A Study on Clinical Communication to Promote Care Team Collaboration for Better Patient Outcomes

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ABSTRACT

A communication process is the exchange of messages between individuals or groups. "Communicare" means "mutual interchange" in Latin, and "communico" means "to share," according to the Oxford English Dictionary. The English term "communication" comes from these roots. The collaborative communication method involves at least two persons. According to Wikipedia, "communication is the act of transferring information from one place, person or group to another." When information is transmitted from one party to another, there must be a sender, a message, and a recipient. However, there are several factors that influence this process. Communication is an obligation shared by both parties in a discourse, as one speaks and the other listens.

Keywords: -

1. INTRODUCTION

The facets of communication, including the mode of transmission, can be broken down into their constituent elements. Both a sender and a recipient are necessary for communication. The person who wants to give someone important information is called the sender. The reason communication is named such is because it is predicated on concepts in all cases. A written proposal, a collection of ideas, or a personal opinion can all be considered ideas. Through the use of the proper channel, which can be either formal or informal, communication can be processed. The most crucial stage of communication that follows the transmission of messages is feedback. In order to make sure that the recipient has understood and interpreted the message as the sender intended, feedback is a crucial part of the process.

The Functions of Communication

Communication has several purposes, including raising awareness and informing, motivating, educating, and entertaining. The three main objectives of business communication are "information, persuasion, and motivation". However, ineffective communication is a key cause of interpersonal conflict. When they are conscious, people communicate in some capacity for about 70% of the time.

The Communication Process

Through the use of a medium that has been predetermined, the purpose of every communication process is to ensure that the intended message is transmitted from the sender to the receiver. In order to triumph over these challenges, it is necessary to select the channel in the appropriate manner. The information is transmitted by the transmitter, which is the first step in the communication process. The receiver then provides feedback in response to the information.

2. LITERATURE REVIEW

Numerous studies on the subject of patient-physician communication have shown that a patient may not always feel pleased, even when the doctor feels that he or she spoke well enough. (Duffy, Gordon, and Whelan, 1995). Identifying and understanding the patient's medical needs and providing high-quality care are the two main objectives of every doctor-patient interaction. (Duffy, Gordon, and Whelan, 2004).

Improved physician-patient communication skills can raise patient satisfaction levels, which can then improve therapeutic outcomes. Good communication is directly linked to better medical outcomes. Effective communication is associated with pain reduction, symptom control, patient satisfaction, and therapeutic adherence. In a study published in 2005, Tongue, Epps, and Forese concluded that "communication problems, not clinical competency, are the main cause of complaints about doctors."

When it comes to healthcare communication, "success" is defined as the doctor and patient getting along well. It also implies that the level of patient education regarding the condition, possible treatment plan, prognosis, and any risks. As a result, the patient's active involvement in the process of making decisions helps to facilitate consent and improves compliance with it.

According to Olden et al. (2019), patients and doctors have a highly complex relationship. Patients engage this friendship when they are upset and hope that their interactions with the doctors will make them feel better. Ineffective team communication also contributes significantly to medical mishaps.

According to Kaplan and Greenfield (1989), "Qualitative measures, although difficult to gauge, can provide a deeper understanding of patients' subjective perceptions." In many surgical or chronic illnesses, physiological measures may not be practical, despite being the most readily quantified results in clinical settings. Furthermore, they are extremely specific and might not have a major impact on how the patient's overall health is determined.

Communication's Purpose in A Medical Setting

In the medical industry, effective communication is a fundamental tool for providing patients with high-quality care. It also ensures that caregivers clear up any misconceptions and demonstrate excellent behavior. The intended audience for a skillfully written health communication is the patient. Therefore, enhancing this exchange must be the aim of research on healthcare communication. A systematic method of health communication is essential to the cycle of care delivery to patients and their families.

Healthcare communication has several applications. Its main duty is to settle information transmission problems related to any unanswered concerns regarding the patient's care. It may be easier to diagnose a patient's problems quickly and effectively if there is clear and unambiguous communication between the doctor and the patient. Patients will understand the problem better once it has been discovered, even if it hasn't been fixed. According to Amir and Yunus (1999), this will ultimately result in a significant drop in stress levels. When patients talk, their anxiety and mental suffering decrease. Medical personnel' lack of clarity, poor information, and unsatisfactory care are the main causes of patients' dissatisfaction and displeasure.

Value of the Doctor-Patient Relationship in Medical Care

We may have trouble understanding the patient's condition at times due to the abundance of modern medical and healthcare technology. As noted by Eisenberg (2001), "a perceptively educated antiquity and a prudently completed physical investigation will frequently lead to the right diagnosis without depending

on a wide-ranging battery of expensive, infrequently unnecessary, and occasionally dangerous tests."

According to Cassell (2018), the doctor-patient relationship is the foundation of all remedial care, and the articulation is the most crucial therapeutic instrument. "Doctors treat patients, not diseases; the body has the last word."

