

Examining Nurse Leader/Manager-Physician Communication Strategies: A Pilot Study

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Abstract

A shared goal of all health care providers is to provide safe and quality care (IOM, 1972). In order to provide this there needs to be an understanding of how the communication of that care is delivered (IPEC, 2011). After a literature review we found no existing studies that described specific communication strategies used by nurse leaders to navigate nurse-physician communication and collaboration. Therefore, in this study we sought to gain initial insight from nurse leaders about how they were able to successfully navigate effective communication and collaboration with physicians. This pilot study used a qualitative approach to generate nurse leader/manager-reported strategies, using an interview guide developed from a literature review of the nurse-physician communication and collaboration literature. A convenience sample of six nurse leaders/managers at a large, Midwestern hospital was interviewed. Five themes, teamwork, respect, being direct, building relationships and role modeling were generated from the interview responses that provide initial direction for understanding effective nurse-physician communication.

Introduction

Communication is power. With that power there is the potential to change lives in more ways than one. Through proper and efficient communication people are brought together, ideas are exchanged and in health care lives can be saved. A shared goal of all health care providers is to provide safe and quality care (IOM, 1972). In order to provide this there needs to be an understanding of how the communication of that care is delivered (IPEC, 2011).

Background

Nurse physician communication and collaboration is a key component in reducing medical errors and improving patient outcomes (Robinson, Gorman, Slimmer, & Yudkowsky, 2010; Farahani, Sahragard, Carroll, Mohammadi, 2011; Baggs, Schmitt, Mushlin, & Mitchell, 1999). The Inter-Professional Education Collaboration Expert Panel has established that inter-professional team competencies are key to improving nurse-physician communication (2011). The panel stated that professional hierarchies created by demographics and professional differences create a dysfunctional environment for working together and communicating (IPEC, 2011). This panel included sponsors from the following inter disciplinary organizations: American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of

American Medical Colleges, and Association of Schools of Public Health. Therefore it is important learn how to give efficient feedback and receive information to function effectively as a team in the hospital (IPEC, 2011). As will be described below, satisfaction with nurse-physician communication is likely to improve nurse job satisfaction and retention. However, as will be discussed in more detail below, no study examines communication strategies used by nurse leaders to successfully navigate relationships with physicians. After a review of selected relevant literature, the study's method, sample, findings, and limitations will be discussed.

Literature Review

During the literature review several studies were found to support the idea of improving patient outcomes by improving communication and collaboration between interdisciplinary teams. Nurses and physicians expressed how patients benefited when team members came together to compare patient data and problem solve (Robinson, et al, 2010). Also collaborative medical teams have been shown to have a favorable impact on staff morale and patient satisfaction (Farahani, et al, 2011). Furthermore, medical ICU nurses' reports of collaboration were associated positively with patient outcomes (Baggs, et al 1999).

The review also found that increased job satisfaction was a factor that correlated with improved interdisciplinary collaboration. Over 60% of the variance in nurses' job satisfaction was explained by the combination of practice environment factors and RN/MD communication, providing compelling evidence of the importance of the work environment for nurses' job satisfaction (Manojlovich, 2005; Rosenstein, 2002; Zangaro & Soeken, 2007). Three outcomes were identified from RNs/MDs collaborating: improved patient care, maximizing information and plan of care, and feeling better in the job which related to a pleasant work atmosphere and learning (Baggs & Schmitt, 1997).

Further information gained from the literature review was strategies already in place to improve communication. One tool used is known as SBAR, which stands for situation, background, assessment and recommendation. SBAR is used during change of shift and in critical situations as a way to break down exactly what information you need to give when calling the physician or to use when transferring information between providers. It has been shown to improve safety, and quality of care, while improving communication (Beckett & Kipinis, 2009). Some physicians have given feedback about the recommendation portion and not wanting a medical recommendation from a nurse before they have assessed the patient so some places have turned recommendation into, "I need you to come assess now," instead of, "this is what I recommend we do." (Woodhall, Vertacnik,

& MacLaughlin, 2007). This tool is also used between providers during hand off of care at the end of a shift.

Another tool used for improving communication is the electronic medical record (EMR). The EMR was developed to improve patient outcomes and make charting more legible. However studies show that a lack of documentation and narrative notes can lead to harmful outcomes (Green & Thomas, 2008). In addition, the EMR cuts back on face-to-face communication between nurses and physicians, which can lead to misunderstandings about orders (Robinson, et al, 2010). After the literature review was completed it was determined that no existing studies had described specific communication strategies used by nurse leaders to navigate nurse-physician communication and collaboration confirming a need for this study.

Purpose

In this study we want to gain initial insight from nurse leaders about how they were able to successfully navigate effective communication and collaboration with physicians. The research question is: What are the strategies used by nurse managers for positive collaboration with physicians?

Methods

This pilot study uses a qualitative approach to generate nurse leader/manager-reported strategies. We used an interview guide developed from a literature review of the nurse-physician communication and collaboration literature. A convenience sample of six nurse leaders/managers at a large Midwestern hospital was interviewed. The interview process lasted about 30-45 minutes per subject. Notes were taken at each interview for reference during the thematic analysis. Each interview began with an introduction of the interviewer, preview of the study, and goals. The following are the questions each participant was asked during their interview.

- What type of unit do you work on: nurse to patient ratio, number of patients, and number of residents rounding on unit per day?
- What type of educational preparation do you have for your current job position?
 - Length of time in current positions, other leadership positions, and overall nursing experience?
- How do you define communication and collaboration?
- How can you tell when interactions between RNs/MDs are collaborative? (Baggs & Schmitt, 1997)

- How would you describe the organizational culture where you work? (Manojlovich, & DeCicco, 2007)
 - What are your key values and your organizations key values?
- What communication strategies do you personally use to work effectively with physicians?
 - When a conflict arises how do you solve it without tension?

