



## THE EFFECT OF COMMUNICATION AND COORDINATION ON THE PERFORMANCE OF NURSES AND PARAMEDICS IN EMERGENCY DEPARTMENT

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### Abstract

Over the past ten years, there has been a rise in the requirement for multidisciplinary healthcare delivery to meet the complicated medical needs of patients. Health professionals must successfully communicate with patients and their families as well as with other members of multidisciplinary teams in order to guarantee patient safety and quality of care. The two primary types of healthcare professionals who provide direct inpatient care are nurses and physicians. Even though the "doctor-nurse game" was first mentioned in 1967, there are still difficulties in good communication between medical personnel. The goal of this study was to provide a thorough analysis of the most recent research on the variables influencing nurse-physician communication as well as the interventions designed to enhance it.

**Key words:** communication, coordination, nurses, paramedics, emergency department.

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## **Introduction**

Over the past ten years, there has been a rise in the requirement for multidisciplinary healthcare delivery to meet the complicated medical needs of patients. Health professionals must successfully communicate with patients and their families as well as with other members of multidisciplinary teams in order to guarantee patient safety and quality of care. The two primary types of healthcare professionals who provide direct inpatient care are nurses and physicians. Even though the "doctor-nurse game" was first mentioned in 1967, there are still difficulties in good communication between medical personnel. Researchers explained the various and intricate ways that doctors and nurses interact with one another. Inadequate and intricate communication between doctors and nurses has been associated with unintended patient outcomes, particularly extended hospital stays and patient injury from mishandled or delayed care. Miscommunication errors between healthcare providers have been found to be the second largest cause of sentinel events in the US that result in patient fatalities. In addition to harming patients, inadequate communication makes nurses feel less valuable, reduces job satisfaction, and increases attrition (Ellison, 2015).

The inherent traits of nurses and doctors, as well as their communication preferences, as well as the practice settings, are some of the elements that impede nurse-physician communication. The varying degrees of these confounding factors in various practice settings have led to varied outcomes in the testing of therapies. The innate communication styles of nurses and doctors, their awareness of one other's duties, and disruptive practice environments are some of the reasons that lead to inefficient nurse-physician communication. Researchers found that doctors speak more concisely than nurses, who take a more detailed approach. Additionally, disrupted and stressful work situations brought on by personnel shortages have also been linked to failures in nurse-physician communication. The difficulty that nurses face in "speaking up" with physicians is partly a result of the physicians' influence in decision-making within the current organizational structures. On the other hand, nurses' opinions of nurse-physician communication and their level of job satisfaction were enhanced in supportive practice environments that encouraged collegial nurse-physician relations, empowered nurses to participate in hospital operations, and valued quality (Rosenthal, 2013). Although various interventions have been created to enhance nurse-physician communication, the outcomes have not always been consistent. The

inconsistent outcomes were ascribed by researchers to challenges in arranging nurse-physician schedules and interdisciplinary rounds, which frequently fell during the nurses' shift changes. Similar to this, a pilot trial to establish collaborative rounds between nurses and physicians was likewise unsustainable because of the high workloads of nurses and the challenges they faced in arranging their schedules and activities to coincide with the times of physicians' rounds. Although interventions that enhanced nurse-physician communication have been reported, these were only tested in certain contexts. Overall, for such interventions to improve nurse-physician communication and, consequently, patient safety and outcomes, strong leadership and commitment are required to accomplish organizational, cultural, and structural shifts. Strategies would need to be directed not only at the workplace but also at the university level, in undergraduate and graduate courses, and in interprofessional education programs, in order to bring about a significant change in communication habits. In order to improve patient care coordination and minimize treatment delays and errors, as well as to boost job satisfaction and retention among nurses, effective communication is still essential (De Meester et al., 2013).

## **Aim of study**

To provide a thorough analysis of the most recent research on the variables influencing nurse-physician communication and the strategies designed to enhance it.

