



**EXPLORING NURSES AND PHYSICIANS
COMMUNICATION IN THE EMERGENCY
DEPARTMENT: RESEARCH AND EVIDENCE
FOR PRACTICE**

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ABSTRACT

Communication among health professionals in the emergency department, especially nurses and physicians, is very important. Effective nurses–physicians communication can greatly reduce the number of medical errors and fatalities that occur in the emergency department. The aim of this study is to explore the communication experiences of nurses and physicians working in the emergency department in a hospital in the Kingdom of Saudi Arabia (KSA). The ultimate research participants will be eight physicians and nurses from an emergency department. The research design will be a qualitative phenomenological hermeneutic approach and will use the interpretive method for data collection. The significance of this study is to determine influence of communication on quality of care, particularly in the emergency department, and understand factors that hinder effective communication of nurses and physicians in the emergency department. Communication comprises the intrapersonal and interpersonal interactions between nurses and physicians and their external influences on patient outcomes. Moreover, communication lacks clarity; more clarification could help improve and enhance communication among professionals of emergency department, as well as patient outcomes.

CHAPTER ONE: INTRODUCTION

The emergency department (ED) is one of the most critical departments in healthcare settings. Therefore, communication among health professionals in the emergency department, especially nurses and physicians, is very important. Effective nurses–physicians communication can greatly reduce the number of medical errors and fatalities that occur in the emergency department (Joint Commission Resources, 2008). The result of the same would be a vibrant ED that contributes greatly to the improvement of patient care and outcomes, better relationships, and increased job motivation and satisfaction. This paper will analyze the existing literature on the nurses and physicians communication in the emergency department. The paper also provides detail on communication processes and on the job, relationship, and patient care outcomes.

1.0 Background

Emergency departments provide acute medical care in high concentration, high-complexity settings that could be demanding to operate in (Sutcliffe, Lewton, & Rosenthal, 2004). Effective operations in the emergency department necessitate collaboration between nurses and physicians in the provision of care, with numerous interactions needed to convey patient and related information. Nurses and physicians, as professionals in the health care field, work to provide the best care for patients (Mattu et al., 2012). Due to the team-based nature of their work, communication is an important and essential component of care for patients. It is vital to many professionals, especially health professionals.

The emergency department is widely considered the main gate for patient care in the hospital. ER nurses and physicians have major responsibilities in patient care. Their roles require excellent communication so as to provide quality care and treatment (Mattu et al., 2012). The word communication has more than one meaning; Verbal and non-verbal communications are both used in the healthcare field among nurses, physicians, and patients (Spencer, Coiera, & Logan, 2004). The process of communication physicians and nurses may face barriers within the emergency department (Joint Commission Resources, 2008).

The boosting of communication between nurses and physicians is a fundamental theme in safety enhancement in medical care, interactions, and relationships. According to Spencer et al. (2004) communication. In 84% of cases, synchronous communication was used, involving telephonic or face-to-face conversations. Some of the communication events were considered to be disturbances (Spencer et al., 2004). According to Samuels-Kalow, Stack, and Porter (2012) at least 19 intricate communication occurrences arise per patient in the emergency department, with intricate occurrences leading to significant incidences of communication. Thirty percent of communications between nurses and physicians are interrupted, and 10% entail care assessments for more than a single patient concurrently. This commonly leads to a loss of communication (Samuels-Kalow et al., 2012).

1.1 Significance of the study

Current studies results indicate that communication between nurses and physicians influence both their work and patient outcomes. Communication comprises the intrapersonal and interpersonal interactions between nurses and physicians and their external influences on patient outcomes. Moreover, communication lacks clarity; more clarification could help improve and enhance communication among professionals of emergency department, as well as patient outcomes. Communication between nurses and physicians in the emergency department has a great influence on patient outcome and could be helpful or detrimental to the

outcome of care. The significance of this study is to determine influence of communication on quality of care, particularly in the emergency department, and understand factors that hinder effective communication of nurses and physicians in the emergency department.

1.2 Aim of the study

The aim of this study is to explore the communication experiences of nurses and physicians working in the emergency department in a hospital in the Kingdom of Saudi Arabia (KSA).

1.3 Research objectives

- To understand the influence of communication between nurses and physicians in the emergency department on the quality of care.
- To determine the means of communication employed by nurses and physicians in the emergency department.
- To find and interpret the communication experiences of nurses and physicians in the emergency department.
- To explore the effectiveness of nurses and physicians communication in the emergency department.

