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LEVEL OF NURSE - PHYSICIAN COMMUNICATION AND PROBLEMS ENCOUNTERED: ITS IMPACT ON PATIENT-CENTERED OUTCOMES ON A PRIVATE HOSPITAL IN CAUAYAN CITY, ISABELA

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ABSTRACT

This study aimed to determine the level of nurse- physician communication and its impact on patient- centered outcomes at Cauayan City Medical Specialist Hospital. A quantitative research design particularly the descriptive survey approach was utilized. There were 89 nurses and 10 physician who served as the respondents of the study. Data were collected using both self-made and adopted questionnaire. Frequency and percentage distribution, weighted mean, t-test, and ANOVA were used to test gathered data. The results revealed that majority of nurse-respondents are predominantly young, with most falling in the early stages of their careers, serving 1-5 years or less. In parallel, the physician-respondents are also relatively young, with the majority aged 31-35 and similarly having 1-5 years of professional experience. In addition, both staff nurses and physicians believe that nurse-physician communication is of very high quality and always practiced within their healthcare setting which reflects a strong foundation of regular, open dialogue and collaboration between the two groups. Moreover, physicians view certain issues in nurse-physician communication as "always a problem." In contrast, staff nurses perceive these same challenges as "sometimes a problem." There is a high impact of the nurse-physician communication on patient-centered outcomes which highlights the critical role effective communication plays in healthcare settings. Lastly, there is a significant difference in the level of nurse-physician communication when respondents are grouped based on their area of assignment. However, other demographic and professional variables, such as age, sex, years of service, shift schedule, and physician specialization, do not serve as predictors of nurse-physician communication.

Keywords: *nurse-patient communication, patient-centered outcomes, challenges, impact*

INTRODUCTION

Effective communication between nurses and physicians is essential for providing care to patients. Through the promotion of a collaborative approach, coordinated activities, prompt information interchange, and the overall improvement of patient safety and results, it guarantees that these things are done. Errors, misunderstandings, and potentially compromised care can all be the result of poor communication. Therefore, it is absolutely necessary for nurses and doctors to communicate effectively in order to provide patients with the highest possible level of medical treatment.

When it comes to providing high-quality treatment to patients, the teamwork and coordination that takes place between these two essential healthcare workers is of critical importance. To get the best results for patients, nurses and doctors need to work together. For this to happen, they need to be able to communicate clearly, effectively, and respectfully with each other. This will allow them to make decisions together and plan care in a coordinated way. This is supported by Jemal et al. (2021), communication between nurses and physicians that is both straightforward and polite is extremely important for the patients' overall health.

Nurse–Physician communication (NPC), as stated by Tan et al. (2017), is a way for nurses and doctors to share and talk about correct, up-to-date, frequent, and problem-solving information about a patient in order to care for that patient. Not only does effective communication in the health care setting involve the exchange of information, but it also involves the establishment of a commonly held understanding among health care workers in order to enhance the level of patient safety and the quality of treatment that is provided.

Background of the Study

It is crucial in the healthcare industry to make decisions quickly and accurately. Communication between nurses and physicians in a timely manner enables a rapid assessment of the patient's requirements and the adoption of interventions that are appropriate. It is also said that in order for nurses to effectively transmit the patient's concerns, preferences, and answers to therapy, it is imperative that they have effective communication with physicians. Additionally, an environment that encourages collaboration and support among members of a healthcare team is fostered by positive communication. Teamwork, mutual respect, and a shared commitment to the health and well-being of patients are all fostered when nurses and physicians are able to communicate effectively with one another.

Effective communication within the healthcare industry is essential for guaranteeing the health and well-being of patients, raising the quality of treatment provided, and improving the outcomes for patients. In order to provide care that is coordinated and centered on

the patient, it is vital for both physicians and nurses to have the capacity to communicate effectively. Both of these personnel play important roles in the healthcare team.

Though nurse-physician communication is vital to the achievement of better patient-outcomes, issues and challenges are unavoidable. There have been reported difficulties in communication between physicians and nurses in the past. These difficulties frequently stem from variations in professional responsibilities, hierarchies, communication styles, and various degrees of experience and expertise. These problems have the potential to impede the effective sharing of information and collaboration, which may have potentially adverse effects on patient care and outcomes. In the study conducted by Jemal et al. (2021), the level of communication between nurses and physicians in patient care was determined to be quite low due to the fact that more than half of the levels of communication between nurses and physicians were judged to be poor. Increasing in age, receiving a lower monthly wage, receiving a higher report for work-related attitude, and organizational-related characteristics were the probable predictors that would decrease the good level of communication between nurses and physicians in patient care.

In a hospital setting around the world, NPC is still a public health issue. Studies have shown that NPC gaps are the main reason why undesirable medical things happen in hospitals that can lower the level of care for patients (Pesko et al., 2018; Yusuf et al., 2018). Also, these communication gaps can make it hard to keep up with patient care and lead to medication mistakes, both of which may negatively impact the quality and safety of care (Hammoudi et al., 2018; Hassan, 2018). Many of these unpleasant medical events can be avoided, but if professionals don't pay attention to them, they can lead to major problems and long-term disabilities (Muller et al., 2018).

As observed by the researcher and based on the initial interview, nurses and physicians at Cauayan Medical Specialist Hospital also encountered communication challenges in the provision of patients' care. While extensive research has explored communication in healthcare broadly, there remains a specific need to focus on understanding the dynamics of nurse-physician communication and its direct influence on patient-centered outcomes. Addressing this gap can yield valuable insights into strategies to enhance communication, collaboration, and consequently, patient care.

The main purpose of this study is to find and examine the main problems and issues that arise when physicians and nurses communicate with each other at Cauayan Medical Specialist Hospital. The study also wants to find out how these differences in communication affect outcomes that are important to the patient, like how satisfied the patient is with their care, how well they follow their treatment plans, and their general health.

