

Creating Healthy Work Environments 2019

Optimizing Communication Between Professional Nurses and Physicians-in-Training to Promote a Healthy Work Environment

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Background

Historically, there have been anecdotal and published reports of incongruities in communication between physicians and nurses. Conversely, the literature is replete with citations corroborating how strong interprofessional collaboration is essential in supporting a healthy work environment and optimizing patient outcomes (Wang, Wan, Lin, Zhou, & Shang, 2018; Zwarenstein, Rice, Gotlib-Conn, Kenaszchuk, & Reeves, 2013). The Joint Commission identified miscommunication between healthcare professionals as the second highest contributing factor to sentinel events in the United States (Ellison, 2015). It is particularly imperative that communication and collaboration between physicians and nurses be congruent. “Ineffective communication contributes to the team’s inability to work collaboratively and significantly increases the possibilities of mistakes occurring in the delivery of patient care” (Palanisamy, 2015, p.8). Obstacles, including poor communication, power differentials, disrespect and unclear delineation of roles, have been identified as factors that impede teamwork (Tang, Chan, Zhou & Liaw, 2013). Palanisamy (2015) noted the importance of healthcare providers communicating effectively across multidisciplinary teams in order to ensure safety and quality of patient care.

Our multi-hospital healthcare system provides training opportunities for medical students, interns and residents from two local medical schools. While there are certainly benefits to working in teaching hospitals, frequent medical staff rotations can be challenging for nurses and potentially have a negative impact on patient care delivery. In 2017, nurses working in a 19-bed medical intermediate care unit reported difficult and tenuous communication with physicians-in-training. This provided the impetus for exploring new ideas for improving interprofessional communication and collaboration in order to enhance the well-being of practitioners from both disciplines, strengthen the work environment, and optimize patient outcomes.

Purpose

Fostering an environment where high quality, patient-centered, and interprofessionally-congruent care is the norm required that nursing staff explore both experiential and evidence-based knowledge of facilitators and barriers connected to communication and collaboration. Nurses working at the point-of-care and nurse leaders implemented an evidence-based practice (EBP) study in order to discover optimal methods for addressing the age-old dilemma of sub-optimal communication between the disciplines.

Implementation

Evidence-based practice supports clinical decision-making by providing a platform derived from a confluence of best available scientific and experiential knowledge, while also considering patient preferences (Dang & Dearholt, 2017). Nurses are in the unique position of influencing clinical decision-making by employing the most current research to develop best practices that facilitate and promote patient healing. Key steps include: 1) identifying a practice issue; 2) writing a PICO question; 3) retrieving the salient literature related to the components within the PICO; 4) critically appraising the literature; 5) using an informed perspective to decide which evidence to translate into practice; 6) evaluating the efficacy of incorporating the new knowledge; and 7) disseminating the findings, both internally and externally.

The following PICO question was developed in order to address the clinical scenario previously ascribed: Among registered nurses working at the point-of-care (P), what factors enhance (I) or impede (C) communication aimed at improving collaboration with physicians-in-training (O)?

Results

Literature was retrieved from three electronic sources, including Nursing Reference Center Plus, PubMed and CINAHL. The search yielded 282 articles (both research and non-research). After eliminating duplicates, and screening of titles, abstracts and key words, 42 of the articles met the inclusion criteria and were examined by the study team. The Johns Hopkins Nursing Evidence-based Practice (JHNEBP) research and non-research criteria were utilized to critically appraise the selected articles. Each article was critiqued by at least three team members, followed by a group meeting where discrepancies in scoring were discussed in order to reach consensus.

The JHNEBP appraisal criteria are comprised of the following categories: a) Level 1 (experimental, randomized controlled trial); b) Level 2 (quasi-experimental); c) Level 3 (non-experimental, qualitative); d) Level 4 (systematic review); and e) Level 5 (quality improvement, expert opinion). The evidence appraisals yielded one-Level I, eight-Level II, fifteen-Level III, five-Level IV, and thirteen-Level V articles.

Implications for Practice

The findings from the literature revealed very interesting key points. Evidence suggested that there is a broad knowledge base of factors that impede communication between nurses and physicians-in-training. There is also a limited supply of strong evidence that recommends effective and realistic modalities for improving communication. The literature revealed that nurses working at the point-of-care play a significant role in the professional socialization of physicians. Nurses also have great potential to influence the amount of informal learning that takes place during a physician's training. "Shadowing" (e.g., nurses are afforded an opportunity to play a significant role in teaching the physicians-in-training in the clinical setting) has proven effective in strengthening interprofessional relationships. Ultimately, findings from this EBP study can be utilized to create a foundation for the development and implementation of interprofessional team building interventions, by both internal and external stakeholders.

Title:

Optimizing Communication Between Professional Nurses and Physicians-in-Training to Promote a Healthy Work Environment

Keywords:

Enhancing Collaboration, Interprofessional Communication and Optimizing Outcomes

References:

Dang, D., & Dearholt, S. (2017). *Johns Hopkins Nursing Evidence-Based Practice: Model and Guidelines*. 3rd Ed. Indianapolis, IN: Sigma Theta Tau International.

