NURS 260: Scholarly Assignment

Journal Article Review:

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INTRODUCTION

Effective communication between doctors and nurses is very important in providing care to patients. While guidelines related to written communication have been standardized, verbal communication is not well regulated.

In this article, K. Curtis, A. Tzannes and T. Rudge discuss the various barriers to communication among nurses and doctors and how to overcome these barriers (2011). The authors address this issue by focusing on three main points:

1. There are no standardised guidelines for verbal communication between nurses and doctors
2. Five themes highlighting reasons for miscommunication: traditional hierarchical relationship, increasing workload, workforce mobility, differing perceptions and language use and heuristics
3. Need for incorporation of a shared mental model into nursing and medical school curriculum

The authors also suggest several strategies to overcome these barriers which are further strengthen by a second journal article by Putnam, Ikeler & Raup (2014).

I chose this article as I am a nurse in training and expect to work as part of a multidisciplinary team in providing healthcare. I believe it is very important to learn how to communicate effectively with doctors and work with them as a team.

DISCUSSION

Communicating with doctors can be especially daunting during daily routines as this particular technique is not taught in nursing or medical school. As a new graduate nurse in training, it can be overwhelming not knowing what is important to say to a doctor or failing to notify the doctor of something crucial to a patient’s health. The College of Nurses of Ontario (CNO) documentations covers communication regulations under the Practice Standard as well as Practice Guideline but most of the standards deal with the patient and very less is covered
regarding communication with doctors (Practice Guideline: Culturally Sensitive Care., 2009). All these points prompted me to choose this topic so that I can learn and act accordingly when I am faced with a situation that deals with interpersonal miscommunication in the future. This is not only important to me for my nursing practice but it is very important for patient care and to avoid any errors.

One of the main themes brought up by Curtis et al identifies the lack of enforced protocols related to verbal communication in the healthcare setting. The absence of formal rules increases miscommunication, which is believed to be one of the leading features of stress among nurses (2011). Furthermore, another similar article by Putnam et.al reveals positive collaboration between nurses and physicians is paramount in reducing medical errors. The authors emphasize relaxed and comfortable conversations between all working staff in promoting optimal patient outcome (Putnam et al, 2014).

While there is ample attention devoted towards nurses on the importance of proper documentation of patient records (Haig, Sutton & Whittington, 2006), most of the interactions in emergency situations end up being non-written. Furthermore, verbal communication is important to establish since the increasing numbers of non-English speaking patients as well as foreign born nurses and physicians compound the opportunities for miscommunication (Curtis et al, 2011).

Concurrently the educational levels of nurses in different countries vary and hence the indifferent behaviour of physicians towards nurses. A doctor’s opinion of a nurse could be based in the pre-Nightingale era when nursing was not a reputed profession and nurses were e nurses were subordinate to doctors and were to carry out his orders without any question (Fagin & Garelick, 2004). Though this view has changed with time, many female nurses still feel inhibited
from speaking to a doctor. Thus, it is important to acknowledge that importance of verbal communication plays an integral role in maintaining productive work output and upholding employee satisfaction.

Another common theme that both the papers focused was fostering a collaborative environment which encouraged teamwork. In the article by Curtis et al, there are five themes that account for communication deficiency: traditional hierarchical relationship, increasing workload, workforce mobility, differing perceptions and language use and heuristics. It also emphasizes three points: communication amongst doctors and nurses, strategies to overcome barriers that prevent proper communication and development of teamwork (2011).

The traditional hierarchical relationship as described by Fagin and Garelick details how the doctor may perceive themselves as being superior to nurses in terms of their education, which prevents healthy communication (Fagin & Garelick, 2004). A mobility in workforce results in nurses and doctors working overlapping shifts and unaware of hospital internal there is a fall in the communication process (Curtis et al, 2011). The use of highly technical jargon by doctors may hinder a nurse’s opinion if they are not trained in such vocabulary. Even though both professionals are part of a team yet the priorities perceived by each person is different, and may lead to conflict in communication (Curtis et al 2011). Finally, a good or bad prior experience with patients can result in doctors and nurses attitudes to future patient care. This in turn affects the communication process (Cioffi, 2001 as cited by Curtis et al 2011).

Putnam et al also comment on overall beliefs of collaboration and the impact of perceived respect as critical determinants of collaborative workplace practices (2014).

The authors recommend a guide containing some practical suggestions to overcome the gap in professional communication amongst nurses and physicians. These recommendations are
based on four themes namely personal considerations, preparation, structure and graded assertiveness.


Finally, the incorporation of a shared mental model into nursing and medical school’s curriculum will improve collaboration between doctors and nurses (Putnam et al 2014). Introducing these practices early into their training careers will help them integrate good foundations in interpersonal relationships based on mutual respect and complementary understanding of each profession’s skill sets, expertise and needs. This will result in better harmony and productivity in the workplace.

CONCLUSION

Inadequate nurse-physician communication puts patient care at stake and cripples a collaborative organisational culture. Evidence supports that poor interpersonal communication skills among physicians and nurses were associated with clinical errors, inefficient care delivery and feelings of frustration. It is critical to maintain an effective collaborative work environment. Styles of communication, education and literacy levels, as well as language barriers factor into determining any artefacts rooted in miscommunication.

Large scale policies geared towards overcoming various barriers of communication, as outlined by the authors in both papers discussed in this essay, should improve nurses in communicating with their medical colleagues. This will result in increased positive collaboration
between nurses and doctors, but will also advance patient care by reducing medical errors. This article was an eye opener for me, and I have learned that to be an effective team player in the nursing industry it is important to be in collaboration with doctors through proper communication. This will be beneficial for me as a future nurse practitioner as well as for positive patient outcome.
REFERENCES