## **Literature review**

For patient-centered treatment and a positive patient experience, communication between healthcare providers and patients is essential. This communication gap is a significant national and worldwide healthcare concern. A crucial part of the patient pathway, the patient-physician connection, and nursing practice is patient-specific information, especially in the emergency department. It is necessary for productive teamwork and for giving patients the information they need to make decisions. Dissatisfaction and frustration have been linked to ineffective communication, and among ED patients, feeling misinformed upon discharge is a frequently reported outcome of inadequate information, especially when it comes to symptoms or prescriptions relevant to their illness. This is crucial since being misinformed might lead to a bad experience, an unneeded readmission, or anxiety in the patient. In fact, when researchers looked at the exchanges between patients and doctors at a Swiss hospital after they were discharged due to chest

pain, they discovered that good communication encouraged patients to feel good about their treatment (Blackburn et al., 2019).

### **Importance of Communication and Coordination**

Several government efforts have been developed in recognition of the necessity of good communication and information. However, the ED and other demanding, time-sensitive, and goal-driven workplaces might be disadvantageous when it comes to providing patients with information because they are primarily dependent on the environment. Attending the emergency department (ED) can be stressful and anxiety-inducing because most patients need urgent care. As a result, some patients may be released without completely comprehending their therapy, which can worsen the situation and lead to unsatisfactory health outcomes, increased readmission rates, and unfavourable health outcomes. This has been acknowledged by the government through the development of several initiatives. However, the ED and other demanding, time-sensitive, and goal-driven workplaces might be disadvantageous when it comes to providing patients with information because they are primarily dependent on the environment. Attending the emergency department (ED) can be stressful and anxiety-inducing because most patients need urgent care. Inadequate communication can worsen this situation, as some patients may be released without completely comprehending their course of treatment. This could result in lower patient satisfaction, poorer health outcomes, and a higher rate of readmission. A patient's health and wellness can be severely harmed by poor communication, as evidenced by national and international studies that link hostile behaviour directed towards medical workers to poor communication. After using a thematic analysis to investigate nurses' opinions of aggressive and violent behaviour in Ireland's emergency departments, researchers discovered that waiting periods and inadequate communication were considered important concerns, especially when it came to triage. The ED's operational environment, according to the staff, made it impossible to inform patients. Bad behaviour can have an adverse effect on employees. (Ackermann, et al., 2017).

In healthcare settings, effective communication is critical for all personnel, including physicians and nurses. Because medical staff members have distinct roles and priorities, communication may be analysed from a variety of angles and has various components for each member of the team. In order

to provide care and protection, nurses must evaluate patients, create priorities for themselves and others, pay attention to their colleagues regarding informative information, and lastly interact with others. Another form of communication is that which occurs between nurses and doctors; this style of communication is shorter, more task-focused, and involves less social interaction. Each department's clinical communications differ due to its own set of objectives and problems. The goal of an emergency department (ED) is to treat patients urgently and temporarily, hence there are distinct communication issues than in other departments. In an emergency department, cooperative communication plays a crucial role in the provision of care and is a component of collaboration. Additionally, among all departments, the inter-professional collaboration in an ED varies the greatest since different tactics may be used to stabilize patients in different scenarios. Furthermore, it is thought that one of the most common ways that medical teams collaborate is in person in the main sections of an emergency department. In order to accomplish the established aims, face-to-face communication is defined in this study as the sharing of patient information and planned care during in-person interactions between staff members. It has been suggested that increasing visibility can improve behavioural aspects such as social interaction, reduce stress, and shorten walking distances. Additionally, excellent sight offers the chance to enlarge treatment zones and watch over multiple patients concurrently. The degree of visual connectedness between several points in a predetermined, enclosed space is known as visibility (Gharaveis et al., 2019).

### **Emergency Medical Services (EMS)**

Care transitions between healthcare providers are intricate procedures that might cause important data to be lost or changed. Patients arriving via Emergency Medical Services (EMS) to the Emergency Department (ED) may go through three sites of transition in care: (1) EMS to triage nurse, (2) EMS to bedside nurse, and (3) EMS to ED trauma team. Accurate transmission of relevant patient data between healthcare providers is essential for smooth and secure transitions in patient care. Information flow between EMS-ED nurses during transitions can be hindered by a number of things, including as interruptions, multitasking, workload, and unsatisfactory working relationships. Important information may be lost as a result, which could compromise patient safety. Inadequate clinical transitions between ED

physicians can put patients at risk for harm, including failing to recognize early worsening, passing on cognitive bias, and missing or delaying investigations. Thus, it is essential that care transitions be precise and effective both inside and between professional groups that provide ED care, such as EMS practitioners and ED nurses (Campbell et al., 2017).