As Stephens puts it: "The relative significance of vision and hearing in knowing the patient clinically is the one area where post-Fiexnerian epistemology differs most from Flexnerian philosophy." The "royal road to human understanding in medicine" involves talking to patients and their doctors in order to learn as much as possible about them (Stephens, 1988).

Age of the Patient, Communication and the Patient's Part in The Doctor

Age: Studies show that a physician's age significantly affects his interactions with patients, the level of attention he provides, and the degree to which the patient trusts and interprets him (Govender, VPenn-Kekana, L 2007).

Gender: According to Thorson and Johansson's (2004) evaluation, women with poor socioeconomic level and income are labeled as "hesitant," "shy," and having "constrained understanding in fitness care in search of matters." They are also known to regularly "no longer follow their physician's prescription, particularly due to a want to double-take a look with their husband, own circle of relatives, and neighbors." Conversely, men are characterized as "bold and open," "inclined to comply with instructions and prescriptions and, being the primary breadwinners, additionally to have extra cash and get to have a decision-making strength in their own, unbiased of the rest of the own circle of relatives" (Thorson and Johansson 2004). Results from studies on victims' gender are far less trustworthy. Studies have shown that women are more likely than men to discuss about psychological concerns and express their thoughts (Thorson and Johansson, 2004).

Work: Individuals with a lower level of social training demonstrate considerably inferior socio-emotional speech quality, more directive behavior, and a less participatory consultation style, exemplified by a decreased degree of patient involvement in treatment decisions, among other things. De Maesschalck S., Willems S., Deviugele M., Derese A., and De Maeseneer J. (2005).

Education attained: Since a better level of access to data is correlated with disparities in educational background, academic standing is used as a yardstick. Willems S, De Maesschalck S, Deveugele M, Derese A, De Maeseneer J (2005) found that patients with greater education typically have more talent, confidence, and communication with their physicians. In addition, they frequently carry-on lengthier talks, provide more details, and raise more questions.

In addition to receiving more fitness and diagnostic information, people with higher education levels tend to be more outspoken and opinionated. They strongly support patient involvement and are more knowledgeable about clinical technologies and health challenges. Because these people have communication patterns that encourage doctors to share information, patients who are better knowledgeable, wealthier, older, female, or male may also receive more information. They are more assertive, voice more concerns, ask more questions, and demand more information from clinicians than do patients with less knowledge. Here, the language that is decided to be used when the doctor is there is also very important for understanding.

3. THE DIRECTION OF COMMUNICATION

The direction of communication might vary according on the specific situation, either vertical or lateral.

a) There are two types of vertical communication: upward and downward. Managers and team leaders primarily utilize it to assign work and give instructions to subordinates.
b) Communication moves up the ladder to a group at a higher level. used to inform authorities of goals being met, provide them feedback, and share any difficulties encountered in enforcing the order.
c) Within an organization, lateral communication takes place between peers who are on the same level and in the same hierarchy.

4. BARRIERS TO EFFECTIVE COMMUNICATION

A communication barrier is a phenomenon that impedes the intended meaning of a message from being communicated. There could be mental or physical barriers present. Accurate reception of transmitted messages is further hampered by the receiver's physical location. The use of jargon, or terms that are either very technical in nature or shorter forms of longer words, is one of the biggest barriers to successful communication. It might have significant effects, particularly in the healthcare sector.

In a multilingual and cosmopolitan country such as India, language obstacles are particularly important, particularly when they involve unknown accents. Since a sizable percentage of India's medical workforce is from the south, they usually run across linguistic and cultural difficulties when trying to treat patients in the north and west of the nation.

5. A CLAIM: HEALTHCARE-RELATED COMMUNICATIONS

Effective communication is essential to the delivery of healthcare, whether the patient is requesting an appointment or preparing to leave the hospital following an inpatient stay. The function of communication cannot be broken down into discrete stages and then claimed to end or to take on a small role later on in the patient's life cycle. It is the duty of every healthcare professional to give their patients accurate information and the treatment they require. This strategy needs more work and reasoning than performing operations and diagnosing conditions.

Communication is one of the most crucial and essential elements of providing healthcare at every stage. Information exchanged within the patent care team or between support services is important and pertinent at every level. If there is a breakdown in communication between two parties, there needs to be a way to resolve the problem. In healthcare facilities without efficient communication policies and procedures, patients' health may be at risk. The importance of communication in health care should be acknowledged by all members of the health care ecosystem, including the professionals who provide patient care, even though this is never guaranteed. There are hardly any procedures or systems in place in the healthcare delivery mechanism to assess the effectiveness of communication.

Consequently, medical practitioners now consider excellent patient communication to be a fundamental capability. Healthcare professionals throughout the world have long understood the importance of formalizing patient communication training at every stage of the healthcare system, but this is not the case in India. It is more challenging to treat the condition using an evidence-based strategy when there is a shortage of recorded data, and official medical education does not currently incorporate communication despite conflicting recommendations.