To achieve the study's objectives, an extensive literature review will be conducted to summarize existing knowledge regarding challenges in nurse-physician communication and its impact on patient-centered outcomes. Additionally, explanatory research design may be utilized to gather fresh insights from healthcare professionals and patients, aiming to understand communication dynamics and their consequential effects. As an output, this study seeks to suggests measures to improve nurse-physician communication which

could lead to the delivery of better patient-centered care and achieving favorable patient outcomes.

Significance of the Study

This study may be beneficial to the following:

Nurses. Understanding the challenges in communication helps nurses identify areas for improvement, contributing to enhanced patient outcomes. By studying communication challenges, nurses can work towards implementing strategies to prevent errors, such as improving information exchange, clarifying orders, and promoting a culture of open communication.

Physicians. Recognizing the difficulties in communication enables physicians to take an active role in enhancing communication procedures, which in turn lowers the probability of medical mistakes and negative outcomes. Physicians can also identify opportunities for enhancing collaboration, fostering teamwork, and ensuring that all members of the healthcare team are on the same page regarding patient care plans. Further, addressing communication challenges helps physicians streamline communication processes, reducing delays, and optimizing the coordination of patient care.

Patients. The study of issues and challenges related to nurse-physician communication is of great significance to patients as it directly influences their safety, the quality of care they receive, their understanding of treatment plans, and their overall healthcare experience. Improving communication practices enhances patient-centered care, builds trust, and contributes to better outcomes for patients.

Hospital Administrators. By studying communication issues, hospital administrators can identify potential risks, implement risk management strategies, and work towards creating a safer healthcare environment. Identifying and addressing communication challenges allows administrators to allocate resources more effectively, optimizing workflow and improving overall operational efficiency.

Researcher. By exploring challenges and issues, the researcher can expand the understanding of the complex dynamics involved in communication within healthcare teams. The researcher can use their findings to inform the development of intervention strategies aimed at improving nurse-physician communication. These interventions may involve training programs and communication protocols.

Future Researchers. Future researchers can build on the foundations laid by previous studies. The insights gained from current research on nurse-physician communication challenges provide a basis for formulating new research questions and hypotheses.

Research Questions

This study aimed to determine the level of nurse- physician communication and its impact on patient- centered outcomes.

Specifically, it aimed to answer the following research questions:

1. What is the profile of the respondents:
    1.1. Physician
        1.1.1. Age;
        1.1.2. Sex;
        1.1.3. Years in Service; and
        1.1.4. Specialization?
    1.2. Nurses
        1.1.1. Age;
        1.1.2. Sex;
        1.1.3. Years in Service;
        1.1.4. Area of Assignment; and
        1.1.5. Shift?
2. What is the level of the nurse-physician communication by the respondents?
3. What are the problems encountered by the respondents with regard to nurse-physician communication?
4. What is the perceived impact of nurse-physician communication on patient-centered outcomes?

METHODOLOGY

Research Design

The researcher utilized the descriptive research design. According to Creswell (2014), the descriptive research design is a study that describes the characteristics of a population or phenomenon being studied. Primarily used to gain an understanding of a group or phenomenon. This involves collecting data through surveys, interviews, or observation. Furthermore, Siedlecki, (2020) defined descriptive research design as a scientific method which involves describing individuals, events or conditions by studying them as they are and not trying to manipulate any of the variables.

This design was the most appropriate approach for this study, considering that the researcher concentrated on the level of nurse- physician communication, problems encountered, and its impact on patient- centered outcomes, gathering data without changing the study subject.

Study Sites and Participants

The study was conducted at Cauayan Medical Specialist Hospital. Cauayan Medical Specialist Hospital is a Level 2 DOH accredited hospital with 95 bed capacity. It is situated nearby to the bus station SM Transport Terminal and the shopping center SM City Cauayan.

The respondents were the physicians and regular staff nurses working in the said hospital.

Population, Sample size, Sampling methods

The population of the study was the regular staff nurses and physicians in Cauayan Medical Specialist Hospital. There were 89 total regular staff nurses and 10 physicians. The researcher utilized total enumeration.

The table below shows the breakdown:

Hospital Department	Nurses	Physicians
Emergency Care Services	9	6
Intensive Care Services	15	3
Perioperative Care Services	8	0
Hemodialysis Care Services	13	1
General Care Services	44	0
	N=89	**N=10**

Instrument

The researcher made use of both adopted and self-made questionnaire as a primary tool for gathering data which were based on the review of related literature and studies.

Part 1 consisted of the demographic profile of the respondents;

Part 2 comprised of statements about the level of communication between Nurses and Physicians in patient care, and respondents were asked to rate each item on a 5-point Likert scale, which ranges from never (1) to always (5). The questionnaire was adopted from a study conducted by Hailu et al (2016). Questions were combined after testing for inter-item reliability using the Cronbach's alpha with a score of $\alpha = 0.89$;

Part 3 consisted of statements on the problems encountered by the respondents regarding nurse-physician communication. Participants were asked to rate statements using the following scales: 4 -Strongly Agree (SA); 3 -Agree (A); 2 -Disagree (D); and 1 -Strongly Disagree (SD); and

Part 4 included statements on the perceived impact of the nurse-physician communication on patient-centered outcomes. Statements were rated using the following scales: 4 -Strongly Agree (SA); 3 -Agree (A); 2 -Disagree (D); and 1 -Strongly Disagree (SD).

Part 3 and 4 were subjected to validity and reliability testing. For content validity, the instrument was checked by the adviser and experts in the field. Pilot testing was also conducted to at least 15 nurses not part of the population. Results were tallied and

subjected to Cronbach's alpha analysis. The score of 0.83 for the physician and 0.86 for staff nurses revealed that the instrument was reliable.

