

Description of The Collaboration of Nurses and Doctors Interprofession Communication

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ABSTRACT

Interprofessional Collaboration (IPC) is a collaboration between health professionals with different educational backgrounds into a collaborative team to improve the quality of effective services, communication inaccuracies in interprofessional collaboration have a serious impact on caring for patients, ineffective communication that occurs between nurses and doctors is the most important thing. mentioned as the cause in sentinel cases. This study aims to describe the collaboration interprofessional communication between nurses and doctors at Ciamis Hospital. Analytical research methods descriptive population with a total population of 407 nurses in the inpatient room of Ciamis Hospital and sampling using purposive sampling method with a population of 59 respondents, and using primary data obtained from the questionnaire sheet. The results showed that nurses had used the SBAR and TBAK communication methods, 39 respondents (66.1%) had effective communication with doctors, 20 respondents (33.9%) had ineffective communication between nurses and doctors. Conclusion Interprofessional Communication Collaboration between Nurses and Doctors at Ciamis Hospital has communicated effectively.

INTRODUCTION

Hospitals are organizations in the health service sector that provide outpatient, inpatient, and emergency services (Simanjuntak, 2011). Hospital services involve various health professions collaborating to optimize healthcare services (Ridar & Santoso, 2018). The Institute of Medicine (IOM) and the World Health Organization (WHO) also call on healthcare professionals to work together in Interprofessional Collaboration (IPC) to improve healthcare services (Harahap, 2018; Marina, 2019).

Interprofessional Collaboration (IPC) is cooperation between health professions with different educational backgrounds to form a collaborative team to improve the quality of effective services (Ellis Mawarni et al., 2018). Interprofessional collaboration occurs when various healthcare professions work together with patients, families, and communities to provide comprehensive, high-quality services across all areas of healthcare (Marina, 2019; Ridar & Santoso, 2018; L. Utami & Hapsari, 2016). However, in reality, interprofessional collaboration in healthcare can sometimes be the main cause of medical errors, nursing errors, or unexpected events (L. Utami & Hapsari, 2016).

Inaccurate communication in interprofessional collaboration has a serious impact on patient care. More than 70% of cases in hospitals are caused by communication failures, with 75% resulting in death and 60% due to inaccurate communication (Astuti et al., 2019). Ineffective communication between nurses and doctors is most often cited as the cause in sentinel cases, with nearly 70% of sentinel events—events that result in injury caused by the hospital—due to poor

communication between nurses and doctors (Nazri et al., 2015). The Joint Commission states that nearly 60% of medical errors result from a lack of communication between nurses and doctors (Hia, 2019). Communication between nurses and doctors is considered the main flow of information in healthcare (Elsous et al., 2017). In reality, there are several obstacles that are often encountered in the collaborative communication activities between nurses and doctors, namely that each profession is reluctant to accept and give opinions, and each party involved in the collaboration is still unable to understand their position as partners, so they only comply with everything written in the medical records (Paramita & Rosa, 2014). In addition, the inability of nurses and doctors to communicate to accept and give opinions to one another causes communication to not be carried out properly. Communication that often occurs between nurses and doctors is that nurses only record all the doctor's instructions without discussing the patient's illness (Anggreny et al., 2019).

Interprofessional communication between nurses and doctors still requires attention, considering the preliminary study conducted by researchers at Ciamis Regional General Hospital. Researchers assessed that interprofessional communication between nurses and doctors was not yet perfect. For example, when doctors came to the room, there was no interpersonal communication between nurses and doctors, but rather hierarchical communication.

This is a gap that needs to be addressed. Communication theory is a factor that greatly influences health services; 70-80% of errors in health

services are caused by poor communication and understanding within the team (Fitriyani, 2016). Effective communication is not only about conveying the content of the message but also determining interpersonal relationships. The better the interpersonal relationships, the more open people will be to effective communication (Rahmawati & Purwanti, 2008).

