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How to Effectively Improve Nurse-Physician Communication

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by

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Abstract

A study of the issue of Nurse-Physician communication, its causes, effects, importance, and possible improvements through research. The results suggest both physicians and nurses agree that nurse-physician communication is an important problem, and can be effectively improved in many ways including: a required nurse-physician communication class for pre-medical and pre-nursing students at an undergraduate level, improved and structured communication tools, and inter-professional education (IPE) between nurses and physicians. The research provides the outlooks of twenty-five nurses and twenty-five physicians independently, as well as demonstrating the nurse-physician disconnect through data comparison and analysis.

Key Terms: communication, nurse-physician, nurse, physician, effective communication, physician-nurse relations, staff communication, patient team, hospitals, efficiency.

Dedication

To My Family and Friends

Thank you for your continued support and love for all of my endeavors.

My success is due to your unwavering strength and guidance throughout my life.

I am truly blessed.

All of my love.

Acknowledgements

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List of Abbreviations

PSQH – Patient Safety and Quality Healthcare

USM – University of Southern Mississippi

EBSCO - Elton B. Stephens Co.

ICU- Intensive Care Unit

MD – Medical Doctor

RN – Registered Nurse

IPE- Inter-Professional Education

Chapter 1: Introduction

Effective nurse-physician communication is essential in providing patients with the best possible medical care; however, far too often lack of communication results in costly mistakes. In fact, according to *The Joint Commission*, lack of communication was reported as the leading cause of sixty percent of medical errors (as cited in Flicek, 2012, p. 385). Although it may be an improvement from the 2004 study by Sutcliffe, Lewton, and Rosenthal which labeled communication the cause of almost ninety percent of medical errors, these percentages are still unacceptable when it comes to patient care (as cited in Tschannen et al., 2011, p. 127). Through understanding the problem of nurse-physician communication, its causes, and its importance in the medical field, the execution of interdisciplinary methodology can be conducted. After an analysis of the results, it can be concluded there are many steps that can be taken to effectively improve nurse-physician communication including: undergraduate communication classes for pre-professional students, improved communication tools, and even annual team training programs.

Problem

The Joint Commission refers to communication as the "glue" that holds an organization together and is often taken for granted (The Joint Commission, 2005, p. v). The Joint Commission defines the word communication as "the transfer of content from a sender to a receiver (and often back again)," but clarifies that effective communication "occurs if both the sender and receiver achieve a shared understanding and perceive the content in the same way" (The Joint Commission, 2005, p. v). This definition of effective communication means that even although a team may be communicating throughout the day, they are not necessarily

communicating effectively. Working to make sure each medical team is not only communicating, but also communicating effectively is the ultimate goal.

The effects of this lack of effective communication range from simple errors and unhappy employees to patient deaths and serious lawsuits. In fact, according to *Patient Safety and Quality Healthcare,*

> Poor nurse-physician communication has a substantial negative effect on patient safety, as well as the patient experience of care, nurse satisfaction, physician satisfaction, care quality, and non-clinical outcomes such as additional costs associated with unnecessary readmissions, duplicative testing, and other forms of waste and inefficiency. (Shannon & Myers, 2012, p. 22)

Shannon and Myers, a nurse and a physician who left clinical care to better understand the underlying deficiencies in the care system, commented on how they "witnessed multiple occasions in which simple misunderstandings or failures to communicate resulted in harm to patients or flared into tension between staff members" (2012). This failure to communicate as a team may result in costly mistakes by physicians and nurses and could potentially cost them their jobs or patients' lives.

Significance of Research

In a medical hospital, private practice, or clinic, physician-nurse communication is vital for optimal patient care in a time-efficient manner. With the high volume of patients being seen daily, doctors and nurses must work together as a team to keep their patients alive and help as many as possible; however, time and high volume are not the only reasons nurse-physician communication is so important. The wellbeing of a patient lies within the hands, of not only

nurses and doctors individually, but the medical staff as a whole. Miscommunication, animosity, or tension between nurses and physicians may result in the misconduct, mistreatment, or even death of a patient.

The issue of nurse-physician communication is not only an important topic in the medical field, but the research executed is significant as well. The medical field is constantly changing and improving, which is why physicians are constantly attending medical conferences, buying up-to-date medical textbooks, and reading relevant literature from medical journals and magazines. This research promotes growth in the medical field by addressing an important issue for not only physicians and nurses, but for patient care and experience as well. This research is one step in the direction of improving and resolving a constantly present issue in medical history.

Chapter 2: Review of Literature

Not only is nurse-physician communication important to those in the medical field, but many scholars in academia also agree that improving communication is a topic worthy of journal articles and research studies. The literature gathered on the improvement of nurse-physician communication can be divided into two categories: informative literature and literature related to theoretical solutions. While some journals focus on the problem, its dangers, and possible improvements, others are directed toward the testing and analysis of possible improvements. Informative literature is beneficial in providing the basis of what the problem of nurse-physician communication consists of, as well as, its causes and the possible solutions to be put implemented. Before a complex problem can be solved, it is crucial to understand every aspect from multiple perspectives. Literature related to research on theoretical solutions is valuable as the base for the methodology in this study. Using the information, conclusions, and approaches

from multiple studies increases the accuracy of this study by understanding what other researchers' methodology have in common and what can be improved upon.

In the initial step of researching the topic of improving nurse-physician communication, the University of Southern Mississippi's (USM) library website of articles and databases was the source of several journal articles and studies. Academic Search Premier and EBSCO Host were the two major databases used in gathering peer-reviewed literature. In these databases, the key search terms included: nurse-physician communication, inter-professional relations, collaborative communication, improving communication, and medical communication. These terms were searched either individually or in combination with others. In addition to USM's articles and databases, major journals such as the *Journal of Nursing Education and Practice*, *Medsurg Nursing*, *Journal of Patient Safety*, *Nursing Economics*, and *the Journal of Evaluation in Clinical Practice* were used. These journals provide informative literature as well as literature related to the research of theoretical solutions. The final source of literature comes from medical websites that include *Patient Safety and Quality Healthcare, Joint Commission Resources*, and *Institute for Healthcare Improvement*. Through databases, medical journals, and medical websites, informative and case research was gathered on the topic of improving nurse-physician communication.

Informative Literature

Developing a way of improving nurse-physician communication is only possible if every aspect of the problem is uncovered, understood, and taken into consideration. However, the issue of communications between nurses and physicians has been a long-standing problem that has yet to see any real improvement. This lack of change is due to the historical and cultural perceptions, assumptions, and understandings between nurses and physicians that act as barriers to reform.

Cassandra Flicek talks about the background of the nurse-physician dynamic, its barriers, and provides evidence-based practice solutions in her journal article, "Communication: A Dynamic Between Nurses and Physicians", from *MEDSURG Nursing*. In "Bridging the Gap Between Doctors and Nurses", Katrina McKay and Seshasayee Narasimhan talk about how background, education, and roles and responsibilities are major components in the gap between doctors and nurses. After explaining how these three aspects cause tension, disconnect, and ultimately miscommunication, they offer solutions to bridge this long-standing gap. In a similar way, "Nurse-to-Physician Communications: Connecting for Safety", found on the *Patient Safety and Quality Healthcare* website, provides information, examples, causes, and solutions "to bring nurses and physicians together" (Shannon & Myers, 2012, p. 24).

The lack of steadfast communication between doctors and nurses has been an issue for decades, but the problem has many more causes than just misunderstandings and confusion. According to *Patient Safety and Quality Healthcare (PSQH),* the three main causes of communication disconnect are historic tension and hierarchy, divergent views, learned communication style and terminology, and existing inefficient communication processes (Shannon & Myers, 2012, p. 22). These causes, in addition to several other barriers including time, interruptions, technology, and even work environment, factor into the level of patient care in a facility at any given time (Flicek, 2012, p. 385).