Data Gathering Procedures

The following steps were undertaken by the researcher:

1. The researcher formulated the research proposal and the instrument and submitted for checking and approval.

2. Once the structured questionnaire was checked and approved by the adviser, the researcher sought the approval from the Chief of Hospital before conducting the research asking permission for the conduct of the study and for their participation in the study.

3. Once permission was granted, the researcher reproduced the questionnaire and personally distributed to the respondents. Before the accomplishment of the questionnaire, the researcher explained the purpose of the study, including all the rights of the respondents adhering to the ethical considerations.

4. The questionnaires with the attached consent form were distributed to the respondents. Retrieval of the questionnaire was followed.

5. The responses were tallied and subjected to statistical treatment/analysis and interpretation.

Data Analysis

The obtained data from this study were treated using SPSS Statistical Software. The researcher employed normality test to determine the appropriate inferential statistics to be used in the study. The following were the statistical tools used:

1. **Frequency and Percentage Distribution.** This was used to identify the profile of the participants.

2. **Weighted Mean.** This was utilized to determine the level of the nurse-physician communication practiced by the participants. It was also utilized to identify the problems encountered by the participants about nurse-physician communication. Moreover, this was applied in identifying the perceived impact of the nurse-physician communication on patient-centered outcomes.

In the level of the nurse-physician communication practiced by the participants, the weighted means were interpreted as follows:

Weight	Scale/Range	Verbal Description	Interpretation
5	4.20-5.00	Always	Very Good NPC
4	3.40-4.19	Often	Good NPC
3	2.60-3.39	Sometimes	Satisfactory NPC
2	1.80-2.59	Rarely	Fair NPC
1	1.00-1.79	Never	Low NPC

In interpreting the problems encountered by the participants, the following scales were used:

Weight	Scale/Range	Verbal Description	Interpretation
4	3.25-4.00	Strongly Agree	Always a Problem
3	2.50-3.24	Agree	Sometimes a Problem
2	1.75-2.49	Disagree	Rarely a Problem
1	1.00-1.74	Strongly Disagree	Not a Problem

Meanwhile, the perceived impact will be interpreted using the following:

Weight	Scale/Range	Verbal Description	Interpretation
4	3.25-4.00	Strongly Agree	High Impact
3	2.50-3.24	Agree	Moderate Impact
2	1.75-2.49	Disagree	Low Impact
1	1.00-1.74	Strongly Disagree	No Impact

Independent Samples t-test and ANOVA. These were used to determine if there is a significant difference in the level of the nurse-physician communication by the participants when grouped according to profile variables.

RESULTS

This part contains the presentation of the data after conducting the survey as well as data analysis and interpretation by employing the statistical tools mentioned in the previous chapter.

Part 1. Demographic Profile of the Respondents

Table 1 shows the demographic profile of the staff nurses in terms of their age, sex, years in service, area of assignment, and shift.

Table 1

Distribution of the Demographic Profile of the Staff Nurses

Variables	*f*	%
Age		
20 and below	2	2.2
21 – 25	56	62.9
26 – 30	11	12.4
31 - 35	14	15.7
36 - 40	5	5.6
41 and above	1	1.1
Total	**89**	**100**
Sex		
Male	18	20.2
Female	71	79.8
Total	**89**	**100**
Years in Service		
Below 1 year	39	43.8
1 – 5 years	36	40.4
6 – 10 years	8	9.0
11 – 15 years	4	4.5
16 and above	2	2.2
Total	**89**	**100**
Area of Assignment		
Emergency Care Services	9	10.1

Intensive Care Services	15	16.9
Perioperative Care Services	8	9.0
Hemodialysis Care Services	13	14.6
General Care Services	44	49.4
Total	**89**	**100**
Shift		
Day	58	65.2
Night	28	31.5
Day and Night	3	3.4
Total	**89**	**100**

As shown in Table 1, the majority of nurse-respondents fall within the 21-25 age group, representing 56 individuals or 62.9% of the total. The second-largest group comprises those aged 31-35, with 14 respondents or 15.7%. Only 1 respondent, or 1.1%, is aged 41 years and above.

In terms of gender, the respondents are predominantly female, with 71 nurses accounting for 79.8%, while males make up 18 respondents, or 20.2%.

Regarding years of service, the largest group (43.8%) consists of nurses with less than one year of experience, totaling 39 individuals. Those with 1-5 years of service follow closely, representing 36 respondents or 42%. Meanwhile, only 2 respondents (2.2%) have been in service for 16 years or more.

When it comes to area of assignment, the majority, 44 respondents or 49.4%, work in general care services. In contrast, only 8 respondents, or 9%, are assigned to perioperative care services.

Finally, with respect to work shifts, most respondents (65.2%) are on day shifts, totaling 58 individuals. Another 28 respondents, or 31.5%, work night shifts. Only a small group, 3 respondents or 3.4%, have rotating shifts between day and night.

The result implies that majority of the nurse-respondents are predominantly young, females, are in the service for 1-5 years and below, and having day shifts. This demographic information provides insights into the experience levels, work environments, and working hours of the nurses, which may be relevant to understanding their professional perspectives and work-related challenges.

Table 2 shows the demographic profile of the physicians in terms of their age, sex, years in service, and specialization.

Table 2.

Distribution of the Demographic Profile of the Physicians

Variables	*f*	%
Age		
21 – 25	1	10
26 – 30	1	10
31 - 35	5	50
36 - 40	2	20
41 and above	1	10
Total	**10**	**100**
Sex		
Male	4	40
Female	6	60
Total	**10**	**100**
Years in Service		
1 – 5 years	5	50
6 – 10 years	4	40
11 – 15 years	1	10
Total	10	**100**
Specialization		
ER Department	6	60
Intensive Care Services	1	10
Internal Medicine	3	30

Total	**10**	**100**

As revealed in Table 2, the majority of physician-respondents are aged 31-35, accounting for 5 individuals or 50%. In terms of gender, most are female, making up 60% (6 respondents), while the remaining 40% (4 respondents) are male. Regarding years of service, half of the respondents (50%) have 1-5 years of experience, with only 1 respondent (10%) having 11-15 years of service. In terms of specialization, 60% (6 respondents) are assigned to the ER Department, while only 10% (1 respondent) is assigned to Intensive Care Services.

