

Qualitative Expert Interviews with Nurses and Pharmacists on Overcoming Obstacles in Nurse-Pharmacist Collaborations on Wards

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Abstract

Interprofessional collaboration between nurses and pharmacists is crucial for enhancing patient safety and optimizing medication management in hospital settings. However, effective collaboration is often hindered by various barriers, including role perception, organizational challenges, and limited pharmacist presence on wards. This qualitative study aimed to explore the barriers to nurse-pharmacist collaboration, identify strategies to overcome these obstacles, and examine the potential for optimizing interprofessional practices. Semi-structured interviews were conducted with 12 pairs of nurses and pharmacists from diverse hospital settings, and the data were analyzed using qualitative content analysis. Key barriers identified included the perception of pharmacists as "controllers," difficulties integrating pharmacists into established workflows, and limited pharmacist presence on wards. Proposed solutions included better communication of pharmacists' added value, gradual integration into ward routines, and increased visibility through regular interactions. Both nurses and pharmacists acknowledged the mutual benefits of collaboration, particularly in improving medication safety and reducing workload. This study underscores the importance of defining clear roles for pharmacists, enhancing communication, and fostering institutional support to strengthen nurse-pharmacist collaboration, ultimately improving patient care outcomes.

Keywords: workflows, collaboration, ultimately, obstacles.

INTRODUCTION

Interprofessional collaboration is an essential component of modern healthcare, particularly in ensuring patient safety and enhancing the quality of care. The collaboration between different healthcare professionals, such as nurses, pharmacists, and physicians, has long been recognized for its potential to improve pharmacotherapy and prevent adverse drug reactions. Despite its importance, the collaboration between nurses and pharmacists remains under-explored in many healthcare settings, especially in inpatient environments. While nurses and physicians have a long-standing working relationship, the integration of pharmacists into this dynamic remains a challenge in various institutions, where pharmacists are often seen as external contributors rather than essential members of the care team (Langebrake&Hilgarth, 2010; Weissenborn et al., 2017).

Pharmacists bring valuable expertise in medication management, but their role on hospital wards has traditionally been perceived as administrative or supplementary, with nurses often viewing them as overseeing medication safety rather than contributing to direct patient care. This study aims to identify the barriers that hinder nurse-pharmacist collaboration, propose strategies to overcome these challenges, and explore ways to optimize interprofessional cooperation to improve patient outcomes (Sjölander et al., 2017; Baqir et al., 2015).

MATERIALS AND METHODS

Study Design

A qualitative research approach was used to explore the experiences and perceptions of nurses and pharmacists regarding their collaboration on hospital wards. This study utilized in-depth, semi-structured interviews, allowing for a comprehensive understanding of participants' views on collaboration, barriers, and potential solutions. The qualitative nature of this study is suited to capture nuanced perspectives and detailed descriptions of real-world experiences, as it offers flexibility while ensuring all key themes related to nurse-pharmacist collaboration are explored (Kuckartz, 2018).

Data Collection

Data were collected through interviews conducted over a six-month period from April to September 2019. The interviews were carried out by phone to accommodate the participants' schedules and geographical locations, with each interview lasting between 17 to 51 minutes. Open-ended questions were designed to address key areas of collaboration, challenges, and strategies to overcome these barriers. A total of 12 pairs of nurses and pharmacists were interviewed. All participants were recruited based on their direct involvement in interprofessional collaboration within hospital wards. Informed consent was obtained from all participants, ensuring that they understood the voluntary nature of the study and the confidentiality of their responses (Lindqvist et al., 2019).

Recruitment

The participants consisted of pairs of nurses and pharmacists who actively worked together on inpatient wards. The hospitals were selected based on their existing collaborative practices, including medication reviews, ward rounds, and patient counseling. Participants were recruited via email or phone calls through personal contacts and professional networks, ensuring diversity in the setting and context of collaboration. Recruitment aimed for a balanced representation across hospital types, ranging from smaller institutions to large university hospitals (Baqir et al., 2015).

Data Analysis

The interviews were transcribed verbatim and analyzed using qualitative content analysis (Kuckartz, 2018). A combination of deductive and inductive approaches was employed to generate categories and identify themes. The data were analyzed using "f4analyse" software, which helped organize, categorize, and compare responses. Both between-group (nurse vs. pharmacist) and within-group comparisons were made to examine variations in perspectives across professional roles and identify common barriers and solutions.

Results

Sample

A total of 24 interviews were conducted, involving 12 pairs of nurses and pharmacists. The demographic characteristics of the participants are presented in Table 1. Participants represented a range of hospital settings, from small regional hospitals to large tertiary medical centers.

