Original article

The effect of professionalism on the professional communication between nurses and physicians: A phenomenological study

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(Received: 28 Feb 2016; Accepted: 31 May 2016)

Abstract

Background and Purpose: Professionalism refers to the professional character and manners of an individual, which encompasses different attributes and a lifestyle reflecting responsibility and commitment. Effective communication between physicians and nurses enhances the quality of patient care, reduces medical errors. Over the years, there have been repeated admonitions to improve nurse-physician communication, which is influenced by several factors. This study aimed to evaluate the effect of professionalism on the professional communication between nurses and physicians.

Methods: This qualitative study was conducted using the phenomenological approach developed by Husserl. Semi-structured interviews (n=15) were performed on eight nurses and seven physicians engaged in the hospitals of different cities in Iran in 2014. Participants were asked to describe their experiences regarding the professional communication between nurses and physicians. All interviews were recorded and transcribed, and data analysis was performed using Colaizzi's method.

Results: Four main themes emerged from data analysis, including professionalism, communication patterns, confounders, and communication usefulness, the most important of which was professionalism. In this study, we focused on professionalism and its subthemes, including autonomy, dignity and respect, responsibility and preparedness.

Conclusion: According to the results of this study, professionalism plays a key role in establishing efficient professional communications. Therefore, it is recommended that structured communication interventions be implemented in clinical environments in order to improve the quality of nurse-physician communication.

Keywords: Nurses, Phenomenology, Physicians, Professional communication, Professionalism

Introduction

Phenomenology is the science that aims to describe a specific phenomenon based on life experiences. Two main phenomenological approaches used in the nursing literature are "description" (eidetic phenomenology) and "interpretation" (hermeneutic phenomenology). Eidetic phenomenology mainly focuses on detailed descriptions of conscious experiences in daily life, while in hermeneutic phenomenology, the emphasis is on the significance of life experiences, with the purpose of interpreting and realizing social phenomena (1).

In health care, nursing is considered an inter-professional and intra-professional challenge (1, 2). Professionalization is an inherent element of in-service careers (3), and professionalism refers to the professional character and manners of an individual. Professionalism encompasses a set of attributes and lifestyle that reflect responsibility and commitment (4).

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As stated by Flexner, professionals are individuals with specific characteristics who must adapt to a particular career; some of these features include basic or academic education, effective intellectual performance, sense of responsibility, adequate scientific knowledge based on expertise, interest in learning, self-direction, and philanthropy (3).

Qualified members of a profession have specific ethical codes and serve a professional organization as the guide. Sacrifice, altruism, accountability, self-regulation, self-determination, and independence are among the most imperative professional values. In professional individuals, activities are largely influenced by attitudes and social behaviors (5).

Values are the beliefs and ideals possessed by different individuals and groups (6). Professional values are the practical standards used to develop a framework for the evaluation of the attitudes and perspectives that influence the behavior of professional clinicians (7). Acquisition of professional values is the instrumentation of professional development (8). Some of the foremost professional values in every organization are high expertise, freedom in management, commitment, knowledge, and peer evaluation to maintain ethical standards (9). In the literature, various studies have denoted the lack of professionalism in different institutions, and findings of Jenifer et al. confirm these results (10).

Nursing professionalism has a complex, multi-dimensional nature. Communication is considered to be one of the fundamental aspects of nursing, defined as the imparting or exchanging of opinions and information through speech, writing or signaling. Metaphorically, instructing nurses to communication resembles instructing birds to flying.

Communication skills are included in all nursing curricula, and nurses are instructed on these skills in postgraduate programs, educational interventions, workshops and meetings as well. However, putting communication skills into practice has proven to be rather challenging for many nurses (11).