This means that majority of the physician respondents are ages 31-35, females, in the service for 1-5 years, and assigned to ER Department. This suggests a relatively young and possibly growing workforce with a blend of developing skills and experience. Also, this indicates a strong emphasis on emergency care, which may reflect the hospital's need for rapid-response medical professionals.

Part 2. Level of Nurse-Physician Communication

Table 3 provides an overview of the perceived level of nurse-physician communication, as evaluated by the staff nurses. This data offers valuable insights into how effectively nurses and physicians interact.

Table 3.

Level of Nurse-Physician Communication as Perceived by the Nurse- Respondents

Statements	Mean	Verbal Description
1. I ask frequent clarification in understanding what Physicians say.	4.52	Very Good
2. In the event of a change in the treatment plan for the patient, I and physician have a mutual understanding of it.	4.47	Very Good
3. I discuss the mechanisms to maintain patient safety with physicians.	4.38	Very Good
4. Patient discharge confirmed by the signatures of me and the physician.	4.43	Very Good
5. I have the same understanding of patient's care with physicians.	4.33	Very Good

6. I take into account physicians' schedules when making plans to treat a patient together.	4.30	Very Good
7. I and the physician openly exchange information about matters related to work in the patient care.	4.30	Very Good
8. I and the physician listen to each other during communication in patients care.	4.38	Very Good
9. I receive correct information from physicians on patient care.	4.56	Very Good
10. I consider physicians' views when making decisions about patients care	4.54	Very Good
11. I and the physician have equal understanding during interaction for the patient care.	4.43	Very Good
12. I consider physician information about the patient as relevant.	4.51	Very Good
Mean	**4.43**	**Very Good**

As demonstrated in Table 3, the staff nurses assessed the level of nurse-physician communication. It can be deduced that the statement "I receive correct information from physicians on patient care" got a mean score of 4.56 and verbally described as "very good". It is followed by the statement "I consider physicians' views when making decisions about patients care" with a mean score of 4.54. On the other hand, though it was still rated as very good, the statements "I take into account physicians' schedules when making plans to treat a patient together" and "I and the physician openly exchange information about matters related to work in the patient care."

An overall mean of 4.43 indicates that staff nurses view nurse-physician communication as consistently practiced and of a high standard.. This suggests that open and effective communication between nurses and physicians is a regular part of their interactions, contributing to improved collaboration, enhanced decision-making, and better patient outcomes. Such a strong perception of communication indicates that the healthcare team likely engages in frequent and clear exchanges of information, which is essential for coordinating care, reducing errors, and ensuring that both nurses and physicians are aligned in their patient care goals. This high level of communication may also reflect a positive work culture where teamwork and mutual respect between nurses and physicians are emphasized.

Table 4 provides an analysis of the level of nurse-physician communication as perceived by the physicians. This data offers valuable insights into how physicians view their communication dynamics with nursing staff, highlighting the quality of interdisciplinary collaboration, which is essential for delivering effective and coordinated patient care.

Table 4.
Level of Nurse-Physician Communication as Perceived by the Physician-Respondents

Statements	Mean	Verbal Description
1. I ask frequent clarification to nurses regarding patients' data when attending to patients.	4.40	Very Good
2. In the event of a change in the treatment plan for the patient, I and nurses have a mutual understanding of it.	4.30	Very Good
3. I discuss the mechanisms to maintain patient safety with nurses	4.30	Very Good
4. Patient discharge confirmed by the signatures of me and the nurses.	4.50	Very Good
5. I have the same understanding of patient's care with nurses.	4.20	Very Good
6. I take into account nurses' schedules when making plans to treat a patient together.	4.20	Very Good
7. I and nurses openly exchange information about matters related to work in the patient care.	4.60	Very Good
8. I and nurses listen to each other during communication in patients care.	4.50	Very Good
9. I receive correct information from nurses on patient care.	4.50	Very Good
10. I consider nurses' views when making decisions about patients care	4.30	Very Good
11. I and nurses have equal understanding during interaction for the patient care.	4.20	Very Good
12. I consider nurses' information about the patient as relevant in terms of managing the plan of care.	4.30	Very Good
Mean	**4.36**	**Very Good**

As shown in Table 4, physicians assessed the level of nurse-physician communication. The statement “I and nurses openly exchange information about matters related to patient care” received the highest mean score of 4.60, which is verbally described as "very good." This was followed by the statements “Patient discharge confirmed by the signatures of both me and the nurses,” “I and nurses listen to each other during communication in patient care,” and “I receive correct information from nurses on patient care,” all with a mean score of 4.50.

Meanwhile, though still rated as "very good," the statements “I and nurses have equal understanding during interaction for patient care,” “I take into account nurses' schedules when making plans to treat a patient together,” and “I have the same understanding of patient care with nurses” received the lowest mean score of 4.20.

An overall mean of 4.36 indicates that physicians view nurse-physician communication as consistently practiced. This suggests that physicians perceive nurse-physician communication to be consistently strong, particularly in areas where open exchange of information is crucial for patient care. This also reflects a strong culture of transparency and collaboration between nurses and physicians. This open communication is essential for ensuring that important information is shared promptly, allowing for better decision-making and coordination of patient care.