Communication between nurses and doctors is an important component of healthcare services. Good and effective communication between nurses and doctors in healthcare services is beneficial to patient safety. This statement is in accordance with the Hadith:

خَيْرُ النَّاسِ أَنْفَعُهُمْ لِلنَّاسِ

“The best of people are those who are most beneficial to others” (HR. Ahmad, ath-Thabrani, ad-Daruqutni. This hadith was authenticated by al-Albani in Shahihul jami'no: 3289)

As for the hadith that explains how to help others, it is:

عَنْ أَبِي هُرَيْرَةَ رَضِيَ اللَّهُ عَنْهُ، عَنِ النَّبِيِّ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ قَالَ : مَنْ نَفَسَ عَنْ مُؤْمِنٍ كُرْبَةً مِنْ كُرْبِ الدُّنْيَا نَفَسَ اللَّهُ عَنْهُ كُرْبَةً مِنْ كُرْبِ يَوْمِ الْقِيَامَةِ، وَمَنْ يَسَّرَ عَلَى مُعْسِرٍ يَسَّرَ اللَّهُ عَلَيْهِ فِي الدُّنْيَا وَالْآخِرَةِ، وَمَنْ سَتَرَ مُسْلِمًا سَتَرَهُ اللَّهُ فِي الدُّنْيَا وَالْآخِرَةِ وَاللَّهُ فِي عَوْنِ الْعَبْدِ مَا كَانَ الْعَبْدُ فِي عَوْنِ أَخِيهِ: رَوَاهُ مُسْلِمٌ

“Whoever eases the difficulties of a believer from various worldly difficulties, Allah will ease his difficulties on the Day of Judgment. And whoever eases the difficulties of someone who is in difficulty, Allah will surely ease his difficulties in this world and the hereafter.” [HR. Muslim, no. 2699]

The above hadith implicitly shows that we must be able to benefit others and help others in difficulty, as in the collaboration between nurses and doctors in service. Good collaboration between nurses and doctors will benefit patient safety and aid in patient recovery.

Several related studies, including one conducted by Andriani Mei Astuti, et al. (2019) entitled “Analysis of the implementation of SBAR communication in interprofessional collaboration between doctors and nurses in patient safety” showed that there was a significant difference in scores before and after the SBAR communication socialization, $p = 0.00$ ($p < 0.05$).

Research conducted by Sri Siska Mardiana, et al (2019) in a study titled “The Application of SBAR Communication to Improve Nurses' Ability to Communicate with Doctors” showed that nurses' communication skills with doctors improved significantly in the intervention group with a value of 0.000.

Another study conducted by Fajar Nazri, et al (2015) entitled “Implementation of effective nurse-doctor communication by telephone in the ICU of Wava Husada Hospital” found that component A (Assessment) was the SBAR communication component with the lowest frequency (21%). The TBAK communication technique audit found that nurses did not reconfirm (0%) when communicating with doctors by telephone. The problems experienced by nurses when communicating with doctors included difficulty contacting doctors (50%) and feeling that they were disturbing doctors before communicating (50%). Doctors' communication habits and telephone time restrictions are difficult situations that

nurses often experience when communicating. Nurses' weak communication skills and the lack of standardized communication techniques are factors that hinder effective communication.

Therefore, as a researcher and writer, I am interested in conducting research on "The Description of Interprofessional Collaboration in Communication between Nurses and Doctors."

METHOD

The design used in this study was descriptive. The population of nurses and doctors at Ciamis Regional General Hospital consisted of 407 nurses, with a minimum sample size of 59 nurses. The sampling method used was quota sampling. The instrument used was a questionnaire. Data processing used univariate analysis to determine the frequency distribution.

RESULTS AND DISCUSSION

1. Research Process

This research was conducted on March 12-15, 2021, at the Ciamis District Hospital, involving 59 respondents who were nurses in the inpatient ward, regarding "The Description of Interprofessional Communication Collaboration between Nurses and Doctors." Data collection was conducted by administering a questionnaire to the respondents, who were previously asked for their consent by filling out and signing an informed consent form. The research results are presented in the form of a frequency table.

