“DEVELOPMENT OF A SURVEY INSTRUMENT TO UNDERSTAND THE
RELATIONSHIP CULTURE BETWEEN PHYSICIANS AND NURSES AND ITS
EFFECT ON NURSE JOB SATISFACTION AND PERCEIVED MEDICAL ERROR”

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Background: In a number of studies, registered nurses (RNs) reported disruptive physician behaviors as a threat to quality of patient care, patient safety, job satisfaction, and nurse retention. The scale of the impact of medical errors is shown by the Institute of Medicine (IOM) in their landmark report, To Err Is Human. The report estimated at least 44,000 and perhaps 98,000 hospitalized patients die every year due to preventable medical error. Several reasons for medical error identified by the IOM are related to the culture of a workplace.

Purpose: The purpose of this study is to explore actual and perceived behavioral norms regarding the nurse-physician relationship culture and the impact of that culture on turnover and perceived medical error. The study enables researchers to examine any gap between the actual and perceived norms of physicians and nurses. Additionally, this study seeks to compare cultural perceptions of behavior between doctors and nurses in rural locations to those in highly metropolitan areas.

Methods: A new instrument was developed based on the literature to measure the behavioral norms of physicians and nurses. A preliminary study with a test population was conducted, which provided initial validation for the instrument and methodology. The instrument was distributed via standard mail to random samples of actively licensed physicians and nurses in Montana, a largely rural state, as well as physicians and nurses in the Denver metropolitan area.

Results: The full data collection for the study is in progress and will be completed in time to present full results at the conference. Findings from the pilot study suggests both the positive and negative physician behaviors have significant impact on nurses’ job satisfaction and perceived medical error in positive and adverse way respectively. It also revealed that nurses’ actual norms of nurse-physician relationship culture are different than what they believe should be standard norms.

Implications for research: The findings will assist in developing a cultural intervention program using the Positive Community Norms framework. This intervention programs are expected to enhance nursing job retention and reduce avoidable medical errors. The results will provide a window into the culture of rural healthcare system that should enable the development of interventions customized for the unique challenges of these locations.