SESSION TITLE: Ethical Communication & Collaboration Among Nurses, Doctors, and Patients

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CONTACT HOURS: 1.0 CH

OVERVIEW:
Communication problems frequently occur in the health care environment. Collaboration between nurses and physicians may be difficult at times. Communication across a hierarchy can be intimidating and gender or cultural issues may further complicate the lines of communication. Poor communication is often named as cause of nurse job dissatisfaction and effective communication and collaboration is critical for patient safety. This presentation will explore the relationship between collaboration, communication, and patient care outcomes.

OBJECTIVES:
1. Explore the relationship between collaboration, communication, and patient care outcomes.
2. Discuss strategies that can be used to improve communication skills.
3. Analyze how collaboration and communication impact ethical practice in health care.

BIOGRAPHY:
Kathryn Schroeter, PhD, RN, CNE, CNOR, is an education coordinator in ethics and research for the department of nursing at Froedtert Hospital in Milwaukee, Wisconsin. Dr. Schroeter is an assistant professor at Marquette University College of Nursing and she also holds the position of adjunct assistant professor at the Center for Bioethics and Medical Humanities at the Medical College of Wisconsin. Dr. Schroeter is the editor of the Journal of Trauma Nursing (JTN) and she sits on the boards of directors for the Wisconsin Nurses Association (WNA) and the Society of Trauma Nurses (STN). She has presented locally, regionally, nationally, and internationally on topics related to bioethics, research, education, leadership, publication, and perioperative nursing. She is the author of "Practical Ethics for Nurses and Nursing Students," a short resource manual. Dr. Schroeter also serves as an appraiser for the American Nurses Credentialing Center Magnet Recognition Program.

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FACULTY DISCLOSURE:
Kathryn Schroeter 7. No conflict.
Nurse-Physician Communication

Frequent occurrence

Communication across a hierarchy can be intimidating

Gender or cultural issues may complicate further

Often named as cause of nurse job dissatisfaction

Critical for patient safety

Communication and Safe Care

- 60% of medication errors are caused by mistakes in interpersonal communication\(^1\)

- Poor coordination of care is the most common cause of adverse events triggering root cause analyses\(^1\)
Communication Issues
present in 65% of ALL sentinel events reported to JCAHO

How Do RNs & MDs Identify and Relate to Each Other as Professionals?

- Role differentiation

- Prior experiences, the history with “you or others” (i.e., “That ED unit is really tough on MDs.”; “that resident has gone to the dark side”)

- Perceived value in specialty practice areas – Role identity
RN-MD Communication

Separate education for each discipline “who are you, what do you do, and how did you learn to hear me and to work with me?”
- Each taught a different type of focus in caring for patients
- Very limited education re: how to work as a team

Opportunities to collaborate in the work environment.
Hospital design with separate areas for MDs and nurses; separate eating areas
Health care technology
Growth of hospitalist movement
“Essentials of Magnetism”
(Kramer & Schmalenberg, 2004)
Societal expectations

Are physicians and nurses trained to be narrative and descriptive in their communications with other health care providers/patients?

Or are they trained to be data reporters...

Are they trained to be problem solvers?

“What do you want me to do? – Just give me the headlines.”

The result can be frustration on both ends!
- docs keep waiting for the punch line
- nurses feel interrupted, “not listened to”
Strategies to Improve Communication and Associated Processes

Examples of use of standardized language and communication tools

Crew Resource Management (CRM) from the aviation industry
  - SBAR used in health care
  - Situation
  - Behavior
  - Assessment
  - Recommendations
  (Leonard, Graham, & Bonacum, 2005)

Strategies to Improve Communication & Associated Processes

- High-Performance Patient-centered Teams:
  constant improvement of the system of production and services

- Toyota Lean Production
  » Rapid-response, multidisciplinary teams

- Crucial Conversations: Tools for talking when stakes are high. (“when opinions vary, stakes are high, and emotions run strong”)
  (Patterson, et al, 2002)
What Patients Should Expect from their Health Care

- **Safety**: “Errors in care will not harm you. You will be safe in the care system”.

- **Cooperation**: “Those who provide care will cooperate & coordinate their work fully with each other and with you. The walls between professions & institutions will crumble, so that your experiences will become seamless. You will never feel lost.” (Crossing the Quality Chasm, 2001, p. 63)

Collaborative Communication Research

- **Process factors associated with ICU performance**: unit culture, leadership, communication, coordination of care and problem solving/conflict resolution are measured using Caregiver Interaction tool. (Shortell, et al, 1991)

- **Research regarding improved outcomes and collaborative communication in ICUs**

- **Magnet Hospitals** (known for collaborative RN-MD relationships): 4.6% lower mortality than non-Magnet. (Aiken, Herbert, & Lake, 1994)
Collaboration reported as high in ICU (physician rated higher than RN); no score differences in those attending interdisciplinary meetings. Significant relationship: team effectiveness and risk-adjusted LOS. (Shortell, et al, 1994)

Professional differences in perceived barriers to communication, i.e., MDs perceive nursing competence and RNs see MDs being unpleasant as barrier. (Cadogan, et al, 1999)

Improved empowerment scores in collaborative governance participants compared to non-participants. (Erickson, et al, 2003)

Increased satisfaction with RN and MD communication after an educational intervention regarding collaboration. (Boyle & Kochinda, 2004)

- Headrick and Khaleel (2008) identified interprofessional experiences as a key element for educating professionals, increasing health outcomes, and increasing positive interactions between professions.