The professional viewpoints of ED nurses and EMS practitioners are dissimilar. In the pre-hospital context, emergency medical technicians (EMS) concentrate on gathering data that helps them identify the underlying disease or damage, necessary treatments, and final destination. Their knowledge of the course of events, the objectives of care, and the surroundings of the patient is invaluable. They also know that fewer ambulances are available to respond to emergency calls because of hospital wait times. ED triage nurses are in charge of assigning patients to treatment spaces appropriately in the ED in addition to assessing acuity and setting patient priorities. As a result, they

need data that will allow them to forecast the movement of patients and the number of staff and equipment needed. Information loss during care transitions may result in incorrect triage choices about the patient's acuity rating or priority for a physician examination, a delay in the start of treatment, or triaging the patient to the wrong part of the emergency department. In the end, this affects patient flow, safety, and the timely and effective utilization of ED resources. Decisions taken during triage may have an impact on a patient's path through the emergency department (ED) since they decide a patient's final destination within the facility. For example, a treating physician may view a patient as less urgent if they are mistakenly triaged to a less acute region in the ED. Thus, ensuring patient safety when they arrive at the emergency department (ED), controlling patient flow through the ED, and making the best use of ED resources all depend on an efficient triage system that accurately triages patients (Reay et al., 2017).



Figure .1 Effective Communication In EMS, Emergency Medical Services (Bronsky & Woodson, 2018).

### Impact on Nurse and Paramedic Performance

For paramedics and nurses to provide high-quality patient care, especially in emergency and critical care situations, interprofessional communication is essential. By enabling prompt interventions, smooth transfers of care, and increased patient safety, an efficient partnership between these two medical specialists can have a substantial impact on patient outcomes. The delivery of optimal patient care in the ever-changing healthcare landscape is contingent upon healthcare workers' ability to effectively communicate and collaborate. In the field of emergency and critical care, the

collaboration between paramedics and nurses is essential to guaranteeing a prompt, effective, and competent response to medical emergencies. This collaboration goes beyond simple coordination; it is a synergy of abilities, knowledge, and commitment to provide the best results for patients. Nurses work in hospital settings, offering comprehensive care and standing up for patients throughout their healthcare journeys. They are skilled at managing complex patient demands and possess extensive clinical knowledge. However, paramedics work as frontline responders, putting themselves in dangerous situations to provide life-



saving treatments in pre-hospital settings and frequently serving as the initial point of contact for people experiencing medical distress (Al-Salloum et al., 2022).

### Communication Strategies

Successful collaboration between paramedics and nurses is largely dependent on effective communication, especially in high-stress and high-speed situations like emergency and critical care units. Using a range of communication techniques can improve coordination of coordinated efforts to optimize patient care, encourage clarity, and improve information exchange. The following are some essential communication techniques for paramedic and nurse cooperation (Angeli, 2018).

#### Clear and Concise Handovers

Clear and unambiguous handovers are crucial when paramedics are transitioning to nurses or vice versa. Relevant patient data, such as vital signs, medical history, interventions made, and treatment response, should be provided by paramedics. In a similar vein, during handover times, nurses should report any modifications to the patient's condition, responsiveness to interventions, and ongoing care requirements (Zakrison et al., 2016).

#### Standardized Communication Tools

Interprofessional communication can be made clearer and more effective by using standardized communication techniques like SBAR (Situation, Background, Assessment, Recommendation). By offering an organized framework for communicating important information, these tools lower the possibility of misunderstandings or oversights. Nurses and paramedics can guarantee consistency in communication and expedite decision-making by following a uniform framework (Mijares, 2021).

#### Interprofessional Training and Simulation

Nurses and paramedics can practice teamwork, communication, and decision-making in simulated clinical circumstances by participating in interprofessional training sessions and simulations. These activities promote mutual awareness of each other's roles and responsibilities by providing opportunities for scenario-based learning, role-playing, and debriefing talks. Healthcare providers can improve teamwork, trust, and communication during real patient encounters by modelling realistic patient care scenarios (Krueger et al., 2017).

