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Review

Interprofessional communication in healthcare: An integrative review

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ABSTRACT

The link between miscommunication and poor patient outcomes has been well documented. To understand the current state of knowledge regarding interprofessional communication, an integrative review was performed. The review suggested that nurses and physicians are trained differently and they exhibit differences in communication styles. The distinct frustrations that nurses and physicians expressed with each other were discussed. Egos, lack of confidence, lack of organization and structural hierarchies hindered relationships and communications. Research suggested that training programs with the use of standardized tools and simulation are effective in improving interprofessional communication skills. Recommendations include education beyond communication techniques to address the broader related constructs of patient safety, valuing diversity, team science, and cultural humility. Future directions in education are to add courses in patient safety to the curriculum, use handover tools that are interprofessional in nature, practice in simulation hospitals for training, and use virtual simulation to unite the professions.

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1. Background

The link between miscommunication and poor patient outcomes has been well documented (The Joint Commission, 2015). Ineffective communication in healthcare results in delayed treatment, misdiagnosis, medication errors, patient injury, or death. Improving the effectiveness of communication in healthcare is a global priority (ACSQHC, 2012; IPEC, 2011).

Literature has highlighted the importance of interprofessional training and educational reform (CAIPE, 2002; IPEC, 2011). Schools of medicine, nursing, pharmacy, and other disciplines have taken on the challenge of increasing interprofessional education

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experiences. Interprofessional workshops, online modules, and offering interprofessional simulations are expanding. However, patient safety training has not kept pace with advances in the science of patient safety (WHO, 2016), and best practices in communication training in the educational institutions that prepare health professionals are lagging behind.

With the advent of the interprofessional educational revolution, healthcare professionals are becoming increasingly comfortable openly acknowledging interprofessional differences such as diversity in training, education, language and roles. Despite this progress, the literature continues to reflect challenges between the professions in terms of communication. Barriers to effective communication have included lack of confidence, lack of experience, complexity of healthcare, the distracting nature of healthcare settings, and lack of structure and standardization (Boaro et al., 2010; Liaw et al., 2014; Nadzam, 2009; Pfaff et al., 2014; Rice et al., 2010). The purpose of this integrative review is to shed light onto what is known regarding interprofessional communication in healthcare to identify recommendations for moving the science forward.

2. Methods

With the aim to obtain the current state of knowledge regarding interprofessional communication, Whittemore and Knafl (2005)'s integrative review method was applied. The literature search included searching relevant databases (PubMed, Medline, CINAHL, and Google Scholar), mining reference lists of selected articles, and reviewing recommendations from experts. Databases were searched using the terms *interprofessional communication*, *SBAR*, *nursing*, and *simulation*, in the context of both professional staff members and students. As we were seeking to understand and describe various approaches to interprofessional communication in a variety of contexts, inclusion criteria were deliberately non-restrictive. English language articles with publication dates spanning 2005 and 2014 were included, allowing for the combination of diverse methodologies and greater breadth (Whittemore and Knafl, 2005). Abstracts were read for relevance and 51 articles were read for consideration. A total of 28 articles were included in the review.

3. Results

The review comprised of 18 research studies, six short papers, three literature reviews, and one theoretical framework paper. The categories emerged of interprofessional communication amongst healthcare professionals and interprofessional communication amongst students. Differences in communication styles as well as select frustrations surfaced. The research suggested that interprofessional communication skills can be significantly improved with training, including use of simulation and standardized communication tools.

3.1. Interprofessional communication amongst healthcare professionals

Interprofessional communication happens in synchronous and asynchronous means. Synchronous genres refer to communications happening in real time such as a meeting, ward round, handoff, or impromptu conversation (Conn et al., 2009). Communications also happen asynchronously such as on white boards, through medication orders, or written progress notes (Conn et al., 2009). Communication is not only verbal and written, it includes body language, attitude and tone (Nadzam, 2009).

The literature suggests that physicians and nurses are trained differently in terms of communication styles and these differences lead to frustrations (Table 1). Nurses are trained to be highly descriptive and physicians are trained to be succinct (Rodgers, 2007). "Members from different professions use their telling of the patient's story, framed in the narrative structure of their own discipline, as a way to pass on information to their colleagues" (Clark, 2014, p. 37). "The embracing of true multivocality by a team is the key to its achieving the kind of integrated communication required for effective collaboration" (Clark, 2014, p. 37). Physicians have noted frustration with nurse communications for "disorganization of information, illogical flow of content, lack of preparation to answer questions, inclusion of extraneous or irrelevant information, and delay in getting to the point" (Dixon et al., 2006, p. 377). Nurses indicated concerns with physician communications due to "perceived inattentiveness especially during night hours, unwillingness to discuss goals of care, and feeling that a list of signs and symptoms had to be provided instead of just stating what the nurse thought the clinical problem was" (Dixon et al., 2006, p. 377).

Research in the intensive care unit (ICU) has revealed challenges resulting from interprofessional communication. In a study performed with 272 nurses from 17 ICU's, Gurses and Carayon (2007) found nurse-physician communication was identified as a performance obstacle by ICU nurses. Twenty one of participants noted delays in seeing new medical orders and 18% of participants felt there was inadequate information provided from physicians. In the context of home health, Markley and Winbery (2008) stated that it only takes a few seconds of listening to a clinician's report of a patient's condition for the physician to determine if he or she trusts their opinion. They purported that nurses can earn the trust of physicians by skillfully communicating the facts, making targeted recommendations with confidence (Markley and Winbery, 2008). Perron et al. (2014) performed a Delphi study to identify the themes and skills most needed to be taught during interprofessional programs. The top theme obtained was healthcare provider communication with the patient and his entourage.

Pfaff et al. (2014) explored new graduate nurse confidence in interprofessional collaboration using mixed methods. After surveying 514 new graduate nurses regarding perceived confidence

Table 1
Physicians' and nurses' expressed frustrations related to communication.

Physicians frustrations with nurse communications	Nurses frustrations with physician communications
Nurses' disorganization with information	Physicians seemed inattentive
Nurses' illogical flow of content	Physicians seemed unwilling to discuss goals of care
Nurses' lack of preparation to answer questions	Nurses felt they could only discuss a list of signs and symptoms instead of stating the problem
Nurses' inclusion of extraneous or irrelevant information	Nurses wanted to give a recommendation but lacked authority
Nurses' delay in getting to the point	Nurses felt a hierarchy or difference in power
Physicians wanted know the nurse's overall impression	Nurses were unsure how much or how little detail to provide
Nurses had different communication styles	Nurses lacked confidence and experience
Nurses did not see new orders	Nurses lacked a structure and standardization
Physicians wanted to hear relevant data	Nurses feared being incorrect or humiliated