Historical tension and hierarchy is the first cause of communication disconnect that Shannon and Myers talk about in *PSQH*. The historical relationship between doctors and nurses has always been complicated, according to an article by McKay and Narasimhan from the *Journal of Nursing Education and Practice*. This article argues that the nurse-physician relationship has been influenced by social status, gender, and ultimately power throughout

history. Still today, Herbert describes the public perception of doctors as being admired for being elitist, wealthy, intelligent, and powerful, while nurses are inferior and still considered part of the working class (as cited in McKay & Narasimhan, 2012). In addition to the historical proof of physician-nurse tension, Sirota talks about how these fundamental problems of disruptive behavior, dismissive attitudes, and power and gender issues are still going on today in healthcare environments (as cited in Shannon & Myers, 2012, p. 22).

The second main cause of communication disconnect according to *PSQH* is divergent views, learned communication style, and terminology. Beginning with education, nurses and physicians learn, train, and prepare in completely different ways. While nurses are trained to relay information in the form of a narrative, physicians are trained to be as to-the-point and concise as possible (Shannon & Myers, 2012, p. 22). The final cause of communication disconnect talked about by Shannon and Myers is the existing inefficient communication process. When trying to contact a physician, nurses have difficulty looking up and using that physician's preferred method of contact. Tracking down an on-call list, dealing with other patients, and trying to get in touch with the correct physician takes up too much time that may result in a delay in the patient's care (Shannon & Myers, 2012, p. 24).

In addition to these three main causes, Flicek points out that additional barriers "exist that hinder nurse-physician communication" such as time, interruptions, technology, and work environment (2012, p. 385). Even though the steady advance in technology progresses medical research and saves lives, it also creates a technological dependency in physician-nurse communication. Although this form of contact is preferred, its convenience takes precedent over face-to-face interactions for medical professionals. Doctors and nurses become so engulfed in their work that every second spent talking must be urgent, imperative information about a

patient, or it could have just as easily been sent in an email or looked up on electronic medical records. Each of these barriers end up having a possibly detrimental effect on the communication of medical staff and, ultimately, on patient care and safety.

Improving communication is such an important issue in the medical field that the Joint Commission produced a five-chapter book titled, "The Joint Commission Guide to Improving Staff Communication". In this text, the chapters focus on effective communication, requirements regarding communication, communication between staff members, communication with patients, and planning for communication improvement initiatives. Chapter one begins by defining effective communication, explaining why it is important, why it is difficult in health care, and why leadership is critical to communication efforts. This chapter is important because it breaks down nurse-physician communication to the basic understanding of effective communication. Once effective communication and its importance is understood, then the improvement of communication between staff members can be addressed. Information on effective communication, nurse-physician communication, and the perspectives of nurses, doctors, and researchers is important in order to understand how the research and studies relate and have an effect on the problem.

Literature Related to Research on Theoretical Solutions

In the literature on nurse-physician communication, several of the articles are on studies ranging from peer-reviewed pieces to articles published by major medical journals. Although each of these articles differ on the specifics of the study, the common topic overall is on the communication between nurses and physicians. In these studies, the researchers have different designs, hypotheses, methodology, and analysis, but the results and conclusions all work toward the improvement and understanding of how to improve nurse-physician communication. The

major commonality in all five studies of nurse-physician communication is that they all use quantitative methodology. Each study uses a survey to identify a specific medical staff's communication, and that data was either compared, analyzed, or used to defend a hypothesis.

The first two studies used the same methodology, but in different areas of concentration, and two different geographical areas. In "Nurses' Perception of Nurse-physician Communication: A Questionnaire-based Study in Iran", researchers focused on the nurses' perception of communication in Iran. The instrument used to gather data about nurse-physician communication in that study was originally developed in the study, "Nurse-physician Communication and Quality of Drug Use in Swedish Nursing Homes" which concentrated on communication for the quality of drug use in the nursing homes in Sweden. Although the two studies had different reasons to measure nurse-physician communication, they were both able to use the same questionnaire. Both studies found that nurse-physician communication was an issue, and this issue was reflected within the results of those surveyed; however, the studies did not survey the participants on possible solutions.

While some researchers chose to use a quantitative method of research, others found a combination of quantitative and qualitative research worked for their purpose. In the study, "Implications of Nurse-physician Relations: Report of a Successful Intervention" surveys and interviews were used to prove the intervention was successful. Rather than just having an analysis of data showing the improvement of numbers, these researchers realized interviewing and observing would be beneficial. Along with the survey results, the researchers had baseline information on communication attitudes and communication problems to strengthen the credibility of the data. After analyzing the quantitative and qualitative results, it was concluded that "collaborative relations among nurses and physicians result in improved patient outcomes

and less fragmentation of care" (Tschannen et al., 2011, p. 134). They also discovered "when nurses and physicians worked together on a solution to a problem, collaboration emerged and communication became more equal between two groups" (p. 134).

Another study that combined quantitative and qualitative research methods to measure nurse-physician communication was focused on measuring communication in intensive care units (ICUs). The study titled, "Developing and Testing a Tool to Measure Nurse-physician Communication in the Intensive Care Unit" used multiple methods in order to "understand the social and behavioral phenomena" of nurse-physician communication (Manojlovich et al., 2011, p. 80). In the discussion of the study, the researchers commented that "having a quantitative and a qualitative element to the study was helpful" because the "qualitative analyses corroborated quantitative findings and demonstrated the importance of contextual influences on nurse-physician communication" (Manojlovich et al., 2011, p. 83). As did the previous studies, they measured the nurse-physician communication and established that it is an issue present in the ICU, but no methodology was suggested on possible solutions.

This literature on theoretical solutions was informative and helpful, but differs from this thesis in the way that it only proved that nurse-physician communication was an issue in the medical field reflected through their studies. While some studies measured the results from implementation of a possible solution, this thesis researches the best solutions before implementation. Completing this step before analyzing the success improves the effectiveness and eliminate unnecessary field research. Through the executed methodology, not only is the problem identified and its importance reflected through surveys and interviews, so are the possible solutions. This literature strengthens the premise for the current study and provides a comparative perspective in relationship to this study.

Chapter 3: Methodology

In literature on nurse-physician communication, there are many theoretical solutions proposed, but very little research to help certify improvement. Solutions ranging from collaborative teams to education and training all have possibilities of working, but not many conclusions were made on which solutions will make the most change. While other literature on nurse-physician communication compared the staff's communication after implementation or interventions were completed, this thesis works toward a more proactive method. By focusing on evaluating the attitudes of nurses and physicians before implementing the theoretical solutions, this allows for a more accurate choice on an effective solution for improvement. Instead of implementing before researching multiple solutions, this reduces limitations by narrowing theoretical solutions down to a handful. This methodology is proactive in the way that the effective solutions chosen are based on medical expert opinion before implementation and analysis of results. The selected research methods included both quantitative surveys and qualitative interviews on attitudes toward communication and opinions of which solutions will most effectively improve nurse-physician communication.