Collaborative healthcare is defined as the complementary roles of healthcare professionals and their active cooperation in the process of care provision. In collaborative care, all members of the healthcare team are required to share the responsibility of problem-solving and decision-making in order to formulate and carry out patient care (12). It is noteworthy that fostering a team collaboration environment is associated with challenges such as insufficient time, perceived loss of autonomy, distrust in the decisions of other team members, clashing perceptions, territorialism, and lack of awareness of one provider of the education, knowledge, and skills of other colleagues and professions (13). However, most of these hurdles could be overcome with an open attitude, as well as mutual respect and trust, among team members (14).

While poor communication in health care might lead to adverse consequences, a review of the literature indicates that effective communication is associated with positive outcomes such as uninterrupted information flow, effective intervention, higher patient safety and employee morale, increased satisfaction of patients and their families, and reduced length of hospital stay (15).

Collaboration between physicians, nurses and other healthcare providers increases the awareness of healthcare team members regarding the knowledge and skills of each other, which results in the constant improvement of decision-making (16). In this regard, Fuss et al. (17) and Gittell et al. have claimed that implementing systems to facilitate team communication could substantially raise the quality of care. Furthermore, effective communication among healthcare staff encourages successful teamwork and promotes continuity and clarity within the patient care team. At its best, good communication encourages collaboration, fosters teamwork, and helps prevent errors (18).

In healthcare environments characterized by a hierarchical culture, physicians are at the top of the hierarchy. Consequently, although physicians might assume that the care environment is collaborative and harbors open communication, nurses and other healthcare providers perceive communication impairment. As such, hierarchical incompatibilities are likely to diminish the collaborative interactions necessary to ensure the efficacy of the provided care and treatment.

In healthcare organizations with a hierarchical

[DOI: 10.18869/acadpub.jnms.3.3.18]

framework, team members on the lower end of the hierarchy tend to be reluctant to express their opinions and concerns regarding the existing shortcomings. For instance, intimidating behavior of the care providers at the top of the hierarchy could hinder communication, rendering these individuals unapproachable (19).

Despite acceptable changes in the nurse-physician communication as argued by some nurses, evidence is scarce to support this standpoint (20). In recent years, several studies have confirmed problems such as the verbal abuse of nurses by physicians (21) and disruptive physician behavior (10, 22), offering advice on increasing the ability of nurses to "handle" the negative behavior of physicians (23). Therefore, the exact status of nurse-physician communication often remains contentious and obscure.

Over the years, there have been repeated admonitions to improve nurse-physician communication and emphasize on its importance (24). Nurses and physicians have different views toward the level of collaboration in the healthcare system, with nurses typically perceiving less collaboration and poorer communication compared to physicians (25, 26).

Satisfaction of nurses with communication or interaction patterns in clinical environments tends to be lower than physicians. Moreover, nurses commonly feel the need to be heard and appreciated by physicians regarding their professional opinion (27).

In the literature, numerous studies are available on different methods of establishing teamwork, collaboration and communication; such examples are recognizing the corporate culture (28), quality improvement (29), continuous assessment, regular communication (30), and diminishing conflict (31).

Considering that the investigation of the professional communication between physicians and nurses aims to clarify the nurse-physician relationship during clinical practice, the phenomenology of Husserl (descriptive phenomenology) was applied in this study.

Despite extensive research with quantitative approaches on the relationship between physicians and nurses, few studies have adopted a qualitative approach in order to focus on this professional relationship and its different dimensions. On the other hand, perceptions and experiences of nurses and physicians toward this phenomenon have not been sufficiently explored, and studies in this regard have mainly focused on the nurse-physician communication barriers, while other aspects of this relationship have received insufficient attention.

This study aimed to evaluate the effect of professionalism on the professional communication between nurses and physicians.

Materials and Methods

Study design

This qualitative study was conducted using the phenomenological approach developed by Husserl (eidetic phenomenology) in 2014.