2. Respondent Characteristics

a. Gender

Table 1 Frequency Distribution of Gender

No	Gender	F	%
1	Male	10	16,9%
2	Female	49	83,1%

Total **59** **100%**

Based on Table 1, it is known that the majority of respondents were women, totaling 49 people (83.1%), and the majority of male respondents totaled 10 people (16.9%).

b. Age

Table 2 Age Frequency Distribution

No	Age	F	%
1	20-30 Years Old	17	28,8%
2	31-40 Years Old	26	44,1%
3	41-50 Years Old	12	20,3%
4	51-60 Years Old	4	6,8%
Total		59	100%

Based on Table 2, it shows that the largest age group of respondents who are nurses is 31-40 years old with 26 respondents (44.1%), 20-30 years old with 17 people (28.8%), 41-50 years old with 12 respondents (20.3%), and finally 51-60 years old with 4 respondents (6.8%).

c. Length of Service

Table 3 Frequency Distribution of Length of Service

No	Age	F	%
1	1-10 Years Old	27	45,8%
2	11-20 Years Old	24	40,7%
3	21-30 Years Old	7	11,9%
4	31-40 Years Old	1	1,7%
Total		59	100%

Table 3 shows that the largest group of nurse respondents in terms of length of service was 1-10 years of service with 27 respondents (45.8%), followed by 11-20 years of service with 24 respondents (40.7%), 21-30 years of work experience with 7 people (11.9%), and finally 31-40 years of work experience with 1 person (1.7%).

3. Data Analysis

The results of data collection on "The Description of Interprofessional Collaboration in Communication between Nurses and Doctors" at Ciamis Regional General Hospital are as follows:

a. Implementation of Communication between Nurses and Doctors at Ciamis Regional General Hospital

Table 4 Frequency Distribution of the Implementation of Communication between Nurses and Doctors

Implementation	Technique SBAR		Technique TBAK	
	F	%	F	%
Yes	59	100	59	100
No	0	0	0	0

Based on Table 4, all 59 respondents (100%) used the SBAR (Situation, Background, Assessment, Recommendation) technique and all 59 respondents (100%) used the TBAK (Write Back, Read Back, Confirm Back) technique.

b. Nurses' Experience with Communication with Doctors at Ciamis Regional General Hospital

Table 5 Frequency Distribution of Effective and Ineffective Communication Between Nurses and Doctors

No	Nurse Communication	F	%
1	Effective Communication	39	66,1%
2	Ineffective Communication	20	33,9%
	Total	59	100%

Based on Table 5 from the 59 processed respondent data, it was found that the frequency of interprofessional collaboration in communication between nurses and doctors at Ciamis Regional General Hospital in 2021 showed effective communication between nurses and doctors in 39 cases (66.1%) and ineffective communication between nurses and doctors in 20 cases (33.9%).

c. Nurses' Views on Communication with Doctors

In this study, out of 59 respondents with open-ended questions regarding nurses' views on communication with doctors, only 39 respondents answered the open-ended questions. The results showed that 21 respondents said they still faced obstacles when communicating with doctors, a lack of confidence among nurses when initiating communication while doctors are on break, and when in urgent situations, doctors who are busy are

difficult to contact, and the communication tools used, such as cell phones, are inactive. Eighteen respondents said they did not experience any obstacles when communicating with doctors, and the remaining 20 respondents did not answer the open-ended question about their views on communication between nurses and doctors.

Interprofessional collaboration is a strategy to achieve the desired quality of results effectively and efficiently in health services. Communication and collaboration are important elements in improving the quality of nursing services and patient safety (Rokhmah & Anggorowati, 2017). Communication is very important in nursing practice to create cooperation between teams and achieve optimal health services. This is in line with the American Nurses Association theory, which describes effective communication as a standard of professional nursing practice (Rokhmah & Anggorowati, 2017). The application of communication using the SBAR (*Situation, Background, Assessment, Recommendation*) and TBAK (*Write back, Read back, Confirm back*) methods is one strategy that can be used to improve nurse communication. The application of the SBAR communication technique model helps nurses to organize their thinking, organize their work, and feel more confident in communicating with doctors. The TBAK technique model has the benefit of reducing patient accidents, as nurses will reread information when communicating with doctors, which can reduce medical errors and improve patient safety (Astuti et al., 2019).