Qualitative Research

The first step of this methodology was to conduct an individual interview of a nurse and a physician on the topic of nurse-physician communication. Much like the "Implications of Nurse-physician Relations: Report of a Successful Intervention", the interview's purpose was to gather baseline information about the attitudes of nurse-physician communication, identification of a communication problem between physicians and nurses, and views of its importance. B. Paetz, MD, a physician who has been in the medical field for over twenty years, was interviewed to get

a representative physician's view on nurse-physician communication. The following questions were asked:

1. Tell me a little bit about your medical career: what is your title, how long have you been in the medical field?
2. Do you work with nurses on a daily basis? Do you rely on them a great deal?
3. Do you feel you communicate well with the nurses you work with? Do you have problems with explaining information to them and vice versa?
4. Do you see nurse-physician communication as a problem in the hospital you work at?
5. Do you believe nurse-physician communication is an overall problem that affects patient care?
6. In your years in the medical field, has there ever been nurses that you just could not talk to or work well with? If so, why?
7. Do you believe that there is still historical tension on the relationship between nurses and physicians?
8. In your professional opinion, what is the main reason nurses and physicians have communication problems?
9. Do you believe this problem is serious enough that it needs a solution? What solution do you believe would be most effective?

This interview was recorded to allow comparison with the physician questionnaire results. K. Thornhill, RN, a nurse who has been in the medical field less than a year, was interviewed to get a representative nurse's view on nurse-physician communication. The same questions were asked, exchanging the usage of "nurse" with "physician". By asking the same questions, the

comparison between the responses are easily seen and conclusions based on differences can be drawn and attributed and/or related to possible causes of disconnect.

Quantitative Research

The second step of the research methodology is a questionnaire that gathers opinions on nurse-physician communication including the theoretical solution they believe to be most effective. This survey, in addition to the interview, was beneficial to get an overall opinion of nurses separate from physicians on the problem, its importance, and the most effective solution. Separate questionnaires were given to nurses and physicians, the two varying slightly. The surveys for nurses and physicians were given out both in person at medical facilities, as well as being sent out through work email. The randomized survey allowed the participants to vary from several different medical environments along the gulf coast of Mississippi and Alabama. The participant reach was beneficial because it surveyed more than one state, but the limitations were not being able to survey around the nation, making the results only relative to the region.

Chapter 4: Results

Qualitative Research

The interviews provided an outlook from a physician and a nurse before analyzing the quantitative data from the surveys. In the interview with Dr. Paetz, he felt strongly that nurse-physician communication is a problem, not only in the hospital where he works, but also a majority of all medical facilities. When asked if there were any nurses he could not work with, his answer was a definite yes. He said, “There are levels of trust I have for each nurse, I know that this one doesn’t have much experience and will call me at the drop of a hat, and this one knows what she’s doing, so when she calls I know it’s serious.” His overall attitude toward

communication is that because of the lack of time, he counts on nurses that are experienced enough to not be guided in every situation. His conclusion is that through experienced nurses is the only solution, and that takes time.

When interviewing K. Thornhill, RN, a newly registered nurse, her outlook on nurse-physician communication was quite different than Dr. Paetz's, a physician who has been in the medical field for over twenty years. Ms. Thornhill agreed that nurse-physician communication is a problem that is serious enough to be improved, but to be effective it needs to happen before stepping on the medical floor. She commented that, "In nursing school you have to learn not only what your job is, but understand the job of everyone on the floor. We learn what the doctors are looking for, how they are treating the patient, and what they need. In medical school doctors only learn to be doctors, they don't focus as much on what the nurses do and how we learn." Ms. Thornhill's solution aligns with undergraduate class requirements for pre-medical and pre-nursing students, as well as inter-professional education (IEP) between nurses and physicians.

Qualitative Research

Through electronic and manual submission of the questionnaires, twenty-five completed surveys were gathered from physicians and thirty-seven from nurses. To allow for accurate analysis and comparison of the data, twenty-five of the thirty-seven completed nurse surveys were randomly chosen, while the remaining were discarded. Illustrations VII and VIII (Appendix) are the surveys given out to the nurses and physicians. Each questionnaire consisting of six sections, differing only slightly in wording (i.e. "nurse" or "physician").

The first section of the surveys were to identify the time each participant has spent in the medical field. Illustration I shows the time (ranging from one month to twenty plus years)

working of the surveyed nurses and physicians by percentage. While the majority of nurses surveyed were in the one to five year range, the majority of physicians surveyed had spent twenty plus years in the medical field. This dynamic of nurse-physician age difference, displayed here, is a potential factor of nurse-physician communication.

The second section of the questionnaire measured basic communication difficulty between nurses and physicians. From being able to talk openly and give advice, to communicating a patient's needs in a rush, both physicians and nurses were asked to rate how easy or difficult is this communication. Illustration II (Appendix) shows the resulting data from physicians and nurses side-by-side. While the numbers are relatively high across the board, what is interesting is the comparison between how nurses answered and how physicians answered. In basic communication, both groups rated communication very easy; however, on the question on communicating a patient's needs in a rush, nurses rated communication at a 4.08, while physicians' rated it a 3.08. Nurses gave communicating during a rush a higher rating than physicians did, which raises the question of why. The reason for these results can be attributed to nurses and physicians having different learned communication styles. In addition to the learned communication styles, these results bring to light the lack of time to have extended face-to-face interactions as a possible cause of the communication problems.

Sections three and four of the questionnaire focus on the attitudes nurses and physicians feel toward communication, the importance of nurse-physician communication, and its possible impacts. Tables 1 and 2 (Appendix) gather information on the interactions between nurses and physicians. While physicians' rated their overall interactions with nurses more enjoyable, satisfying, and respected than nurses, they also gave lower ratings when questioned about correct information, understanding, and frustration. This comparison shows that while nurses do not feel

as respected and the interactions are not as enjoyable, they are receiving correct information and are satisfied. This disconnect between the attitudes of nurses and physicians on communication was expected based on previous literature research, additionally, it verified the research and highlighted the historical differences. This section brings together not only historical and cultural tension, but the strict hierarchy causing the communication disconnect.

Tables 3 and 4 (Appendix) provide information on the view of nurse-physician communication, its role in the medical field, and its importance. While all nurses surveyed agreed that nurse-physician communication is important in the workplace, they did not feel it happened as commonly as physicians did. From the table, it can be gathered that physicians experienced a higher degree of negativity in the work environment because of the experienced impact of communication. Physicians also agreed strongly with avoiding communication with some nurses. This data aligns with what Dr. Paetz mentioned in the interview about avoiding certain nurses based on their experience, or lack thereof, and past actions. Both groups agree that nurse-physician communication is a problem that not only affects patient care, but also creates a negative work environment.

After gathering information on the views and attitudes on nurse-physician communication, section five questioned the causes of communication disconnect between nurses and physicians. Participants were given the option to check multiple answer choices. The answer choices were the same for both physicians and nurses, except for the last option. Nurses had the choice of "Arrogant Physicians", while physicians had the choice of "Nurses not being trained well enough". While the majority of nurses chose "Arrogant Physicians" as the main cause of disconnect, the majority of physicians chose "Lack of time" or "Different learned communication styles". Illustrations III and IV show a broken down pie graph of the

percentages chosen. The data from the nurses had greater variance in causes, while the data from physicians did not. The survey offered six different choices of what the participant considered causes of communication disconnect between nurses and physicians. While the results for nurses ranged from two or more causes checked, the results from physicians were focused on one or two main causes.

Last to be surveyed were the opinions on the effectiveness of the selected theoretical solutions chosen from previous research. The participants were asked to rank the solutions from 1-5 (1 being most effective, 5 being least effective). The results were then converted to be displayed on the graph as seen in Illustrations V and VI (1 being least effective, 5 being most effective). Surprisingly, both nurses and physicians agreed that nurse-physician communication classes as undergraduates would be the most effective in improving communication. While the majority of the solutions received positive ranks, the lowest ranking solution was monthly therapy sessions. Their opinions also aligned on the second most effective solution: improved and structured communication tools. These results are interesting because although their views and attitudes vary slightly, their overall view on the problem, its importance, and possible solutions are aligned.