1.4 Research question

What are the barriers to, facilitators of, and influential factors of communication between nurses and physicians in the emergency department of a hospital in the KSA?

1.5 Search strategy

In this study, the library databases of Monash University were used, through the following search engines, to conduct a literature review: PubMed, Scopus, CINAHL, Google Scholar, and ProQuest Central. They were chosen because they are the most relevant to specific subjects in the medical field. CINAHL and PubMed also maintain updated bibliographic databases related to the health field, especially nursing. Due to the paucity of research studies on communication between physicians and nurses in emergency departments, I used the results of other studies in English language and in full texts, in the last ten years between 2004-2014 in different departments, such as intensive care units (ICUs) and paediatric wards.

Different words that were relevant to the search topic were used. The search terms used in this research used Boolean operators as connectors; “OR,” “AND,” and “NOT” were used to combine terms and narrow the search process. The search terms included:

- “nurse” OR “professionals” OR “interdisciplinary” OR “emergency nursing” OR “teamwork” OR “physicians”

AND

- “communication” OR “relations” OR “inter-professional relations” OR “experience” OR “knowledge” OR “team” OR “emergency service”

AND

- “collaboration” OR “challenges” OR “emergency team” OR “nurse-physician relations” OR “communication barriers”

Inclusion criteria will be nurses and physicians who work in the emergency department for at least one year. Two years will choose as the experience threshold because they are better able to express their experiences. The participants will be full-time employees working all shifts, so as to share different experiences from different work times because they carry out care on the front line for all shifts (Schneider, Whitehead, LoBiondo-Wood, & Haber, 2013, 2013).

Exclusion criteria will be participants with no direct contact with physicians. Their department assignments change as needed and non-practicing nurses cannot be included because their training is too limited. In terms of physicians, the study will exclude resident physicians because they change posts every two years. It will also exclude part-time employees, such as trainees or master's students.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

In a complex environment such as a medical care facility, effective communication is an important element that facilitates the smooth flow of operations and processes. Communication, in combination with other factors, such as teamwork and work environment, significantly affects patient care quality and patient safety (Dingley, Daugherty, Derieg, & Persing, 2008). Most medical mishaps that have been recorded, especially in the emergency department, can be attributed to communication failures (Ajeigbe, McNeese-Smith, Leach, & Phillips, 2013; Weller, Boyd, & Cumin, 2014). Therefore, to ensure that there is effective communication, a critical analysis of the communication processes as they relate to jobs of health care practitioners or the quality of patient care and outcomes is necessary.

In research carried out by O'Leary et al. (2010) it was found that nurses and physicians could not agree on certain aspects of patient care plans. There was disagreement on care plans, ranging between 11% regarding planned procedures to 42% for changes in medication. From these statistics, it is evident that a problem in communication exists, which is occasioned by disagreement between the physicians and nurses, especially in care plans for hospitalized patients. Such disagreements are likely to negatively impact nurse–physician relations, which may lead to poor job motivation and satisfaction. A survey study conducted by Tabak and Orit (2007) found that nurses' status affects their decision-making and can cause conflicts with physicians, impacting stress levels and job satisfaction. The result could be poor performance, leading to low-quality care and a decline in patient outcome quality.

Healthy work environments are likely to have a positive impact on the staff of any organization. The health care field is no exception, especially when it comes to communication in the emergency department. Manojlovich and DeCicco (2007) emphasized that a healthy work environment is necessary to achieving effective communication between nurses and physicians. However, Manojlovich and DeCicco (2007) argued that there are no significant variations to indicate any impact of work setting characteristics of ICUs on patient outcomes. A study conducted in a preoperative area showed that a negatively affected work environment indicates a lack of understanding between nurses and physicians, which led to negative patient outcomes and medical errors (Sterchi, 2007). In fact, the researchers asserted that the work setting features in the different units of critical care are more similar than they are different.

The emergency department is composed of distinct patterns of communication that enable effective handling of patients and the maintenance of high safety standards. Lingard et al. (2004) defined four aspects of failures of communication: the efficiency of the team, team tension, procedural error, and time delays. Poor communication between nurses and physicians in the emergency department is a crucial aspect with respect to medical errors, with communication lapses being accountable for a huge fraction of poor patient and practitioner results. Poor communication practices and skills, both verbal and written, also pose a challenge in the emergency department. Practices such as conflicting or incomplete medical records, assumptions, and delayed information are some of the communication challenges (Yu & Green, 2009). A similar study conducted by Redfern, Brown, and Vincent (2009) found that communication failures occurred during the transfer of written information in the emergency department. In addition, the flow of information, whether vertically or horizontally, across or within the profession is sometimes poor. At times, it may result in partial or no information reaching some medical practitioners in the emergency department (Redfern et al., 2009). Negative between nurses and physicians sometimes lead to catastrophic mistakes, such as

medical errors. This may be detrimental when it comes to patient diagnosis, treatment, and predictive outcomes.