Results and Discussion

After analyzing all of the responses given during the interviews recurring ideas and words were identified. Several themes were then generated that provide initial direction for understanding effective nurse-physician communication and collaboration. The five established themes from the interviews are: teamwork, respect, being direct, building relationships, and role modeling.

Teamwork

One of the most repeated words used by all six managers in regards to positive communication and collaboration was teamwork. When the nurse and physician work together for the shared common goal then positives outcomes are gained. Specifically “teamwork” was cited by all managers as a key value to the organizational cultures of their individual units. As Nurse Manager A stated, her definition of collaboration is “ Working together as a team with a common goal in mind”. As Manager B puts it, “ Interactions are collaborative when both sides work to be collegial and focus is on the outcome.” Manager C states that the relationships are so well established on the unit that, “ The nature of the unit is empowering, there is not a subordinate relationship between physicians and nurses.” When the nurses and physicians work together with effective communication for the shared common goal of positive patient care then positives outcomes are more likely to be gained.

Respect

The second most common word or ideal used by the managers was respect. When asked the question what are strategies you use for effective communication? All six managers replied with the word respect somewhere in their answer. The following quotes are examples of how to establish that respect. Nurse Manager C stated in response to how to handle conflict, “ First be respectful and use a close door policy, handle the resolution off the unit separate from the patient care area.” Manager D stated, “ Don’t use a demeaning attitude and remain positive during the collaboration to keep the attitude of the conversation positive by having mutual respect.” Manager B says that to

solve a conflict, “Apologize, hear the other party out, take ownership, and come back when cooled off to resolve the issue. Remain calm, cool and collective and always have ownership of your mistakes.” When all of the parties involved feel respected collaboration and communication will remain positive and therefore effective.

Being Direct

When asked the question about what strategies are used during collaboration a statement or idea used by five out of the six managers was “be direct”. Manager D repeated several times during his interview to, “be clear and concise, know the information beforehand.” Manager B stated, “ Use objective data only and keep it short and to the point”. Manager A stated, “ Be direct with expectations of the outcomes you want as to avoid the potential for conflict to arise”. Overall the idea was that the physicians are busy and are receiving multiple contacts from different interdisciplinary team members therefore go into the conversation with all the background information and be direct. Then the conversations will usually have a more positive outcome for all parties involved, including the patient.

Building Relationships

A very common theme from five of six managers was to build a relationship with the physician in order to obtain a more positive collaboration. As Manager E put it, “The use of small talk is key to building a relationship I simply listen to what they have to say and if something in their personal life is said, I feed off that.” Manager F stated, “On our unit we hold a new resident orientation where all the residents and nurses get a chance to meet and mingle and build a relationship before they even begin working with our patients.” Manager A said in response to how to build a relationship, “ Build relationships on personal levels and have multiple conversations with the same physician, that way both parties become familiar with one another.” When collegial relationships are established trust is built and then effective communication and collaboration is able to come with ease.

Role modeling

During the interviews another question was asked that was not officially listed on the guide but was brought up during each interview. It was how does your unit provide resources to new hires on how to establish communication/ collaboration skills with the physicians? All six managers responded with the same phrase or idea, role modeling. They all discussed how the new hires are paired with preceptors who role model proper communication and collaboration skills with

physicians. Therefore, over the course of their orientation the new hires see and then practice with their preceptors the skill of communication and collaboration.

Limitations

For this pilot study the limitations include sample size, type of hospital, and the fact that only nurse managers were interviewed. As this was a pilot study, only nurse managers were interviewed. In addition, all participants were from the same hospital. The hospital is large and a teaching institution. Larger sample sizes may have revealed other responses or themes. In addition, there may be differences in responses from managers at community-based hospitals in contrast to teaching hospitals. Last, only one part of the nurse manager-physician dyad was interviewed, the nurse manager.

Direction for Future Research

In order to gain more information on how to have positive communication and collaboration between the different disciplines with in health care, there will be a need for further studies that include interviewing other disciplines. Specifically, it will be important to study physician's perspectives on communication with nurses. It would also be valuable to interview other disciplines with direct patient care since the current health system utilizes multiple professions to provide care. In order for patient outcomes to be positive there needs to be positive communication among all of the professions.

Second, nurses at other hospitals such as non-teaching institutes and community hospitals should be interviewed. There may be differences in how physicians and nurses interact in other agencies. At teaching institutes there is always an attending, fellow, and resident at the hospital for face-to-face communication. At some smaller community hospitals the physician goes home at night and the nurses have to call or page them. This can create a barrier to effective communication that was not explored during this study.

It will also be insightful to interview nurses with different educational backgrounds and different roles such as DNP, MSN, BSN and ADN, as well as expert nurses compared to new graduate nurses to see the variation between education and experience. This would help determine if education or experience has an effect on the communication and collaboration skill development of nurses. The question would focus on whether more experience leads to a better development of communication skills and more time to build relationships with physicians in order to have a more positive outcomes with collaboration.

Conclusion

In conclusion the need for studying communication and collaboration has the potential to have a huge impact on patient care. When the communication is effective the care will more likely be effective. When all parties involved know what they need to do and the interventions are carried out appropriately more lives will be saved. This study was able to give insight in strategies for positive communication/collaboration between nurse managers and physicians, as well as how to gain these skills and then what to do when the collaboration is not positive in order to then make it positive. All of these approaches will provide valuable information to newly graduated nurses, physicians and other ancillary staff who deal with direct patient care.

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