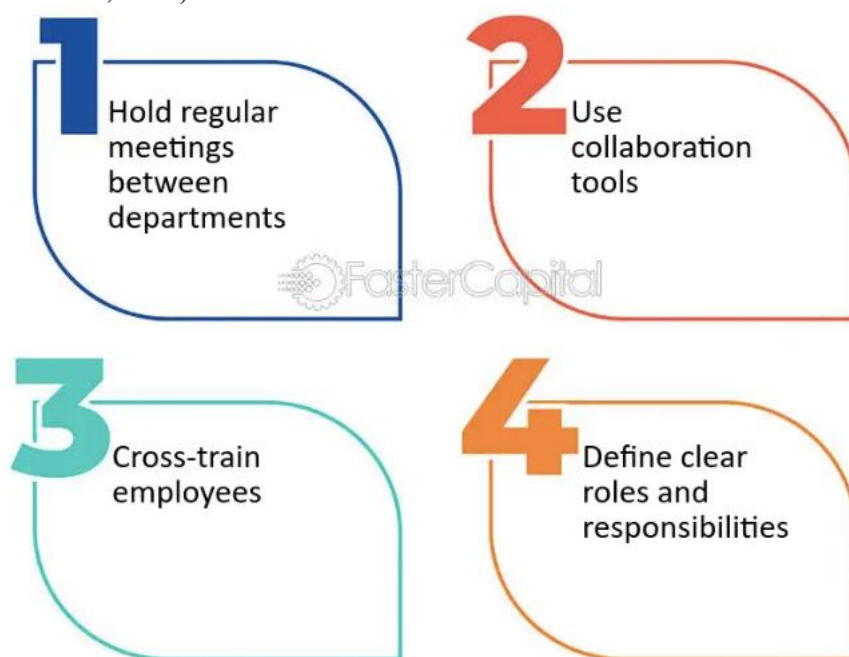


Figure .2 Enhancing communication coordination (FasterCapital, 2024).

#### Barriers to effective nurse–physician communication

##### • Modes of communication

In an attempt to streamline recordkeeping and provide patients with easier access to information, electronic medical records (EMR) have

unintentionally decreased in-person interactions between nurses and physicians. Communication using EMR has been described as passive, one-directional, fragmented, and incomplete with various input points accessible only through computers. Most crucially, after updating the EMR,

doctors mistakenly believed that they could stop talking to nurses. This led to more misunderstandings and mistakes in the communication between doctors and nurses (Tan et al., 2017).

#### • Insufficient information

Nurses and doctors were dissatisfied by incomplete information since it prevented them from completely implementing care and treatment plans because of their lack of understanding of patients and their situations. Additionally, nurses have complained that they were not given information to act upon when doctors failed to return calls or showed little familiarity with the patients they were caring for. In response, doctors were not happy when nurses did not have the necessary information when they spoke with them (Tan et al., 2017).

#### • Language and culture

The barriers to effective nurse-physician communication have been exacerbated by the nurses' and doctors varied cultural and language backgrounds as the healthcare workforce becomes more globally integrated. Nurses with foreign training who were not fluent in English contributed to communication problems between nurses and physicians in US hospitals, where English is the primary language. Furthermore, cultural norms about the contacts between doctors with foreign training and their Native American counterparts were identified as a contributing factor to the miscommunication between nurses and physicians (Tan et al., 2017).

#### Conclusion

It's still difficult for nurses and doctors to communicate with one another in clinical practice. While communication algorithms and checklists helped nurses meet their information demands when interacting with doctors, this method is designed for certain patient diagnoses, patient deterioration scenarios, and handovers. As of now, no solutions have been found to address the ongoing challenges mentioned in this research, which include a lack of communication possibilities, a lack of opportunities for collaboration among physicians, and the presence of multiple languages and cultures in a globalized healthcare workforce. Despite the fact that assigning doctors to specific clinical areas and organizing nurse-physician rounds and meetings enhanced nurse-physician rapport and communication, these treatments have only been tried in more constrained environments, such as intensive care units.

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