The communication process is usually composed of four main routines: triage, evaluation and testing, handoff, and admission (Croskerry, Cosby, Schenckel, & Wears, 2009). Communication breakdowns in the course of these four processes have been of particular focus to most researchers. According to Croskerry et al. (2009) the handoff of responsibility between medical professionals during transitions leaves a lot of room for errors. The discontinuity that emerges as patient care obligations, duties, and rights are transferred to another nurse has been regarded as the major cause of errors and inefficiency (Croskerry et al., 2009). Lost patient information and deficits in communication between health professionals negatively affect patient. A study conducted on ambulance crew and emergency department staff showed that, due to too much time being needed to write down too much information, patient information was being lost, impacting patient outcomes (Redfern et al., 2009).

The triage process is the first point of contact with patients on arrival to the emergency department. It involves prioritizing the need for emergency care and determining which patients require instant medical attention. Jenkins et al. (2011) pointed out that effective communication, especially between those who bring in the patient and the recipient medical practitioners in the emergency department during the triage process, is very important. The efficient processing of patients and documentation helps reduce the information workload on nurses and physicians, which lowers the chances of communication breakdowns happening (Jenkins et al., 2011). A similar study carried out by Coiera, Jayasuriya, Hardy, Bannan, & Thorpe (2002) noted that some of communication events were disturbances. Various staff members bear various types of troubles in their communication, sometimes originating from their specified roles. These problems, along with frequent multitasking, which are very common in emergency department teams, are often onerous, increasing mental burdens and affecting memory (Coiera et al., 2002). For this reason, specific communication-based training is provided to the members of the emergency department team. Moreover, the gradual perfection in clinical work, in addition to minimizing the numbers of errors in the system, should positively impact clinical results (Coiera et al., 2002). In addition, it minimizes medical errors associated with miscommunication, delays in treatment, and misdiagnosis. As a result, the patient receives the appropriate quality of care, which may lead to a better patient outcome.

The collaboration of staff and the medical outcomes of patients during hospital stays have been found to be negatively affected by disruptive behaviour. In the emergency department, these behaviours have a high likelihood of occurring, as it is a high-stress environment. Research conducted by Rosenstein and Naylor (2012) shows that 32.8% of respondents held the view that disruptive behaviours contributed to the adverse event occurrence, 35.4% to clinical errors, 24.7% to compromised patient safety, 35.8% to low-quality care, and 12.3% to patient death (Rosenstein & Naylor, 2012). Effective communication in the emergency department is vital to the provision of secure and successful care. Clearly, there is a strong correlation between effective communication, the dynamics of the team, the flow of information, duty, and accountability, factors that can lead to undesirable impacts on patient care.

Manojlovich and DeCicco (2007) stated that communication between nurses and physicians is one of the most heavily associated factors with excess hospital mortality, accounting for 47% of the variance in nurse–physician communication. Tjia et al. (2009) found several barriers to nurse–physician communication, such as physicians lacking openness in communication, a lack of professionalism, and language barriers. They also noted feeling hurried by the physician (28%) and difficulty reaching the physician (21%). These statistics may affect nurse–physician

relationships, as well as the efficacy of communication and patient outcomes. In another cross-sectional survey study within 25 ICUs, conducted by Manojlovich, Antonakos, and Ronis (2009), a good relationship between nurses and physicians proves their ability to communicate well and helped them provide good care for patients, resulting in the increased timeliness of communication and improved patient care.

The emergency department is also characterized by high workloads and tight time constraints, which requires most the nurses and physicians to carry out multiple tasks simultaneously. In a survey study of all hospital departments by Rothberg et al. (2012) due to time constraints, most communication about patients was non-verbal, which led to losses of information about patients. Jenkins et al. (2011) noted that most communications between nurses and physicians in the emergency department are verbal. It was important that non-verbal communication occurs in most of the health care areas between professionals, especially in complex areas such as the emergency department, due to time constraints and rapid turnover. In the emergency department, which is a crowded area, a lot of concentration is needed because communication among health professionals may be lacking (Fairbanks, Bisantz, & Sunm, 2007; Redfern et al., 2009).

