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# **PSYCHIATRIC NURSES PERCEPTIONS OF THE NURSE-PHYSICIAN RELATIONSHIP IN RELATION TO MEDICATION SAFETY**

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**Background:** Medication errors continue to challenge patient safety across health sectors, including psychiatry. Nurses are integral safeguards in the medication process and a growing body of research demonstrates that nurse's ability to ensure medication safety also depend on organizational factors such as hierarchical medical teams and the nurse-physician relationship (NPR). To date, there are no studies of how psychiatric nurses perceive the importance of the NPR in relation to medication issues.

**Objectives:** The objective of this study was to explore psychiatric nurses' perception of the NPR in relation to medication safety and medication management.

**Methods:** A qualitative design using a semi-structured interview guide. The interviews took place in two focus groups consisting of psychiatric nurses (Group 1 (n= 9) and group 2 (n=8)) from two bedwards in a Danish University Hospital. The interviews were carried out in December 2014 and January 2015. The design of the study was based on an interpretative hermeneutic framework consisting of three phases. Phase 1 was a literature review revealing the most important aspects of nurse-physician relationships with a focus on patient safety. Phase 2 was interviews based on the literature and phase 3 is a presentation of findings in themes.

**Results:** The analysis resulted in four major themes: 1) somatic experience and the feeling of hierarchy, 2) access to the physician, 3) professional roles and resignation and 4) pharmacological knowledge in psychiatric nursing. Nurses with somatic experience felt reduced in their professional competencies and perceived the hierarchy in the NPR as profoundly explicit compared to somatic care. Access to discussing specific medication problems with a physician could be difficult due to the type of rounds (an example was group care). Several nurses described some physicians as uninterested and unwilling to share a responsibility for the patients medication resulting in the nurses partially settling into resignation. The nurses were eager to engage more pharmacological knowledge in their care of patients and expressed a wish to work closer with and learn from physicians in relation to pharmacological safety issues.

**Clinical implications:** Psychiatric nurses with somatic experience may be an unexplored resource. Targeted interventions may utilize nurses' somatic skills and knowledge of medication to improve the quality of care. Professional roles in the NPR needs to be addressed as physicians perceptions are unknown. Leaders need to address the type of rounds applied in individual bedwards as it may be counterproductive for knowledge sharing between nurses and physicians.