Study population

Target population consisted of nurses and physicians with a minimum clinical experience of five years. The only inclusion criterion for participation was the direct involvement of nurses and physicians in the provision of in-hospital care for more than five years. Participants were selected from the hospitals of different cities in Iran, including Abadan, Shirvan, Tehran and Mashhad. Nurses and physicians were selected from various cities in order to achieve maximum data variance and utilize diverse experiences.

Participants of this study included one intensive care unit head nurse, one nurse supervisor, one pediatric ward nurse, one operating room nurse, one emergency section nurse, one medical ward nurse, one surgical ward nurse, one cardiac care unit nurse, one pediatrician, one infectious disease specialist, one surgeon, one internist, one anesthesiologist, one psychiatrist, and one general physician.

Data collection

Initially, subjects were asked whether they were willing to participate in semi-structured interviews, and written informed consent was obtained from those willing to participate in the study.

Final sample population consisted of 15 respondents (eight nurses and seven physicians selectively sampled). Informed consent was

obtained from these samples, and all interviews were tape-recorded and transcribed for further analysis. Duration of each interview was 30-60 minutes, and interviews were conducted by a trained interviewer. Respondents were asked to describe their experiences regarding professional communication between nurses and physicians.

The leading question in the interviews was "*What is your experience on the professional relationship with other nurses and doctors?*"

The first and second interviews were conducted without structure, while in the next stage of data collection, we used semi-structured interviews, which encompassed leading, clarifying and in-depth questions. In addition, probing questions were asked by the researchers in order to clarify details (*Can you express yourself more clearly?, Can you explain more?, Why do you feel this way?, Why did he/she act this way?, How did it happen?, Can you give an example?, How do you feel about it?, What do you think was the result?*)

Data analysis

Considering the application of descriptive phenomenology in this study, we mainly focused on the descriptions and significance of the provided experiences and views of the participants. Descriptive phenomenology is able to offer a comprehensive description of the phenomenon under study.

Final validation of interviews was performed by returning the obtained results to the participants using Colaizzi's method. This method consists of nine stages, as follows: 1) determining the phenomenon of interest, 2) collecting the descriptions of participants about the phenomenon, 3) study of descriptions about the phenomenon, 4) review of the original transcripts and extraction of key phrases, 5) clarifying the significance of each phrase, 6) organizing the overall meaning in cluster themes, 7) noting detailed descriptions of the emerged themes, 8) returning the results to the participants in order to confirm the descriptions and 9) addition of new data to the main description (32).

All 15 interview transcripts were reviewed by the author, and a framework was proposed for the extraction of the main themes related to nurse-physician communication. Afterwards, each researcher reviewed at least three transcripts and compared their themes with the proposed framework. In the next stage, all the authors discussed and revised the proposed framework. This process continued iteratively until agreement was reached regarding the identified themes and dimensions of nurse-physician relationship, and the framework was confirmed to provide a reasonable depiction of the process of communication and influential factors in nurse-physician communication as stated or implied by the participants.

Finally, each transcript was re-read by two authors, who coded comments using the revised framework. In addition, the authors identified exemplary comments and confirmed that the final framework accommodated each important comment related to nurse-physician communication. Criteria of credibility, dependability, conformability and transferability for the rigor and validity of the study were taken into account as well.

Study protocol was reviewed and approved by the academic board of the Faculty of Nursing & Midwifery of Ahvaz Jundishapur University of Medical Sciences (ethical code: ir.ajums.rec.1394.32).

Results

Data analysis yielded four main themes, 16 subthemes, and 317 codes, which influenced the nurse-physician communication. The main themes emerged in this study were professionalism, communication patterns, confounders, and communication usefulness (Table 1).

According to the nurses in this study, negative issues prevail in the relationship between nurses and physicians. To avoid the prolongation of this article, we only focused on the professionalism theme and its subthemes, including autonomy, dignity and respect, responsibility, and preparedness.