Creswick, Westbrook, and Braithwaite (2009) postulated that the high workload in the emergency department has a significant impact on communication, which in turn affects patient care and safety. They also found out that there was a high degree of reliance between nurses and physicians, especially when it came to problem-solving. However, communication in the emergency department is more efficient within professional groups as opposed to across since those in a particular group have more in common (Weller, Boyd et al., 2014). This implies that professional groupings can be barriers to effective communication between those groups?.

Evidently, effective communication plays a vital role in the medical care settings. There are communication process routines that provide a rich avenue for the occurrence of medical errors, such as triage and handoffs, which have been highlighted in this paper. Disruptive behaviours, poor communication practices and skills, and high workloads as barriers to communication have been explored. In addition, the paper has explored the various improvements that can be made to facilitate effective nurse–physicians communication. The effect of these aspects on nurse/physician jobs or relationships and the care for and outcomes of patients has also been considered.

CHAPTER THREE: METHODOLOGY

3.0 Research Design

The research design will be a qualitative phenomenological hermeneutic approach and will use the interpretive method for data collection. The purpose of using this approach is to study and seek insight into the experiences of people and their behaviours, attitudes, beliefs, and opinions. The phenomenology method is used to describe the lived experience for a certain phenomenon. Interpretive research offers an explanation for and exploration into the inquiry of the manner in which an occurrence happened and the people involved (Moule & Goodman, 2009). The interpretive research concept may be known as phenomenological. Interpretive research is a process that focuses on the values, views, thoughts, and beliefs of people, which helps me to know, document, identify, and get meaning from participants.

Using the hermeneutic interpretative phenomenology approach may offer valuable information and good understanding into nurses' and physicians' experiences within emergency departments. It assumes the meaning of individuals' interactions within the context of surrounding actions or events. In turn, the researcher usually looks for the reality of the situation, starting with assumptions as to the meanings of phenomena (Schneider et al., 2013). Data collection method for this qualitative interpretive study will be face-to-face interviews. In qualitative interpretive research, I will transcribe the data recorded during the study shortly after the study and carries out data analysis. The collected and analysed data offer a true depiction and interpretation of the event or issue under study.

3.1 Setting

The study will be conducted at King Fahd Central Hospital in Jizan City, Saudi Arabia. It will be within the emergency department, which employs 13 physicians and 55 nurses, both male and female. Its capacity is 34 beds.

3.2 Research participants

To conduct qualitative research, it is advisable to start with a small group (Schneider et al., 2013). The ultimate research participants will be eight physicians and nurses from an emergency department, based on their knowledge, experiences, and willingness. They will be four physicians (two women and two men) and four nurses (two women and two men). This distribution of participants may help get data from a different perspective, related to culture, beliefs, and thoughts (Creswell, 2007). The participants will be selected with the aid of the head of the emergency department and the nursing director, who will inform them of the rationale of the interview and will take their consent and approve participation in the interview. All data will be saved and secured in locked files, and digitally recorded, and will maintain the participants' privacy via pseudonyms. Questions will be open-ended, with further clarification available (Appendix A). This type of questions help participants share their experiences, and may build trust during the interview. I may ask a subsequent question in order to get more clarification related to the data. Within the hospital, the interview will take place in a comfortable room so as to avoid any disruptions and make participation convenient. The proposed timeline for the study is given in (Table 1).

3.3 Methods for data collection

For the collection of data I will use interviews with participants to gather data. After the selection of the participants, open-ended semi-structured interviews will take place (Schneider et al., 2013). Prior to every interview, I will discuss consent, clarification on the bases of the

interview, the kinds of the questions to be asked, how privacy will be maintained, the autonomy of participants to contribute, and how participants can seek elucidation if needed. Collected data will be saved on a digital recorder and typed on a computer, as will field notes. Transcribing notes immediately after the interview is vital to avoid losing the information in case of technical failure. All collected data will be password-protected. The duration of each interview will be around 60 minutes. Consent will be requested from every interviewee for the use of a digital recorder to improve the accuracy of data and to ensure lasting verification. The data retained in the digital recorder will be transcribed, creating a reliable source for and confirmation.

3.4.1 Limitations

- I may know some of the physicians and nurses that will be taking part; this could result in them saying what they believe that I may desire to hear. Nevertheless, it is anticipated that knowing me will allow the participants to be free from anxiety.
- Irrespective of the size of the sample, confidentiality is paramount. In some instances, anonymity may not achieve as planned (Munhall & Chenail, 2008).
- The issue of time requires discussion with the participants prior to the commencement of the interview. Person-to-person contact could be time consuming in the data analysis process. This could result in some participants withdrawing midway through because of time constraints.

