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: Consultant
- Sponsorship/Commercial Support: None
Conflicts of Interest

- Faculty name: Sharon Vasuthevan, RN, PhD
- 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
Symposium

- 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

MIND THE GAP

Make safety a core value

Find and fix problems
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
### Are you a nurse or physician?

<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>17.0%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Indirect Care Nurse</td>
<td></td>
<td></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></td>
<td>4.1%</td>
</tr>
<tr>
<td>Independent Practitioner</td>
<td>10.7%</td>
<td></td>
<td>7.5%</td>
</tr>
</tbody>
</table>

**answered question**: 2,124

**skipped question**: 33

**MLH - 2013**

**MLH - 2014**
Does your health care organization ever experience behavior problems with doctors and nurses?

<table>
<thead>
<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>
</tr>
</tbody>
</table>

answered question 743

Answered question 589

skipped question 5

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

<table>
<thead>
<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                 | 14                    | 580                 |
|                           | skipped question      | 15                  | skipped question      | 14                  |
At your health care organization, who most often exhibits behavior problems?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<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>
<th></th>
<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>
<th></th>
<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?

<table>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent MLH</th>
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</tr>
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<tr>
<td>Telephone call to discuss a change in a patient’s condition</td>
<td>9.2%</td>
<td>6</td>
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<td>Telephone call for a patient for whom you are not the responsible physician at the time</td>
<td>36.9%</td>
<td>24</td>
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<tr>
<td>Questioning by the nurse about a written order</td>
<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>
</tr>
<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>
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</tbody>
</table>

answered question 485

skipped question 109
Communication openness

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

Staff feel free to question the decisions of those with more authority.  
Year: 2012, (2,369)  
Year: 2010, (1,882)  
Strongly Disagree/Disagree | Neither | Agree | Strongly Agree
2014 24% 29% 34% 13%  
2010 27% 28% 34% 10%

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.

Performance Measurement and Analytics
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
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
Automatic Medication Stop Order Project: Improving the Reliability of Medication Administration

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: 31%
- No: 34%
- 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: 38%
- Not Sure: 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:

New Icon:

---

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

Original Icon: N/A

New Icon:

---

Change 3: Cannot renew due to physician acknowledging the discontinuation

Original Icons: N/A

New Icons:
Changes to the EMR: Nursing View Point

Original View: Medication
List View

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
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>
<thead>
<tr>
<th>Answer Options</th>
<th>Response Percent MLH</th>
<th>Response Count MLH</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

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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</tr>
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</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?

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<td>71</td>
</tr>
</tbody>
</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>Strategy</th>
<th>Present</th>
<th>In Development</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Commitment</td>
<td>MLH - X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raise Awareness</td>
<td>MLH - X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>MLH - X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Education</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Training Workshops</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Communication/team collaboration tools</td>
<td>MLH - X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting policy</td>
<td>MLH - X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance monitoring</td>
<td></td>
<td>Varies</td>
<td></td>
</tr>
<tr>
<td>Support services</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Patient safety</td>
<td>MLH - X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Physician-Nurse Interdependence

ARE WE READY?

Attention to Detail

Communicate Clearly

Handoff Effectively

Speak up for Safety

Got Your Back!
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
Recap of Qualitative Research

Engineering experiences of a lifetime!
The Sample Profile - Qualitative

AGE
- 40 yrs and younger: 38.1%
- 41 - 55 yrs: 42.9%
- 56 - 65 yrs: 19.0%

GENDER
- Male: 90.7%
- Female: 9.3%

RACE
- White: 60.5%
- Black: 18.6%
- Indian: 18.6%
- Coloured: 2.3%

(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
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
Engineering experiences of a lifetime!

Results Summary
## 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

n=1001 (3.3% dropout from previous question – so not very sensitive)
White doctors predominated, particularly amongst the Surgical specialists.
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

Major concern:
- supply and quality of nurses
- Nursing competence

Less important:
- Communication and nursing leadership

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
Q2 Please indicate your level of agreement with the following statements

**Major concern:** supply and quality of nurses

**Major concern:** Nursing competence

**Less important:** Communication and nursing leadership

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)
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.
Satisfaction with quality of nursing drivers (excl. dentists)

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

Graph showing the relationship between driver beta coefficients and the percentage of agreement, highlighting that 'Nurses are competent' is a high importance with low agreement.
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
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.
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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!