Autonomy

With respect to the subtheme of autonomy, one of the nurses stated:

"*Physicians do not believe in the independence of nurses and do not allow them to do anything without*

Table 1. Main themes and subthemes of professional nurse-physician communication based on experiences of participants

Themes	Subthemes
Professionalism	Autonomy Dignity and respect Responsibility Preparedness
Confounders	Personality traits Fragile trust Logistic challenges Occupational stress Lack of ethics and spirituality Impaired observation of professional principles
Communication patterns	Collaborative interactions Hierarchy Coping Scapegoating
Communication usefulness	Communication benefits for patients Communication benefits for nurses and physicians

their permission."

Moreover, another nurse commented:

"*Almost all physicians consider nursing to be a separate specialty from medicine.*"

In this regard, one of the nurses said:

"*My main problem with physicians is his/her attitude toward me as an inferior rather than an independent co-worker*."

In addition, one of the participants stated:

"*Although sometimes nurses know how to treat the patient, they would rather wait for the physician's order due to fear*."

Preparedness

With regard to professionalism subtheme of preparedness, one of the subjects remarked:

"*I think if you are calling a physician, you should present immediate information, so that the physician would not be kept waiting. I think this is a major failure in nursing performance*."

Another participant commented:

"*A nurse must have all the required information and be prepared. In other words, nurses must be prepared while calling doctors*."

In this regard, one of the participants said:

"*If you be a professional nurse, the doctor will not be proud because physicians do not respect the scientific knowledge of nurses and find themselves to be in a higher position than nurses*."

Moreover, one of the subjects claimed:

"*Scientific gaps between physicians and nurses are the main cause of disrespecting nurses by physicians*."

In the study by Jenifer et al., 21 interviews were conducted on 15 nurses, who frequently mentioned lack of preparedness in phone calls with physicians as the key barrier against efficient nurse-physician communication (29).

With respect to this subtheme, one of the participants in this study remarked:

"*Competency and professionalism of nurses prevent the superiority of physicians; otherwise, physicians consider themselves to have a higher professional status*."

Furthermore, another participant stated:

"*Lack of physician's awareness about nursing profession is a considerable obstacle against nurse-physician communication. Some doctors do not even recognize the differences between the professional rankings of nurses and need to learn about this framework*."

One participant said:

"*Effective nurse-physician communication depends on the proficiency and competency of nurses; otherwise the physician would reprimand the nurse*."

Additionally, another interviewee remarked:

"*In interaction with the physician, preparedness of nurses is of paramount importance*."

Responsibility

With regard to this subtheme of professionalism, one of the participants stated:

"*Some physicians are really disorganized; they do not visit patients for several days or fail to visit them properly. However, some doctors are truly duty-bound and attend to the patient*."

Moreover, one of the nurses stated:

"*Some physicians turn their phones off or make excuses that their phones are broken. They do not answer their phone, and on-call doctors get annoyed with late calls*."

Another participant commented:

"*In my viewpoint, I found out that nurses often have a high sense of responsibility toward patients."*

Dignity and respect

With regard to this subtheme of professionalism,

one of the participants stated:

"*A physician who has a humiliating attitude toward a nurse fails in the professional nurse-physician communication. I wish these privacies be respected*."

On the other hand, another participant noted:

"*I believe that physicians treat nurses respectfully, and their behavior is a proof of this matter*."

One of the interviewees remarked:

"*Unfortunately, some of our colleagues look down on the status of nursing, which is not befitting to their social status*."

Finally, another participant commented:

"*It is really pleasant for the patient to hear an honest and respectful conversation between the nurse and physician*."

Discussion

In the present study, four main themes emerged in relation to the effect of professionalism on the nurse-physician relationship. To avoid the prolongation of this article, we only focused on the professionalism theme and its subthemes, including autonomy, dignity and respect, responsibility, and preparedness.

A profession is autonomous if it regulates itself and sets standards for its members. Providing autonomy is one of the purposes of a professional association. If nursing is to have a professional status, it must function autonomously in forming policies and controlling its activities. Furthermore, an autonomous professional group must be granted legal authority to define the scope of its practice, describe its particular functions and roles, and determine its goals and responsibilities in the delivery of services.

