

# Effects of health care communication



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The primary root of errors in the medical field is caused by ineffective team communication. A multitude of evidence depicts the adverse events that are as a result of errors that happen at unacceptable rates particularly in the patient setup. In most cases, ineffective or barriers to effective communication among the involved parties are the main contributors to these errors. For instance, failure in communication has been uncovered as being the root cause of over 60% of events that have been brought to attention to the Joint Commission on Accreditation of Healthcare Organizations (Leonard, 2014). A similar report highlights the role of ineffective communication in error making. The report cited “ communication difficulties at all levels of the hospitals, including doctors to doctors, doctors to nurses, nurses to nurses as well as nurses to doctors” as being the underlying factors that contribute to the death of a majority of the pediatric patients (Leonard, 2014). The primary objective of the project is mainly meant to unearth the ineffective features communication particularly in the healthcare as well as classify their impacts.

Heisler (2012) asserts that in modern healthcare, it all entails teamwork rather than individuals effort. This calls for cooperation from professionals from all the disciplines concerned. However, a lot of evidence points out that these much-needed change has not been incorporated and supported by radical changes in the systems for effective communication between healthcare practitioners and in particular across all fields. There is a positive correlation between ineffective inter-professional teamwork and a compromised patient needs, tension, distress among the staffs as well as inefficient service delivery. The project will similarly focus on the merits of

having in placed an active communication channel that aims at sharing clinical information between the healthcare professionals. Also, it will also highlight visible evidence of information sharing between the inter-professionals as well as the challenges encountered in healthcare communication. The project will also bring into the limelight the impacts of communication in healthcare. Though the focus will be mainly on hospital-based scenarios, the lessons extracted can as well be applied to healthcare settings at large.

### Characteristics of Effective Healthcare Teams

Through an extensive consideration of the critical factors that influence team performance in a majority of the fields, Leonard (2014) came up with a model involving five key dimensional areas in effective teams: effective team leadership, routine performance monitoring, behaviour backup, adaptability as well as team orientation. All these factors are coordinated by vouching mechanisms of total trust, effective communication and shared intelligence models.

Leadership entails a multitude of factors such as team coordination, task coordination, supervision, planning, and team motivation to enhance productivity as well as establishing a favourable environment to carry on with daily routines (Atherton et al., 2012). Common performance monitoring calls for sufficient understanding of the atmosphere around to enable monitoring and control of all the team members. This has the benefit of easier identification of laxity or lapses or even work overload among the staffs. For backup behaviour, it's vital to understand other employees' tasks

that translate to enabling supportive actions to be administered by the team members. Such activities may involve workload redistribution or support.

Adaptability helps a team to effectively respond to any change that may happen in the environment and similarly accommodate the moves by the patients' needs

(Zwarenstein, 2009). It will be effective in that the needs of the patients will not be altered at all and thus patient management will be effective. Team orientation involves and incorporates the need to take other staffs ideas and perspectives into consideration. The belief is that the team's objectives and goals should be aligned by the wellbeing of the patient as they are more crucial and important than personal goals.

For these five critical dimensions of effective teams to be achieved, then all the staffs must entirely trust and respect each other to give and consequently receive feedback on their performance (Free et al., 2013). Additionally, the members must be adept of communication skills to convey their information effectively. Similarly, the sharing of a mental model is paramount. A shared mental model has been termed to be one of the critical underpinning factors that contribute to effective teamwork and in particular in healthcare. Through mental models, there is a mutual understanding of all situations, the intention for treatment, and the duties and roles of every person in the team. Also, there will be an anticipation of other's needs, identification of changes in the clinical scenario as well as adjusting strategies as its needed. Zwarenstein (2009) argues that without this vital mental model, the various individuals of the team cannot entirely contribute to solving problems or even in decision making. One of the core

requirements for enacting and developing a mutual mental model that would lead to effective team performance is useful information sharing between team members.

### Information Sharing: a Challenge Encountered by Healthcare Teams

Some scenarios depict numerous problems that healthcare encounter as a result of difficulties in communication among the staffs. For instance, a meta-analysis involving several ranges of fields indicated that information sharing has a positive correlation with team performance. There are numerous interfaces whereby the transmission of information between the staffs of the healthcare team is essential for effective and safe patient care. There has been an inadequacy in information sharing in context interface such transfers between departments, extreme-acuity settings and in particular in the emergency departments or even in the operating room, sharing of crucial information across inter-professionals, and ineffective handover of patients during shift changes (Heisler, 2012).

During a study carried out on patient ward handovers, the minority of the patients were confident regarding their patients' handovers. In another study carried out by (Leonard, 2014) concerning the operational room communications, he categorized almost a half of the communication situations as ineffective and almost a quarter of these had tremendous adverse effects. Such included inefficiency, wastage of resources, delay in catering for the patients, tension and even procedural errors. Atherton et al. (2012) assert that teams who rarely shared information concerning the patients before the commencement of any curative surgery or even during

post-surgery handover were in more trouble of causing surgical complications as compared to those teams that frequently shared crucial information regarding the patient. For the majority of those who witnessed postoperative handovers, they pointed out that most of the crucial and critical information such as intraoperative issues or allergies was not adequately disseminated from the operating room to the concerned ward nurses. There is also supporting evidence that suggests that through incorporating specific techniques that are geared towards improving information dissemination can go a long way in improving clinical management. Christensen & Remler (2009) highlights that such techniques may involve, ensuring that there is a high acuity setting, emergency declaration as well as information sharing with the team involving a crisis.

Similarly, it's prudent to brainstorm on an issue through enhancing verbal observations as well as embracing decision-making processes with the team to share ones, mental model. The main determinants of failure in information sharing involve educational, organizational, and psychological factors. This hinders effective communication among the team members as well as effective patient care.

### *Educational determinants*

Considerable attention has been emphasized on the doctor to patient communication in most of the undergraduate medical fields without laying a lot of emphasis in training medical students on effective communication with other professionals in the same area. Christensen & Remler (2009) points out that every single professional group has its unique way or arranging

information which is attributed to different educational curriculums. There is a disparity between various professional groups regarding content delivery, the structure of the data as well as the timing of the information, and thus they may not be able to comprehend the role, duties and priorities of other professional groups. Health professionals' education is largely centred on a specific discipline with very minimal interaction from other healthcare disciplines. Very few healthcare providers are trained specifically on teamwork (Leonard, 2014). Discipline separation and disparities in education offer minimal effort to address the misunderstanding of other disciplines, roles, priorities or responsibilities and thus this adversely impacts inter-professional teamwork when it's required.

### *Psychological determinants*

The primary part of healthcare professional education is the development of a reputable professional identity either as a nurse or as a doctor. However, there are always some challenges faced in the process. Psychologically, in accordance to social identity theory, it points out that members of any professional group such as nursing, medicine or any other allied health field, they tend to perceive their attributes as being superior and those of the other groups as being inferior (Atherton et al., 2012). Similarly, there is the specific calibre of individuals who have a high affinity for specific professions as well as specialities and thus strengthening this phenomenon. However, due to these professional allegiances, tension can build up from different professional groups when there are differing expectations on how issues should be handled. Another psychological barrier that may lead to ineffective communication is the healthcare structure which is hierarchical. Generally,

the senior staffs are enthusiastic whenever they are issuing out commands to their juniors.

Consequently, the juniors are not in a position to challenge the decisions made but only to comply with it. They ultimately conceal their suggestions which would otherwise be important. The hierarchical structure has proven to have disastrous repercussions in aviation whereby the junior pilots opted not to go against misguided decisions made by their superiors.

### *Organizational determinants*

The physical environment of healthcare, as well as the geographical distribution of patients within the healthcare, can influence the efficient scheduling of activities involving patients care team. Such activities include scheduling meetings to discuss patients' welfare as well as ward rounds. Atherton et al. (2012) point out that majority of these organizational and geographical determinants acts as barriers to effective communication between junior staffs and the seniors when it calls upon coordination of patients across different wards that have different crews. Similarly, nurses who are conversant with the patient may be absent when crucial decisions are made regarding their patient. In reality, all the staffs may be aware of what is required to have effective communication between inter-professionals, but the environment may not be favourable to facilitate this. Additionally, varying clinical areas may apply incompatible soft wares or even different forms and thus making the interpretation of the information difficult.

Importance and Impacts of Effective Healthcare Communication

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Ensuring that there is effective communication as well as enhancing teamwork is vital in ensuring delivery of high quality and safety for all the patients. One of the final factor that leads to inadvertent patient complications is the breakdown of the communication process. Medical care is complex in its own, and this is later coupled with inherent factors from the professionals. This makes it important for all the health cares to have a common communication tools, creating a favourable environment for each to have their ideas and suggestions listened to and also shared a common language in case of emergencies. Leonard (2014) opines that effective communication is either personality or situation dependent. Also, there is need to learn lessons on effective techniques to achieve change in culture, improve on the quality of working environment, practising favourable transfer policies, and evolve methods geared towards the demonstration of benefits of such duties.

Through this vast experience in enhancing teamwork as well as undergoing communication training and undertaking clinical projects, then specific success issues have been evident. Perceiving medical culture from a different perspective is prudent. The vital element is dissociation of the inevitable errors as well as communication failures that are related to human performance in line with clinical competency. Christensen & Remler (2009) consents that it's effective to approach improvement of communication from the perspective of having the desire of correcting flaws associated with systems and the use of standard communication tools. This ensures that all activities are carried on smoothly, and the safety of every individual is taken into consideration. Allocation of ample time to enlighten health cares about

increased system errors as well as inherent inhibiting factors of human performance aids in dissociating error from the initial perception of mistakes as being considered as episodes of individual professional failure.

Two significant requirements of having a successful healthcare change are; adequate support from the managerial level as well as having in places a firm healthcare leadership (Heisler, 2012). In the medical field, physicians who stand with their concerns and voice their voice on the right path to follow and support it firmly make a tremendous impact on the profession. The other calibre of the physicians waits in awe to check out if the projects will be a success before associating with them publicly. They leave everything to the nurses and other staffs to have an uphill task of pushing the ideas up against the hierarchy, and predictably most of these efforts are futile. Free et al. (2013) asserts that embedding changes in the healthcare field are paramount. Through such essential reforms, the days are made safer simpler, and even more accessible for every individual to operate and carry on their activities and duties. Instantly the changes have been enacted, then having a concise and clear focus is essential as well as committing finite time to the individuals involved. Additionally, measuring the success rate of effective communication is all important.

Similarly, communication failures depict a critical scenario where there is team discourse. They can be targeted for initiating training to improve communication competence of the professional team. Each scene is definable and easy to demonstrate to all the team members. Heisler (2012) argues that it's easy to analyze multiple dimensions of effective communication and how they are associated to promote or even undermine

information transfer as well as enhancing negotiation of essential decisions in the operating room. Contrary to expectations, failure in communication is necessary for the part since they can act as a signal of a problem as it originates at a specific point in either system or attitudinal processes.

To date, it's evident that teaching as well as embedding various tools and behaviours can go a long way in providing a lot of clinical benefits. The ultimate goal is meant to show a tremendous reduction in adverse effects on patients and having in place improved clinical outcomes via the adoption of such tools and behaviours to facilitate effective communication in all levels of the professional healthcare.

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