Chapter 5: Discussion

From the literature review, methodology research, and data gathered, both nurses and physicians agree that nurse physician-communication is an important problem that needs to be improved upon. What separates this study from the literature review is the aspect of theoretical solutions. The information in the literature review provided information and studies about the importance and presence of the issue of nurse-physician communication as well as results of implementation of a specific theoretical solution; however, the results from this study align with

that information as well as elaborate on the issue's possible solutions from the view of medical experts. This advances the previous studies and allows for fewer limitations when implementing theoretical solutions in the future. By gathering information about the attitudes of medical professionals on not only the issue, but the theoretical solutions, it increases the likelihood of positive feedback after implementation.

From the survey responses, there is a clear disconnect between the attitudes of nurses and doctors on communication and its causes. However, although they may not have the same views on interactions and causes of disconnect, both groups can agree that undergraduate training will be beneficial in educating the future nurses and physicians on communication. The second top rated solution that can be implemented to make improvements in nurse-physician communication presently is improving structured communication tools. These possible solutions will improve nurse-physician communication by making efforts to eliminate the causes seen in question five in Illustrations I and II. The results from Illustrations III and IV suggest that these causes (arrogant physicians, lack of time, learned communication styles) are important in nurse-physician communication, and in order to improve this, those causes must be eliminated. Although some causes like arrogant physicians may not be as easy to solve as teaching common communication styles, every cause that is eliminated will be a level of improvement in the long run.

Physicians rated lack of time as the leading cause of nurse-physician communication disconnect, and that lack of time was a major limitation in this research process. Getting nurses to complete the surveys was not too difficult, but tracking down physicians that would spare three minutes to take a survey was challenging. The strict hierarchy in the medical field was in full force while requesting to speak to physicians or ask nurses to get physicians to take the

survey when they had a break. The nurses who declined on behalf of the physicians did so without even taking time to speak to them. This unwillingness of nurses to ask physicians to take time out of their day was more present than expected, making this study more challenging, but more necessary. In order to get the surveys completed by physicians, it was about personal connections and who would "stick their neck out" for me because of our relationships. It was interesting to see firsthand how precious a physician's time is, and how very apparent it is to the nurses as well as the patients. This lack of willingness to participate would be one of the main limitations of the study. In addition, a majority of the physicians surveyed were from clinics and private practices, while a majority of the nurses were from hospitals. The region and ability to survey nurses and physicians across the country would decrease this limitation and increase the accuracy of the study.

Chapter 6: Conclusion

Effective communication between nurses and physicians has long been an issue in the medical field showing only minor improvements. There are several possible causes of the communication gap, as illustrated by the surveys, and knowing the causes will lead to a successful solution. This study has shown the importance of this issue, its present effects on patient care, and possibility for implication of solutions. With the data from this study, it can be concluded that of the five theoretical solutions suggested, four of those five have consistently high ratings in effectiveness. The highest rated solution from both physicians and nurses is requiring pre-nursing and pre-medical undergraduate students to take a nurse-physician communication class together. This is not only a proactive solution for the future, but will be easier than trying to change the communication styles of physicians and nurses who have been in the medical field for years. It could be argued that this suggested solution will not be of help to

current nurses and doctors that are already trained, but that is why a combination of this solution and the other top four solutions is the desired plan of action. Of those five theoretical solutions, the only solution with the consistently low rating is monthly therapy sessions. These results prove that medical professionals do not want an outlet to express their feelings; they want steps to improve the problem, not placate it. Making efforts to implicate a number of these solutions based on the needs of the individual medical staff will make the improvement individualized, as well as allow for multiple routes of success.

Effectively improving nurse-physician communication is a complex issue, and therefore cannot be solved with one, simple solution. The most effective way to begin improving communication and minimalizing the disconnect between nurses and physicians is to start implementing all of these solutions. While one may be more effective than the other, a combination of all will guarantee success not only now, but for the future physicians and nurses to come. The field of medicine is constantly changing, but the importance of communication is steadfast; as healthcare advances, so should the commitment to ensuring world class patient care through effective and efficient communication.

Appendix

Illustration VII: Survey for Nurses

Nurse-Physician Communication

Survey For Nurses

1. How long have you been working in the medical field?

- ◯ 1-12 months
- ◯ 1-5 years
- ◯ 5-10 years
- ◯ 10-20 years
- ◯ 20+ years

2. Rank the following questions from 1-5 (1 = very difficult, 5 = very easy)

	1	2	3	4	5
How difficult or easy do you find it to talk openly with the physicians in your workplace?	◯	◯	◯	◯	◯
How difficult or easy do you find it to ask a physician for advice?	◯	◯	◯	◯	◯
How difficult or easy do you find it is to give a physician your opinion without feeling disrespected?	◯	◯	◯	◯	◯
How difficult or easy is it to communicate a patient's needs to a physician in a rush?	◯	◯	◯	◯	◯

4. Rank the following questions from 1-5 (1 = strongly disagree, 5 = strongly agree)

	1	2	3	4	5
Nurse-Physician communication is important in the workplace	○	○	○	○	○
Miscommunication between nurses and physicians is rare	○	○	○	○	○
In my experience, miscommunication between nurses and physicians has impacted patient care	○	○	○	○	○
There are some physicians I try to avoid communicating with if possible	○	○	○	○	○
Lack of communication creates a negative work environment	○	○	○	○	○

5. Which of the following do you consider causes of communication disconnect between nurses and physicians (Check all that apply)

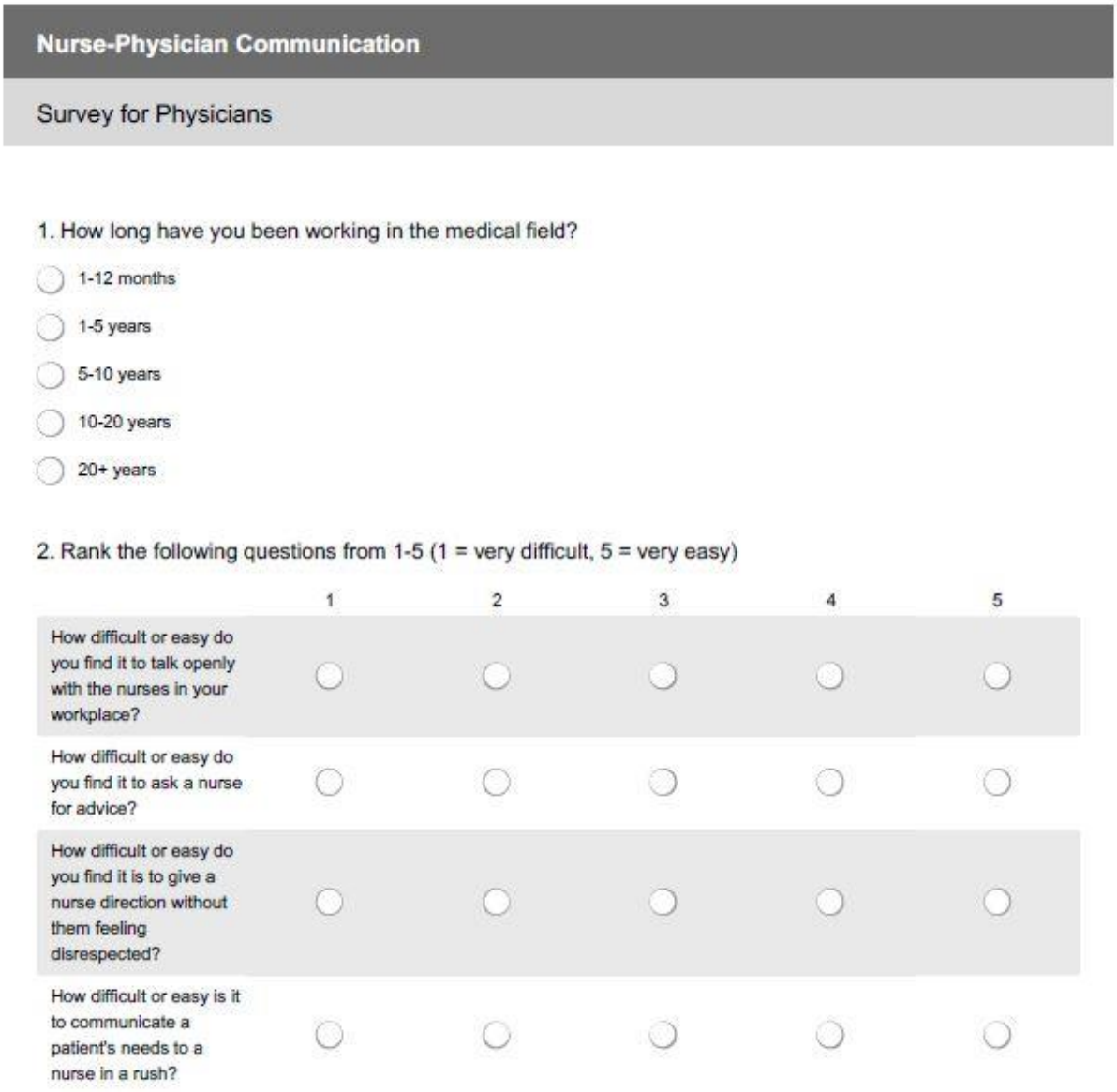
- ☐ Historic/Cultural Tension
- ☐ Strict Hierarchy- (ex: refraining from communicating concerns to those higher in power)
- ☐ Age differences between nurses and physicians
- ☐ Different learned communication styles
- ☐ Lack of time to have extended face-to-face interactions
- ☐ Arrogant Physicians
- ☐ None of the above

