



The state of nurse-physician collaboration

Executive summary

HCPPro, Inc., recently conducted a survey among 67 nursing professionals in the healthcare industry about the issue of nurse-physician collaboration within facilities nationwide. The results presented in this report illustrate the state of nurse-physician collaboration within healthcare organizations of various sizes in acute care, critical access, long-term care, ambulatory, home health, and rehabilitation settings.

This document does not delve into the specifics at any one institution. However, it provides insight into how nurse-physician collaboration affects various healthcare facilities. The survey included questions about nurse-physician collaboration barriers and whether facilities are taking steps to improve nurse-physician collaboration and, if so, what their strategies are.

The results show that the majority of survey participants do not struggle with poor nurse-physician collaboration. And there were no variances, regardless of the size and type of facility. Only 3% of participants rated their facility as having poor nurse-physician collaboration. More than three-quarters (82%) of respondents said their facility is making strides toward better nurse-physician communication.

Although most respondents said their organization was making strides, 80% also said poor nurse-physician collaboration brought stress to the workplace.

Although the data show that participants did not believe nurse-physician collaboration was in a critical state, three-quarters of respondents said they know of other nurses who have vacated positions due to poor nurse-physician collaboration. However, the numbers were reversed when participants were asked the same question about themselves. Seventy-nine percent of respondents said they had never left a position because of poor collaboration with physicians.

Demographics

The section that follows provides an overview of the demographic data provided by the survey respondents. From organizational setting and type to age range of nurses, these data helped frame the information shared by the participants throughout this report.

The largest number of respondents work in rural or community teaching acute care settings. Nurses who work in rural critical access facilities also had a strong presence. Each group on our chart was represented (see Figure 1 on p. 2), with urban, nonteaching home health facilities as the smallest group.

How many RNs does your organization employ and what age range do they encapsulate?

According to the results, most participants (45%) work at facilities that employ fewer than 100 nurses. Eighteen percent of participants work at facilities that employ 101–300 RNs, whereas 14% work at organizations that employ more than 900 RNs.

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HCPPro

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With regard to age range, 58% of participants responded that the majority of their facility's nurses are aged 40–49. The 30–39 age group was the second largest, representing 31% of respondents. See Figure 2 below for a complete breakdown.

How would you rate your facility on nurse-physician communication?

The majority of respondents (60%) rated their facilities as having “good” nurse-physician communication, yet only 17% said their facility had “excellent” nurse-physician communication. The smallest margin (2%) reported their facility had “poor” nurse-physician communication. See Figure 3 on p. 3 for complete results.

Figure 4 on p. 3 shows that 100% of participants working in facilities in which the majority of nurses are aged 20–29 rated nurse-physician communication as “excellent.” The lowest percentages for “excellent” nurse-physician communication came from participants who work at facilities where the majority of nurses are in the 30–39 age

range. A significant number of participants working with more experienced nurses also rated their facility as “fair.”

Figure 5 on p. 3 gives us a glimpse into the state of nurse-physician communication in relation to the size of the facility. Most notably, 90.9% of participants that rated their facility “excellent” came from organizations employing fewer than 100 nurses.

How would you rate your facility on nurse-physician collaboration?

Based on the results shown in Figure 6 on p. 4, the majority of participants (55%) rated their facility's nurse-physician collaboration as “good.” Only 15% responded that their facility had “excellent” nurse-physician collaboration. Three percent of respondents rated their facility as having “poor” nurse-physician collaboration.

Further analysis shows that participants working in facilities in which the majority of nurses are in the 40–49 age bracket provided one of the lowest percentages of

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Figure 1

What is your facility setting and type?

	Rural	Community, teaching	Community, nonteaching	Urban, teaching	Urban, nonteaching
Acute care	31%	13%	6%	9%	1%
Critical access	10%	6%	0%	3%	0%
Long-term care	6%	4%	2%	4%	1%
Ambulatory	7%	3%	2%	4%	1%
Home health	3%	2%	0%	1%	0%
Rehab	3%	5%	0%	2%	0%

Figure 2

How many RNs does your organization employ?