3.5 Proposed Timeline

Table 1:

TASK	JAN.	FEB.	MAR.	APR.	MAY TO JULY	AUG. TO SEPT.	OCT. TO NOV.
Preparing the materials for the research							
Meeting with director of nursing of King Fahd Central Hospital							
Meeting with the potential participants, inform them of the research, and set a date for the interview							
Conduct the interview							
Data analysis							
Preparing final report							
Submission of the completed report							

3.6 Data Analysis

After completing the collection of data, a qualitative method of data analysis will be employed for this study. In this study, the analysis of the data will be interpretive, and will use thematic

analysis because it helps to describe, organize, and emphasize the collected data. Thematic analysis is the most used tool in qualitative analysis; it is a useful type of qualitative research because it examines the data deeply (Schneider et al., 2013). In addition, thematic analysis pinpoints the themes or patterns through the data, helping researchers to come up with a description of the phenomena (Guest, MacQueen, & Namey, 2012). This method will help the participants answer questions during the interview, allowing them to express their feelings, perceptions, and thoughts, because it is related to phenomenology. In the end of each interview, I will listen to the recordings on the digital recorder and read all handwritten information to boost my understanding of the recorded data. In addition, will be using the computer to analyse, organize, and store the information. I will re-read the collected data to help me be familiar with the data set and to input initial codes and patterns (Schneider et al., 2013). These codes will include a reflexivity journal, which is used in qualitative research as a tool for data analysis, aimed at documenting, coding, and compressing the data (Guest et al., 2012).

The initial codes will be identified from a set of data and transcribed into words, phrases, or sentences that will help me get a feel for collecting data and will help describe or explain the meaningfulness of the segments in the texts (Braun & Clarke, 2006). That will be followed by listing all of the codes, as well as their similarities and differences, as themes help in the reduction and compilation of data and will offer relationships for the themes. The compilation of data helps create new questions and new data interpretations. The generated codes will help in the reduction and compilation of data to create new categories or themes that will allow the exhaustive data analysis to be more efficient and clearer, and to reflect the purpose of the research (Schneider et al., 2013).

Then, I will search for data themes or categories with which to examine the ideas and how they interact and connect themes to each other. I will also look for evidence of relationships between the overarching themes and what data is missing during the analysis. In this step, the themes will be supported by the data in my attempt to answer the research questions with respect to themes (Braun & Clarke, 2006). The data analysis will continue, describing the themes and their interesting points in a few sentences, so as to contribute to the understanding of the meaningfulness within the data (Guest et al., 2012). Before the final analysis report, naming and defining themes will be done, which will give readers a clear picture of the importance and meaning of the data. In producing the final report, I will write the final results concisely, clearly, and understandably so readers can establish the validity and credibility of the data (Schneider et al., 2013).

CHAPTER FOUR: ETHICAL CONSIDERATIONS

Ethics consent will be requested from the Monash University Human Research Ethics Committee (MUHREC). Moreover, ethics approval will be sought from the Saudi Ministry of Health and the Committee of Research Ethics at the King Fahd Central Hospital. Many ethical concerns have to be tackled before carrying out this study. For instance, the chosen participants must be informed concerning the rationale behind the study. On this note, informed consent ought to be sought and the participants made aware that they have the right not to take part and to withdraw from the study at any time if they wish to (Miller, Mauthner, Birch, & Jessop, 2012). In addition, the participants will receive written information from the directors of the hospital about the study. Inquiring concerning a person's experience could lead to intense reflections and emotions that could result in irritation, anxiety, or other similar issues (Hammersley & Traianou, 2012). I should be in a position to handle such issues tactfully and effectively, with support offered by the participant. In addition, strict privacy and confidentiality ought to be taken into consideration, both of the names of the participants and the information they share (Miller et al., 2012).

4.0 Research Rigor

Bradbury-Jones, Irvine, and Sambrook (2010) posit that accurate responses from participants are the most vital means of ascertaining the reliability and trustworthiness of data. They offer participants the chance to rectify and challenge any identified misunderstandings, and present a chance for the participants to evaluate and verify the overall sufficiency of individual information points, in addition to improving the integrity of the research results. Lincoln and Guba (1985) developed trustworthiness criteria to enable researchers to present and interpret collected data through four components: credibility, transferability, dependability, and confirmability.

