>
<td>177</td>
</tr>
<tr>
<td>Lack of time</td>
<td>8.1%</td>
<td>47</td>
</tr>
<tr>
<td>Lack of accountability for behavior</td>
<td>35.5%</td>
<td>206</td>
</tr>
<tr>
<td>Lack of peer coaching and checking</td>
<td>1.2%</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>10.0%</td>
<td>58</td>
</tr>
</tbody>
</table>

*answered question* 581

*skipped question* 13
Question for PHYSICIANS only

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answered question 65
skipped question 529
### Question for NURSES only

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<td>71</td>
</tr>
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</table>

*answered question 485

*skipped question 109*
Where are we?

- The Joint Commission
- Focus on professionals
- Focus on safety and quality
- 2008 issued a sentinel alert; initiated a list for organizational assessment
- ACPL, AONE, ANA, AMA have raised awareness among their members
- IHI, RWJ have published papers and focused on strategies
## Strategies/Tools

<table>
<thead>
<tr>
<th>THE JOINT COMMISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
</tr>
<tr>
<td>Organizational Commitment</td>
</tr>
<tr>
<td>Raise Awareness</td>
</tr>
<tr>
<td>Policies and procedures</td>
</tr>
<tr>
<td>Staff Education</td>
</tr>
<tr>
<td>Training Workshops</td>
</tr>
<tr>
<td>Communication/team collaboration tools</td>
</tr>
<tr>
<td>Reporting policy</td>
</tr>
<tr>
<td>Compliance monitoring</td>
</tr>
<tr>
<td>Support services</td>
</tr>
<tr>
<td>Patient safety</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>
Physician-Nurse Interdependence

ARE WE READY?

Attention to Detail
Communicate Clearly
Handoff Effectively
Got Your Back!
Speak up for Safety
The True Measure of Success
What is the most important action that should be taken to reduce the incidence of disruptive behavior?

- Hold people accountable
- Promote respect in all interactions
- Educate
- Report the behavior when it occurs
- Do not ignore a disruptive situation
- Leaders should foster safety for staff and patients
CAN DO Expressway
Physician and Nurse
Communication/Collaboration: Is There a Difference in U.S. and in South Africa?

Sharon Vasuthevan
STTI Research Congress, South Africa
July 2016
Objectives

Identify and describe what constitutes “disruptive behavior” in South Africa healthcare.
Describe the process of seeking approval and engaging physicians and nurses.
Demonstrate the benefit of comparing physicians and nurses who practice in different countries but share the same vision and mission for patient care.
Approach

Brainstorm areas to explore and discussion guide

Conduct Qualitative Research

Workshop Insights

Quantitative Research

Define Action Plans

- Supports
- Rest of Market

Finalise

Define Implementation Action Plan
Engineering experiences of a lifetime!

Recap of Qualitative Research
The Sample Profile - Qualitative

(n=43)
Summary of Qualitative Analysis

• Doctors are technical people that want to provide care and make a difference to patients
  – Life must recognise the different drivers and the degree to which they want to interact with patients
    • Fundamentally they are driven by patient outcome and clinical practice
  – A strong team dynamic with strong centres of excellence is seen as key
  – To build good will, consider a joint CSI initiative between the doctors and the hospitals
    • Doctors would provide pro bono services together with Life Healthcare

• They have a few critical dependencies. Most notable are:
  – Reliance on nursing staff
  – Reliance on facilities, equipment and hospital operations
  – The commercial dynamics of their practices
  – The patient and doctor experience

• The Life Healthcare brand and marketing is also covered
Engineering experiences of a lifetime!

Methodology
Methodology

• Online survey to
  – All Medical and Surgical Specialists who work in Life Hospitals
  – All GPs who work in or refer to Life Hospitals

• Sample frame provided by LHC

• Survey questions based on
  – Results of qualitative study
  – Priorities given by LHC (formulary; communications)

• Survey piloted on two specialists and two GPs

• Data analysis in Spotfire

• Between-group tests: 5% significance level
Results Summary

Engineering experiences of a lifetime!

Seahorses are bony fish, with thin skin stretched over a series of bony plates, which are arranged in rings throughout their body. Each species has a distinct number of rings.

When mating, the female seahorse deposits up to 1,500 eggs in the male’s pouch. The male carries the eggs for anywhere from 9 to 45 days until they emerge, expelling fully developed, miniature seahorses in the water.

