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Nurses' role in medical prescription from a cybernetic perspective

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Prescribing is a physician's prerogative in many countries. In geriatric institutions, due to time constraints, physicians often base their prescribing decisions on nurses' expertise (Fleming 2014). The nurse's proximity to the resident, her multiple skills and particularly those in interpersonal communication, can participate to the prescribing decision. However, the literature indicates that nurse-physician communication remains ineffective (Tan et al 2017) and physician-nurse interactions are generally informative (Chaaban et al 2019). Thus, the lack of communication can affect the quality of information exchange affecting the quality of health care (HAS 2014). Interactive communication could allow the nurse to participate more effectively in decision-making

in drug prescribing. Thus, a new model of physician-nurse communication was designed using the concept of cybernetic communication, which could provide an atmosphere of dialogue, prevent the traps of subjectivity and improve treatment optimization. Our cybernetic communication model imperatively requires systemic interactive relationships that enable the sharing of knowledge and expertise. It includes several elements including the nurse's assertiveness. The nurse can be a promoter of communication in this model based on her theoretical knowledge, clinical judgment and empowerment. Research is needed to determine the feasibility of our model and the practical impact of its implementation.

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