Which age range represents the majority of nurses at your facility?	Total	Fewer than 100	101–300	301–500	501–700	701–900	More than 900
20–29 years of age	3.1%	6.7%	0%	0%	0%	0%	0%
30–39 years of age	31.3%	36.7%	25%	37.5%	0%	0%	33.3%
40–49 years of age	57.8%	40%	75%	62.5%	100%	100%	66.7%
50 or over	7.8%	16.7%	0%	0%	0%	0%	0%

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“excellent” ratings. Those who felt nurse-physician collaboration was “poor” were largely found in facilities in which the majority of nurses are in the 30–39 age range. See Figure 7 on p. 4 for complete results.

Figure 8 on p. 4 shows that the highest ratings for nurse-physician collaboration came from nurses working in smaller facilities. More than 80% of the “excellent” ratings came from participants working in facilities employing fewer than 100 nurses. Half of the “good” responses also came from this segment. Research on improving nurse-physician relationships has uncovered the following:

- Collaboration alone does not work
- Enhancing opportunities for collaboration does not work
- Units with positive nurse-physician relationships have decreased mortality rates
- Perceptions about the problem, barriers, and solution differ greatly between nurses, physicians, and administrators
- Empowering nurses and developing a positive role for them doesn’t work because doing so doesn’t alter the power structure, thus nothing changes (Bartholomew)

Figure 3



How would you rate your facility overall on nurse-physician collaboration?

The influence of nurse-physician collaboration

Seventy-seven percent of respondents said nurse-physician collaboration at their facility positively affects patient care. Seventeen percent said their nurse-physician collaboration negatively affects patient care, and 6% said it has no effect on patient care. A 2003 study conducted throughout 14 hospitals, which achieved ANCC Magnet Recognition® from the American Nurses

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Figure 4

What age range represents the majority of nurses at your facility?

How would you rate your facility overall on nurse-physician communication?	Total	20–29 years of age	30–39 years of age	40–49 years of age	50 or older
Excellent	17.2%	100%	10%	13.5%	40%
Good	62.5%	0%	55%	70.3%	60%
Fair	18.8%	0%	35%	13.5%	0%
Poor	1.6%	0%	0%	2.7%	0%

Figure 5

How would you rate your facility overall on nurse-physician communication?

How many RNs does your organization employ?	Total	Excellent	Good	Fair	Poor
Fewer than 100	45.5%	90.9%	37.5%	28.6%	100%
101–300	18.2%	0%	27.5%	7.1%	0%
301–500	15.2%	0%	15%	28.6%	0%
501–700	6.1%	0%	7.5%	7.1%	0%
701–900	1.5%	0%	0%	7.1%	0%
More than 900	13.6%	9.1%	12.5%	21.4%	0%

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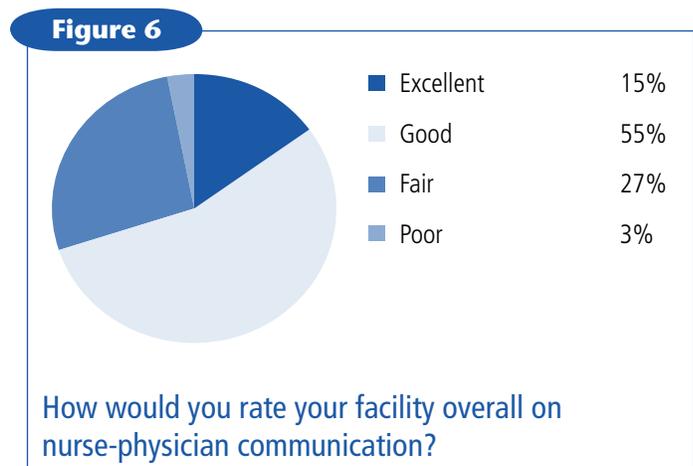
Credentialing Center, discovered that collaborative relationships between nurses and physicians were directly linked to positive patient outcomes (Lindeke & Sieckert).

Further, a 2004 study published in *AcademyHealth*, conducted among 300 RNs working in a suburban medical center, concluded that positive interactions between nurses and physicians improved patient outcomes, along with hospital costs, satisfaction among employees and patients, and the quality of care.

What is the biggest obstacle to excellent nurse-physician collaboration at your facility?