To nursing practitioners, autonomy is defined as independence at work, responsibility, and accountability for one's actions. Autonomy is more easily achieved and maintained from a position of authority. Therefore, some nurses seek administrative positions rather than expanded clinical competence as a means to ensure their autonomy in the workplace (5). Health professionals tend to work autonomously despite the fact that they claim to be part of a team (10).

Efforts to improve healthcare safety and quality are often jeopardized by communicative and collaborative barriers among the clinical staff. For instance, most physicians do not respect the autonomy of nurses, as in the current research, nurses frequently described a lack of autonomy in their practice.

According to the results of the present study, preparedness is one of the significant influential factors in the professionalism between nurses and physicians. This finding is in congruence with the results obtained by Jenifer et al. In the mentioned study, lack of preparedness in nurses was reported to be a common issue in phone contact with physicians, which was confirmed as a major obstacle against efficient nurse-physician communication. Competency and preparedness of nurses regarding patient care issues are considered the key components of nurse-physician communication.

According to the literature, quality of nurse preparedness depends on the expectations of other nurses and physicians. In a study, Cadogan et al. reported that physicians perceived nurse competence to be a significant communication barrier. In the present study, interviewed nurses believed that their colleagues were often unprepared while contacting physicians, which adversely affected nurse-physician communication. Furthermore, nurses in our study agreed that preparedness is the most important element in fostering effective communication with physicians. In this regard, findings of Jenifer et al. indicated that nurse preparedness is a major obstacle against efficient nurse-physician communication (33).

Recognition of the professional dignity of nurses plays a pivotal role in improving the relationship between physicians and nurses in the clinical environment. Nurses are more likely to enjoy the respect of patients, increase the quality of care, and enhance patient safety if their dignity is appreciated by other healthcare team members. On the other hand, if nurses feel humiliated or unnoticed in their professional role, they will not be able to provide effective care and support for the patients (34).

Nurses must show respect for the willingness to be available, desire to work with clients, and a

manner that conveys the idea of taking the clients point of view seriously (5). In the current research, nurses and physicians reported that some of their colleagues tend to look down on the professional status of nurses, which is not befitting to their social status. This finding is in line with the study by Jenifer et al.

In the mentioned research, many nurses reported encounters characterized by rudeness and disrespect from physicians. Moreover, they claimed that physicians tend to interrupt the report of nurses on patients, and one in ten nurses experienced frustration after interaction with a physician (18).

As a scientific discipline, nursing continues to gain epistemological and ontological legitimacy throughout the world. This recognition has to be put into practice in all environments and geographical areas if an occupation is to be respected as a true autonomous, scientific profession (34). Previous studies have denoted that nursing input might be poorly received by physicians despite the fact that improved collaboration contributes to the enhancement of the quality of care (34).

Healthcare providers have three separate, interdependent legal roles as service providers, service employees or contractors, and citizens. Each of these roles is associated with specific rights and responsibilities. In legal terms, a nurse as a citizen is equal to any of the individuals in the society. Citizenship rights protect clients against harm and ensure the consideration of their personal property rights, rights to privacy, and confidentiality (5).

According to the results of the current study, several aspects of physician response in phone contacts with nurses hindered the process of effective communication. For instance, many physicians do not call back the nurse or could not be reached in time. Furthermore, some nurses noted that delayed call-backs by physicians deteriorated the lack of information of nurses (33).

Evidence suggests that disruptive behavior of physicians leads to nurse burnout, low job satisfaction, and decision to leave the profession (15). In a study in this regard, 31% of respondents claimed that they knew nurses who left their job due to disruptive physician behavior (35).