Understanding the value of effective communication at every stage of a patient's life, the "Quality Council of India" created a set of healthcare quality standards that prioritized two-way communication between physicians and their patients, and had these standards certified by the international organization ISQUA.

The Quality Council of India published the NABH standards in 2005. These standards covered the basics of patient-doctor communication as well as a separate section on the rights of patients and their families.

NABH lists aspirations such as creating a culture of quality and guaranteeing patient safety. There is also a strong emphasis on standard operating procedures that adhere to national and international standards for the provision of patient care. The healthcare team's level of commitment to communication with one another is the basis of all the criteria. To comply with these standard components, hospitals must provide and maintain a process driven approach across the entire patient care process.

The majority of patients rely their opinions on the caliber of their present or upcoming care on how well they get along with their medical team. Researchers from all around the world have examined this subject, and their results support the beneficial impacts of effective communication on patients' health outcomes. Open channels of communication and mutual understanding between patients and their care teams lead to better outcomes in healthcare. It is evident that patients are far more likely to participate in their care and adhere to their treatment plans when there is increased communication. There is a communication gap on the part of the doctor, though, and nearly one-third of adult patients with long-term illnesses stopped taking their recommended prescription because they were concerned about the cost.

Such patient behavior might stem from a variety of factors, including a lack of awareness of the seriousness of the illness or the regimen due to societal or linguistic limitations. Less than half of the patients could recall their diagnoses or the names of their drugs by the time they were discharged from the hospital. This could be a serious indication of a breakdown in communication.

Effective communication is necessary for preventing errors, enhancing quality, and attaining better and safer health outcomes. It is also morally required and crucial for successful patient involvement. Any conversation between a physician and a patient should eventually result in the patient receiving better care. as declared in 2013 by the American Medical Association. Effective communication between a physician and patient improves the patient's emotional health as well as their comprehension of critical medical information. In actuality, a patient can only receive quality care if they believe their physician truly understands them and their issues.

Hospital observations indicate that longer sessions result in doctors asking more insightful questions of their patients and giving more thorough explanations of the issue and how it will be resolved. Patients ask more questions and voice more opinions in this kind of environment. The entire process, from hospital admission to discharge, needs to be completed within a specific amount of time with the right controls in place. Therefore, it is imperative that all critical communications are completed prior to the specified deadline. This period includes information about the medication, probable adverse effects, treatment plan, cost, and preventative measures, among other things.

As a result, process-driven checklists are essential for giving patients all the information they require in an easily understood manner. NABH also has serious concerns about the way in which the patient is informed. In certain cases, they also look for written documentation. Joint Commission on Accreditation of Healthcare Organizations, 2005: "More than 70% of sentinel events whose outcome is permanent in nature leading to permanent loss of life or limb" were brought on by a communication failure.

6. CONCLUSION

Effective communication between and within hospitals is essential for health care providers to protect patients, save costs, and enhance daily operating efficiency. Patients will have easier access to their medical records, which will reduce the possibility of medical errors.

This study specifically seeks to ascertain the following: (1) the general reputation of patient verbal exchange; (2) the influence of patient demographics on verbal exchange within the health practitioner-patient interaction; (3) the existence of a linear relationship between patient verbal exchange at every stage of patient treatment, patient pleasure at every stage of patient verbal exchange, and normal patient pleasure; (4) the possibility that patient pleasure at every stage influences patient pleasure at every stage of patient verbal exchange; and (5) the effect of physicians' attitudes on patient-doctor verbal exchange. The current research effort is a turning point in evaluating the effectiveness of health care provider-patient conversation.

The principal aim of this study was to illustrate the current state of negligence and non-adherence to the need for efficient communication in the provision of healthcare in India, and to provide significant evidence to bolster this assertion. The theoretical underpinnings of this study are "The Four Model of Health Care by Ferlie and Shortel" (2001) and "Barnlund Transactional Model of Communication" (1970). In this study, the researchers used qualitative and quantitative methods. Numerous sources of data are gathered, such as questionnaires, non-participatory observation, field notes, interviews (both closed- and open-ended), and interviews. Using secondary sources in addition to these techniques enhances the credibility and authenticity of studies. The statistical analysis makes use of tabulation and detailing.

Report on the Status of Doctor-Patient Communication

"More than half of the respondents had a terrible reaction to the way their doctors communicated with them," according to the survey. They haven't had a pleasant experience with the medical staff, the care they got, or the scheduled sessions. However, because many patients in these nations have significantly better literacy reputations than on this examination, the satisfaction level of verbal communication between health practitioners and patients is much higher there than it is here. Furthermore, because hospitals are overcrowded with patients, healthcare personnel might not have much time for in-depth conversations. During the appointment, the doctors may also make assumptions about the patient based on their socioeconomic status.

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