



EXPLORING THE NURSING-PHYSICIAN COMMUNICATION IN INTENSIVE CARE UNITS.

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Abstract:

Ensuring high-quality patient care and safety in healthcare settings requires effective communication between nurses and doctors. Nevertheless, intrinsic variations in communication styles, role views, and practice contexts make it difficult to achieve good communication. The effectiveness and significance of interventions targeted at enhancing nurse-physician communication are examined in this review. Even while initiatives like the SBAR framework have shown promise in standardizing communication, further research is needed to ensure that they are widely applicable. Technology, like electronic medical records, hasn't always made communication better, and further approaches could be needed to increase efficacy. Compared to nurses, doctors tend to view communication interventions more favorably, which emphasizes the significance of addressing different viewpoints to foster understanding and cooperation. One strategy that has shown promise for promoting in-person meetings and strengthening the professional ties between nurses and physicians is the localization of physicians to individual units. Careful thought should be given to how feasible and scalable these interventions would be in a variety of healthcare environments. Future initiatives to enhance physician-nurse communication should give priority to all-encompassing strategies that consider the viewpoints of both professions. In order to foster a collaborative healthcare environment that promotes effective communication and the best possible patient care, it can be helpful to combine technology with interpersonal tactics. It's critical to address obstacles like language and cultural barriers in order to improve communication efficacy and encourage favorable patient outcomes.

Introduction:

Patients' increasingly complicated healthcare needs have increased demand for interdisciplinary healthcare delivery. Ensuring the safety and quality of patient care requires effective communication between healthcare personnel in multidisciplinary teams as well as between patients and their families. Notwithstanding initiatives to enhance communication,



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problems still exist, especially in the traditionally difficult relationship between nurses and doctors. The difficulties in productive communication between nurses and doctors were first coined in 1967 and were dubbed the "doctor-nurse game." These difficulties persist to this day. Adverse patient outcomes, such as extended hospital admissions and harm from treatment errors and delays, have been associated with these issues. As a matter of fact, misunderstanding between healthcare providers is the second largest cause of sentinel events in the US, accounting for between 210,000 and 440,000 patient fatalities in 2013. In addition, inadequate communication is linked to lower work satisfaction and higher nurse attrition [1].

Ineffective nurse-physician communication can be caused by a variety of things, such as disruptive practice environments, physician dominance in decision-making, and innate disparities in communication styles and knowledge of professional duties. Although treatments have been created to deal with these issues, there has been variation in their efficacy. Initiatives like assigning doctors or nurse practitioners to particular units, for example, have produced varying results, frequently because of difficulties in arranging schedules and activities between nurses and doctors. A number of tactics have been used to enhance communication between nurses and physicians, such as the implementation of collaborative training programs for medical residents and nurses and the development of communication frameworks like SBAR (Situation–Background–Assessment–Recommendation). Despite the introduction of such measures, several studies have found no substantial change in communication, despite favorable outcomes like a reduction in unscheduled ICU admissions and unexpected patient deaths [2].

Improving quality and safety has become the world's hospitals' top priority in recent years. Ensuring safe and dependable patient care is contingent upon healthcare teams having effective interprofessional communication. Improving communication within the healthcare team has become increasingly important, especially in light of the quickly changing social and medical environments. In hospital settings, nurses and doctors are important healthcare professional groups with specific clinical duties. However, they need to be able to communicate well in order to provide the best possible patient care. Effective communication between nurses and doctors is a two-way process that involves both parties understanding and accurately conveying messages [3].

The positive effects of nurse-physician communication on patient outcomes include increased patient satisfaction, shorter hospital stays, and fewer unfavorable events. On the other hand, poor communication between doctors and nurses increases healthcare costs and jeopardizes patient safety. As per The Joint Commission, a considerable proportion of sentinel occurrences in the healthcare industry can be attributed to communication breakdowns. Furthermore, most medical errors recorded by resident physicians are linked to dysfunctional communication, which increases the cost burden on healthcare organizations. Ineffective nurse-physician communication also increases workplace unhappiness and reduces nurses' feeling of autonomy, which increases nursing profession departure rates and exacerbates recruitment and retention issues for nurses. When poor communication leads to delayed order execution, doctors

become frustrated as well. This exacerbates provider discontent and ultimately compromises the standard and safety of patient care [4-5].

