

Interprofessional communication and its impact on healthcare and nursing influenc...

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Communication is the process of conveying a message between two or more people both verbally and non-verbally (Finkelman, 2016, p. 338). As Finkelman (2016) notes, communication is an integral component to every thing that happens within health care. Interprofessional communication (IPC) and collaboration has been identified as fundamental to providing patient centered care by both the World Health Organization's (WHO) 2010 framework for action and the Institute of Medicine's (IOM) 2003 report. The WHO (2010) finds that effective IPC leads to optimal health services, increased patient satisfaction and overall better patient outcomes. In contrast, communication failures have been shown to be a part of 70 – 80% of serious medical errors (Mayo & Woolley, 2016). IPC can be difficult and faces multiple barriers as it becomes more common practice in healthcare (Foronda, MacWilliams, & McArthur, 2016). Despite barriers, there are multiple things that can facilitate effective IPC and looking to the future there are ways to improve IPC for the next generation of healthcare professionals (Pfaff, Baxter, Jack, & Ploeg, 2013). Developing and maintaining interprofessional relationships through communication is intrinsic to nursing's influence on healthcare. In order to increase the influence that nurse leaders have the facilitators of IPC, barriers to IPC and ways to improve IPC in the future have to be recognized.

Review of Literature – Barriers to IPC.

Numerous barriers to IPC have been identified. Mayo & Woolley (2016) discuss lack of psychological safety as one of the barriers to effective IPC. If a member of an interprofessional team does not feel psychologically safe, meaning that they feel they will not be ridiculed for what they have to say,

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then they are less likely to speak up (Mayo & Woolley, 2016). Nurses have a fear of being humiliated or not having their opinion valued, therefore they are afraid to speak up during IPC (Foronda et al., 2013). Pfaff et al. (2013) notes that disrespect is common barrier to IPC in the workplace. Pfaff, Baxter, Jack, & Ploeg (2014) discuss a lack of confidence as a common barrier for nurses participating in interprofessional collaboration. Members of interprofessional teams come from different educational backgrounds and this can create a barrier to IPC. The WHO (2013, p5) discuss how differences in professional culture can impede communication between different professions. As Foronda et al. (2013) points out, nurses are trained to be descriptive while physician training leans towards being succinct. These different styles of communication can lead to frustration and conflict within IPC.

Stereotypes can be a barrier to effective IPC (Mayo & Woolley, 2016). A physician may believe that because they are the doctor, they know the most about the best plan of treatment for a patient when in actuality, a nurse or other health professional may have a better understanding of the patient's needs. Sullivan (2013) discusses how gender stereotypes and preconceived beliefs can effect communication and be barriers to effective listening, a key-step in the communication process.

Organizational structure can both elevate and impede IPC. Pfaff et al. (2014) finds that in organizations with support for IPC, there was a higher level of confidence in new graduate nurses' participating in interprofessional teams. Redley, Botti, Wood & Bucknall (2017) found that emergency departments

engage in ad-hoc and infrequent IPC leading to risks in patient safety during handoff communication. If organizations develop more structure and policy IPC, especially in high-risk areas like the emergency department, there could potentially be less risk for patient safety and higher quality IPC.

Facilitators to IPC

While many barriers exist to inhibit IPC, there are many factors that can act as facilitators for IPC. Just as poor organization structure can impede IPC, a healthcare systems' organizational structure can support IPC. Pfaff et al. (2013) found that formal programming by the organization for new graduate nurses like nurse residencies served as a facilitator for effective IPC. Van et al. (2015) explores the relationship between organizational routines and IPC failures. They found that organizations that promote strong communication networks have fewer failures in communication. Additionally, organizations can choose to implement technology that encourages IPC. Troseth (2013) discusses how organizations can implement health information technology systems that streamline IPC and therefore bring about improved patient satisfaction and safety through coordinated care. IOM's 2010 report *The Future of Nursing* recommends utilizing advanced technology to allow for an increase in nursing's contribution to health and healthcare.