The number of young released by the male seahorse averages 100-200 for most species, but may be as low as 5 for the smaller species, or as high as 1,500.

Seahorses can range in size from 1.5 centimeters to 35 centimeters long.

They propel themselves by using a small dorsal fin on their back that flutters up to 35 times per second.

The sea horse’s signature “S” shape holds a secret weapon: it is an adaptation for the ambush hunting style favored by these tiny, carnivorous fish.

From the time they spot prey and open their mouth, to the time the shrimp is completely devoured, is only four milliseconds.

Although the seahorse’s curvy neck provides a longer reach (strike distance), it comes at the cost of speed (strike velocity), they found. Bending the neck on the pipefish model, for example, resulted in a 28% increase in strike distance. Conversely, straightening the neck on the sea horse model increased strike velocity 34%.
## Response Rate

<table>
<thead>
<tr>
<th></th>
<th>Medical Specialists</th>
<th>Surgical Specialists</th>
<th>Surgical Specialists (excl. dentists)</th>
<th>GPs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unique individuals</td>
<td>817</td>
<td>1 884</td>
<td>1 536</td>
<td>4 483</td>
</tr>
<tr>
<td>... with email addresses</td>
<td>732</td>
<td>1 704</td>
<td>1 400</td>
<td>3 921</td>
</tr>
<tr>
<td>... with functioning email addresses</td>
<td>711</td>
<td>1 638</td>
<td>1 348</td>
<td>3 730</td>
</tr>
<tr>
<td>% not contactable by email</td>
<td>13.0%</td>
<td>13.1%</td>
<td>12.2%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Responses required for reporting with 5% precision</td>
<td>250</td>
<td>312</td>
<td>300</td>
<td>349</td>
</tr>
<tr>
<td>Responses (complete + incompl.)</td>
<td>194</td>
<td>424</td>
<td>376</td>
<td>513</td>
</tr>
<tr>
<td>Complete</td>
<td>173</td>
<td>393</td>
<td>348</td>
<td>462</td>
</tr>
<tr>
<td>Incomplete</td>
<td>21</td>
<td>31</td>
<td>28</td>
<td>51</td>
</tr>
<tr>
<td>Response rate</td>
<td>27.3%</td>
<td>25.9%</td>
<td>27.9%</td>
<td>13.8%</td>
</tr>
<tr>
<td>Precision</td>
<td>6.0%</td>
<td>4.1%</td>
<td>4.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Opted out</td>
<td>10</td>
<td>33</td>
<td>28</td>
<td>51</td>
</tr>
</tbody>
</table>

Response rates were acceptable.

~13% of specialists (and ~17% of GPs) were not contactable by email.
Males predominated in all three groups, even more so amongst the specialists.
All four age groups of interest were well-represented in the sample.
Demographics - ethnicity

White doctors predominated, particularly amongst the Surgical specialists.

n=1001 (3.3% dropout from previous question – so not very sensitive)
Medical specialists: top two groups were paediatricians and physicians
Surgical specialists: top two groups were G&O and orthopaedic surgeons
Top three groups in both cases corresponded to top three groups in sample frame.
Survey Structure

- Overall Satisfaction
  - Nursing Related
  - Facilities, Equipment and Process
- Doctor Motivation
- Referrals
- First Practice
- Hospital Groups
- Competitor Comparison
- Free Text
- Comms
Nursing

Medical Specialists (n=183)  Surgical Specialists (n=412)

Q2 Please indicate your level of agreement with the following statements

Major concern: supply and quality of nurses

Less important: Communication and nursing leadership

Major concern: Nursing competence

No significant differences between Medical and Surgical specialists on any items

Main drivers of satisfaction with quality of nursing (Q1)
- **Nursing competence** (but less than 50% agree that nurses are competent) (M&S)
- Nursing leaders provide effective leadership (S)
- Agency staff are of adequate quality (S)
- Enough nurses (S)
- Nursing care not compromising patient lives (M)

Q2 Please indicate your level of agreement with the following statements
No significant differences between Medical and Surgical specialists on any items

Main drivers of satisfaction with quality of nursing (Q1)

- **Nursing competence** (but less than 50% agree that nurses are competent) (M&S)
- Nursing leaders provide effective leadership (S)
- Nursing care not compromising patient lives (M)

Q2 Please indicate your level of agreement with the following statements
Satisfaction with quality of nursing: drivers