On the same note, nurses believe that they are taken for granted by physicians. Correspondingly, they believe that physicians are rarely aware of nursing activities, do not often listen to the comments of nurses about patients, ignore nursing evaluations, fail to incorporate the assessments of nurses into patient care plans, and are difficult to communicate with. Rather than their personality traits, these problems could be attributed to the lack of knowledge of physicians regarding nursing responsibilities (29).

According to previous studies, many nurses still feel that physicians do not understand, respect or care to listen to nursing perspectives toward the treatment of patients. Different perceptions of patients and their needs often result in misunderstanding and conflict between nurses and physicians, which could lay the ground for anger and dissatisfaction (35).

On the other hand, despite believing their expertise to be more appropriate in a particular situation, many nurses prefer to refer to physicians for final decision-making. In fact, some nurses, consciously or unconsciously, preserve and protect the traditionally "superior" professional status of physicians by consulting them at all times. However, it is reported that male nurses are treated more respectfully and with greater collegiality by physicians (36).

Communication problems stem from all the factors affecting the nurse-physician communication as discussed earlier in this paper; in this regard, power issues and dismissive attitudes toward nurses are more frequently involved in the impaired interactions of nurses and physicians.

Poor communication persists as long as physicians view their role and function as fundamentally superior to those of nurses. If physicians refuse to appreciate the value of the observations and judgment of nurses, they are slow to respond when nurses attempt to contact them. This was noted as a common complaint by nurses in the present study (35).

Communication with physicians could be accomplished when nurses feel empowered to approach physicians as equal professional colleagues. In other words, nurses must assume responsibility to raise the quality of their interactions with physicians.

Moreover, professional empowerment helps nurses stay focused on approaching physicians in a collegial, respectful manner for effective problem-solving despite the unconstructive behavior and attitude of the physician.

Nurses must not allow the negative behavior of physicians to push them into hostile communication or discourage their efforts to communicate. In the viewpoint of nurses, negative behaviors of physicians might be due to gender-related issues, power gaps, hierarchical traditions, and the mindset that nurses are their handmaidens rather than valued professional collaborators.

One of the limitations of the present study was the unwillingness of participants to recount unpleasant experiences since they believed that retelling a bad experience might affect their future relationships. To control this limitation, the participants were assured of confidentiality terms regarding the content of interviews.

Analysis of the collected data in the present study yielded four influential themes in the nurse-physician communication, including professionalism, communication patterns, confounders, and communication usefulness. Professionalism was considered the most important theme in this regard.

Conclusion

According to the experiences of nurses and physicians in terms of professional interactions, it could be stated that the professional nurse-physician communication is a phenomenon facilitated by factors such as autonomy, dignity and respect, responsibility, and preparedness.

Findings of this study are important for two reasons. First, it was documented that obstacles against efficient nurse-physician communication continue to affect patient care despite 50 years of research and effort to improve this professional relationship. On the other hand, we identified some potential communication barriers that were not previously discussed, such as professionalism and its subthemes.

While discrepancies between the perceptions of nurses and physicians could be detected in previous studies in this regard (10), they were not observed in the current research. In our study, improvement of nurse preparedness was emphasized by both nurses and physicians as a key target to raise the efficacy of nurse-physician communication.

In conclusion, results of this study suggested that enhancing the preparedness of nurses is essential to preventing communication breakdown among healthcare team members. Furthermore, it is recommended that physicians reconsider their attitude toward nursing practice in order to promote professionalism, responsiveness and autonomy in the clinical environment.

Conflicts of interest

None declared.

Authors' contributions

A. Farhadi contributed with data collection and interpretation. N. Elahi provided research supervision and dissertation guidance, and R. Jalali was the advisor and dissertation guide. All the authors contributed equally with reviewing, critical revision, editing, and drafting of the manuscript.

Acknowledgments

This article was extracted from a PhD thesis. Hereby, we extend our gratitude to Ahvaz Jundishapur University of Medical Sciences.. We would also like to thank all the nurses and physicians for assisting us in this research project.

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