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Tang, C.J., Chan, S.W., Zhou, W.T. and Liaw, S.Y. (2013), Collaboration between hospital physicians and nurses: An integrated literature review. *International Nursing Review*, 60: 291–302.doi:10.1111/inr.12034

Wang, Y., Wan, Q., Lin, F., Zhou, W., & Shang, S. (2018). Interventions to improve communication between nurses and physicians in the intensive care unit: An integrative literature review. *International Journal of Nursing Sciences*, 5(1), 81-88.

Zwarenstein, M., Rice, K., Gotlib-Conn, L., Kenaszchuk, C., & Reeves, S. (2013). Disengaged: a qualitative study of communication and collaboration between physicians and other professions on general internal medicine wards. *BMC Health Services Research*, 13, 494.

Abstract Summary:

A comprehensive evidence-based practice study was implemented by nurse leaders and nurses working at the point-of-care in order to discover optimal strategies for promoting communication and collaboration between nurses and physicians-in-training.

Content Outline:

1) Provide an overview of the salient literature regarding facilitators and barriers to effective communication between nurses and physicians-in-training working in an inpatient setting.

a) Supporting a healthy work environment.

b) Poor communication, power differentials, disrespect and unclear delineation of roles.

c) Optimizing patient outcomes.

2) Delineate the steps used to conduct the evidence-based practice study.

a) Development of PICO question.

b) Retrieval and critical appraisal of the salient evidence.

c) Considerations regarding translation of evidence into practice.

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Author Summary: Ms. Frankoff holds a bachelor of art degree in Psychology and a bachelor of science in Nursing. She is nationally certified as a Progressive Care Certified Nurse.

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Author Summary: Ms. Armijos was born and raised in Ecuador, South America. She attended high school in the United States, at which point she learned English. She later graduated from Texas Woman's University with bachelor of science in nursing degree.

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Professional Experience: Ms. Brown has been a registered nurse for 6 years on an intermediate care unit. She has been very active in the Ben Taub Pavilion Nurse Clinician Council for many years, which is comprised of nurses working at the point of care. This Council provides nurses with a voice in share decision making in patient care delivery.

Author Summary: Ms. Brown received her baccalaureate in nursing from Texas Woman's University in 2012. She is Chair Emerita of the Ben Taub Pavilion Nurse Clinician Council and has also been an active participant in the community of practice.

Fourth Author

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Professional Experience: Ms. Bush started her career at MD Anderson Cancer and Research Institute where she served as staff nurse for approximately 1.5 years before moving on to Ben Taub as a staff nurse. Early in her nursing career she was promoted to a head nurse position and has remained in nursing leadership roles for more than 40 years

Author Summary: Ms. Bush is a prolific author and has had numerous abstracts accepted for regional and national conferences. She has also won several awards for her innovative leadership through her tenured career. Most recently her critical care unit received the Beacon award.

Fifth Author

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Professional Experience: Ms. Garcia is a registered nurse employed at Ben Taub Hospital in Houston, Texas. The Level I Trauma Center, located in the Texas Medical Center, provides comprehensive care to patients who are often economically disenfranchised.

Author Summary: Ms. Garcia is a member of the nurse clinician-based community of practice, where she had a significant voice in shared decision-making. Vanessa was born and raised in Mexico. She received her baccalaureate degree in nursing when she immigrated to the United States.

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Professional Experience: Mrs. Marabiles, who is originally from the Philippines, has been a nurse for 27 years. She has worked in intermediate, critical care, pediatrics, palliative care & trauma.

Author Summary: Currently, Mrs. Marabiles works on an intermediate care unit at a level one trauma center as the nurse clinical manager. She provides leadership, guidance and expertise in fostering an environment that promotes exemplary care to patients who are economically disenfranchised and under-resourced

Seventh Author
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Professional Experience: Dr. Kirksey held faculty and leadership positions in academia for over 25 years; most recently as tenured professor at California State University. Kenn's clinical expertise is in critical care; his research has focused on symptom management in persons living with HIV. He has published extensively and presented research findings at conferences on five continents. He has reviewed for 13 peer-reviewed journals and held editorial board positions with Critical Care Nurse, AACN Clinical Issues: Advanced Practice in Acute and Critical Care, and the Journal of the Association of Nurses in AIDS Care. Dr. Kirksey served as chair of the Board on Certification for Advanced Practice and commissioner for the American Nurses Credentialing Center's Commission on Certification. He was elected chapter secretary, vice-president, and president of Sigma Theta Tau International (STTI). He served the organization at the international level as Distinguished Lecturer and elected member of the Research Advisory Committee.

Author Summary: Dr. Kirksey has served as director for two multi-hospital research enterprises for 13 years. He earned baccalaureate, master and doctoral degrees, and completed a post-doctoral fellowship at the University of California. Kenn has been a member of STTI since 1988, a member of the International HIV Nursing Research Network, board certified as an Adult Health Clinical Nurse Specialist, and is one of approximately 2600 nurses across the globe elected to the American Academy of Nursing.