- Nurses who work collaboratively with physicians experience less burnout resulting in a higher rate of recruitment and retention (Nelson, King & Brodine, 2008)
Post telephone communication tool survey results show MD perceived increase in RN knowledge regarding patient status/needs. (Nelson & Venhaus, 2005)

Survey links disruptive MD behavior and RN satisfaction and retention. (Rosenstein, 2002)

Follow-up survey: MD & RN disruptive behavior. Nurses disruptive behavior almost as frequent as MD. Both perceive negative effects on work environment and patient safety due to disruptive behavior. (Rosenstein & O’Daniel, 2005)

- Literature within the health care field has argued power imbalance was a hindrance to a positive nurse-physician relationship.

- A study completed by Penz & Stewart (2009) suggests “that size of an organization or hospital setting may have an influence on the level of autonomous practice that is perceived by the RNs and also has an influence on the level of interaction between nurses and physicians”
The Relationship Between Teamwork, Communication, and Patient Outcome

Effective Communication

Essential for real teamwork
Essential for long term career satisfaction
Essential for patient safety and quality care
Steps to Excellent Health Care Communication

1. Clarify the problem & gather data
2. Concisely describe the problem
3. Actively listen to response
4. Assert concerns if needed

CMA & CNA Codes of Ethics

Collaborate with other physicians and health professionals in the care of patients and the functioning and improvement of health services.

Nurses collaborate with other health-care providers... to maximize health benefits to persons receiving care and those with health care needs, recognizing and respecting the knowledge, skills, and perspectives of all.

American Medical Association Code of Ethics

Opinion 3.02 - Nurses

The primary bond between the practices of medicine and nursing is mutual ethical concern for patients. One of the duties in providing reasonable care is fulfilled by a nurse who carries out the orders of the attending physician. Where orders appear to the nurse to be in error or contrary to customary medical and nursing practice, the physician has an ethical obligation to hear the nurse’s concern and explain those orders to the nurse involved.

The ethical physician should neither expect nor insist that nurses follow orders contrary to standards of good medical and nursing practice. In emergencies, when prompt action is necessary and the physician is not immediately available, a nurse may be justified in acting contrary to the physician’s standing orders for the safety of the patient. Such occurrences should not be considered to be a breakdown in professional relations.

American Medical Association Code of Ethics

Opinion 10.015 - The Patient-Physician Relationship

The relationship between patient and physician is based on trust and gives rise to physicians’ ethical obligations to place patients’ welfare above their own self-interest and above obligations to other groups, and to advocate for their patients’ welfare.

Within the patient-physician relationship, a physician is ethically required to use sound medical judgment, holding the best interests of the patient as paramount. (I, II, VI, VIII)

American Nurses Association (ANA)  
Code of Ethics for Nurses

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse’s primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

Code of Ethics for Nurses

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
Gallup Poll November 2011
Top 10 rated = very high / high
Americans selected most honest & ethical professions

- **RNs**: 84%
- **Pharmacists**: 73%
- **Medical doctors**: 70%
- **High school teachers**: 62%
- **Police officers**: 54%
- **Clergy**: 52%
- **Funeral directors**: 44%
- **Accountants**: 43%

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Gallup Poll Nov. 2011
Least honest and ethical professions

- Car salespeople
- Members of Congress
- Lobbyists
- Telemarketers
- Advertisers
- Stockbrokers
- Labor union leaders
- Business executives
- Lawyers
Collaboration

- Accountability defined
- Decision-making authority
- Access to resources for dispute resolution
- All embrace “culture” of collaboration
- Respect each voice
- Personal integrity
- Skilled communication
- Competence of all team members

Assertion #1

- There is a direct link between work environment and patient safety
- Therefore, **if we are not addressing our work environment, we are not addressing patient safety.**
Assertion #2

- Healthy work environments do not just happen.
- Therefore, if we do not have a formal program in place addressing work environment issues, little will change.

Assertion #3

- Creating healthy work environments requires changing long-standing cultures, traditions, and hierarchies
- Therefore, though everyone must be involved in the creation of healthy work environments, the onus is on organizational, departmental, and unit leaders to ensure that it happens
AACN’s Healthy Work Environments Initiative

“Organizations learn and evolve through conscious, deliberate action. Deliberate action is ethical. When the time to act has come, it is unethical not to do something.”

