

Enhancing Communication Skills Among Nursing Teams

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Abstract

Efficient and precise multidisciplinary communication is crucial for providing high-quality treatment in the intensive care unit (ICU). Nurses and doctors play crucial roles in the health care employment. Therefore, discovering techniques that would enhance collaboration among these two groups may provide proof for tangible enhancement in the ICU, eventually leading to better patient outcomes. The objective of this comprehensive literature analysis was to discover strategies that enhance interactions between nurses and doctors in intensive care units (ICUs). A systematic search was conducted in three databases (Medline, CINAHL, and Science Direct) from September 2014 to June 2016. The search keywords used were nurse, doctor, physician, resident, clinician, ICU, critical care unit, communication, teamwork, cooperation, and relationship. In addition, a manual search was undertaken on the reference lists of the publications that were discovered. A total of eleven articles satisfied the specified criteria for inclusion. These research examined the use of communication tools/checklists, team training, organized work shift evaluation including several disciplines, and computerized templates for situation–background–assessment–recommendation recording in order to enhance communication. While the effectiveness of various intervention measures is still uncertain, our review indicates that these tactics do enhance communication to a certain degree. Subsequent research should be meticulously planned and include outcome measures that are both precise and verified in order to accurately capture and demonstrate the impact of successful communication.

Keywords: Communication, Intervention, Intensive care units, Nurses, Physicians.

1. Introduction

Hospitals worldwide have made improving quality and safety a top goal in recent decades. Efficient communication among healthcare team members is a key characteristic of secure and exceptionally dependable patient care [1]. Enhancing the communication among healthcare team members in the face of quickly changing social and medical circumstances is growing in significance.

Nurses and doctors are essential healthcare professionals in hospital settings. Although they do different responsibilities in clinical practice, they are required to interact efficiently in order to provide excellent services for patients [2]. Nurse-physician communication is a bilateral process that entails transmitting the appropriate message and ensuring it is accurately received and comprehended by the recipient [3].

Efficient communication between nurses and physicians has beneficial impacts on patient outcomes, including enhanced patient satisfaction [4], reduced length of hospital stay (LOS) [5], and lower occurrence of adverse events [6]. In contrast, inadequate communication between nurses and physicians might jeopardize patient safety and lead to higher healthcare expenses [7], [8], [9], [10]. According to the Joint Commission [11], about two-thirds of sentinel events in healthcare are caused by communication failures. Sutcliffe et al. [12] discovered that 91% of the medical mistakes reported by resident doctors may be attributed to dysfunctional communication. These errors are associated with higher expenses in healthcare facilities [6]. Inadequate communication between nurses and physicians might result in nurses experiencing job discontent and a lack of autonomy [13], [14]. The presence of such professional ties has resulted in nurses leaving the field [14], hence exacerbating the challenges of retaining and recruiting nurses [15], [16], [17]. Physicians are said to get quickly upset when directives are not executed promptly. Inadequate communication is a major factor in causing severe discontent among doctors [16], [18]. These factors that impact nurses and doctors ultimately influence the quality and safety of patient care.

The intensive care unit (ICU) is a vital element of most big hospitals in the contemporary healthcare system, offering exceptional treatment to critically sick patients. Patients in the Intensive treatment Unit (ICU) are often in a severe and unstable state, experiencing rapid changes in their clinical status. Their treatment generally requires a multidisciplinary approach [19], [20]. Within the intricate setting of the Intensive Care Unit (ICU), there exists a significant likelihood of unfavorable incidents occurring [21]. According to Donchin [22], about 37% of mistakes in the ICU may be attributed to communication issues between nurses and doctors. It has been shown that a significant number of these errors might have been avoided [22, 23].

Efficient and proficient communication between nurses and doctors is crucial for ensuring the safety and enhancing the quality of patient care. Identifying techniques to enhance communication between these two groups might provide empirical evidence for practical enhancements in the ICU, leading to better patient outcomes. As far as we know, there is currently no review available on treatments aimed at enhancing communication between nurses and doctors in critical care.

2. Methods

2.1. Objectives

This comprehensive analysis sought to discover the tactics used to enhance communication between nurses and doctors in the intensive care unit (ICU).

2.2. Search Strategy

We performed a comprehensive analysis of the existing literature. Integrative reviews are seen as a suitable method since they include both empirical and theoretical literature, depending on the goal of the review [24]. Integrative reviews differ from meta-analyses and systematic reviews in that they include both qualitative and quantitative research, and are not limited to a specific technique. This means that varied approaches, including experimental and nonexperimental studies, may be included in integrative reviews. A diverse and extensive sample frame may enhance our knowledge of the topic being studied, hence increasing the applicability of the findings [25].

2.3. Data Collection

We conducted a comprehensive search in three databases (Medline, CINAHL, and Science Direct) from September 2014 to June 2016. The search phrases used were nurse AND (doctor or physician or resident or clinician) AND (ICU or critical care unit) AND (communication or teamwork or cooperation or interaction).

