Question 1: “What is the quality of the evidence for Nurse-Physician Communication throughout all healthcare settings?”

Question 2: “What is the impact of Nurse-Physician Communication on patient outcomes and the professional practice environment?”

Summary: Effective communication is more than a mere exchange of information. Collaborative nurse-physician communication emphasizes the free flow of patient focused information within a non-hierarchical setting and utilizes respect, openness, and active listening (1,2,3,6,7,8,13,22,24,27). The differing worldviews of nurses and physicians, as well as tradition-based healthcare environments, drive the communication process (3,5,19,23,28). Research has shown that the lack of interpersonal communication skills of physicians and nurses is associated with clinical errors, inefficient care delivery, and frustration (3,13,19,21). There is conflicting evidence regarding the clear linkage of specific communication tools, strategies, or technologies to improved interprofessional communication and patient outcomes (21). Nevertheless, the contradictory evidence does not negate the premise that collaborative nurse-physician communication can impact patient outcomes (21). Timely communication via a structured communication framework has the potential to positively influence patient outcomes, as well as re-establish a human connection between the nurse, the physician, and the patient (2,3,13,20). The selected communication tools and strategies must be supported by organizational leadership and meet the needs of the organizational culture (1,21,24). Ultimately, culture changes may be necessary for effective nurse-physician communication to become a reality, met patient expectations, and enhance patient care (1,7,16,21).

Key Summary of the Evidence: (3,4,5,10,12,13,18,20,21,23,24,27,28)
- Patient outcomes can be positively impacted by nurses and physicians focusing their conversations on the patient (3,13,27)
- Conflicting research evidence limits recommending any specific communication tool, strategy, or technology device to improve nurse-physician communication and impact patient outcomes (21)
- A structured communication tool, such as SBAR (Situation, Background, Assessment, Recommendation) has been recommended to provide a communication framework between nurses and physicians (3,13,20)
- Telephone communication represents an area of disconnect between nurses and physicians and is influenced by timeliness, preparation, interruptions, and lack of or delayed responses (10,12,18,24)
- Physicians and nurses use silence as both a positive and negative form of power and expression to accomplish personal objectives, achieve set goals, and communicate with each other (5)
- The work and the worldview of the nurse is different than the work and the worldview of the physician, with physicians often seeing nameless nurses as the tools necessary to complete their work (3,5,19,23,28)

Based on the reviewed evidence, the following recommendations are offered for consideration: (1,2,3,4,5,6,7,8,9,10,13,14,16,17,18,20,24,26,28)
- Nurse-Physician Dyad (1,2,3,4,6,7,8,13,14,16,18,20,22,24,27 )
  - Begin building the foundation of effective nurse-physician communication by having nurses and physicians respectfully greet each other, introduce themselves by name, and insist that their names be used in all professional practice environments (3,4,16,18)
Nurse-Physician Communication
An Integrative Review of the Evidence – July 2010

- Replace traditional nurse-physician communication structures with a non-hierarchical collaborative format that emphasizes respect, openness, active listening, and a free flow of patient-centered information (1,2,3,6,7,8,13,22,24,27)
- Use a structured communication tool, such as SBAR, to focus nurse-physician communication on patient care needs, and practice with less experienced team members (3,4,13,20)
- Become knowledgeable about the differences between the work of the nurse and the work of the physician and use that knowledge to create a collaborative common ground that meets the needs of the patient (1,3,14,19,22)

- Staff Nurses (2,3,4,7,24,26)
  - Use nursing knowledge to actively participate with the physician in the shared decision-making process when discussing the patient’s plan of care (4,26)
  - Be timely and prepared with accurate and relevant patient information when communicating with physicians, regardless of the mode of communication (3,7,24)
  - Use a structured communication framework, such as SBAR, as a format for developing an assertive communication style and nurse self-esteem when discussing the patient’s plan of care (2,3,4,20)
  - Prepare for telephone calls to physicians and briefly and clearly communicate the reason for the phone call, as well as what is needed (3,7,24)
  - Establish setting-specific procedures to eliminate unnecessary telephone calls to physicians, such as bundling redundant phone calls, awaiting physician arrival, and triaging phone calls to the next shift or the next day, when clinically appropriate (4,24)