Based on the results of this study through data collection on "The description of interprofessional collaboration in communication between nurses and doctors" at the Ciamis District General Hospital in 2021, the communication that occurs between nurses and doctors at the Ciamis District General Hospital already

uses the SBAR communication method and the TBAK communication method, so that communication between nurses and doctors is effective for 66.1% of respondents, while 33.9% of respondents reported that the communication that occurred was not yet effective. This is in line with the research by Mardiana et al. (2019), which states that the application of SBAR communication can improve nurses' ability to communicate with doctors. Another research result is in line with the research conducted by Syahputri (2019), which found that health workers in hospitals have the ability to apply effective communication in interprofessional collaboration.

However, there is still a gap, with 33.9% of respondents stating that communication was not yet effective. The factors affecting communication between nurses and doctors include nurses' lack of confidence when initiating communication while doctors are on break, and when in urgent situations, doctors are busy and difficult to contact, which affects communication between nurses and doctors. The nurses' unpreparedness to communicate with doctors is an obstacle, and this problem occurs due to their competence and ability to prepare for communication with doctors (Mardiana et al., 2019). This is in line with Fajar's research findings, which state that in conducting SBAR communication with doctors, there are factors that become obstacles, including the experience of nurses and their reluctance to disturb or offend doctors (Mardiana et al., 2019).

The factors that can influence effective communication by nurses are environmental factors, psychological factors, and social factors such as age, gender, background, ethnicity and

language, social class, and social role (Syagitta et al., 2017). According to Eden, there is a relationship between age and communication, whereby it is said that as a person ages, they tend to have better communication skills. Increasing age is related to the amount of experience, which also influences a person's way of thinking and maturity in communication (Simamora, 2020). As stated in Table 4.2, most of the respondents were aged 31-40 years (26 people), and in Table 4.3, the respondents had worked for 1-10 years (27 people). In this study, it was found that increasing age and the amount of experience did not affect communication. Gender affects nurses' communication according to Friedman, who states that men have aggressive traits and women have nurturing traits. According to him, part of women's energy is devoted to pregnancy, childbirth, and breastfeeding, so this maternal instinct gives women an advantage in caring for and establishing good communication with others (Nofia, 2016). As stated in Table 4.1, most of the respondents in this study were female (49 people), but this study did not find that gender influenced communication.

According to the results of the analysis, communication can be effective when nurses and doctors are responsible and respectful towards each other, enabling them to contribute optimally to the collaborative relationship. Communication between nurses and doctors can foster trust between the two professions (Rokhmah & Anggorowati, 2017). Therefore, effective communication is necessary in interprofessional collaboration practices to improve the quality of service and patient safety.

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of data collection, management, and analysis

regarding the Description of Interprofessional Collaboration in Communication between Nurses and Doctors at the Ciamis Regional General Hospital, the researcher can conclude that from 59 respondents regarding

communication between nurses and doctors, the result was 66.1%, meaning that communication was effective.

Recommendations

1. For Hospitals

Based on the results of this study, the researcher recommends that hospitals further improve their interprofessional collaboration systems by conducting outreach on interprofessional collaboration, particularly communication collaboration between nurses and doctors, in order to maintain patient safety in hospitals.

2. For Educational Institutions

Based on the results of this study, the researcher suggests that educational institutions improve the learning and understanding of health students about *interprofessional education* (IPE), *interprofessional collaboration* (IPC), and *interprofessional collaborative practice* (IPCP) in order to improve communication and cooperation among health workers.

3. For Other Researchers

In this study, the researchers still face many limitations, but they suggest that other researchers continue this research to a higher level and use this study as initial data to start new research.

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