Thirty-eight percent of nurses selected “physician behavior” as the biggest barrier to excellent nurse-physician collaboration. “Time restraints/busy schedules” were challenges for a slightly smaller portion (32%). The least popular answer in the survey was “nurse behavior,” with only 4% of participants saying it was the biggest obstacle to excellent nurse-physician collaboration. Eighteen percent of respondents chose the “other” category, which included:

- Communication issues (four)
- A lack of physicians present during the night



- A combination of physician and nurse behavior, a lack of executive support, and time restraints/busy schedules (three)
- Differences in where nurses and physicians practice
- The culture of the facility
- Awaiting Pavilion-based hospitalists
- Physician egos

For a complete view of the results, see Figure 9 on p. 5.

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Figure 7

Which age range encapsulates the majority of nurses at your facility?

How would you rate your facility overall on nurse-physician collaboration?	Total	20–29 years of age	30–39 years of age	40–49 years of age	50 or older
Excellent	15.6%	50%	10%	10.8%	60%
Good	56.3%	50%	55%	59.5%	40%
Fair	25%	0%	30%	27%	0%
Poor	3.1%	0%	5%	2.7%	0%

Figure 8

How would you rate your facility overall on nurse-physician collaboration?

How many RNs does your organization employ?	Total	Excellent	Good	Fair	Poor
Fewer than 100	45.5%	80.9%	50%	11.1%	100%
101–300	18.2%	10%	16.7%	27.8%	0%
301–500	15.2%	0%	8.3%	38.9%	0%
501–700	6.1%	0%	5.6%	11.1%	0%
701–900	1.5%	0%	0%	5.6%	0%
More than 900	13.6%	10%	19.4%	5.6%	0%

Nurse-physician collaboration

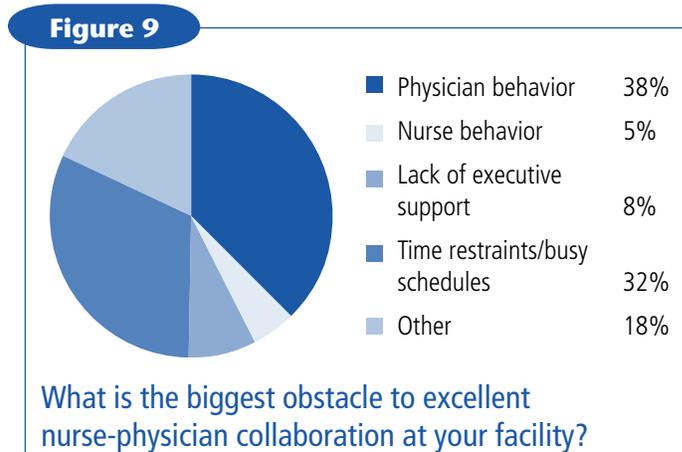
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Figure 10 below shows the specifics of the obstacles preventing excellent nurse-physician collaboration in regard to the size of the facility. In facilities employing 100 RNs or fewer, “physician behavior” and “time restraints/busy schedules” were the leading obstacles. The lowest percentage of nurses who chose a lack of executive support worked at facilities employing between 501–900 nurses. “Physician behavior” was the top choice for almost half of the participants working at large facilities that employ more than 900 nurses. The other portion cited “time restraints/busy schedules” and a “lack of executive support” as leading obstacles.

Further, Figure 11 below shows us that 100% of participants that chose “nurse behavior” as the biggest obstacle to excellent nurse-physician collaboration work in facilities with nurses aged 40–49.

Improving nurse-physician collaboration

Eighty-two percent of nurses said their facility is making strides toward better nurse-physician communication. The majority of this number fell into the “other”



category when asked what steps their facility was taking to improve nurse-physician collaboration, including:

- Discussion groups with nurses, physicians, and administration (four)
- None (three)
- A combination of training sessions for physicians and nurses, focus groups, and policy changes
- Conducting work culture surveys

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Figure 10 How many RNs does your organization employ?

What is the biggest obstacle to nurse-physician collaboration at your facility?	Total	Fewer than 100	101–300	301–500	501–700	701–900	More than 900
Physician behavior	37.9%	36.7%	33.3%	40%	25%	100%	44.4%
Nurse behavior	4.5%	0%	16.7%	0%	25%	0%	0%
Lack of executive support	7.6%	6.7%	8.3%	10%	0%	0%	11.1%
Time restraints/busy schedules	31.8%	36.7%	25%	30%	0%	0%	44.4%
Other	18.2%	20%	17%	20%	50%	0%	0%

Figure 11 What is the biggest obstacle to excellent nurse-physician collaboration at your facility?