- Physicians (1,3,4,7,22,24,25,26)
  - Use a structured communication framework, such as SBAR, as a format for communicating with nurses, as well as providing clarification or rationale when changing the patient’s plan of care (3,4,13,24)
  - Encourage nurses to offer clinical assessments and/or recommendations as a respectful demonstration of the nurses knowledge and independent practice during the shared decision-making process (1,3,4,22,24,26)
  - Focus on active listening when communicating with nurses and ensure that messages are respectful, clear, immediate, humorous, and empathic (3,4,7,24,25)
  - Return telephone calls promptly and respond to requests in a timely manner, provide clear communication when giving verbal orders, and allow adequate time for verbal read-back (4,24)

- Organizational Leadership (2,3,4,5,9,10,11,13,18,21,24,27)
  - Carefully consider and evaluate efforts to improve nurse-physician communication by ensuring the implementation of effective communication strategies that potentially impact patient outcomes (3,5,9,13,21,27)
  - Set the standard for nurse-physician communication by developing strong relationships with physician counterparts and role model effective communication behaviors (3,10)
  - Encourage nurses to speak and act assertively and support them when they do (2,5)
  - Provide nurses and physicians with the communication information, support, resources, and work opportunities necessary to improve nurse-physician communication (3,5,11,13,21,24)
Develop processes and procedures to improve the timeliness of face-to-face or telephone communication between nurses and physician, as well as reducing unnecessary telephone calls (4,24)

- **Educators (3,4,6,10,13,14,18)**
  - Develop and present a comprehensive evidence-based nurse-physician communication program on a regular and ongoing basis, with incorporation of the following elements:
  - Combined nursing, medical students, and medical residents classes (10)
  - Collaborative communication practice behaviors with a patient-centered focus (6)
  - The use of names as a human connection (3)
  - Proper use of a structured communication tool, such as SBAR, with an emphasis on role playing the clinical decision-making steps of assessment and recommendation (3,4,13)
  - Appropriate boundary setting, re-directing, and reframing of conversations (18)
  - Nurse-physician opinion exchange regarding communication barriers and work differences (14)
Bibliography


## Quality of the Evidence - Appendix A

<table>
<thead>
<tr>
<th>SCORE</th>
<th>LEVELS OF STUDIES</th>
<th>RELEVANT ARTICLES</th>
<th>ARTICLE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Systematic Review or Meta-Analysis of Randomized Controlled Trials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Large Sample Randomized Controlled Trials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Small Sample Randomized Controlled Trials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Non-random, Controlled Prospective Studies</td>
<td>1</td>
<td>#20</td>
</tr>
<tr>
<td>6</td>
<td>Non-random, Controlled Retrospective Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Cohort Studies</td>
<td>1</td>
<td>#8</td>
</tr>
<tr>
<td>4</td>
<td>Case-Controlled Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Non-Controlled, Clinical, Descriptive Studies</td>
<td>11</td>
<td>#9, #10, #11, #12, #14, #16, #17, #19, #24, #25, #26, #8</td>
</tr>
<tr>
<td>2</td>
<td>Case Studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Expert Consensus, Manufacturers Recommendations (Literature/Integrative Reviews)</td>
<td>8</td>
<td>#1, #3, #6, #13, #15, #18, #21, #27, #11</td>
</tr>
<tr>
<td>0</td>
<td>Anecdotes</td>
<td>7</td>
<td>#2, #4, #5*, #7, #22*, #23, #28*</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>28</td>
<td></td>
</tr>
</tbody>
</table>

(*Qualitative Studies)

### Key Search Terms (Open and/or 2005 to 2010)

Terms singular, mixed, or in combination

<table>
<thead>
<tr>
<th>Source Library</th>
<th>Pub Med</th>
<th>Pro Quest</th>
<th>Psyc Net</th>
<th>Ovid</th>
<th>Health Business Fulltext Elite</th>
<th>Yahoo (Open)</th>
<th>Total</th>
<th>Relevant Articles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cochrane Library</td>
<td>1</td>
<td>43</td>
<td>34</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>5120</td>
<td>5214</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5214</td>
<td>27</td>
</tr>
</tbody>
</table>