Part 3. Problems Encountered by Respondents with Regard to Nurse-Physician Communication

Table 5 outlines the challenges encountered by both nurses and physicians concerning nurse-physician communication. This table provides valuable insights into the specific issues that may hinder effective collaboration and information exchange, highlighting the complexities of communication within the healthcare environment.

Table 5.

Problems Encountered by Respondents with Regard to Nurse-Physician Communication

Statements	Physician		Nurse		Total	
	Mean	VB	Mean	VB	Mean	VB
1. Hesitancy in expressing concerns or opinions between/among nurses and physicians.	3.20	SA	2.97	SA	2.99	SA
2. Busy schedules and demanding workloads for nurses and physician can lead to limited time for effective communication.	3.50	AP	3.09	SA	3.13	SA

3. Different communication styles of nurses and physician, which can lead to misunderstandings or misinterpretations.	3.40	AP	3.09	SA	3.12	SA
4. Incomplete or delayed information sharing between nurses and physicians can impede patient care.	3.30	AP	3.25	AP	3.25	AP
5. A lack of collaboration and teamwork between nurses and physicians can hinder communication.	3.60	AP	3.25	AP	3.28	AP
6. The use of outdated or inefficient communication tools, such as pagers or unclear documentation systems, can contribute to communication breakdowns.	3.70	AP	3.21	SA	3.26	AP
7. A culture that does not encourage open dialogue and constructive feedback can hinder effective communication and collaboration.	3.60	AP	3.24	SA	3.27	AP
8. Unclear role expectations and responsibilities can lead to confusion in communication.	3.70	AP	3.18	SA	3.23	SA
9. The fast-paced and high-stress nature of healthcare environments can contribute to communication challenges.	3.40	AP	3.18	SA	3.20	SA
10. Inadequate training can hinder their ability to navigate complex interactions and collaborate seamlessly.	3.30	AP	3.17	SA	3.18	SA
Mean	**3.47**	**AP**	**3.16**	**SA**	**3.19**	**SA**

Legend: AP-Always a Problem; SP-Sometimes a Problem; RA-Rarely a Problem; NP-Not a Problem

As indicated in Table 5, physicians generally perceive the challenges encountered as being "always a problem." It is shown that the statements “Unclear role expectations and responsibilities can lead to confusion in communication” and “The use of outdated or inefficient communication tools, such as pagers or unclear documentation systems, can contribute to communication breakdowns” got the highest mean score of 3.70 and verbally described as “always a problem.” It is followed by the statements “A culture that does not encourage open dialogue and constructive feedback can hinder effective

communication and collaboration" and "A lack of collaboration and teamwork between nurses and physicians can hinder communication" got mean score of 3.60, respectively. On the other hand, the statement "Hesitancy in expressing concerns or opinions between/among nurses and physicians" got the lowest mean score of 3.20 and verbally described as "sometimes a problem." This indicates that these issues are significant barriers to effective communication. The emphasis on unclear roles and outdated tools suggests that addressing these specific areas could greatly improve communication and collaboration between healthcare professionals. This also underscores the importance of fostering a supportive and collaborative work environment. These cultural and relational factors are crucial in ensuring that communication flows freely and effectively among healthcare team members.

In terms of the problems encountered in terms of nurse-physician communication, the staff nurses generally perceive the challenges encountered as being "sometimes a problem." As shown, the statements "Incomplete or delayed information sharing between nurses and physicians can impede patient care" and "A lack of collaboration and teamwork between nurses and physicians can hinder communication" got the highest mean score of 3.25 and verbally described as "always a problem." In contrast, the statement "Hesitancy in expressing concerns or opinions between/among nurses and physicians" got the lowest mean score of 2.97 and verbally described as "sometimes a problem." This suggests that these issues are recognized as significant obstacles to effective communication. This perception highlights the critical role that timely and collaborative communication plays in ensuring optimal patient care. Also, the results indicate that while this issue exists, it may not be as prevalent or impactful as the others. Nevertheless, it suggests that there are occasions when communication hesitancy could affect the interactions between nurses and physicians, potentially leading to missed opportunities for feedback or clarification.

Part 4. Perceived Impact of Nurse-Physician Communication On Patient-Centered Outcomes

Table 6 presents the impact of nurse-physician communication on patient-centered outcomes.

Table 6.

Perceived Impact of Nurse-Physician Communication On Patient-Centered Outcomes

Statements	Physician		Nurse		Total	
	Mean	VB	Mean	VB	Mean	VB
1. Improvement in patient safety due to effective communication	3.40	HI	3.63	HI	3.61	HI

2. Enhanced patient satisfaction resulting from clear communication.	3.40	HI	3.57	HI	3.56	HI
3. Reduction in medical errors through better nurse-physician collaboration	3.30	HI	3.65	HI	3.62	HI
4. Improved patient outcomes due to timely information sharing	3.70	HI	3.65	HI	3.66	HI
5. Increased patient trust and confidence through coordinated care	3.60	HI	3.60	HI	3.60	HI
6. More efficient patient discharge processes through effective team communication	3.60	HI	3.63	HI	3.63	HI
7. Better management of chronic conditions due to interdisciplinary communication	3.60	HI	3.55	HI	3.56	HI
8. Enhanced patient education and understanding from unified communication	3.60	HI	3.65	HI	3.65	HI
9. Reduction in patient anxiety through consistent information from care team	3.40	HI	3.70	HI	3.67	HI
10. Improved patient adherence to treatment plans through collaborative communication	3.60	HI	3.66	HI	3.66	HI
Mean	**3.52**	**HI**	**3.63**	**HI**	**3.62**	**HI**

