

Journal Article Summary:
“Intensive Care Units,
Communication Between Nurses and Physicians, and Patient’s Outcomes”

Interpersonal Communication MW 9:30-10:50
Professor Kahn
L.R.
04/20/2009

Communication is a very important part of life. It is crucial in situations where a person's life depends on the transmission of important information. An example of an environment where this type of situation occurs is in the health care field. Communication here is inevitable, patients tell doctors their symptoms, doctors convey this information to nurses, and nurses further interact with patients to manage their care. Communication doesn't stop here though; there are more players who take part in this game of transmitting vital information. There are pharmacists, nurse's aids, and even patients' family members who interact in this web of health care communication. How does communication between the top players affect patient care? The 2009 article *Intensive Care Units, Communication Between Nurses and Physicians, and Patient's Outcomes* in the American Association of Critical-Care Nurses sets out to answer this very question.

There are several components that form and affect everyday communication, not to mention the ones that shape the health care system. The specific elements that the article investigates for this study includes timeliness, accuracy, openness, and understanding (Manojlovich, 2009, p. 21). These four elements are very good choices, as each one plays a critical role in the outcome of a patient's treatment. A patient's illness must be diagnosed in an accurate and timely fashion from the moment of onset to have a better chance of treating it. Doctor and nurse communication must be accurate and open to facilitate the treatment plan. A patient must also be open with their health care provider; non-disclosure of important symptoms could lead to misdiagnosis. But most importantly communication involves understanding. Understanding leads to openness, if a patient feels that a doctor understands their situation they are more likely to

open up and be honest about what is ailing them. Likewise when a patient understands, doctors are more willing to explain the disease and treatment process. Each and every one of these four factors should shape a patient's outcome.

The research process can be conducted through several methods; Newman and Newman outlined these methods of scientific investigation in the book *Development Through Life*. To answer a scientific question one can use interviews, experiments, case studies, and surveys (Newman & Newman, 2003, p. 18). For this particular study the authors chose a survey to help answer whether or not communication between nurses and physicians had a significant affect on patient's outcomes. This choice is one of the greatest weaknesses of the article. In the article's discussion it is stated that, "because no data on respiratory therapists or physicians were collected, the influence of these providers on ventilator-associated pneumonia (VAP) rates could not be determined," (Manojlovich, 2009, p. 27). Failing to include the physician's point of view is a vital error. Communication is supposed to be a two way street, it should involve a give and take of information between two or more parties. Joseph DeVito describes communication as a "transactional process in which each person serves simultaneously as speaker and listener" (2008, p. 4). The title of the article reads "communication between nurses and physicians", however the study between these two parties is one sided because only nurses were surveyed. How are we to know how the interaction between nurses and physicians truly affect outcomes? For a more comprehensive understanding of the affects of communication on a patient's outcomes the physicians and other health staff should have been surveyed to better understand their role in the treatment process.

Another poignant weakness of this study was very obvious in the conclusion. The afterthoughts gave the impression that a great number of variables were not taken into account when planning the study. Peer-reviewed studies are well planned out, especially if they are to be published in a journal such as this one, the American Journal of Critical Care. Some of the statements made in the conclusion included: “nurses often use silence instead of voice in dealing with physicians” (p. 27), “causes of VAP are polymicrobial, a situation that further complicates treatment options” (p. 27), “ a related limitation is low response rates (<50%) on 4 units” (p. 29), and “all hospitals were located in the same geographic region [posing] another limitation,” (Manojlovich, 2009, p. 29). The first statement implies to the reader that there are communication factors that were not taken into account when considering communication between physicians and nurses, two key players in the patient’s treatment outcome. The second quote suggests that the authors did not take into account the vast number of variables, besides nurse/physician communication, that can affect diseases, treatment and therefore the outcome. Low response rates, on behalf of the individuals surveyed, indicates to the readers that not much effort was made in part by the people conducting the surveys to collect data. The fourth and final quote takes into account sample size, an important factor of scientific research. Sampling is suppose to be indicative of the greater population, this in turns allows the study to be of greater use to the general public (Newman & Newman, 2003, p. 22). The limiting sample size limits the pertinence of their study to those interested in the importance of communication in patient outcome.

Five key concepts that may be of importance are: The Nursing Role Effectiveness Model, a five step communication process known as STICC, nurses often using silence as

a communication method, the outcome variables VAP and blood stream infections (BSI) were not sensitive to nursing care, and communicating with physicians is one of many processes that nurses do on a daily basis. The Nursing Role Effectiveness Model states that, “characteristics of the practice environment and nursing care processes such as communication with physicians contribute to patients’ outcome that are sensitive to nursing care,” (Manojlovich, 2009, p. 22). This model was used as the guiding principle of the study, however the study resulted in this relationship not being supported by the data (Manojlovich, 2009, p. 26). However, as a guide for future studies, the authors suggested that researchers use a five-step communication process known as STICC. “People are being trained to improve communication and avoid failures by using” the STICC model (Manojlovich, 2009, p. 26). The STICC model is an acronym of the words situation, task, concern, and calibrate. This model is supposed to “lead to sense making between communicators because it requires feedback” (Manojlovich, 2009, p. 27). The third notable concept of nurses using silence instead of voice with physicians is surprising. Although this was not the central idea of the article and it was mentioned briefly in one sentence, it is something that would be of value to the class and good to research further. The fact that VAP and BSI were not sensitive to nursing care was a significant finding of the article. This implied that there are other factors besides nurse and physician communication that affect a patient’s outcome, specific factors were yet to be determined. Finally the last key concept of importance was that of communication being one of many functions that nurses carry out. Nurses multi-task on a daily basis and although this study showed that outcomes are not determined by nurse/physician communication, communication is still a major part of this career.

Even though there were several weaknesses in the structure of the study, the authors were able to perceive and acknowledge the weaknesses. Doing so became one of the strengths of the paper. Observing and acknowledging problems is the first step in fixing them. The authors also noted that their study is the first of its kind. The study resulted inconclusive, or at least the factors chosen had no significant affect on patients' outcome. They did not answer the question of whether or not physician and nurse communication had an effect on patients' outcomes, but they did set the ball in motion. By conducting this study hopefully they inspired other people to ask similar questions and maybe even design more well though out research.

References

- DeVito, J. (2008). *Interpersonal Messages Communication and Relationship Skills*. MA: Allyn and Bacon.
- Manojlovich, M., Antonakos, C.L., & Ronis, D. (2009). Intensive Care Units, Communication Between Nurses and Physicians, and Patient's Outcomes. *American Journal of Critical Care*, 18 (1), 21-30.
- Newman, B., & Newman, P. (2003). *Development Through Life A Psychosocial Approach*. CA: Thomson and Wadsworth.