interaction with a physician?

6. Rank the following theoretical solutions to improve nurse-physician communication from 1-5 (1 = most effective solution, 5 = least effective solution)

	1	2	3	4	5
Inter-professional education (IPE) between nurses and physicians	○	○	○	○	○
Required nurse-physician communication class for students entering the medical field at an undergraduate level	○	○	○	○	○
Required participation in teamwork training program yearly that focuses on development of: leadership, situation monitoring, mutual support, and communication (ex: TeamSTEPPS)	○	○	○	○	○
Improved and structured communication tools	○	○	○	○	○
Having monthly therapy sessions open to nurses and physicians to relay concerns in confidence	○	○	○	○	○

Illustration VIII: Survey for Physicians



Nurse-Physician Communication

Survey for Physicians

1. How long have you been working in the medical field?

- 1-12 months
- 1-5 years
- 5-10 years
- 10-20 years
- 20+ years

2. Rank the following questions from 1-5 (1 = very difficult, 5 = very easy)

	1	2	3	4	5
How difficult or easy do you find it to talk openly with the nurses in your workplace?					
How difficult or easy do you find it to ask a nurse for advice?					
How difficult or easy do you find it is to give a nurse direction without them feeling disrespected?					
How difficult or easy is it to communicate a patient's needs to a nurse in a rush?					

3. Rank the following questions from 1-5 (1 = almost never, 5 = almost always)

	1	2	3	4	5
How often would you say that nurses listen to what you have to say?	○	○	○	○	○
How often do you find it enjoyable to talk to a nurse?	○	○	○	○	○
How often do you have difficulties understanding what nurses mean?	○	○	○	○	○
How often do you receive correct information or advice from nurses?	○	○	○	○	○
How often do you feel angry after an interaction with a nurse?	○	○	○	○	○
How often do you feel satisfied after an interaction with a nurse?	○	○	○	○	○
How often do you feel frustrated after an interaction with a nurse?	○	○	○	○	○
How often do you feel misunderstood after an interaction with a nurse?	○	○	○	○	○
How often do you feel respected after an interaction with a nurse?	○	○	○	○	○

4. Rank the following questions from 1-5 (1 = strongly disagree, 5 = strongly agree)

	1	2	3	4	5
Nurse-Physician communication is important in the workplace	○	○	○	○	○
Miscommunication between nurses and physicians is rare	○	○	○	○	○
In my experience, miscommunication between nurses and physicians has impacted patient care	○	○	○	○	○
There are some nurses I try to avoid communicating with if possible	○	○	○	○	○
Lack of communication creates a negative work environment	○	○	○	○	○

5. Which of the following do you consider causes of communication disconnect between nurses and physicians (Check all that apply)

- ☐ Historic/Cultural Tension
- ☐ Strict Hierarchy- (ex: refraining from communicating concerns to those higher in power)
- ☐ Age differences between nurses and physicians
- ☐ Different learned communication styles
- ☐ Lack of time to have extended face-to-face interactions
- ☐ Nurses not being trained well enough
- ☐ None of the above

6. Rank the following theoretical solutions to improve nurse-physician communication from 1-5 (1 = most effective solution, 5 = least effective solution)

	1	2	3	4	5
Inter-professional education (IPE) between nurses and physicians	○	○	○	○	○
Required nurse-physician communication class for students entering the medical field at an undergraduate level	○	○	○	○	○
Required participation in teamwork training program yearly that focuses on development of: leadership, situation monitoring, mutual support, and communication (ex: TeamSTEPPS)	○	○	○	○	○
Improved and structured communication tools	○	○	○	○	○
Having monthly therapy sessions open to nurses and physicians to relay concerns in confidence	○	○	○	○	○