Legend: HI-High Impact; MI-Moderate Impact; LI-Low Impact; NI-No Impact

As illustrated in Table 6, physicians recognize a high impact of nurse-physician communication on patient-centered outcomes. This perception underscores the vital role that clear, effective communication plays in delivering high-quality, patient-focused care. It is reflected in the table that the statements “Improved patient outcomes due to timely information sharing” got the highest mean score of 3.70 and verbally described as “high impact.” It is followed by the statements “Increased patient trust and confidence through coordinated care,” “More efficient patient discharge processes through effective team communication,” “Better management of chronic conditions due to interdisciplinary communication,” “Enhanced patient education and understanding from unified communication,” and “Improved patient adherence to treatment plans through collaborative communication” got a mean score of 3.60, respectively. Contrary, the statement “Reduction in medical errors through better nurse-physician collaboration” got the lowest mean score of 3.30, though it is still described as “high impact.” This implies that physicians strongly recognize the positive influence of nurse-physician communication on patient-centered outcomes, with various aspects of patient care

benefiting from this collaborative interaction. Also, this indicates that interdisciplinary communication is key to improving patient experiences and care outcomes. These areas emphasize that strong nurse-physician communication contributes to smoother hospital workflows, better patient education, and more personalized and cohesive care plans.

For staff nurses, they also perceive a high impact nurse-physician communication on patient-centered outcomes. As reflected, the statement “Reduction in patient anxiety through consistent information from care team” got the highest mean score of 3.67 and verbally described as “high impact.” Meanwhile, the statements “Better management of chronic conditions due to interdisciplinary communication,’ and “Enhanced patient satisfaction resulting from clear communication” got the lowest mean score of 3.56 and still verbally described as “high impact.” This implies that when nurses and physicians communicate effectively, patients feel more informed, reducing uncertainty and anxiety about their treatment, which contributes to a more positive patient experience. The result also highlights that clear, interdisciplinary communication not only helps manage complex, ongoing health conditions but also enhances overall patient satisfaction, as patients feel more supported and engaged in their care process.

Generally, both the nurse and physician-respondent perceived a high impact of nurse-patient communication to the patient-centered outcomes. The general perception among both nurse and physician respondents that nurse-physician communication has a high impact on patient-centered outcomes highlights the essential role of effective collaboration in healthcare. This perception indicates how vital communication is to all stages of patient care, from diagnosis to treatment and discharge. When nurses and physicians consistently share timely, clear, and accurate information, it enhances decision-making, leading to better clinical outcomes, increased patient safety, and more efficient care processes.

DISCUSSION

Part I. Demographic Profile of the Respondents

The profile of nurse-respondents in this study reveals that with the majority of nurses (62.9%) falling between the ages of 21-25, the nursing workforce appears to be predominantly young. This may imply that many nurses are in the early stages of their careers, which could impact the level of experience within the healthcare facility.

The dominance of female nurses (79.8%) aligns with global trends in the nursing profession, which remains a predominantly female occupation. However, the small proportion of male nurses (20.2%) suggests potential challenges in promoting gender diversity within the workforce. The fact that 43.8% of nurses have less than one year of experience, with 42% having 1-5 years, suggests that the majority of the nursing workforce is relatively new to the profession. This could indicate high turnover or recent expansion in hiring. This trend emphasizes the importance of effective onboarding,

training programs, and retention strategies to ensure that younger nurses are supported as they grow in their roles.

The large number of nurses (49.4%) working in general care services suggests that most nursing staff may be dealing with a wide range of patients and conditions, potentially increasing their workload. Meanwhile, the relatively small proportion of nurses in perioperative care services (9%) may highlight the need for more specialized training and staffing in critical areas such as surgery or intensive care. Lastly, with 65.2% of nurses working day shifts and only 31.5% working night shifts, this distribution could imply a shortage of staff during nighttime hours. The small number of nurses (3.4%) working rotating shifts may suggest challenges in maintaining a 24/7 operational schedule, which could affect patient care continuity. Hospitals may need to review staffing policies to ensure adequate coverage, especially during less desirable night shifts.

As regards physician-respondents' profile, the finding suggests that the physician workforce is relatively young, with most respondents aged 31-35 and having 1-5 years of service. This points to a growing group of professionals who are still in the early stages of their careers, with developing skills and experience. The higher percentage of female physicians highlights the increasing presence of women in medicine, especially among younger age groups.

The fact that 60% of these physicians are assigned to the ER Department reflects the hospital's strong emphasis on emergency care, likely due to a high demand for rapid-response medical services. However, the limited number of physicians assigned to Intensive Care Services (only 10%) may signal a potential imbalance in staffing, which could affect the ability to provide specialized and critical care. This distribution underscores the need for careful workforce planning to ensure that both emergency and intensive care departments are adequately staffed.

Part 2. Level of the Nurse-Physician Communication by the Respondents

Nurse-Respondents

The findings revealed that an overall mean score of 4.43 indicates that staff nurses view nurse-physician communication as consistently practiced within their healthcare setting. This perception underscores the importance of open and effective communication as a regular feature of their interactions. Such consistent communication is vital for fostering a collaborative environment, where nurses and physicians work together effortlessly to make informed decisions regarding patient care.

Effective communication enhances collaboration by ensuring that both parties are on the same page, which is crucial for developing comprehensive care plans. When nurses receive timely and accurate information from physicians, it allows them to provide better patient care and make well-informed decisions that reflect the latest medical advice. This collaboration is essential in improving patient outcomes, as it reduces the likelihood of misunderstandings that could lead to errors in treatment or care.

The high mean score suggests that healthcare professionals engage in frequent and clear exchanges of information, which are critical for coordinating care efforts. This communication helps to streamline processes and ensure that all team members are aware of patient needs and preferences, ultimately contributing to a holistic approach to healthcare. Moreover, when nurses and physicians share information effectively, it minimizes the risk of errors that may arise from miscommunication or lack of information, enhancing the overall safety and quality of patient care.