Moule and Goodman (2009) described credibility with respect to a researcher's ability to interpret collected data, allowing readers to feel a sense of confidence in the data. In terms of credibility, I will present the findings and interpret the honestly and faithfully. In terms of dependability, the consistency of the findings and their ability to be repeated with the same respondents and in the same context will be shown. Lincoln and Guba (1985) suggested that findings backed up by an audit trail are quite dependable. In terms of confirmability, I will present all findings and confirm the data collected from the participants, without bias. Moreover, Sandelowski (1998) recommended to keep adequate trial to help the auditors to determine if the findings are related to their sources or not. So, in final step I need to be sure about that the findings are transferable to other contexts through description of the research process and research setting (Moule & Goodman, 2009).

4.1 Dissemination of findings

The ultimate research report will be submitted first to my university for evaluation and approval. After approval is obtained, I will visit the MOHE and Nursing Leadership Forums, where unit directors might carry a summary to their units for discussion. Moreover, a summary will be sent to the MOHE's newsletter publisher for publication. All participants will also be email a soft copy of the report.

4.2 Funding sources

Funding for this research will be sought from the Ministry of Higher Education (MOHE), other governmental organizations, and other stakeholders. The MOHE acts as a certified body

representing nurses from every practice area all throughout the KSA (Table 2). The MOHE enhances professional development of nursing and allied health experts, works to support all other scientific disciplines, and puts out many publications that nurses and physicians can use in their daily practice. Funding will also be sought from the Ministry of Health through a support fund for scientific research, which supports shareholders and researchers in all health research activities and in various hospitals.

4.3 Table 2: Project budget

S/N	Item	Amount	Cost in AUD
1	Transportation		
	Melbourne to Saudi return	-	2500
	Within Saudi	-	300
2	Communication		
	Internet		70
	Phone calls		50
3	Printing		20
	Digital recorder	3 @ \$15	45
4	Stationery		
	Ball point pens	10 (1pk)	3
	Marker pens	5 (1pk)	2
	A4 folders	2 @ \$5	10
	Field note	3 @ \$2	6
5	Sundries		20
Total			\$3026

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Appendix A: Interview questions

1. What are some of your experiences at the emergency department with respect to communication and provision of care?
2. List some of the hindrances to effective communication of nurses and physicians that you encounter at the emergency department
3. Explain how the communication of nurses and physicians in the emergency department influences the quality of care
4. Discuss the solutions you would propose for the effectiveness of communication between nurses and physicians in the emergency department
5. Explain any other concerns you may have concerning communication of nurses and physicians in the emergency department

GHS5841 MARKING GUIDE ASSIGNMENT 2a: RESEARCH PROPOSAL

Student Name ...O.Hamdi.....
 MarkerSusan Lee.....

<i>Research is conducted at the level of an open inquiry within structured guidelines</i>	N GRADE	P GRADE	C GRADE	D GRADE	HD GRADE
<p>A. Embark on inquiry and so determine a need for knowledge/understanding Title Background and significance Research objectives, aims and questions/ hypotheses 7 (10%)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Title is present <input type="checkbox"/> Limited introduction/background <input type="checkbox"/> Significance of the study not stated <input type="checkbox"/> Aims/hypothesis is not made explicit 	<ul style="list-style-type: none"> <input type="checkbox"/> Title portrays a general sense of the study content <input type="checkbox"/> Background stated but does not clearly link to aims or question <input type="checkbox"/> Significance of the study unclear or inappropriate <input type="checkbox"/> Aims/hypothesis not clearly stated or inappropriate 	<ul style="list-style-type: none"> <input type="checkbox"/> Title portrays the full dimensions of the study <input type="checkbox"/> Background clear, but the links to aims/hypothesis not clear <input type="checkbox"/> Significance of the study stated but narrow in scope <input type="checkbox"/> Aims/hypothesis clear but uses general statements, not specific goals 	<ul style="list-style-type: none"> <input type="checkbox"/> Title succinctly portrays the full dimensions of the study <input type="checkbox"/> Background clear and well linked to aims/hypothesis <input type="checkbox"/> Significance clear and appropriate <input type="checkbox"/> Aims/hypothesis clear and focused 	<ul style="list-style-type: none"> <input type="checkbox"/> Title succinctly portrays a study from an original perspective <input type="checkbox"/> Background clear and well linked to aims/hypothesis, incorporating unique elements <input type="checkbox"/> Significance well articulated <input type="checkbox"/> Aims/hypothesis is clear, focused and innovative

