



The Effect of Nurse–Physician Communication on Quality of Care and Patient Safety

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Abstract

Effective communication between nurses and physicians is a cornerstone of high-quality healthcare delivery and patient safety. This paper explores the dynamics of nurse–physician communication, its influence on clinical outcomes, the barriers that compromise communication, and strategies to enhance interprofessional collaboration. Evidence from recent studies indicates that improved communication correlates significantly with reduced medical errors, enhanced patient satisfaction, and improved clinical outcomes. Recommendations for practice change, education, and policy integration are proposed.

Keywords: nurse–physician communication, quality of care, patient safety, interprofessional collaboration, healthcare outcomes

1. Introduction

Interprofessional communication in healthcare refers to the exchange of information among clinical team members to coordinate patient care (Leonard et al., 2020). Among all interactions, the dialogue between nurses and physicians holds a pivotal role due to their central involvement in direct patient management. Miscommunication in these interactions is frequently cited as a leading factor in patient safety incidents and adverse clinical outcomes (Rice et al., 2021). This paper examines how nurse–physician communication affects the quality of care and patient safety and identifies evidence-based strategies to improve collaborative practices.

2. Background

2.1 Theoretical Framework

Communication is both a cognitive and social process involving information exchange, interpretation, and shared understanding. In healthcare, the TeamSTEPPS framework emphasizes communication as essential to teamwork and patient safety (Agency for Healthcare Research and Quality, 2019).

2.2 Importance in Healthcare

Poor communication increases the likelihood of medical errors, delays in treatment, and patient dissatisfaction (Street et al., 2020). Conversely, effective communication has been linked with



improved clinical decision-making, enhanced patient outcomes, and increased staff satisfaction (O'Daniel & Rosenstein, 2021).

3. Nurse–Physician Communication: Components and Dynamics

3.1 Verbal and Nonverbal Communication

Verbal communication includes structured reporting tools such as SBAR (Situation-Background-Assessment-Recommendation), while nonverbal cues encompass body language and tone, which also influence interpretation and trust (Lee & Cummings, 2022).

3.2 Organizational Culture and Hierarchy

Hierarchical structures often inhibit open dialogue, especially when nurses hesitate to question physicians' decisions due to perceived authority gradients (Gordon & Melillo, 2023). Organizational culture that fosters mutual respect encourages safer and more productive communication.

4. Impact on Quality of Care

4.1 Clinical Outcomes

Studies show that effective nurse–physician communication reduces:

- Medication errors
- Misdiagnoses
- Hospital-acquired infections

In acute care settings, structured communication has been associated with decreases in patient mortality and length of hospital stay (Johnson et al., 2021).

4.2 Patient Satisfaction

Patients are more satisfied when they perceive coordinated care. Collaborative communication contributes to clearer treatment explanations, better discharge planning, and enhanced patient engagement (Martinez & Garcia, 2020).

5. Impact on Patient Safety

5.1 Medical Errors and Adverse Events

Miscommunication accounts for up to 70% of sentinel events reported in hospitals (Joint Commission, 2022). Communication breakdowns during handoffs are particularly problematic, resulting in incomplete transfer of critical information (Simmons et al., 2021).



5.2 Communication Tools

Standardized tools such as SBAR and electronic health records (EHR) messaging systems have significantly improved clarity and reduced safety-related incidents when properly implemented (Ali & Ahmed, 2022).

6. Barriers to Effective Communication

6.1 Hierarchical Barriers

Power dynamics often discourage nurses from voicing concerns directly to physicians, particularly in high-stress environments (Nguyen & Baker, 2023).

6.2 Workload and Time Constraints

Heavy patient loads and time pressure limit opportunities for thorough communication, leading to fragmented care coordination.

6.3 Differences in Professional Language

Nurses and physicians may use different terminologies, contributing to misunderstandings and inconsistent interpretations (Patel & Lee, 2021).

7. Strategies for Improvement

7.1 Education and Training

Interprofessional education programs that include simulation and role-play have improved mutual understanding and respect between nurses and physicians (Walker et al., 2020).

7.2 Standardized Communication Protocols

Implementing structured protocols like SBAR consistently across units improves reliability in information exchange (Thomas et al., 2022).

7.3 Leadership and Organizational Support

Healthcare leaders must foster environments that encourage open communication, flatten harmful hierarchies, and provide feedback mechanisms.

8. Case Studies and Evidence

8.1 ICU Communication Initiatives

In a multicenter ICU study, introducing daily interdisciplinary rounds improved communication frequency and reduced adverse events by 30% over six months (Kim & Park, 2021).



8.2 Surgical Units

Structured briefings and debriefings between surgical teams and nurses decreased surgery-related complications and improved post-operative care coordination (El-Gamal & Hassan, 2022).

9. Discussion

The evidence underscores that enhanced nurse–physician communication improves care quality and patient safety. Importantly, interventions that combine education, structured tools, and cultural change yield the most sustainable impact. Nonetheless, challenges remain, particularly in addressing deep-rooted hierarchical norms and ensuring consistent application across diverse healthcare settings.

10. Conclusion

Nurse–physician communication significantly influences healthcare quality and safety. Optimizing this communication through structured strategies, supportive leadership, and collaborative training is essential for reducing medical errors, improving patient satisfaction, and fostering a culture of safety.

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