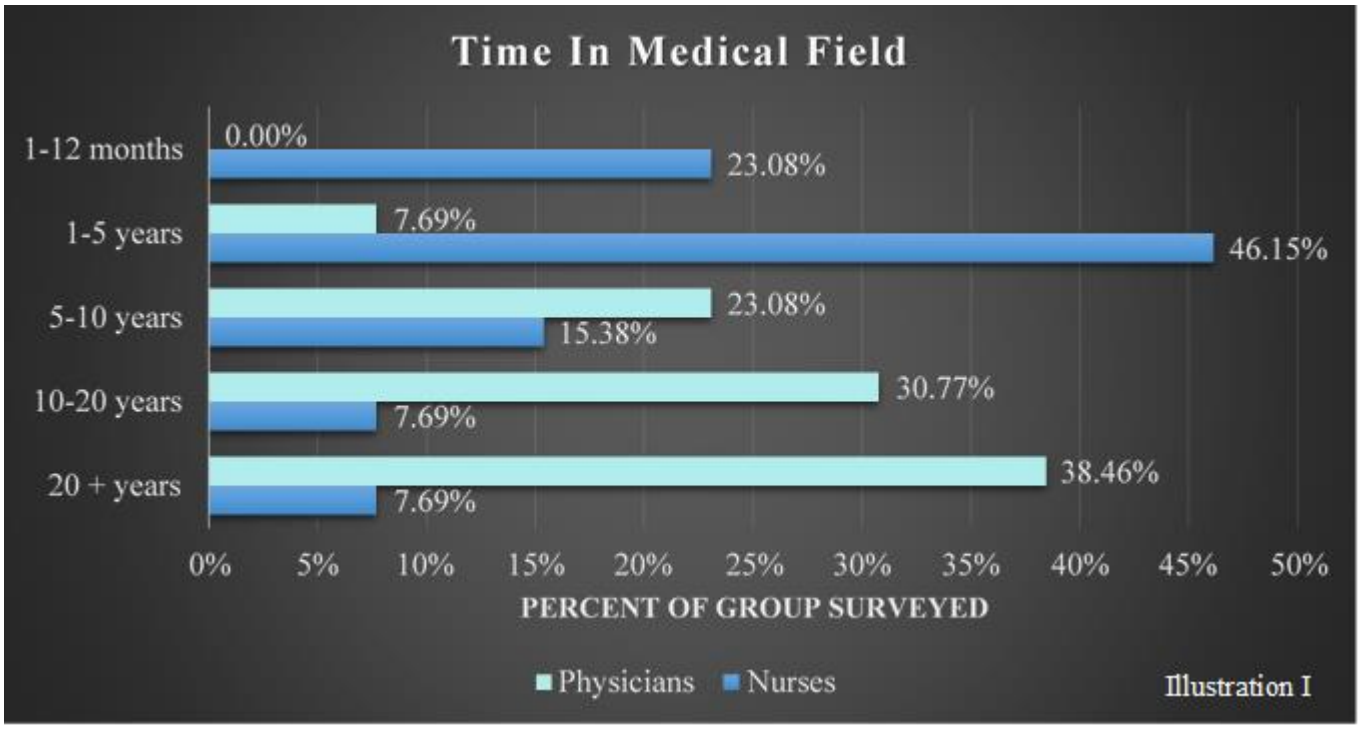


Illustration I

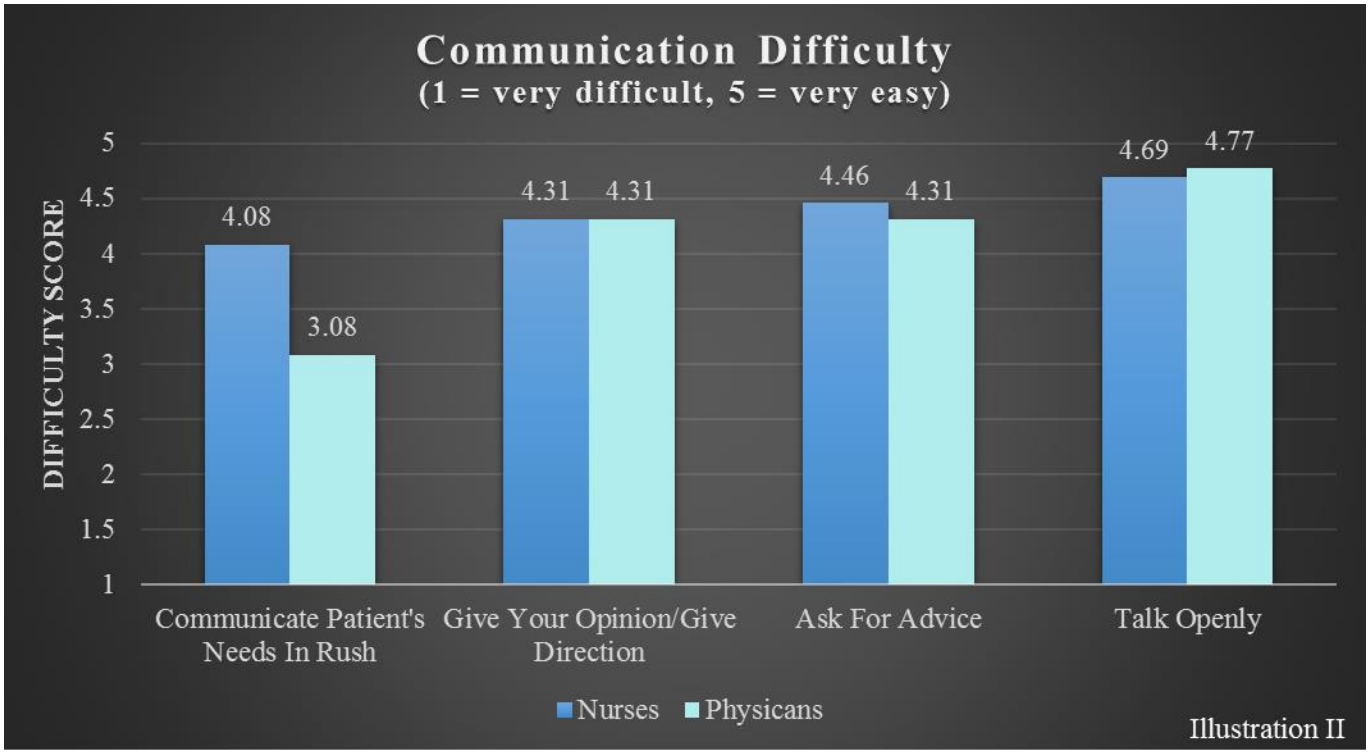


Illustration II

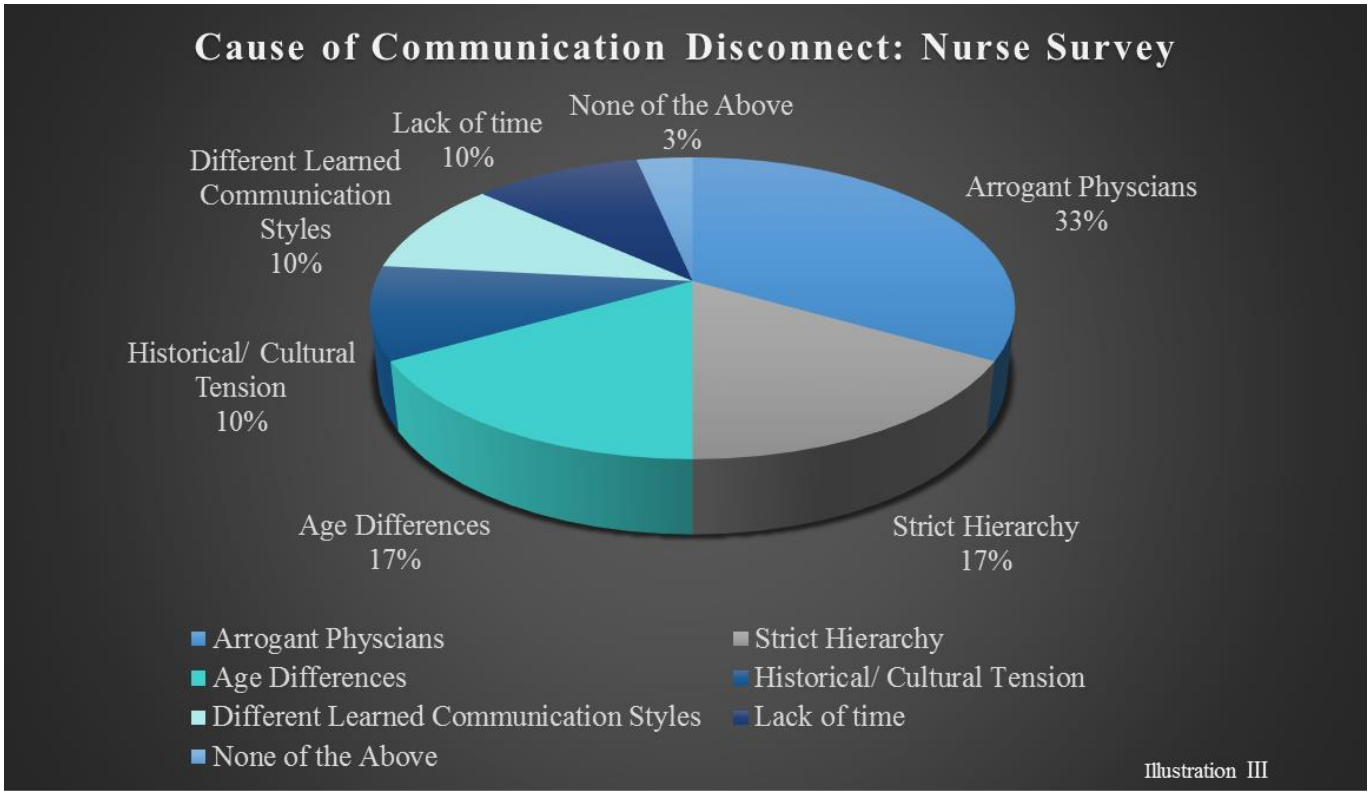


Illustration III

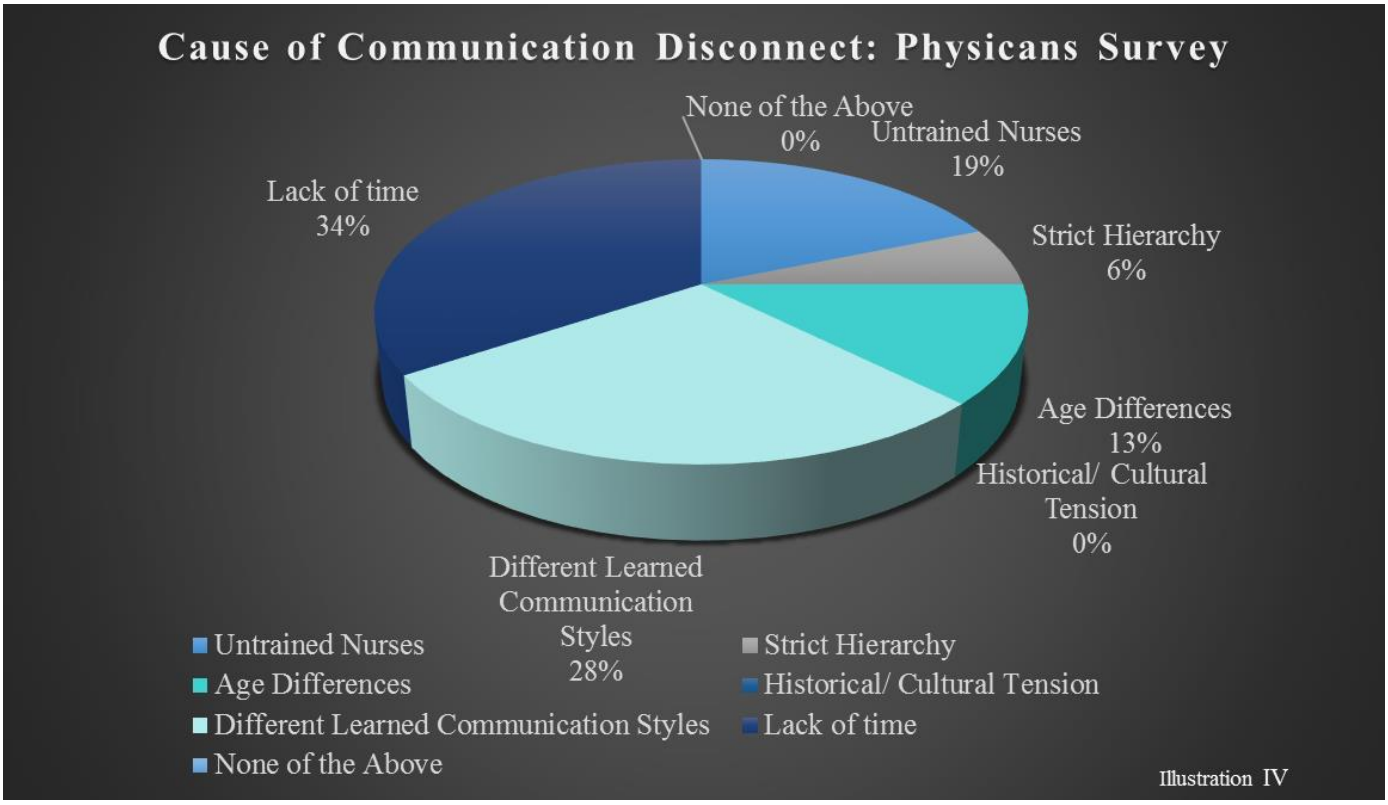


Illustration IV

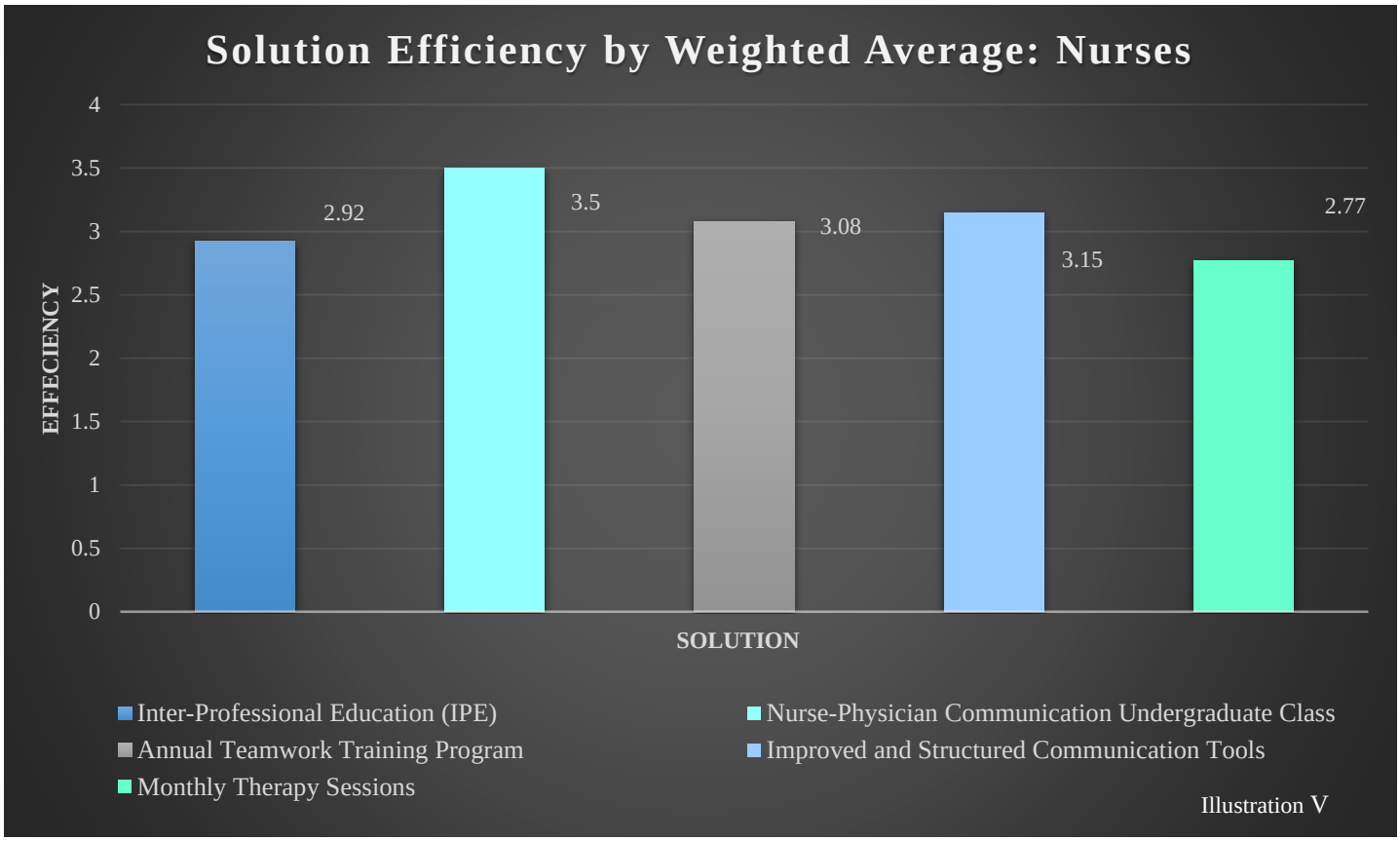


Illustration V

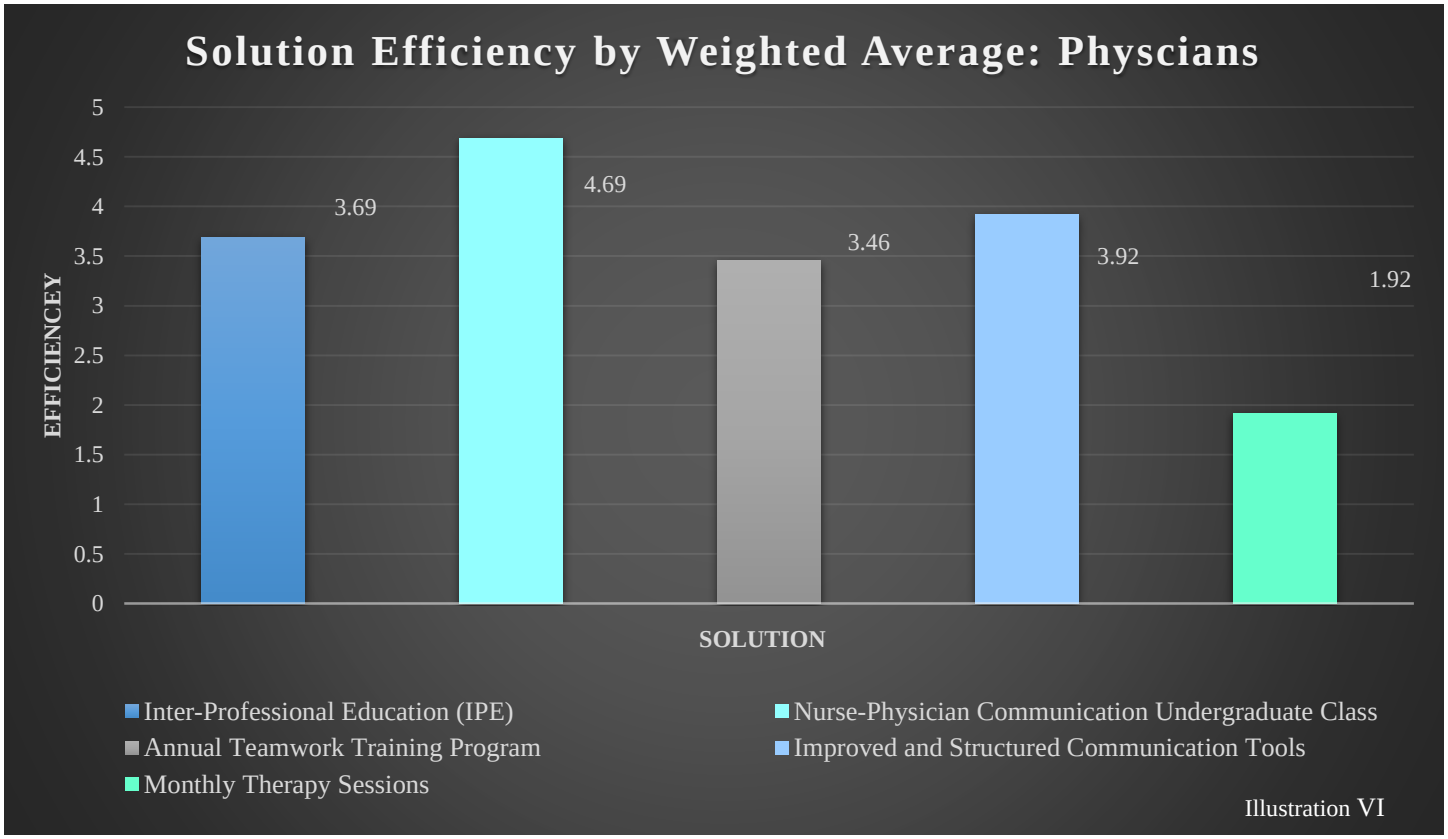


Illustration VI

Table 1. Nurse Survey: Rank the Following from 1-5 (1 = almost never, 5 = almost always)

How often do…	1	2	3	4	5	Weighted Average
Physicians listen to what you have to say	0%	0%	46.15%	23.08%	30.77%	3.85
You find it enjoyable to talk to a physician	0%	15.38%	53.85%	23.08%	7.69%	3.23
You have difficulties understanding what physicians mean	30.77%	53.85%	15.38%	0%	0%	1.85
You receive correct information or advice from physicians	0%	15.38%	0%	61.54%	23.08%	3.92
You feel angry after an interaction with a physician	30.77%	53.85%	15.38%	0%	0%	1.85
You feel satisfied after an interaction with a physician	0%	0%	38.46%	30.77%	30.77%	3.92
You feel frustrated after an interaction with a physician	30.77%	30.77%	38.46%	0%	0%	2.08
You feel misunderstood after an interaction with a physician	23.08%	23.08%	46.15%	7.69%	0%	2.38