<p><i>B and C. Find and evaluate needed information using appropriate strategy</i></p> <p>Literature review</p> <p>12 (25%)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Search strategy not stated or inappropriate <input type="checkbox"/> Inadequate number and/or type of sources <input type="checkbox"/> Literature presented uncritically <input type="checkbox"/> Limited synthesis, no case made for proposed research 	<ul style="list-style-type: none"> <input type="checkbox"/> Search strategy limited <input type="checkbox"/> Limited but acceptable number of sources of variable reliability <input type="checkbox"/> Superficial analysis and critique, too much description <input type="checkbox"/> Synthesis not entirely appropriate or effective; case for proposed research not convincing 	<ul style="list-style-type: none"> <input type="checkbox"/> Adequate search strategy <input type="checkbox"/> Reasonable number of sources, mainly reliable <input type="checkbox"/> Reasonable balance between description and critique <input type="checkbox"/> Reasonably successful synthesis, case for proposed research fairly convincing 	<ul style="list-style-type: none"> <input type="checkbox"/> Solid search strategy <input type="checkbox"/> Range of reliable sources, appropriate in number to field and reflecting thorough search <input type="checkbox"/> Very good balance between description and critique <input type="checkbox"/> Good synthesis, solid case made for proposed research 	<ul style="list-style-type: none"> <input type="checkbox"/> Quality search strategy <input type="checkbox"/> Range of high quality sources, appropriate in number to field and reflecting thorough search <input type="checkbox"/> Sophisticated analysis and critique <input type="checkbox"/> Excellent synthesis, powerful argument for proposed research
<p><i>D. Organise information collected and manage the research process</i></p> <p>Research design Methodology Participant recruitment</p> <p>Data collection methods Limitations Timetable Project funding and budget</p> <p>20 (35%)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Research design/methodology inappropriate to aim, and/or incorrectly identified <input type="checkbox"/> Strategy to recruit participants unclear or inconsistent with methodology or aim <input type="checkbox"/> Number of proposed participants not identified <input type="checkbox"/> Study procedures unclear or inconsistent 	<ul style="list-style-type: none"> <input type="checkbox"/> Research design/methodology appropriate to aim, correctly identified but inadequately described <input type="checkbox"/> Strategy to recruit participants mainly consistent with methodology but incomplete or unrealistic <input type="checkbox"/> Number of proposed participants identified but inappropriate number or rationale <input type="checkbox"/> Study procedures consistent with 	<ul style="list-style-type: none"> <input type="checkbox"/> Research design/methodology appropriate to aim, adequately described <input type="checkbox"/> Strategy to recruit participants adequately described, consistent with methodology <input type="checkbox"/> Number of proposed participants identified, some inaccuracies in number or rationale 	<ul style="list-style-type: none"> <input type="checkbox"/> Research design/methodology appropriate to aim, fully described <input type="checkbox"/> Strategy to recruit participants clearly described, consistent with methodology <input type="checkbox"/> Number of proposed participants appropriately identified and justified with full rationale 	<ul style="list-style-type: none"> <input type="checkbox"/> Research design/methodology appropriate to aim, fully described and justified <input type="checkbox"/> Strategy to recruit participants clearly and fully described and justified, consistent with methodology and aim <input type="checkbox"/> Number of proposed participants appropriately identified and justified with full rationale <input type="checkbox"/> Study procedures