**Inclusion** = acute care; ambulatory care; long term care; home health; nurse-physician (RN/MD; RN-MD) communication

**Exclusion** = Measures other than communication; non-nurse-physician, nurse-nurse, physician-physician communication

Created by Cecelia L. Crawford, RN, MSN; ©Kaiser Permanente SCAL Nursing Research Program, July 2010
Nurse-Physician Communication
An Integrative Review of the Evidence – July 2010

<table>
<thead>
<tr>
<th>Grand Total of Search Results</th>
<th>Total 5214</th>
<th>Relevant Articles 27</th>
</tr>
</thead>
</table>

Other resources via Reference or Contextual Links: 5

Total Relevant Articles Reviewed: 32

Total Articles Eliminated from Review: 4

Total Relevant Articles Included in Review: 28

Evidence Quality: Good = 0; Fair = 9; Insufficient = 19

Final Grade for Body of Research Evidence: Insufficient
Purpose/intended Audience

Because we want everyone in our communities to have the healthiest lives possible, we are making our evidence reviews available to the communities we serve to help Californians and others lead healthier lives.

Integrative reviews and evidence summaries are provided as a community service for reference purposes only, and must be used only as specified in this disclaimer. These documents are intended for use by clinicians. If you are not a clinician and are reading these documents, you should understand that the information presented is intended and designed for use by those with experience and training in managing healthcare conditions. If you have questions about them, you should seek assistance from your clinician. The information contained in the evidence reviews is not intended to constitute the practice of medicine or nursing, including telemedicine or advice nursing.

Limitations On Use

These documents have been developed to assist clinicians by providing an analytical framework for the effective evaluation and treatment of selected common problems encountered in patients. These documents are not intended to establish a protocol for all patients with a particular condition. While evidence reviews provide one approach to evaluating a problem, clinical conditions may vary significantly from individual to individual. Therefore, clinicians must exercise independent professional judgment and make decisions based upon the situation presented.

Kaiser Permanente's documents were created using an evidence-based process; however, the strength of the evidence supporting these documents differs. Because there may be differing yet reasonable interpretations of the same evidence, it is likely that more than one viewpoint on any given healthcare condition exists. Many reviews will include a range of recommendations consistent with the existing state of the evidence.

All of the Kaiser Permanente integrative reviews and evidence summaries were developed from published research and non-research evidence and do not necessarily represent the views of all clinicians in Kaiser Permanente. These documents may also include recommendations that differ from certain federal or state health care mandates.

Intellectual Property Rights

Unless stated otherwise, all of these materials are protected by copyright and should not be reproduced or altered without express written permission from Kaiser Permanente. Permission is granted to view and use these documents on single personal computers for private use within your hospital or hospital system. No portion of these materials in any form may be distributed, licensed, sold or otherwise transferred to others.

The organizations within Kaiser Permanente retain all worldwide rights, title and interest in and to the documents provided (including, but not limited to, ownership of all copyrights and other intellectual property rights therein), as well as all rights, title and interest in and to their trademarks, service marks and trade names worldwide, including any goodwill associated therewith.
No Endorsement or Promotional Use

Any reference in these documents to a specific commercial product, process, or service by trade name, trademark, or manufacturer, does not constitute or imply an endorsement or recommendation by Kaiser Permanente. The views and opinions expressed in these documents may not be used for any advertising, promotional, or product endorsement purposes.

Disclaimer of All Warranties and Liabilities

Finally, although Kaiser Permanente believes that all of the information provided in its documents is accurate, specific recommendations derive from combining the best available evidence. Although we have sought to ensure that the documents accurately and fully reflect our view of the appropriate combination of evidence at the time of initial publication, we cannot anticipate changes and take no responsibility or assume any legal liability for the continued currency of the information or for the manner in which any person who references them may apply them to any particular patient. Kaiser Permanente does not assume any legal liability or responsibility for the completeness, clinical efficacy or value of any apparatus, product, or process described or referenced in the documents. We make no warranties regarding errors or omissions and assume no responsibility or liability for loss or damage resulting from the use of these documents.