

# The Role of Interprofessional Communication in Enhancing the Quality of Hospital Health Services: A Scoping Review

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## INDEXING

### Keywords:

Communication;  
Hospitals;  
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Quality of health  
care

## ABSTRACT

Interprofessional communication is vital in delivering high-quality hospital healthcare services by promoting teamwork, minimizing errors, and enhancing patient outcomes. This study explores the role of interprofessional communication in improving the quality of hospital healthcare services. The research employed a scoping review design, utilizing data from Elsevier and ScienceDirect databases for articles published between 2017 and 2025. The review process adhered to PRISMA guidelines 2020, with inclusion criteria focusing on articles discussing interprofessional communication in hospital settings. A standardized data extraction form was used to record study characteristics, communication interventions, and outcomes. Thematic analysis was applied to map and synthesize key themes and subthemes. A rigorous selection process yielded 14 relevant articles, ensuring consistency and scientific credibility. The findings identified two main themes: strategies to enhance interprofessional communication—such as structured tools like SBAR and interdisciplinary meetings—and the impact of communication on healthcare quality, including improvements in patient safety, clinical outcomes, and team collaboration. Subthemes included communication barriers, leadership support, and continuous training. The study concludes that hospitals should prioritize implementing structured communication protocols and cultivating a culture of teamwork and ongoing professional development to optimize service delivery and patient safety.

### Kata kunci:

Komunikasi;  
Rumah Sakit;  
Keselamatan pasien;  
Mutu pelayanan

*Komunikasi interprofesional berperan penting dalam meningkatkan mutu layanan kesehatan rumah sakit melalui penguatan kerja tim, pengurangan kesalahan medis, dan peningkatan hasil klinis. Penelitian ini bertujuan mengeksplorasi peran komunikasi interprofesional dalam mutu layanan rumah sakit. Kajian dilakukan menggunakan desain scoping review dengan data dari basis data Elsevier dan ScienceDirect untuk artikel yang diterbitkan antara tahun 2017–2025. Proses telaah mengikuti panduan PRISMA 2020 dengan kriteria inklusi mencakup artikel yang membahas komunikasi interprofesional di lingkungan rumah sakit. Data diekstraksi menggunakan formulir standar untuk mencatat karakteristik studi, intervensi komunikasi, dan hasil yang dilaporkan. Analisis tematik digunakan untuk mengidentifikasi dan mensintesis tema serta subtema utama. Dari proses seleksi yang ketat, terpilih 14 artikel yang relevan dan kredibel secara ilmiah. Hasil kajian menemukan dua tema utama: strategi peningkatan komunikasi, seperti penggunaan alat terstruktur (SBAR) dan pertemuan lintas disiplin, serta dampaknya terhadap mutu layanan, termasuk keselamatan pasien, hasil klinis, dan kolaborasi tim. Subtema meliputi hambatan komunikasi, dukungan kepemimpinan, dan pelatihan berkelanjutan. Studi ini menyimpulkan bahwa rumah sakit perlu menerapkan protokol komunikasi terstruktur dan budaya kerja tim untuk meningkatkan kualitas layanan dan keselamatan pasien.*

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## INTRODUCTION

Delivering high-quality hospital health services is fundamentally shaped by the strength of interprofessional communication (IPC) among healthcare professionals. Effective communication between nurses, physicians, pharmacists, and therapists is essential for seamless patient care. IPC enhances patient outcomes, reduces medical errors, and promotes patient-centered practices within hospitals. As key contributors to patient care, nursing



professionals are crucial in bridging communication gaps across various healthcare disciplines. Despite the recognized importance of IPC, communication failures remain a prevalent issue in healthcare settings. Globally, communication failures are among the leading causes of adverse events. Data from the Commission (2022) revealed that 70% of hospital sentinel events were attributable to communication breakdowns. In Indonesia, KARS (2021) data noted that ineffective communication contributed to 64% of reported patient safety incidents in accredited hospitals. Addressing these challenges is vital for achieving clinical excellence and operational efficiency, positioning the strengthening of IPC as a pivotal strategy for enhancing the quality of hospital services (Seaton et al., 2021).

This topic was chosen over other relevant factors, such as leadership, organizational culture, patient safety climate, or staffing, because communication is the connective tissue of all these elements. Without clear interprofessional communication, even well-structured leadership and safety protocols may fail. IPC underlies decision-making, coordination, and responsiveness in dynamic hospital environments, making it a high-leverage area for quality improvement. Current evidence indicates that hospitals face fragmented communication across professional groups, with persistent barriers such as professional hierarchies, varying communication styles, a lack of standardized protocols, and time constraints. Nurses often encounter difficulties in effectively conveying patient needs across disciplines, which can compromise patient safety. These challenges underscore the pressing need for healthcare reform initiatives that prioritize IPC. Critical patient information may be overlooked without structured communication, leading to preventable adverse events. Therefore, it is essential to improve IPC, as it directly correlates with better patient outcomes and higher hospital service quality (Abdurrouf & Pandin, 2021; Beiler et al., 2019).

Conceptually, IPC is anchored in theories of team dynamics, relational coordination, and shared decision-making. Successful interprofessional teams rely on mutual goals, clearly defined roles, respect, and an open communication culture. Relational coordination theory emphasizes that strong communication relationships among team members are integral to performance in complex healthcare settings. Global organizations, including the World Health Organization (WHO), advocate for strengthening IPC to achieve Universal Health Coverage and improve patient safety standards. Integrating IPC principles into hospital systems aligns with institutional goals and supports global healthcare priorities. The nursing profession plays a vital role not only in clinical care but also in facilitating interdisciplinary communication. Evidence suggests nurses are central coordinators in team-based care, especially during shift handovers, discharge planning, and clinical decision-making processes. However, this role is often underexamined in IPC literature, necessitating a closer investigation into how nurses operationalize and sustain communication within teams (Gleeson et al., 2023; White-Williams et al., 2022). Recognizing IPC as a cornerstone of quality improvement aligns nursing practices with international best practices, making the development of communication competencies a global healthcare imperative (Gleeson et al., 2023; Silva et al., 2020).

While several reviews have examined teamwork in healthcare, few have isolated interprofessional communication (IPC) as a distinct factor influencing hospital service quality. Many are outdated or limited in scope, often centered on physicians or single settings, and do not reflect the complexities of post-pandemic healthcare delivery. The unique role of nurses—who frequently act as coordinators and information brokers across disciplines—remains

underexplored in existing syntheses (Rahayu et al., 2024; White-Williams et al., 2022). There is a lack of recent, comprehensive reviews that examine the direct impact of IPC on hospital service quality and the central role of nurses in interdisciplinary communication. This review addresses this gap by mapping current evidence and identifying strategies to strengthen IPC in hospital settings. Interventions to improve IPC in hospitals include standardized handoff communication, interdisciplinary rounds, simulation-based training, and role clarification protocols. These interventions bridge communication gaps by fostering trust, shared understanding, and collective accountability among healthcare providers. Educational initiatives targeting nursing students and staff have proven effective in improving communication skills and teamwork behaviors. Structured communication models such as SBAR (Situation-Background-Assessment-Recommendation) are widely adopted to ensure clarity and minimize communication errors. Technology-assisted tools like electronic health records with integrated communication features facilitate real-time, accurate information sharing. Understanding the impact of these interventions is critical for translating IPC theory into effective hospital practices. Nurses often coordinate care across multiple disciplines, so their active involvement in these interventions is essential to achieving successful outcomes.

## RESEARCH METHOD

### *Eligibility Criteria*

The inclusion criteria for this study encompassed empirical research published between 2017 and 2025 that specifically addressed interprofessional communication within the healthcare sector, particularly in the context of hospital service quality enhancement. Conversely, studies conducted outside the healthcare setting and articles inaccessible in full text were systematically excluded to ensure the validity and relevance of the data sources to the core theme of interprofessional collaboration and its impact on hospital service quality.

### *Information Sources*

The search strategy followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure a systematic, transparent, and replicable approach in identifying relevant studies. Literature searches were conducted across two major academic databases, Elsevier and ScienceDirect, recognized for their extensive collections of peer-reviewed articles in the health sciences. The focus was retrieving empirical studies on interprofessional communication and hospital service quality.

### *Search*

A structured search strategy was implemented using a combination of specific keywords: "Interprofessional Communication" AND "Hospital Services" AND "Quality Improvement" AND "Healthcare Teams." These terms were deliberately selected to encompass key dimensions of interprofessional collaboration, communication practices, and quality enhancement in hospital settings. Uniform search techniques were applied across all selected databases to ensure consistency and comprehensiveness in capturing all pertinent studies.

### *Selection Of Sources of Evidence*

All references retrieved through the systematic search were imported into Mendeley reference management software to facilitate efficient organization and oversight. Duplicate records were identified and removed to ensure that each study was represented only once, thus maintaining the integrity of the selection process. Subsequently, a multi-stage screening

procedure was conducted. Initially, titles and abstracts were reviewed to exclude studies that did not align with the predefined inclusion criteria, particularly those unrelated to interprofessional communication and hospital service quality, as well as review articles. Following this preliminary screening, a more comprehensive evaluation of the full texts was undertaken to assess methodological rigor, validity of findings, and direct relevance to the study's focus on enhancing healthcare service quality through interprofessional collaboration. Only empirical studies demonstrating clear methodological transparency and strong thematic alignment with interprofessional communication practices within hospital settings were advanced to the final selection. By adhering to this rigorous and systematic process, the study ensured the inclusion of high-quality, pertinent literature, thereby strengthening the reliability and applicability of the research findings.

### RESULTS AND DISCUSSION

The identification process began with 635 records retrieved from two major databases: Elsevier (n = 425) and ScienceDirect (n = 210) (see Figure 1). Following removing 85 duplicate records, 550 articles remained for initial screening based on title and abstract. Of these, 395 records were excluded for not meeting the inclusion criteria, leaving 155 articles for full-text screening. However, 126 articles could not be retrieved due to restricted access or broken links. As a result, 29 full-text reports were successfully accessed and assessed for eligibility. Following this assessment, 15 articles were excluded for the following reasons: population/context mismatch (n = 8), irrelevant outcomes (n = 7). Ultimately, 14 articles met all inclusion and quality criteria and were included in the final synthesis. Two independent reviewers conducted all screening stages using predefined inclusion and exclusion criteria to ensure methodological rigor and reduce selection bias. Disagreements were resolved through discussion; where needed, a third reviewer provided arbitration. Inter-rater agreement was calculated using Cohen’s Kappa, with a result of  $\kappa = 0.82$ , indicating strong agreement.

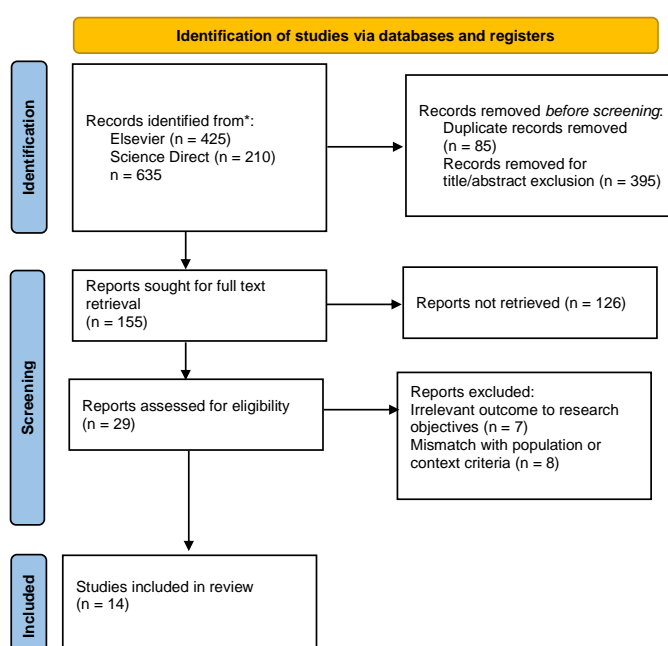


Figure1. PRISMA Flow Chart

The scoping review commenced by examining the characteristics of the studies included in the analysis.

**Table 1. Study Characteristic**

No	Author (Year)	Title	Research Purpose	Result	Key Finding
1	(Vanderbilt et al., 2017)	Increasing patient safety with neonates via handoff communication during delivery: a call for interprofessional health care team training across GME and CME	To improve neonatal patient safety through interprofessional handoff communication during delivery.	Handoff training improved communication during critical neonatal care transitions.	Interprofessional handoff protocols reduce communication errors and enhance neonatal safety.
2	(Gambino et al., 2020)	Working Together: Addressing Cultural Diversity, Patient Safety, and Quality Care Through an Interprofessional Health Care Course	To address cultural diversity, patient safety, and quality care through interprofessional health care courses	Education improved cultural competence and interprofessional collaboration.	Training programs enhance patient safety by strengthening team communication across cultures.
3	(Ngadiyono & Astuti, 2020)	Implementation of Interprofessional Collaboration in the Public Health Center	To evaluate the implementation of interprofessional collaboration in public health centers.	Collaboration varied significantly between centers.	Strong leadership and continuous training are needed to sustain collaboration at health centers.
4	(Waggie & Arends, 2020)	Exploring interprofessional teamwork at a tertiary public hospital in South Africa	To explore interprofessional teamwork at a tertiary public hospital in South Africa.	Teamwork was challenged by hierarchy and resource constraints.	Leadership and resource allocation are key to effective interprofessional teamwork in hospitals.
5	(Assafi et al., 2021)	It's all about presence: Health professionals' experience of interprofessional collaboration when mobilizing patients with hip fractures.	To explore health professionals' experiences of interprofessional collaboration during patient mobilization after hip fractures.	Presence and engagement among professionals were crucial for collaboration.	Personal presence positively influences teamwork and patient mobilization outcomes.
6	(Summers et al., 2021)	The role of the behavior analyst on interprofessional mental health teams: opportunities for collaboration and enhancing patient care	To examine the role of behavior analysts within interprofessional mental health teams.	Behavior analysts contribute significantly to care planning and team dynamics.	Integrating behavioral expertise strengthens mental health team collaboration and outcomes.

**Table 1. Study Characteristic (cont')**

No	Author (Year)	Title	Research Purpose	Result	Key Finding
7	(Yousefi et al., 2021)	Impact of Hospitalist Programs on Perceived Care Quality, Interprofessional Collaboration, and Communication: Lessons from Implementation of 3 Hospital Medicine Programs in Canada	To assess the impact of hospitalist programs on care quality, interprofessional collaboration, and communication.	Hospitalist programs improved perceptions of care quality and team collaboration.	Dedicated hospitalist roles foster better communication and interdisciplinary care coordination.
8	(Erjavec et al., 2022)	Communication in interprofessional health care teams from the perspective of patients and staff	To assess communication perceptions in interprofessional healthcare teams from patients' and staff's perspectives.	Communication quality impacted satisfaction and team effectiveness	Effective communication is central to positive patient experiences and efficient team performance.
9	(Hapsari et al., 2022)	Analysis of the Implementation of Effective Communication on Interprofessional Collaboration in the Inpatient Installation of Hasanuddin University Hospital	To analyze the implementation of effective communication in interprofessional collaboration at a university hospital.	Communication gaps were identified as barriers to collaboration.	Clear communication protocols are essential to successful interprofessional teamwork.
10	(McLaney et al., 2022)	A framework for interprofessional team collaboration in a hospital setting: Advancing team competencies and behaviours	To propose a framework for interprofessional team collaboration in hospitals.	Competency-based frameworks improved team behaviors and collaboration.	Clear team competencies enhance interprofessional effectiveness and hospital service quality.
11	(Kurniasih et al., 2023)	Patients' Perspectives of Interprofessional Collaboration in Breast Cancer Unit	To explore patients' perspectives on interprofessional collaboration in a breast cancer unit.	Patients valued visible team collaboration for improved treatment outcomes.	Patient satisfaction increases when interprofessional collaboration is perceptible and organized.

**Table 1. Study Characteristic (cont')**

No	Author (Year)	Title	Research Purpose	Result	Key Finding
12	(Afiat et al., 2024)	The Role of Sustainable Communication in Hospital Health Services Through Internal Best Practice Sharing Health Talk Activities	To analyze the role of sustainable communication through internal best practice sharing activities in hospitals.	Sustainable communication improved service quality and internal staff cohesion.	Internal "Health Talk" activities foster knowledge sharing and enhance service standards.
13	(Pakaang et al., 2024)	Interprofessional collaboration practices: Health workers' perceptions in a private hospital, Surabaya	To investigate health workers' perceptions of interprofessional collaboration in a private hospital.	Health workers recognized the impact on patient care but faced structural challenges.	Institutional support and training are necessary to optimize interprofessional collaboration.
14	(Guraya et al., 2025)	Enhancing the understanding of safety and the quality of patient care among medical and health sciences students in an interprofessional climate: an interventional study	To improve safety and quality of patient care among health sciences students in an interprofessional learning environment.	Interprofessional education enhanced the understanding of patient safety and collaboration.	Structured interprofessional interventions are effective in advancing patient care competencies.

### ***Communication as the Cornerstone of Safety and Effectiveness***

Interprofessional communication is universally recognized as a determinant of clinical quality. The synthesis strongly shows that clear communication among healthcare professionals enhances patient safety, satisfaction, and system efficiency (Abdurrouf & Pandin, 2021; Ricca & Antonio, 2021; White-Williams et al., 2022). Frameworks like TeamSTEPPS have proven instrumental in improving discharge processes and care transitions (Australian Commission on Safety and Quality in Health Care, 2020; Beiler et al., 2019). However, organizational hierarchies remain a major barrier, as reported by allied health professionals (Brás et al., 2023; Seaton et al., 2021). A robust communication infrastructure is foundational to healthcare service quality. Furthermore, Campagna & Lee-Riley (2025) emphasized that sustained interprofessional collaboration across the care continuum enhances coordination and strengthens systemic efficiency. Summers et al. (2021) reinforced this by showing that structured handoff protocols in neonatal care significantly reduce medical errors and improve safety outcomes. Hapsari et al. (2022) also reported that frequent communication breakdowns in academic hospitals pose substantial risks to service integration.

### ***Role of Training and Continuous Education***

Effective communication practices are strengthened through structured training and education. Integrative and empirical studies confirmed that interprofessional curricula foster cultural competence and improve team collaboration (Gambino et al., 2020; Guraya et al., 2025). Communication training programs improve collaborative abilities among students and professionals and impact patient safety awareness. Further, ongoing professional development, especially in primary care settings, enhances the sustainability of interprofessional communication (Ngadiyono & Astuti, 2020). In addition, competency-based collaboration models contribute meaningfully to improved team communication and hospital service quality, highlighting the functional benefits of targeted education in collaborative practice.

### ***Leadership and Structural Support***

Leadership influences both the adoption and sustainability of communication frameworks. Studies in Brazil illustrate how management style directly affects service delivery and interprofessional harmony (Silva et al., 2020). Leadership that supports equitable communication reduces hierarchical interference and promotes collaborative governance (Rahayu et al., 2024). Hospitalist programs (Yousefi et al., 2021) and leadership in neonatal care Vanderbilt et al. (2017) illustrate how role-based strategies can embed collaboration into organizational routines. Nonetheless, systemic limitations—such as in South Africa—still challenge progress (Waggie & Arends, 2020). Likewise, Pakaang et al. (2024) highlighted how rigid hierarchical structures and ambiguous communication channels hinder collaborative performance, even when healthcare professionals recognize the value of interprofessional cooperation. This further underscores the need for structural reform and institutional commitment to communication governance.

### ***Behavioral, Mental Health, and Cultural Dimensions***

Hierarchical culture and behavior-based practices can either reinforce or inhibit effective communication. The impact of power distance on collaboration was notably negative in the Indonesian context (Rahayu et al., 2024). Presence and engagement Assafi et al. (2021), emotional intelligence, and cultural sensitivity are essential in promoting trust and cohesion. Interprofessional silos were highlighted as key barriers in integrative reviews (Gleeson et al., 2023). Communication must therefore consider behavioral and cultural nuances. (Pakaang et al., 2024) linked ineffective collaboration to entrenched behavioral norms reinforcing vertical authority over inclusive dialogue. Hapsari et al. (2022) similarly noted that fragmented professional identities within hospitals exacerbate communication gaps, reinforcing the need for behavioral and cultural realignment.

### ***Internal Knowledge Sharing and Engagement***

Internal engagement strategies like Health Talk activities Afiat et al. (2024) emerged as low-cost, high-impact tools for knowledge exchange and standard enhancement. These internal platforms help sustain collaboration beyond structured meetings or formal communication tools. Although not directly mentioned in other studies, the absence of internal forums was implicitly reflected in the work of Waggie & Arends (2020), who described how limited institutional mechanisms and resource constraints reduce opportunities for informal peer exchange and team reflection in tertiary care hospitals.

### *Patients' Experience and Perspective*

Studies demonstrate that when interprofessional collaboration is visible and perceptible, patients report increased satisfaction and trust (Erjavec et al., 2022; Kurniasih et al., 2023). These experiences confirm the value of communication from the patient's viewpoint, affirming its central role in service delivery and safety outcomes. Furthermore, Campagna & Lee-Riley (2025) noted that continuity of interprofessional collaboration throughout patient care enhances the patient experience by supporting seamless transitions and clear communication. Similarly, Summers et al. (2021) highlighted that safer handoff procedures contribute directly to increased patient confidence in care delivery. These findings affirm that interprofessional communication is not merely technical but perceptible and consequential to those receiving care.



**Figure 2. Conceptual Framework**

Figure 2 presents a thematic framework synthesizing the key dimensions underpinning interprofessional communication in hospital service quality. At the core lies interprofessional communication, supported by six interrelated domains derived from systematic analysis of the reviewed literature. These include communication as a foundation for safety, continuous education, leadership structures, behavioral and cultural factors, and internal knowledge engagement. Internal knowledge sharing appears twice to emphasize its multifaceted role in formal and informal team dynamics. This framework provides a conceptual basis for advancing research on collaborative practices and quality improvement in hospital settings.

### CONCLUSION

Interprofessional communication is a pivotal determinant of hospital service quality, underpinning patient safety, satisfaction, and care coordination. Strengthening this dimension requires leadership support, continuous professional development, and culturally sensitive team engagement. Policymakers should incorporate interprofessional training into

accreditation standards, while health education institutions must embed communication competencies into curricula. Future studies should explore the long-term effects of communication interventions across diverse clinical contexts.

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