3. Categories of Interventions

The interventions aimed at enhancing nurse-physician communication may be classified into four categories: communication tools/checklists, team training, organized work shift evaluation including several disciplines, and the use of electronic situation-background-assessment-recommendation (SBAR) record template. Seven research examined the use of tools/checklists to enhance communication between nurses and doctors [31], [34], [36], [37], [38], [40], [41]. Two studies focused on team training [30], [32], one study on evaluating multidisciplinary structured work shifts [35], and one study on using an electronic SBAR documentation template [42].

4. Assessment of Interventions

The evaluation of treatments in these research was classified into two categories: efficacy and feasibility. The assessment of efficacy included assessing the results for both patients and staff. The primary patient outcome measured in this analysis was length of stay (LOS), which was reported in 3 out of 11 studies, accounting for 27.3% of the total studies [31], [36], [40]. The predominant staff outcome was the comprehension of daily patient objectives (6/11, 54.5%); yet, the assessment differed significantly across the studies. Three research [31], [36], [40] used self-designed questionnaires to examine the pre-post scores of goal comprehension among nurses or doctors. Three studies [37], [38], [41] used a comparatively unbiased approach by using questionnaires to assess the degree of goal congruence between nurses and doctors before and after the intervention. Another significant staff outcome measure was the quality of communication experienced and assessed by staff, with a percentage of 36.4% (4 out of 11).

Additional staff outcome variables were self-reported communication skills, staff satisfaction, self-efficacy, work stress, and desire to quit. Out of the total number of studies, only three (3/11, 27.3%) provided information on the

practicality and achievability of the intervention [30], [39], [40]. Feasibility evidence for these treatments was determined based on staff attendance, anticipated duration, perceived usefulness by staff, staff's willingness to utilize the intervention, and satisfaction of leaders.

Implementing a multidisciplinary structured work shift evaluation can create a platform for open communication among the healthcare team. This evaluation can also promote a collaborative working environment by encouraging staff to freely discuss emotional events, teamwork, work roles, and organizational aspects using predefined models [39]. This approach might potentially enhance team members' comprehension of individual roles and duties, fostering mutual respect among them. Furthermore, this approach has the potential to facilitate collaborative problem solving and learning within the multidisciplinary team [47]. In conclusion, the communication between team members would ultimately enhance.

In order for communication to be successful, it must include all pertinent information, be readily comprehensible, succinct, and provided in a timely way for optimal therapeutic actions [48], [49]. The SBAR tool was developed as a documentation template to systematically arrange information in a lucid and succinct manner inside the electronic medical record system. This application offers a data input framework that guides the resident to record each of the four elements of SBAR and acts as a reminder for the resident to correctly capture full and comprehensive records of the patient's status changes. The SBAR template has been enhanced with an extra data box to record the nurse responsible for the patient's care. This inclusion aims to facilitate effective communication between the residents and the bedside nurse via the electronic medical record system [42]. SBAR may also serve as a communication paradigm. Following a thorough patient evaluation to determine the current condition and history, nurses provide suggestions to doctors using the SBAR approach. By adhering to this model, nurses may enhance their communication with doctors, leading to increased comprehension of the issue, efficient prioritization, effective orders, and accurate decision-making. The same benefits can also be achieved by physicians when they follow this model. The SBAR communication paradigm has been shown to have a favorable impact on the efficacy of communication in general wards [50], [51].

The evaluation of treatments often include both their effectiveness and practicality [52]. This research identified significant variability in outcome measures used to assess the effectiveness of interventions, particularly in relation to staff outcomes. The assessment of daily patient objectives has been extensively used as an indicator of the efficacy of nurse-physician communication in the intensive care unit (ICU). Nevertheless, there is currently no universally accepted approach to assess comprehension of daily patient objectives. Furthermore, there is a lack of a designated tool or metric for facilitating communication between nurses and doctors. The assessment of communication quality is determined by staff members utilizing a range of items that they have created themselves. Consequently, it was difficult to compare the effectiveness of the interventions across different trials. It is important to prioritize outcome measures that assess the feasibility of interventions, given only a limited number of researches have reported on intervention feasibility [30], [39], [40].

5. Conclusion

This integrative review provides novel insights into the strategies employed to enhance nurse-physician communication in the ICU. These strategies encompass the use of communication tools such as daily goal sheets, bedside whiteboards, and door communication cards, as well as team training, structured work shift evaluation involving multiple disciplines, and the utilization of electronic SBAR documentation templates. Due to the diversity of research designs and outcome measures, it was not possible to do a meta-analysis in this review. As a result, no intervention was identified as the most beneficial for enhancing nurse-physician communication. Nevertheless, the findings indicated that these tactics enhance communication to a certain degree. Further research is required to properly examine the efficacy of the measures.

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