

Title:

Effective Nurse-Physician Collaborations: A Systematic Literature Review

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Session Title:

Interprofessional Collaboration

Keywords:

RN-MD collaboration, Relational Coordination and Shared decision making

References:

Boev, C. & Xia, Y. (2015). Nurse-physician collaboration and hospital acquired infections in critical care. *Critical Care Nurse*, 35(2), 66-72. Rose, L. (2011). Interprofessional collaboration in the ICU: how to define? *Nursing in Critical Care*, 16(1), 5-10.

Abstract Summary:

This systematic review explored RN-MD perceptions of collaboration and the factors that influenced their perceptions. Nurses and physicians had varying perceptions of RN-MD collaboration. Shared decision-making, teamwork, and communication were reoccurring themes in this review. These findings have implications for additional studies that focus on ways to improve RN-MD collaboration.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1. The learner will examine nurse's and physicians' perceptions of RN-MD collaboration and identify at least 3 attributes that contribute to positive RN-MD collaboration.	Nurses' and physicians' perceptions of RN-MD collaboration. Recurring themes in the literature associated with effective RN-MD collaborations.
2. The learner will be able to identify at least 3 ways that Relational Coordination (RC) enhances RN-MD collaboration and a professional practice environment.	The 7 Dimensions of Relational Coordination: four communication dimensions (frequently, timely, accurate, and problem-solving communication) and three relational dimensions (shared knowledge, shared goals, and mutual respect).

Abstract Text:**Significance and Background:**

Positive nurse–physician collaborations are essential to good patient care outcomes, such as decreased health care costs (Hughes & Fitzpatrick, 2010; Rose, 2011), length of stay (Tschannent & Kalisch, 2009), and hospital-acquired infections (Boev & Xia, 2015). By contrast, ineffective nurse–physician collaborations have been linked to poor patient care outcomes (Hughes & Fitzpatrick, 2010). The Institute of Medicine (IOM) recommends that health care professionals improve quality of care through increased trust, respectful communication, and good working relationships (Page, 2004). Positive nurse-physician collaborations can serve as an antidote for workplace incivility. The Theory of Relational Coordination (RC) is an excellent framework to assess nurse-physician collaboration in acute care settings.

Methods and Analysis:

A search in PubMed, CINAHL, and PsychInfo was conducted to identify empirical studies of nurse's perceptions of nurse-physician collaborations. Inclusion criteria included: peer-reviewed and English-text journal articles published from 2000-2015. Articles were excluded if they examined nursing or medical students perceptions of nurse-physician collaborations.

Findings and Implications:

Fourteen quantitative studies and one qualitative study were included in this review. Team work, communication, and shared decision-making were common and recurring attributes of RN-MD collaboration. Collaboration and coordination between nurses and physicians varied across hospital units. Similarly, nurses and physicians defined collaboration differently. On some units, nurses and physicians rated their collaborative interactions as less than optimal, and on other units, nurses and physicians reported high-quality collaborative interactions. Most studies (n =12) did not use a theoretical framework to examine nurse-physician collaborations and none of the studies used RC. Given this variability, future research studies would benefit from a standard definition of collaboration and a reliable, valid instrument to analyze nurse-physician collaboration across units. Furthermore, The RC survey can provide nurse leaders and managers with baseline knowledge of interdisciplinary collaboration among healthcare providers on their unit. Based on the results, interventions could be developed to improve interdisciplinary collaboration on their unit.