Respect amongst team members is a key factor in having effective IPC. Mayo & Woolley (2016) examines how team dynamics and leadership affect IPC. They discuss how leader need to invite input from other team members and encourage diversity during IPC. These behaviors are all signs of team respect and facilitate IPC. Pfaff et al. (2013) found that respect and trust were

important factors in IPC involving new graduate nurses. The WHO (2013) identifies shared vision and mission as an enabler to IPC. An interprofessional team that has a shared goal of better patient outcomes is more likely to engage in effective IPC, which will in turn lead them toward their goal.

Enhancing IPC for the Future Before and especially since being brought to the foreground by the IOM's 2003 report, interprofessional communication has been introduced to various fields and stages of health professions education.

As defined by the WHO's 2010 framework for action, interprofessional education (IPE) is "when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health." O'Connor (2018) states that the ultimate goal of IPE is to improve IPC and therefore improve integrated health and social services for patients.

Nandan & Scott (2014) point out that most research on IPE only discusses collaboration between physicians and nurses and excludes many of the other professions that participate in IPC like social. They propose a 14-step IPE model that could be inclusive of all of the professions involved in IPC. IPE is not yet proven to be effective for most institutions that have implemented it and many higher education institutions have not bought into the idea IPE (Nandan & Scott, 2014). Delunas & Rouse (2014) performed a pilot study involving IPE between nursing students and medical students. They discuss the attitudes about IPC of the different students. The study found that the students had mostly negative feelings about IPC and there was not much change after the three-semester pilot of the IPE program. Nandan & Scott (2014) suggest that a more holistic, systemic approach to implementing IPE will help eliminate many of the barriers that previous pilot programs have

faced. The barriers to IPE are very similar to the barriers IPC discussed earlier in this paper, however the WHO (2013) points out that students, educators and healthcare administrators can all act as champions for IPE in order to aid in advancing the future of IPC and all other interprofessional initiatives.

Influence on Healthcare

Interprofessional communication is shown to improve patient outcomes, increase patient satisfaction and optimize health services (WHO, 2010). The WHO (2010) discusses how collaborative practice can help some the world's most pressing healthcare challenges like HIV/AIDS, malaria, mental health, and health security. Collaborative practice begins with IPC. Both Van et al. (2015) and Redley et al. (2017) demonstrate how failures in IPC can lead to patient safety risks and decreased quality of patient care. Collaborative healthcare teams help create the best outcomes for patients (WHO, 2010) and that would not be possible without effective IPC. Interprofessional communication is one avenue to help increase nursing's influence on the future of healthcare. The IOM's 2015 Assessing Progress on the IOM Report the Future of Nursing discusses how nurse leaders are able to give a unique perspective on multiple areas of the healthcare delivery system through collaboration and IPC and encourages the expansion of IPC opportunities. O'Connor (2018) suggests that advocacy by nurses can lead to better IPE and eventually to a decrease in fragmentation of the delivery of health services and highly effective collaborative healthcare teams. The WHO (2010, p. 40) calls for champions to recognize that our current health system is imperfect and can be improved upon by a move towards more

collaborative health practices. Nurse leaders can be those champions by recognizing both the barriers and facilitators to IPC and encouraging expansion of interprofessional health education. If nurses are true partners in the evolution of collaborative healthcare through the use of IPC, then they will have more influence on the future of healthcare in general.

Future Goals

This author's future goals include becoming a nurse educator and eventually becoming a professor of nursing. Interprofessional communication is integral to the future of healthcare. This author plans on being a champion for IPC both in the hospital and in the community. By acting as a mentor for new-graduate nurses during their journey to becoming a practicing nurse, this author hopes to demonstrate confidence and respect during all IPC, therefore encouraging strong IPC skills in future generations of nurses. This author hopes to one day be a part of a higher education institution that encourages IPC and perhaps participates in an interprofessional education program. IPE may be the key to the future success of IPC and therefore should not be discounted. It would be an exciting adventure to participate with a school that encourages IPE in either a classroom or clinical setting. This author hopes to engage in life-long learning that involves communicating and collaborating with many other healthcare professionals and to one day be not only a leader in nursing but also a leader in healthcare in general.