Table 1: Demographic Characteristics of Participants

Demographic Characteristic	Nurses	Pharmacists
Gender	10 Female, 2 Male	8 Female, 4 Male
Age (Median, Range)	44 (30-63)	35 (28-62)
Professional Experience (Median, Range)	24 years (5-45)	10 years (3-36)
Hospital Size	2 Small, 4 Medium, 6 Large	2 Small, 4 Medium, 6 Large
Specialization	Surgery, Cardiac Surgery, Geriatrics, Neurology	Surgery, Cardiac Surgery, Psychiatry

Current Fields of Activity and Cooperation Partners

Both nurses and pharmacists identified several key areas of collaboration. Medication reviews were the most commonly mentioned activity, followed by participation in ward rounds and patient counseling. Pharmacists were seen as valuable contributors to clinical decision-making during ward rounds, where they provided expertise on drug therapy management and safety. Nurses, in turn, were responsible for administering medications, monitoring for side effects, and managing day-to-day patient care. Both groups acknowledged the importance of working alongside physicians, with pharmacists often providing consultation on medication-related issues (Sjölander et al., 2017).

Table 2: Areas of Current Collaboration

Activity	Frequency (Nurses)	Frequency (Pharmacists)
Medication reviews	12	12
Participation in ward rounds	10	12
Patient counseling	5	8
Admission and discharge management	3	2

Barriers to Collaboration

Several barriers to effective nurse-pharmacist collaboration were identified by both professional groups:

1. **Perception of Pharmacists as Controllers:** Pharmacists were often perceived as "controllers," primarily overseeing medication safety and monitoring nurses' practices. This perception led to resistance from nursing staff, who viewed pharmacists as external overseers rather than collaborative partners. Such perceptions were more frequently mentioned by pharmacists than nurses (Johnston et al., 2011; Kendall et al., 2007).
2. **Organizational Challenges:** Both nurses and pharmacists identified the integration of pharmacists into established ward routines as a significant challenge. Pharmacists' involvement was often seen as disrupting existing workflows, and logistical issues, such as limited time and resources, made collaboration difficult (Lindqvist et al., 2019).
3. **Limited Presence of Pharmacists:** The presence of pharmacists on the ward was reported as limited, making it difficult for them to engage fully with nursing staff or participate consistently in clinical activities. Both groups emphasized the need for greater pharmacist visibility and availability (Sjölander et al., 2017).

Solution Strategies

To address these barriers, several strategies were proposed:

1. **Explaining Added Value:** Pharmacists should actively communicate their role and contributions, particularly in improving medication safety and reducing nurses' workloads. This strategy can help shift the perception of pharmacists from "controllers" to valuable collaborators (Baqir et al., 2015).
2. **Stepwise Integration:** A gradual, phased approach to integrating pharmacists into ward routines was suggested. This would allow nursing staff to adjust to pharmacists' roles and foster trust over time (Lindqvist et al., 2019).
3. **Enhanced Communication:** Both groups highlighted the need for regular meetings, clear communication channels, and joint training sessions to improve understanding and collaboration (Bell et al., 2017).

Table 3: Suggested Solution Strategies

Strategy	Frequency (Nurses)	Frequency (Pharmacists)
Explaining added value	6	10
Stepwise integration	5	7
Regular meetings and training	4	6

DISCUSSION

Divergent and Shared Perspectives

The study found notable differences in the perceptions of pharmacists and nurses regarding collaboration. Pharmacists tended to view their role as more technical, focusing on medication safety, while nurses emphasized the practical, patient-centered aspects of care. These divergent perspectives sometimes led to misunderstandings, with pharmacists perceiving nurses as resistant to their involvement in decision-making, while nurses viewed pharmacists as distant or disconnected from direct patient care (Baqir et al., 2015).

However, both groups recognized the mutual benefits of collaboration, particularly in enhancing medication safety and reducing the workload associated with medication administration. Clear communication and a shared understanding of roles were identified as key to overcoming the barriers observed in the study.

Role of the Pharmacist on the Ward

A well-defined role for the pharmacist is crucial for effective collaboration. Pharmacists are seen as essential contributors to patient care, but their role must go beyond logistical tasks to include more patient-centered activities. This shift in role requires both pharmacists and nurses to engage in better communication and mutual respect for each other's expertise (Hahn et al., 2018; Wilbur & Kelly, 2015).

CONCLUSION

The integration of pharmacists into hospital wards is essential for optimizing patient care, but several barriers hinder effective collaboration between nurses and pharmacists. This study highlights the need for better role

definition, enhanced communication, and organizational support to overcome these barriers. Through a stepwise approach and an emphasis on explaining the added value of pharmacist involvement, these challenges can be addressed. Strengthening collaboration between nurses and pharmacists can improve patient safety, medication management, and overall healthcare delivery.

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