Which age range represents the majority of nurses at your facility?	Total	Physician behavior	Nurse behavior	Lack of executive support	Time restraints/busy schedules	Other
20–29 years of age	3.1%	4.3%	0%	0%	0%	8.3%
30–39 years of age	31.3%	26.1%	0%	60%	38.1%	25%
40–49 years of age	57.8%	60.9%	100%	40%	52.4%	58.3%
50 or older	7.8%	8.7%	0%	0%	9.5%	8.3%

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Nurse-physician collaboration

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- Standard and policy expectations
- Training and utilization of assessment forms
- Hardwiring collaboration into the culture of hospital
- One-on-one communication
- Empowering physicians to participate in committees
- Nurse-physician liaison committee
- Changes in leadership
- Implementing SBAR (i.e., a structured communication tool that helps nurses and physicians share information and develop critical-thinking skills)
- Adopting electronic communication tools
- Discussing daily goals and rounding with physicians
- Sharing results of data collection
- Implementing a service-excellence program
- Commissioning collaborative projects
- Interdisciplinary teamwork

See Figure 12 below for the complete results.

Do you feel like the physicians at your facility are respectful of your clinical knowledge as a nurse?

Most participants (70%) in the survey said they felt respected by physicians regarding their clinical knowledge. Seventeen percent said “no,” and 14% were “not sure.”

Influencing job satisfaction and turnover

The two survey questions regarding job satisfaction and turnover were similar, but yielded much different

responses. When participants were asked whether they had left a position they enjoyed due to poor nurse-physician collaboration, 79% said “no.” When participants were asked whether they knew other nurses who had vacated a position for the same reason, 75% said “yes.” For the entire breakdown, see Figure 13 below and Figure 14 on p. 7.

The future of nurse-physician collaboration

Do you believe nurse-physician collaboration has improved during the past year?

The majority (70%) of nurses have seen their facilities making improvements in nurse-physician collaboration. Fifteen percent of respondents chose “no,” and the other 15% chose “I’m not sure.”

Although it is evident the majority of nurses who participated in the survey are not suffering from poor nurse-physician collaboration, the data in Figure 15 on p. 7 show nurses are aware of its influence in the workplace. Eighty percent of nurses said that poor nurse-physician collaboration adds stress.

Conclusion

Nurse-physician collaboration has been covered in various studies. It’s been proven to play a large role in several facets of the healthcare environment, including patient care, patient satisfaction, hospital costs, and turnover.

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Figure 12



Figure 13



Nurse-physician collaboration

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As illustrated in our data, the majority of participating nurses do not experience poor nurse-physician collaboration in their facilities. However, it identifies areas that need improvement. Facilities employing mostly experienced nurses who are aged 40–49 appear to face more challenges with nurse-physician collaboration and communication than the other age groups. In regard to size, it is mainly smaller facilities that are seeing some of the best nurse-physician relationships. Still, more than three-quarters of participants say positive steps have been and continue to be taken in their facilities to create work environments with better nurse-physician collaboration. ■

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Figure 14

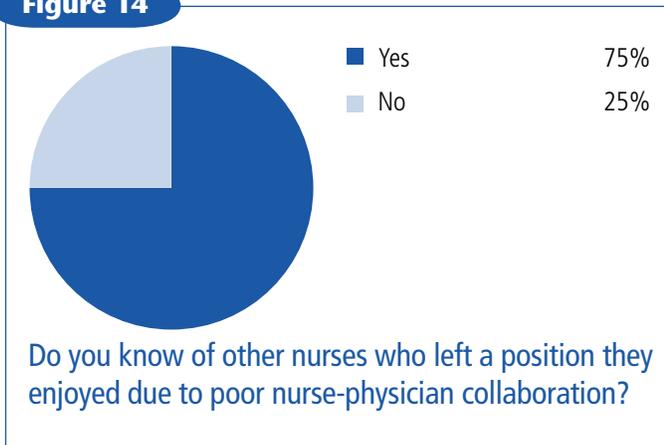


Figure 15



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Associate Editor: **Lindsey Cardarelli**, lcardarelli@hcpro.com,
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