Additionally, the strong perception of communication likely reflects a positive work culture within the healthcare team, where teamwork and mutual respect are prioritized. In such an environment, staff members feel empowered to share their insights and concerns, fostering a sense of belonging and collaboration. This culture not only enhances job satisfaction among nurses and physicians but also encourages a unified approach to patient care, benefiting both staff morale and patient outcomes.

Overall, the findings suggest that investing in communication training and creating supportive environments for collaboration can further enhance nurse-physician interactions, leading to even greater improvements in patient care quality and team dynamics. This is in contrast with the study of Jemal et al. (2021) who found that the nurse–physician communication in patient care was relatively low because more than half of the level of nurse–physician communication was found to be poor.

Physician-Respondents

The data presented in Table 3 highlights physicians' perceptions of nurse-physician communication, with an overall mean score of 4.36. This score suggests that physicians generally view their communication with nurses as consistently practiced and effective. The highest mean score of 4.60 shows that open dialogue between physicians and nurses is considered a key component of their interaction. This indicates that communication channels are well-established, allowing for transparent information sharing that is vital for delivering patient care effectively. Open exchange of information ensures that both parties are fully informed about patient needs and care plans, reducing the risk of miscommunication and errors.

In addition, the finding suggests that, beyond sharing information, physicians and nurses work together to validate decisions (such as patient discharges) and actively listen to each other's input. This collaborative listening helps ensure that decisions are made with a comprehensive understanding of the patient's condition and treatment. This indicates that while communication is generally strong, there may be minor challenges in achieving full mutual understanding or aligning schedules when planning patient care. These areas, though still rated positively, suggest room for improvement in ensuring that both nurses and physicians are always on the same page when it comes to patient care responsibilities.

Furthermore, the physicians view nurse-physician communication as consistently strong, particularly in areas related to information exchange. This points to a culture of collaboration and transparency, which is crucial for timely decision-making and ensuring

coordinated patient care. Continuous focus on improving areas like mutual understanding and schedule coordination could further enhance the quality of communication and collaboration between physicians and nurses, leading to even better patient outcomes.

Part 3. Problems Encountered by the Respondents with regard to Nurse-Physician Communication.

The findings reveal that physicians perceive certain challenges in nurse-physician communication as "always a problem." This suggests that when roles are not clearly defined, misunderstandings are likely to arise, which can hinder the flow of information essential for patient care. Furthermore, reliance on outdated communication tools can exacerbate these misunderstandings, leading to delays and errors that directly impact patient outcomes. Also, the result emphasizes the importance of fostering a supportive culture that promotes open communication and collaboration. Without a work environment that encourages dialogue and feedback, team members may feel less empowered to share important information or express concerns, further exacerbating communication challenges.In contrast, while there are issues recognized as a problem, it is perceived to be less severe than the others. Nevertheless, it underscores the potential for missed opportunities in communication. When healthcare professionals hesitate to voice their thoughts or concerns, it can lead to incomplete information sharing and hinder effective collaboration.

On the other hand, staff nurses generally view the challenges in nurse-physician communication as "sometimes a problem.". This indicates that while staff nurses recognize the existence of these challenges, they may not view them as consistently problematic, suggesting a varied experience in communication dynamics. The contrast in perceptions between nurses and physicians regarding the severity of these challenges points to the complexity of communication in healthcare settings. While nurses acknowledge the importance of timely and collaborative communication, they may perceive some barriers as less impactful than physicians do. This discrepancy emphasizes the need for targeted interventions that address specific communication barriers identified by both groups. Generally, the implications of these findings are clear: addressing unclear role expectations, outdated communication tools, and fostering a culture of open dialogue are essential for improving nurse-physician communication. By creating an environment where both nurses and physicians feel empowered to communicate openly and collaboratively, healthcare organizations can enhance team dynamics, improve information sharing, and ultimately provide better patient care. Recognizing and tackling these challenges not only enhances communication but also strengthens the overall healthcare team, leading to more effective and cohesive patient care strategies. According to Streeton et al. (2016) and Matzke et al. (2018), worldwide, nurses and physicians have experienced a complicated working relationship in patient care. Moreover, researchers have identified that nurses and doctors had been on collegial, collaborative, student-teacher, friendly stranger, and hostile types of relationships in their working environment (Brooks, 2016).

Part 4. Perceived Impact of Nurse-Physician Communication on Patient-Centered Outcomes

The findings from both nurse and physician respondents clearly demonstrate that nurse-physician communication is perceived to have a high impact on patient-centered outcomes. This highlights the critical role of effective interdisciplinary communication in the delivery of high-quality healthcare. Physicians recognized that timely information sharing leads to improved patient outcomes, indicating that they view communication as essential for enhancing patient care. Also, it reinforces the importance of communication in fostering positive patient experiences, reducing medical errors, and improving overall patient satisfaction.

Physicians also acknowledged that strong communication contributes to more efficient patient discharge processes and better management of chronic conditions, emphasizing that a unified healthcare team—where nurses and physicians work together seamlessly—can optimize patient care. Even though reduction in medical errors through better nurse-physician collaboration" received the lowest mean score, it is still considered to have a high impact, demonstrating that communication is seen as vital across various aspects of healthcare delivery.

Similarly, staff nurses shared the perception that nurse-physician communication has a high impact on patient-centered outcomes. The highest-rated statement which is reduction in patient anxiety through consistent information from the care team, reflects nurses' belief that when information is conveyed clearly and consistently, patients feel more reassured and confident in their treatment plans. This highlights how nurse-physician communication plays a key role not only in clinical outcomes but also in the emotional well-being of patients. Nurses also viewed communication as important in managing chronic conditions and enhancing patient satisfaction.