David Thomas
Ethicist, Author of *Ethics of Choice*

Healthy Work Environments Require:

- Skilled communication
- True collaboration
- Meaningful recognition
AACN Standards for Establishing and Sustaining Healthy Work Environments

Nurses must be as proficient in communication skills as they are in clinical skills

Nurses must be relentless in pursuing and fostering collaboration

Nurses must be recognized and must recognize others for the value each brings to the work of the organization

Skilled Communication

- Focus on finding solutions
- Protect and advance relationships
- Invite and hear all perspectives
- Goodwill and mutual respect
- Congruence between action and words
- Zero-tolerance policies
- Formal structures for communication
- Access to technology
- Evaluation component
- Part of performance appraisal
Assertive Communication in Patient Care

Is not:
- Yelling or bullying
- Accusatory
- Being disrespectful of authority

Is:
- Focused on patient
- Noting your perceptions
- Persistently raising concerns, intended to move toward desired action

When Assertiveness Doesn’t Work

Restate your concerns in another way
Engage another health care worker (i.e. Respiratory Therapy, etc.)
Engage your supervisor
Engage another physician on the team
Collaboration

Key = dialogue that leads to effective resolution of differences

“unequal power” but there is mutual respect.

Scope of practice dictates that physician has final say but parties are able to work together to resolve differences

COLLABORATION

Use of Social Media

As of May 2011, 965 US hospitals were using social networking.

Smart phones for downloading information, contacting nurses at work, etc.

Closed networks… “MyChart”
Benefits of Social Media

Expedites communication among staff

Ready reference

Enhances professional and personal development

Instantaneous communication to entire class of patients in emergency situations, such as a drug recall or preventing scams.

Growing Your Business. Many professionals, including health care professionals, are using social networking sites to attract new clients and patients.

Benefits of Social Networking for Patients

Allows patients to share information, personal experiences, and to socialize if they so choose. Examples of health care-centered social networking websites include Google Health, Revolution Health, Organized Wisdom, and Patients Like Me.

Allows increased connection with other people suffering from the same illness or condition

Empowers patients to take control of health care decisions
HIPAA & Social Media

HIPAA’s privacy regulations apply to health care providers, defined as: “a provider of medical or health services…and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business.” 45 C.F.R. 160.103

The HIPAA Privacy Rule protects the patient’s protected health information, which is “all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral.” 45 C.F.R. 160.103

Student nurse took picture of herself and her pediatric patient and posted it to her facebook account.
Inappropriate Uses of Social Media

33 of 46 US Boards reporting had complaints
26 took disciplinary actions
Board actions:
- Letters of concern
- Censuring the nurse
- Conditions on the license
- Suspending the license

Problems with Social Networking

PRIVACY. The vast majority of what you do online is not private. Once you post something online, it may never go away.

Information can be reproduced and distributed via copy/paste, e-mail, instant messaging, and even Google.

Many social networking sites have had virus problems which infect computers and can even copy personal information from your computer.

You do not own information posted on your personal social networking website.

Most social networking sites contain terms and conditions which provide them the right to use all of your information forever.
You Do Not Own Your Information

Facebook T & C: “You hereby grant Facebook an irrevocable, perpetual, non-exclusive, transferable, fully paid, worldwide license (with the right to sublicense) to (a) use, copy, publish, stream, store, retain, publicly perform or display, transmit, scan, reformat, modify, edit, frame, translate, excerpt, adapt, create derivative works and distribute (through multiple tiers), any User Content...”

Gmail T & C: “By submitting, posting, or displaying the content you give Google a perpetual, irrevocable, worldwide, royalty-free, and non-exclusive license to reproduce, adapt, modify, translate, publish, publicly perform, publicly display and distribute any Content which you submit, post or display...”

Pitfalls

Wall Posts. Any of your “Friends” can create a message to be displayed on your wall. You have no control over contents of wall posts from friends.

Status Updates, Notes, and Blogs. All could potentially disclose PHI worldwide instantaneously.

Photos and Videos. A photo or video of a patient constitutes PHI absent patient consent.

Responding to negative patient posts on social networking sites.
Principles for Social Networking

Above all, understand that patient privacy is a fundamental ethical and legal obligation of professional nurses

Adhere to professional boundaries with patients

Evaluate all postings as though they will be seen by patients, colleagues, educational institutions, or employers

Separate professional and personal information

Report objectionable materials

Help develop and implement policies and procedures with employers/others.

ANA Guidelines

Recognize obligation to maintain privacy and confidentiality.

Don’t disseminate information that will degrade or embarrass the patient.

Don’t transmit patient related information.

Do not post information that could reasonably identify the patient.

Do not refer to patients in a disparaging manner.

Do not take photos or videos of patients, unless authorized.
“Our lives begin to end the day we become silent about things that matter.”

Martin Luther King Jr.

AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence
www.aacn.org/hwe

REFERENCES: