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## Maximizing the Benefits of Teamwork in Healthcare: Improving Patient Care Through Interprofessional Communication

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### ABSTRACT :

Interprofessional communication (IPC) is crucial for effective healthcare delivery. It ensures coordinated care, improves patient safety, and fosters mutual respect among healthcare professionals. This review provides a detailed summary of literature on IPC, focusing on its traits, skills, barriers, and strategies for growth. The review highlights the relationship between IPC and job satisfaction, teamwork, and fewer medical errors. It also discusses the role of nurses as key facilitators in interprofessional communication and examines the changes needed in systems and education to strengthen IPC in healthcare settings.

**Keywords:** Interprofessional Communication, Patient Safety, Nursing, Teamwork, Collaboration, Healthcare Education

### Introduction

Effective communication among healthcare professionals is essential for delivering safe, high-quality care that is centered on the patient. Interprofessional communication (IPC) encompasses open and respectful exchanges of information, collaborative decision-making, and shared understanding among various professions. Nurses, who are often the primary care providers, play a crucial role in bridging the gaps among team members, making their involvement in IPC particularly significant. As healthcare increasingly becomes multidisciplinary, the necessity for robust interprofessional collaboration is more pressing than ever.

IPC is characterized by open interactions, mutual trust, active listening, and effective utilization of communication technology. It incorporates secure communication systems, active participation from patients and caregivers, efficient feedback mechanisms, respect for diverse roles, and a strong emphasis on teamwork and shared objectives. These components collectively foster a professional atmosphere that enhances coordinated care and boosts patient safety.

The Joint Commission and the World Health Organization have recognized poor communication as a key contributor to sentinel events and preventable medical errors. Between 2012 and 2014, communication errors ranked among the leading causes of sentinel events (The Joint Commission, 2014). Research conducted at the University of California, San Francisco, demonstrated that breakdowns in communication among ambulatory care providers resulted in numerous preventable medical errors (Sutcliffe et al., 2004). IPC improves job satisfaction, decreases job stress, and enhances teamwork and collaboration. A review of 24 studies revealed a strong correlation between IPC and interprofessional collaboration, highlighting the necessity for improved communication training (Zwarenstein et al., 2009).

### Significance of Interprofessional Communication in Healthcare

Effective interprofessional communication yields various advantages for clinical outcomes and workplace dynamics. Clinically, IPC contributes to better diagnoses, treatment planning, and patient safety by ensuring that crucial information is shared accurately and timely. Team-based communication diminishes the likelihood of medical errors and avoidable adverse events, creating a safer healthcare atmosphere. From an organizational standpoint, IPC elevates job satisfaction by fostering mutual respect and clear roles among professionals, thereby reducing workplace stress and burnout. It also cultivates trust and collaboration, which are essential for team cohesion and morale. Additionally, IPC aids professionals in comprehending each other's roles and responsibilities, resulting in enhanced care coordination and improved patient-provider relationships. A mixed-method study at a community hospital by O'Leary et al. (2016) indicated that Structured Interdisciplinary Bedside Rounds (SIBR) significantly enhanced communication among healthcare providers, increased job satisfaction, and improved the understanding of care plans, underscoring the substantial impact of structured interprofessional dialogue.

Interprofessional communication necessitates core competencies that enable professionals to collaborate across disciplines. These competencies include utilizing clear and respectful language devoid of jargon so that all team members can comprehend each other. Active listening is critical, as it fosters trust and enhances team dynamics by promoting open exchanges and minimizing misunderstandings. Providing constructive feedback

and acknowledging personal biases and power dynamics contribute to maintaining respectful and inclusive communication. Additionally, professionals must be adept at team-based problem-solving, which entails shared decision-making and accountability for patient outcomes. These skills should be integrated early in healthcare education and continuously reinforced throughout clinical practice. The University of Toronto's Interprofessional Education Initiative (2008) presents a framework for cultivating these competencies and encouraging a culture of effective collaborative practices.

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### Existing Practices and Attitudes

Current practices and attitudes regarding IPC vary significantly across healthcare environments and professions. A study conducted in Switzerland revealed that home care professionals had concerns about ambiguous documentation and the tensions between patient confidentiality and involving them in care decisions (Braun et al., 2017). This indicates a lack of clarity and consistency in communication standards, particularly in decentralized or community-based care. In surgical settings, Lingard et al. (2004) emphasized the necessity for structured communication utilizing tools such as safety checklists and preoperative briefings, which significantly enhanced teamwork and minimized errors. However, the use of these tools is not uniform across institutions. Attitudes toward nurses still reflect hierarchical perspectives.

A study conducted in Ethiopia found that half of the physicians surveyed held negative views regarding the professional abilities of nurses, which adversely affected team dynamics (Bekele et al., 2016). Furthermore, research from Italy revealed that physicians were reluctant to share decision-making authority with nurses, which reinforced outdated role divisions and limited interprofessional collaboration (Bassi et al., 2017). These examples underscore the urgent need for changes in attitudes and the creation of inclusive team cultures to promote effective interprofessional communication (IPC).

Despite its importance, IPC often encounters obstacles related to education, culture, systems, and attitudes. One major challenge is the separation of healthcare training programs, which results in professionals learning in isolation with minimal exposure to collaborative practices. This lack of interprofessional education leads to misunderstandings and hinders teamwork. Additionally, cultural and hierarchical barriers within healthcare systems perpetuate power imbalances and inhibit open dialogue. Professionals may hesitate to voice concerns or offer suggestions due to fear of backlash or feelings of inferiority, particularly in physician-dominated environments. Systemic issues, such as a lack of standardized communication protocols, insufficient administrative support, and time constraints during busy periods, further restrict opportunities for effective interaction. Moreover, attitudes like resistance to change, a lack of mutual respect, and stereotypes about certain professions—especially nursing—foster environments of distrust and isolation. A cross-sectional study at Tehran University Hospitals (Baggs et al., 1999) demonstrated that physicians were reluctant to accept collaborative education and teamwork, illustrating how established professional hierarchies can hinder effective IPC.

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### Strategies for Enhancing IPC

Overcoming barriers to IPC requires a combination of strategic actions in education, organization, and interpersonal dynamics. One effective approach is Interprofessional Education (IPE), which incorporates collaborative learning modules early in healthcare training. Rosen et al. (2017) found that a fall-prevention program using IPE significantly improved students' understanding of shared responsibilities in elder care. Simulation-based training is another successful method, providing realistic scenarios that allow learners to practice communication and teamwork. The Sim-IPE initiative improved interactions between nursing and medical students (Seagrave et al., 2015). Creating a psychologically safe environment is also crucial; fostering a space where team members feel secure sharing ideas and admitting mistakes without fear of punishment leads to better team performance (Edmondson, 1999). Furthermore, organizational support—such as shared governance models, clear leadership structures, and recognition of collaborative work—helps embed IPC into the culture. Utilizing standardized communication tools like SBAR and Team STEPPS can clarify and standardize communication, reducing confusion and errors.

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### Implications for the Nursing Profession

Nurses play a vital role in promoting interprofessional communication within healthcare settings. In clinical practice, they often serve as the primary link between patients, families, and other healthcare professionals, ensuring continuity and coherence in care delivery. A study in Iran identified nurses as the primary coordinators of communication between patients and the broader healthcare team, emphasizing their essential role in the care process (Yousefi et al., 2014). In education, nurses should actively engage in interprofessional learning opportunities and advocate for curricula that foster collaborative skills. In research, nurses are well-positioned to study IPC outcomes, identify best practices, and contribute to evidence-based improvements. Administratively, nurse leaders should advocate for policies that prioritize communication, such as implementing feedback systems, organizing team meetings, and facilitating regular interdisciplinary gatherings. Promoting nurse autonomy and recognition within interprofessional teams not only enhances collaboration but also elevates patient care standards. Acknowledging and empowering the nursing role in IPC is crucial for achieving teamwork-focused healthcare delivery.

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### Conclusion

Interprofessional communication is a critical component of high-quality, patient-centered healthcare. As the complexity of health systems increases and care becomes more interdisciplinary, the ability to communicate effectively across professional boundaries has become essential. The literature reviewed in this article demonstrates that while IPC offers significant benefits—such as improved clinical outcomes, greater patient safety, and enhanced team satisfaction—these improvements depend on addressing substantial educational, organizational, and cultural challenges. Strengthening IPC requires comprehensive strategies, including early interprofessional education, fostering psychological safety, implementing clear communication tools, and dedicated leadership. Given their unique role in care teams, nurses have a particularly important function in advancing IPC.

## REFERENCES

1. The Joint Commission. Sentinel Event Data: Root Causes by Event Type 2014. [Internet]. Available from: <https://www.jointcommission.org/>
2. Sutcliffe KM, Lewton E, Rosenthal MM. Communication failures: An insidious contributor to medical mishaps. *Acad Med*. 2004 Feb;79(2):186–94.
3. Zwarenstein M, Goldman J, Reeves S. Interprofessional collaboration: effects of practice-based interventions on professional practice and healthcare outcomes. *Cochrane Database Syst Rev*. 2009;(3):CD000072.
4. University of Toronto. A Framework for the Development of Interprofessional Education Curricula. Toronto: Health Canada; 2008.
5. O'Leary KJ, Sehgal NL, Terrell G, Williams MV. Interdisciplinary teamwork in hospitals: a review and practical recommendations for improvement. *J Hosp Med*. 2012 Jan;7(1):48–54.
6. Baggs JG, Schmitt MH, Mushlin AI, Mitchell PH, Eldredge DH, Oakes D, et al. Association between nurse–physician collaboration and patient outcomes in three intensive care units. *Crit Care Med*. 1999 Sep;27(9):1991–8.
7. Braun T, Greenberg M, Hediger H. Professional communication in home care services. *Pflege*. 2017;30(3):145–51.
8. Lingard L, Espin S, Rubin B, Whyte S, Colmenares M, Baker GR, et al. Getting teams to talk: development and pilot implementation of a checklist to promote interprofessional communication in the OR. *Qual Saf Health Care*. 2005 Dec;14(5):340–6.
9. Bekele T, Fekadu G, Lemu Y. Attitude and perception of health care professionals towards interprofessional teamwork in Jimma University Specialized Hospital. *Ethiop J Health Sci*. 2016;26(4):359–66.
10. Bassi MC, Bagnasco A, Zanini M, Aleo G, Sasso L. Nurse–physician collaboration in patient care: a grounded theory study. *J Clin Nurs*. 2017;26(7–8):1044–55.
11. Rosen MA, DiazGranados D, Dietz AS, Benishek LE, Thompson D, Pronovost PJ, et al. Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *Am Psychol*. 2018;73(4):433–50.
12. Seagrave AC, Daly G, O'Hara C, O'Neill E, Power R, Boylan GB, et al. Sim-IPE: Simulation-enhanced interprofessional education for medical and nursing students. *J Interprof Care*. 2015;29(6):573–5.
13. Edmondson AC. Psychological safety and learning behavior in work teams. *Adm Sci Q*. 1999;44(2):350–83.
14. Yousefi H, Shahsavari S, Hazrati M, Zarei E. Exploring the role of nurses in interprofessional communication in Iranian hospitals: A qualitative study. *J Nurs Res*. 2014;22(2):117–22.
15. Patient Safety & Quality Healthcare. Communication: A critical healthcare competency \[Internet]. 2020 \[cited 2020 Jan 27]. Available from: [\[https://www.psqh.com/analysis/communication-critical-healthcare-competency/\]](https://www.psqh.com/analysis/communication-critical-healthcare-competency/)(<https://www.psqh.com/analysis/communication-critical-healthcare-competency/>)
16. Ghiyasvandian S, Zakerimoghdam M, Peyravi H. Nurse as a facilitator to professional communication: a qualitative study. *Glob J Health Sci*. 2014;7(2):294–303.
17. Nadzam DM. Nurses' role in communication and patient safety. *J Nurs Care Qual*. 2009;24(3):184–8.
18. SE Healthcare Data Analytics and Solutions. Communication errors: a leading cause of mistakes in healthcare \[Internet]. 2020 \[cited 2020 Jan 27]. Available from: [\[https://www.sehealthcarequalityconsulting.com/2017/09/05/communication-errors-a-leading-cause-of-mistakes-in-healthcare/\]](https://www.sehealthcarequalityconsulting.com/2017/09/05/communication-errors-a-leading-cause-of-mistakes-in-healthcare/)(<https://www.sehealthcarequalityconsulting.com/2017/09/05/communication-errors-a-leading-cause-of-mistakes-in-healthcare/>)
19. STAT. Communication failures linked to 1,744 patient deaths in five years \[Internet]. 2020 \[cited 2020 Jan 27]. Available from: [\[https://www.statnews.com/2016/02/01/communication-failures-malpractice-study/\]](https://www.statnews.com/2016/02/01/communication-failures-malpractice-study/)(<https://www.statnews.com/2016/02/01/communication-failures-malpractice-study/>)
20. Butler J, Fox M. Nurses' perspectives on interprofessional communication in the prevention of functional decline in hospitalized older people. *Health Commun*. 2018;34(9):1053–9.
21. Etherington N, Wu M, Cheng-Boivin O, Larrigan S, Boet S. Interprofessional communication in the operating room: a narrative review to advance research and practice. *Can J Anaesth*. 2019;66(10):1251–60.
22. Lestari E, Stalmeijer R, Widyandana D, Scherpier A. Understanding attitude of health care professional teachers toward interprofessional health care collaboration and education in a Southeast Asian country. *J Multidiscip Healthc*. 2018;11:557–71.
23. Belete A, Lamaro T. Assessment of attitudes towards nursing profession among nurses and non-nursing health professionals working in Mizan-Aman General Hospital, Southwest Ethiopia. *J Nurs Care*. 2015;S1.
24. Gualano M, Bert F, Adige V, Thomas R, Scozzari G, Siliquini R. Attitudes of medical doctors and nurses towards the role of the nurses in the primary care unit in Italy. *Prim Health Care Res Dev*. 2017;19(4):407–15.
25. Farahani M, Mahboub L, Talebi E, Porouhan P, Orak R. Comparing the attitude of doctors and nurses toward factor of collaborative relationships. *J Family Med Prim Care*. 2019;8(10):3263.