In general, both nurses and physicians strongly agree that nurse-physician communication has a profound effect on patient outcomes. The fact that both groups perceive communication as having a "high impact" underscores its importance in improving clinical decision-making, ensuring patient safety, and fostering a more coordinated and patient-centered approach to care. These findings suggest that healthcare institutions should prioritize initiatives that strengthen communication channels between nurses and physicians to further enhance patient care. Jemal et al. (2021) posited that clear and respectful nurse–physician communication is very crucial for the health of the patients.

Conclusions

The findings revealed that both nurses and physicians were predominantly in the early stages of their careers, contributing to a dynamic and evolving healthcare workforce. Both groups recognized the critical importance of nurse-physician communication and generally agreed on its effectiveness. However, physicians were more inclined to view communication barriers as persistent challenges, while nurses tended to perceive them

as less frequent. In conclusion, effective communication between nurses and physicians was identified as crucial for improving patient outcomes, highlighting the necessity for ongoing collaboration and open dialogue to optimize healthcare delivery.

Recommendations

Based on the conclusions drawn from the study's findings, the researcher offers the following recommendations:

1. Organize regular meetings between nurses and physicians to discuss patient care, share updates, and address any communication challenges.

2. Provide training sessions and workshops focused on communication skills, conflict resolution, and teamwork to enhance collaboration between nurses and physicians.

3. Foster a culture that encourages open dialogue, where both nurses and physicians feel comfortable expressing their thoughts, concerns, and feedback without hesitation.

4. Encourage nurses and physicians to prioritize patient-centered communication, ensuring that patients are informed and involved in their care decisions.

5. Establish feedback mechanisms, such as surveys or suggestion boxes, to gather input from both nurses and physicians on the effectiveness of communication practices and identify areas for improvement.

6. Organize team-building activities to strengthen relationships between nurses and physicians, fostering mutual respect and understanding.

7. Include attending physicians as respondents for future research studies, in addition to resident physicians, to gain a more comprehensive understanding of nurse-physician communication.

Compliance with Ethical Standards

The researcher performed her research in accordance with established guidelines and ethical principles. Before the start of the study, it was expected that a letter writing a request for permission and approval were secured after it has been written. For the investigation to continue, the researcher needed to obtain consent from the participants. They need to be made aware of the objectives of the research as well as the justifications for carrying it out.

This study's primary ethical considerations included ensuring that participants gave their assent voluntarily, maintaining confidentiality, and protecting participants' anonymity. To ensure that this was maintained, it was made certain that each questionnaire was completely anonymous.

In addition to this, they were given the assurance that the data would be kept confidential. Plagiarism, data fabrication, falsification, and repeated publishing were all examples of academic misconduct, and the researcher guaranteed that none of these occured throughout the course of the project. All of the information was safeguarded to maintain its privacy and confidentiality.

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REFERENCES

Brooks, AMT. (2016). Nurse Physician Disruptive Behavior: Building a Culture of Safety and Quality

Creswell, J. W. (2014). Studyguide for Research design : qualitative, quantitative, and mixed methods approaches. Content Technologies.

Gittell, J.H. (2012). New directions for relational coordination theory. in K.S. Cameron & G. Sprietzer (Eds.), Oxford handbook for positive organizational scholarship. London: Oxford University Press.

Hailu FB, Kassahun CW, Kerie MW. (2016). Perceived nurse-physician communication in patient care and associated factors in public hospitals of Jimma Zone, South West Ethiopia: a cross-sectional study. PLoS One. 11(9):e0162264. https://doi.org/10.1371/journal.pone.0162264

Hammoudi, B.M., Ismaile, S., & Abu Yahya, O. (2018). Factors associated with medication administration errors and why nurses fail to report them. Scand J Caring Sci. 32(3):1038–1046. http://doi.org:10.1111/scs.12546

Hassan, I. (2018). Avoiding medication errors through effective communication in the healthcare environment. Movement Health Exer. 7(1):113–126.

Jemal, M., Kure, M.A., Gobena, T., & Geda, B. (2021). Nurse-Physician Communication in Patient Care and Associated Factors in Public Hospitals of Harari Regional State and Dire-Dawa City Administration, Eastern Ethiopia: A Multicenter-Mixed Methods Study. J Multidiscip Healthc. 14:2315-2331. http://doi.org:10.2147/JMDH.S320721.

Joint Commission. (August 17, 2021). Sentinel event data root causes by event type 2004-2014; 2015. http://wwwjointcommissionorg/Sentinel_Event_Statistics/defaultaspx(abgerufenam 1252015.

Matzke, B., Houston, S., Fischer, U., Bradshaw, M.J. (2018). Using a team-centered approach to evaluate the effectiveness of nurse-physician communications. J Obstetric Gynecol Neonatal Nursi. 43(6):684–694. http://doi.org:10.1111/1552-6909.12486

Müller, M., Jürgens, J., Redaèlli, M., Klingberg, K., Hautz, W. E., & Stock, S. (2018). Impact of the communication and patient hand-off tool SBAR on patient safety: a systematic review. BMJ Open, 8(8), e022202. https://doi.org/10.1136/bmjopen-2018-022202

Pesko, M.F., Gerber, L.M., Peng, T.R., & Press, M.J. (2018). Home health care: nurse-physician communication, patient severity, and hospital readmission. Health Serv Res. 53(2):1008–1024. http://doi.org:10.1111/1475-6773.12667

Streeton, A., Bisbey, C., O'Neill, C. (2016). Improving nurse-physician teamwork: a multidisciplinary collaboration. Medsurg Nurs. 25(1):31.

Tan, T.C., Zhou, H., & Kelly, M. (2017). Nurse–physician communication–an integrated review. J Clin Nurs. 26(23–24):3974–3989. http://doi.org:10.1111/jocn.13832

Yusuf, F.R., Kumar, A., Goodson-Celerin, W., et al. Impact of coaching on the nurse-physician dynamic. AACN Adv Crit Care. 29(3):259–267. http://doi.org:10.4037/aacnacc2018624

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