In the modern healthcare system, large-scale hospitals' intensive care units (ICUs) are essential for providing critically sick patients with high-quality care. ICU patients frequently have severe and unstable clinical circumstances, which calls for regular adjustments to their treatment plan and a multidisciplinary approach. There is a significant risk of unfavorable events because of the complexity of the intensive care unit. Enhancing communication between nurses and physicians holds critical significance for ensuring the safety and quality of patient care. The exploration of strategies aimed at improving communication between these professional cohorts could yield tangible evidence for practical enhancements within the intensive care unit (ICU), consequently leading to improved patient outcomes. However, as far as our understanding extends, no comprehensive review focusing on interventions to enhance nurse-physician communication specifically within the intensive care setting has been conducted [6-7].

In conclusion, effective communication between nurses and physicians is essential for enhancing the safety and quality of patient care, particularly within the intensive care unit (ICU) setting. The identification and implementation of strategies aimed at improving communication between these two vital healthcare groups can have profound implications for patient outcomes. While the importance of such interventions is widely acknowledged, our review reveals a notable gap in the existing literature concerning comprehensive evaluations of communication improvement initiatives within the ICU context. Therefore, further research is warranted to systematically assess and develop evidence-based approaches that foster collaborative and effective communication between nurses and physicians in the ICU, ultimately leading to enhanced patient care and outcomes [8-11].

Barriers for Effective Communication:

Effective communication between nurses and physicians is hampered by a number of impediments, in addition to the prejudices that each profession may have against the other. Both nurses and doctors find it difficult to build meaningful relationships and foster a collegial and trustworthy environment when there are constant interruptions and frequent patient handoffs. Time limits make communication breakdowns much worse since doctors and nurses sometimes find it difficult to find time in their hectic schedules for in-depth conversations. Workplaces with high patient acuity and staffing shortages exacerbate this problem by creating extra stressors that obstruct efficient communication. Moreover, communication barriers resulting from gender differences in communication preferences between males and females might be caused by discrepancies in gender among members of the healthcare team. Improvements in technology that are meant to improve the effectiveness and quality of healthcare can unintentionally exacerbate communication problems. The urgency or tone of messages may be distorted by modalities including SMS pagers, patient inbox messaging, and electronic ordering systems, and technology failures may cause messages to be misread or not received at all. In order to guarantee precision and clarity when communicating urgent orders or information, doctors and nurses indicate a preference for verbal interaction in addition to electronic communication [12].

In the past, there have been power imbalances, established hierarchies, and a propensity to avoid direct conflict in the relationship between doctors and nurses. These basic problems still exist in modern hospital settings, where they show up as disrespectful attitudes toward nurses, disruptive behavior by doctors, and persistent power and gender relations. Patient safety experts have emphasized the dangers of inflexible hierarchies that deter people from raising issues with those in higher positions within the organizational hierarchy. The emphasis on increased accountability across the treatment continuum in healthcare reform makes it necessary for healthcare providers to work well in multidisciplinary teams. Divergent opinions and communication styles are facilitated by the professional education that nurses and doctors get. Physicians and nurses are taught to communicate in various ways and to have different conceptions of well-being. Physicians are trained to value clear, sophisticated communication, whereas nurses are used to sharing information through stories. This discrepancy in communication styles may be a factor in the continued hostility between the two fields [13].

Additionally, multiple care models are used for teaching nurses and doctors, and occasionally this results in different terms being used to describe the same events. In the Idealized Design of Perinatal Care project, for example, participants have noted that different standards for evaluating and characterizing fetal monitoring patterns are used by doctors and nurses, according to the guidelines set by their professional associations. The creation of a common language for characterizing such occurrences is a critical first step toward removing these barriers to communication and promoting more efficient and transparent exchanges between nurses and doctors [14].

Overcoming Barriers:

A complete three-pronged approach is offered to solve the issue of inadequate communication between physicians and nurses: the use of supportive technology, organized communication tools, and culture change. All of these tactics are essential because it takes them all to maximize nurse-physician communication and reduce communication gaps that endanger patient safety. Promoting an organizational culture that is focused on patient-centric care, safety, and open communication is essential to enhancing nurse-physician collaboration. By setting expectations, making investments in institutional support, and setting an example of desired behaviors, leadership plays a critical role in promoting cultural transformation. Instilling purpose and alignment between the responsibilities of nurses and physicians can be achieved by encouraging physicians to view patients as main customers and partners in the delivery of care, as advised by the Joint Commission. Creating a collaborative workplace requires managing disruptive behavior, fostering respect within disciplines, and flattening organizational hierarchies. The nurse-physician connection can be further improved by targeted conflict resolution initiatives and regular cross-disciplinary educational opportunities [15-17].

Empowerment of Nurses: By pursuing specialized certification, participating in multidisciplinary committees, receiving ongoing education, and receiving communication training, nurses can become more competent communicators with doctors and other healthcare professionals. In addition to improving the working environment for nurses, pursuing Magnet

certification can help them build stronger bonds with doctors. Furthermore, creating interdisciplinary patient care teams and assigning specific team managers, like advanced practice nurses, encourages collaboration and expedites timely communication between patients and healthcare providers. The utilisation of structured communication tools and supported technology has the potential to improve nurse-physician collaboration even more. The implementation of defined protocols, checklists, and electronic communication platforms can enhance care delivery efficiency by optimizing information transmission, decreasing errors, and streamlining workflow. Effective use of these tools requires leadership support for their uptake and integration.

To summarize, effective communication between nurses and physicians requires a multimodal strategy that includes technology and structured communication tools, nurse empowerment, and cultural change. Healthcare organizations can improve patient safety and quality of treatment by optimizing nurse-physician communication through the establishment of a collaborative and patient-centered environment [18-19]

Communication Tools:

Certain communication tools have proven to be useful in improving provider-to-provider communication. A program called TeamSTEPPS, which was created by the Department of Defense and the Agency for Healthcare Research and Quality, is one example of such a tool. The four essential competencies that TeamSTEPPS focuses on developing are communication, situation monitoring, leadership, and mutual support. A variety of team-based communication techniques are taught to participants, such as call-outs, huddles, and SBAR (Situation, Background, Assessment, and Recommendation). These tools help healthcare providers coordinate their efforts and exchange information more effectively, which improves teamwork and patient outcomes. TeamSTEPPS has been effectively deployed in obstetric units among other healthcare settings. Specifically, SBAR is an organized communication method that harmonizes exchanges between medical practitioners. It is especially helpful when a nurse needs to let a doctor know about worries regarding a change in a patient's condition. The nurse employing SBAR gives a thorough review of the clinical issue by methodically providing the issue, Background, Assessment, and Recommendation. This ensures that important information is communicated effectively and precisely. This method reduces the possibility that doctors would misunderstand or undervalue clinical data, especially when consulting over the phone [18-19].

Furthermore, daily goals worksheets and other similar tools have been useful in reducing communication gaps between physicians and busy nurses, especially in critical care units (ICUs). Shorter stays in the intensive care unit and better patient outcomes have been linked to the usage of these worksheets, which have been linked to increased comprehension of patient care goals among nurses and doctors. All things considered, using organized communication tools like daily goal worksheets and SBAR makes communication easier, fosters teamwork, and ultimately results in the provision of safer and more effective patient care.

Role of Technology:

Technology is essential for facilitating efficient communication between doctors and nurses since it provides options for different communication needs. Technology solutions can be broadly classified into two categories: software-based communication platforms that strive to coordinate and standardize clinical communication, and tools that make certain communication activities easier. It takes both kinds of solutions to encourage effective nurse-physician communication. Communication Tools: Nurses and doctors who might not be present at the same time can communicate with each other through asynchronous means like email, text messaging, and electronic medical record (EMR) notes. By reducing disruptions, asynchronous communication can lower the chance of medical errors. These technologies need to be used on secure networks in order to guarantee adherence to HIPAA privacy laws [20-21].

While staying at the patient's bedside, nurses can communicate directly and synchronously with doctors or other hospital staff members using voice-controlled wireless communication systems. These wearable gadgets can be used to mobilize care teams and deliver encrypted text messages. Similar features are available on handheld phones, which let nurses remain at the bedside. All-inclusive communication platforms handle workflow issues related to reaching out to doctors, whose availability and preferences can change on a daily basis and standardize clinical communication procedures. By offering a single point of contact, these solutions remove the need for nurses to memorize physician-specific contact details. The software automatically initiates contact and routes follow-up calls according to physician preferences using rules-based algorithms. Nurses can streamline communication operations by efficiently contacting physicians and waiting for return calls while staying at the bedside by pairing a communication platform with portable or smart phones. In conclusion, a complete approach to enhancing nurse-physician communication is provided by the combination of software-based platforms and communication tools. Improved patient care results are eventually a result of these technologies' promotion of secure communication, dependability, and efficiency [22-23].

Interventions for Best Communication:

Enhancing nurses' communication skills has been the main emphasis of most treatments meant to improve nurse-physician communication. The SBAR communication tool has become a broadly applicable intervention among these programs. For example, ISOBAR (Identify, Situation, Observation, Background, Agreed Plan, Read-back) is a thorough patient handover checklist developed by the Western Australia Country Health Service based on SBAR. Further validation is required since, despite the identification of additional tools, worksheets, and checklists, their effectiveness has not been thoroughly validated in a variety of scenarios. It's interesting to note that there hasn't been much of an improvement in nurse-physician communication with the usage of the Electronic Medical Record (EMR). The significance of extra communication channels is shown by the fact that nurses and doctors mistakenly believed that communication had taken place when information was simply updated in the EMR. Smartphone alerts could be one way to improve the EMR by informing doctors and nurses about updates or new information. However, in-person interactions between nurses and doctors are still

necessary to address viewpoints and problems that are not included in the electronic medical record [24].

In studies assessing programs aimed at improving communication between nurses and physicians, doctors generally reported higher efficacy than did nurses. The two professions' dissimilarities in expectations, professional cultures, and training may be the cause of this divergence. As a potential solution to communication problems, localizing doctors to lone units has been shown to increase mutual understanding and rapport between nurses and doctors through regular in-person interactions. These treatments make it easier to recognize and address differences, which promotes more optimistic attitudes and relationships based on trust between the two professions. Nevertheless, physician localization treatments have mostly been applied in smaller settings; hence, larger-scale research in a variety of healthcare environments is necessary. Interventions should also target obstacles like language and cultural barriers, which have not been sufficiently addressed in previous research. To evaluate the viability and efficacy of such therapies in various healthcare contexts, more investigation is required [25].

Conclusion:

Ensuring high-quality patient care and safety requires effective communication between physicians and nurses. Despite its significance, there are still issues in this field because of variations in practice settings, role perceptions, and communication styles. The nurse-physician relationship, which was once defined by hierarchical dynamics, has changed throughout time to place an emphasis on respect and cooperation. With varying degrees of success, interventions aimed at enhancing nurse-physician communication have primarily focused on the communication abilities of nurses. Although instruments such as the SBAR framework have demonstrated potential in harmonizing communication, additional verification is necessary for additional initiatives. Furthermore, the use of technology—like the Electronic Medical Record—hasn't always enhanced communication, thus other tactics could be needed. The perception of communication interventions is frequently more favorable among physicians compared to nurses, which emphasizes the necessity of interventions aimed at addressing divergent viewpoints and fostering mutual comprehension. The practice of assigning doctors to individual units has demonstrated potential for promoting in-person communication and strengthening the professional rapport between nurses and doctors. However, scalability and viability in various healthcare settings need to be carefully considered for such interventions. Efforts should also focus on overcoming obstacles like linguistic and cultural hurdles, as they might affect how well people communicate. To sum up, improving communication between nurses and doctors is crucial to improving patient outcomes and creating a collaborative healthcare environment. In order to promote effective communication among multidisciplinary healthcare teams, future treatments should concentrate on tackling communication difficulties holistically, considering the views of both nurses and physicians, and use technology in conjunction with interpersonal tactics.

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