Q1 Please rate your overall satisfaction with the Life hospital(s) in which you work or to which you refer.
Surgical Specialists (n=350)

Q1 Please rate your overall satisfaction with the Life hospital(s) in which you work or to which you refer.
Satisfaction with quality of nursing drivers

Q1 Please rate your overall satisfaction with the Life hospital(s) in which you work or to which you refer

Medical Specialists (n=183)

- Effective communication
- Effective leadership
- Poor nursing care - additional work
- Nurses are competent
- Enough nurses
- Agency staff of adequate quality

High importance + low agreement

Low importance + high agreement

0% Agree/strongly agree

0.20    0.10    0.00    0.10    0.20    0.30    0.40    0.50    0.60

Driver beta coefficient

30% Agree/strongly agree

0 -0.20

Poor nursing care - endangers lives
### Motivation

<table>
<thead>
<tr>
<th>Motivating Factor</th>
<th>Medical Specialists (n=176)</th>
<th>Surgical Specialists (n=406)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competent, dependable nursing staff</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Strong hospital leadership</td>
<td>98%</td>
<td>96%</td>
</tr>
<tr>
<td>Easy access to facilities and equipment</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>Recognised centres of excellence</td>
<td>85%</td>
<td>92%</td>
</tr>
<tr>
<td>Participation in key decisions</td>
<td>74%</td>
<td>78%</td>
</tr>
<tr>
<td>Participation in the financial success</td>
<td>65%</td>
<td>73%</td>
</tr>
<tr>
<td>Assistance with running the business aspect of my practice</td>
<td>30%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Two of the four most important motivating factors – nursing competence and hospital leadership – were rated very poorly in Q1. If LHC can address these, considerable leverage for the retention or attraction of doctors could be obtained.

Q4 Please indicate to what extent the following factors would motivate you to remain at or join a specific hospital.
Motivation (excl. dentists)

Medical Specialists (n=176)  Surgical Specialists (n=346)

Q4 Please indicate to what extent the following factors would motivate you to remain at or join a specific hospital

Two of the four most important motivating factors – nursing competence and hospital leadership – were rated very poorly in Q1. If LHC can address these, considerable leverage for the retention or attraction of doctors could be obtained.
Motivation

% Important / very important:

**Medical Specialists**
Competent, dependable nursing staff
- White, Indian, Black (96-100%) > Asian (85%)

Assistance with running business aspect of practice
- Asian, Indian, Black (38-50%) > White (22%)

**Surgical Specialists**
Participation in key decisions affecting running of hospital
- Surgeon, Orthopaedic Surgeon, O&G (74-85%) > Dentist (40%)

Participation in financial success of hospital
- Male (58%) > Female (41%)

**Assistance with running business aspect of practice**
- Asian, Indian, Black (50-55%) > White (18%)

**Surgical Specialists (excl. dentists)**
Participation in financial success of hospital
- Male (61%) > Female (46%)

**Assistance with running business aspect of practice**
- Asian, Indian, Black (50-57%) > White (19%)
- Female (42%) > Male (27%)
Conclusions

• Conclusions from qualitative study were largely substantiated by the quantitative study.

• The major theme identified is poor nursing competence, which affects many areas:
  – Key driver of overall satisfaction with working environment for specialists and GPs
  – Strongest motivator for a specialist to join / remain at a particular hospital
  – Seen as key to increasing referrals, by both specialists and GPs
  – Overwhelmingly the item most mentioned as being the one thing that would significantly improve the doctor’s experience with LHC, across all three doctor groups
Conclusions

• Overall satisfaction
  – Satisfaction with doctor colleagues is very high for all doctor groups.
  – GPs were further very satisfied with available facilities and equipment.
  – Areas of concern for all doctor groups are nursing competence, hospital leadership, and administrative support (less of a driver).

• Nursing – overall negative
  – Key areas of concern are the poor quality of agency staff, low staffing, and nursing competence in general.
  – Nursing leadership and communication with doctors are less problematic.
Workshop Outputs - Nurses

• Nursing initiatives to be merged into the experimental hospitals

• Focus on the following:
  – Caring
  – Joint problem solving with the teams on the ground
  – Further leverage of the registered nurses from India
    • Focus on the ICU wards to support the clinical needs
  – Engage with the nursing agencies to ensure that the selection criteria are clear
  – Work with human capital to foster a better culture
    • Focus on the night shift
  – Ensure that there is a measurement feedback loop to measure culture
Thank you!