You feel respected after an interaction with a physician	0%	7.69%	46.15%	23.08%	23.08%	3.62

Table 2. Physician Survey: Rank the Following from 1-5 (1 = almost never, 5 = almost always)

How often do…	1	2	3	4	5	Weighted Average
Nurses listen to what you have to say	0%	0%	0%	25.00%	75.00%	4.75
You find it enjoyable to talk to a nurses	0%	0%	7.69%	46.15%	46.15%	4.38
You have difficulties understanding what nurses mean	0%	30.77%	61.54%	7.69%	0%	2.77

You receive correct information or advice from nurses	7.69%	0%	0%	92.31%	0%	3.77
You feel angry after an interaction with a nurse	53.85%	46.15%	0%	0%	0%	1.46
You feel satisfied after an interaction with a nurse	0%	0%	0%	92.31%	7.69%	4.08
You feel frustrated after an interaction with a nurse	7.69%	61.54%	30.77%	0%	0%	2.23
You feel misunderstood after an interaction with a nurse	15.38%	46.15%	38.46%	0%	0%	2.23
You feel respected after an interaction with a nurse	0%	0%	0%	76.92%	23.08%	4.32

Table 3. Nurse Survey: Rank the Following From 1-5 (1 = strongly disagree, 5 = strongly agree)

	1	2	3	4	5	Weighted Average Score
Nurse-Physician communication is important in the workplace	0%	0%	0%	0%	100%	5.00
Miscommunication between nurses and physicians is rare	30.77%	15.38%	30.77%	7.69%	15.38%	2.62
In my experience, miscommunication between nurses and physicians has impacted patient care	0%	0%	15.38%	23.08%	61.54%	4.46
There are some physicians I try to avoid communicating with if possible	15.38%	7.69%	15.38%	23.08%	38.46%	3.62
Lack of communication creates a negative work environment	0%	0%	15.38%	0%	84.62%	4.67

Table 4. Physician Survey: Rank the Following From 1-5 (1 = strongly disagree, 5 = strongly agree)						
	1	2	3	4	5	Weighted Average Score
Nurse-Physician communication is important in the workplace	0%	0%	0%	15.38%	84.62%	4.85
Miscommunication between nurses and physicians is rare	69.23%	30.77%	0%	0%	0 %	1.31
In my experience, miscommunication between nurses and physicians has impacted patient care	0%	0%	0%	30.77%	69.23%	4.69
There are some nurses I try to avoid communicating with if possible	0%	0%	23.08%	15.38%	61.54%	4.38
Lack of communication creates a negative work environment	0%	0%	0%	7.69%	92.31%	4.92

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