	<p>with methodology or aim</p> <ul style="list-style-type: none"> ❑ Data to be collected not identified or inappropriate ❑ Data collection methods inappropriate to methodology or aim, unclear or not stated ❑ Limitations of the study are not clearly stated or incorrectly identified ❑ Timeframe not addressed ❑ Funding and budget not addressed 	<p>methodology and aim but incompletely described</p> <ul style="list-style-type: none"> ❑ Some description of data to be collected ❑ Data collection methods appropriate to methodology and aim, but incompletely described ❑ Some correct limitations of the study are stated. ❑ Timeframe inadequately addressed ❑ Funding addressed but inadequately: no or unrealistic budget or no funding body identified 	<ul style="list-style-type: none"> ❑ Study procedures adequately described and consistent with methodology and aim ❑ Adequate description of data to be collected ❑ Data collection methods appropriate to methodology and aim, adequately described ❑ Limitations of the study are identified adequately and stated correctly. ❑ Timeframe missing some steps and/or unrealistic ❑ Costs of proposed research suggested but not explained; funding body identified but unrealistic 	<p>identified and justified</p> <ul style="list-style-type: none"> ❑ Study procedures mainly clearly described and consistent with methodology and aim ❑ Mainly clear description of data to be collected ❑ Data collection methods appropriate to methodology and aim, and clearly described ❑ Limitations of the study are stated and explained clearly. ❑ Clear presentation of timeframe with all steps identified, but somewhat optimistic 	<p>clearly described and consistent with methodology and aim and fully justified</p> <ul style="list-style-type: none"> ❑ Clear and complete description of data to be collected ❑ Data collection methods appropriate to methodology and aim, clearly described and justified ❑ Limitations of the study are stated and explained clearly and analysed for their impact on the study. ❑ Clear presentation of achievable timeframe with all steps identified ❑ Costs of proposed research identified and explained; appropriate funding body identified and justified
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				<ul style="list-style-type: none"> ❑ Costs of proposed research and appropriate funding body identified 	
<p><i>E. Synthesise and apply and analyse new knowledge</i> Data analysis 6.5 (10%)</p>	<ul style="list-style-type: none"> ❑ Proposal for data analysis missing or inaccurate/inappropriate ❑ Validity/rigour not addressed 	<ul style="list-style-type: none"> ❑ Proposal for data analysis present but incomplete or with many inaccuracies ❑ Issues of validity/rigour incompletely addressed or with many inaccuracies 	<ul style="list-style-type: none"> ❑ Fair proposal for data analysis, some elements missing or incorrect ❑ Validity/rigour reasonably addressed but with some errors or inconsistencies 	<ul style="list-style-type: none"> ❑ Proposal for data analysis appropriate to methodology, minor errors ❑ Validity/rigour appropriately addressed in line with methodology 	<ul style="list-style-type: none"> ❑ Complete and accurate plan for analysis of the data consistent with proposed methodology ❑ Issues of validity/rigour analysed and appropriately addressed in line with methodology
<p><i>F. Communicate knowledge and the processes used to generate it, with an awareness of ethical, social and cultural issues</i> Ethical issues Dissemination of findings Abstract Format and style Referencing 8 (20%)</p>	<ul style="list-style-type: none"> ❑ Ethical issues incorrectly identified or inappropriate procedures proposed ❑ No or inappropriate strategy for dissemination of findings ❑ Abstract missing or inaccurately represents the proposed research ❑ Disorganised; incoherent. ❑ Meaning unclear and/or grammar and/or spelling 	<ul style="list-style-type: none"> ❑ Some ethical issues identified; procedures incomplete ❑ Strategy for dissemination of findings incomplete ❑ Abstract is a fair summary of the proposed research; some elements missing ❑ Shows some attempt to organise in a logical manner. ❑ Meaning apparent, but language not always fluent; 	<ul style="list-style-type: none"> ❑ Ethical issues and associated procedures mainly accurately identified ❑ Reasonable strategy for dissemination of findings ❑ Abstract is a reasonable summary of the proposed research; some elements given undue prominence ❑ Shows organisation & coherence. 	<ul style="list-style-type: none"> ❑ Relevant ethical issues described and appropriate procedures for ethical conduct of research identified ❑ Good strategy for dissemination of findings ❑ Abstract is an accurate summary of the proposed research 	<ul style="list-style-type: none"> ❑ Relevant ethical issues analysed, and procedures for ethical conduct of research clearly articulated ❑ Excellent strategy for dissemination of findings, with justification ❑ Abstract succinctly and accurately summarises the proposed research with appropriate weighting of each element ❑ Polished & imaginative approach to the topic.

	<p>contain frequent errors</p> <ul style="list-style-type: none"> ❑ Writing style/tone inappropriate ❑ Referencing is poor 	<p>grammar &/or spelling contains errors.</p> <ul style="list-style-type: none"> ❑ Writing style/tone adequate ❑ Referencing is mainly accurate with a number of errors. 	<ul style="list-style-type: none"> ❑ Language mainly fluent; grammar & spelling mainly accurate ❑ Writing style/tone generally appropriate ❑ Minor referencing errors 	<ul style="list-style-type: none"> ❑ Carefully & logically organised . ❑ Language fluent; grammar & spelling accurate ❑ Appropriate writing style/tone ❑ Referencing good 	<ul style="list-style-type: none"> ❑ Fluent writing style appropriate to assignment; grammar & spelling accurate. ❑ Professional tone ❑ Referencing excellent
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Total: 53.5 % = 32/60 Unfortunately Othman, you have not been able to demonstrate a sufficient understanding of the research process to undertake this project. Further your writing here is not of sufficient quality to recommend undertaking the study with confidence of successful completion.