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BRIDGING THE TEAM COMMUNICATION GAP, AN ESSENTIAL STEP IN THE MEDICAL ORGANIZATIONAL CULTURES

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Abstract

Effective communication is the foundation of a good quality medical practice that generates benefits for patients and their families and, implicitly, is an essential part of the satisfaction of the work of medical staff. In contemporary medicine, healthcare is, in most cases, provided by medical teams, therefore collaboration and communication between its members is essential. In this paper, the authors discuss the benefits of effective collaboration and communication among medical team members as well as barriers that may arise in certain clinical situations and contexts. The authors also analyze some solutions which were implemented in medical settings for improving communication and collaboration among medical team members, starting from the example of interventions in aviation teams.

Key words: communication, medical team, patient, benefits, barriers, solutions

Introduction

Medical practice is based, on the one hand, on technical aspects related to the professional training of medical personnel and, on the other hand, on ethical and deontological aspects, including those related to the relationships between the members of the medical team, as well as between them and patients or third parties. Effective communication has an important role in medical practice, both for creating and strengthening a therapeutic relationship between medical staff and patients, and to ensure the optimal functioning of the medical team (Childress, 2015).

Contemporary medicine, marked by the increasing influence of modern technologies and over-specialization, is characterized by a major change in the physician-patient relationship. The traditional physician-patient relationship, characterized by the involvement of only two actors- the physician and his/her patient, is kept to a small extent, being largely

replaced by the relationship between a medical team and the patient (Kaba & Sooriakumaran, 2007; Osorio, 2011). Under these circumstances, the optimal functioning of the medical team is essential by harmonizing the different levels of education and the different communication styles of its members. Communication and collaboration within the medical team are thus mandatory for achieving joint success, demonstrated by the patient's favorable clinical evolution.

Effective communication in the medical team - the premise of the therapeutic success

According to Merriam-Webster Dictionary, communication is „the process by which information is exchanged between individuals through a common system of symbols, signs or behaviors”. Only 7% of the information content is verbally transmitted, while the remaining 93% is the result of body language, attitude and tone used, the meaning of the message being influenced by the style of speech and the attitude of the interlocutors (O’Daniel & Rosenstein, 2008).

Interdisciplinary teams are an essential part of the modern organized work and an important factor in achieving positive results in various fields, and nowhere is interdisciplinary communication more important than in the medical field. In the medical team, efficient information exchange is the key to success (Kuziemski et al., 2009; CDC, 2014) due to the complexity and requirements of the work environment. This is essential for establishing the diagnosis and for developing the care plan, which starts from multiple assessments made by the medical team and their integration to better address the patient's needs and to respond appropriately to crisis situations (Kuziemsky, 2009).

The medical team ensures the interdisciplinary approach of the patient, where each professional is responsible for the activities in his/her field and formulates his/her own goals for the patient. Finally, the efforts of the medical team members are directed to the patient's well-being, the common goal of all involved being to provide integrated medical interventions that address the patient as a whole, pursuing the overall benefit for the patient and not just getting limited effects to a single symptom or functioning a single organ or system. On the other hand, for the patient, communication is easier with a team than with more professionals who do not work together (Deming, 1982).

Thus, good interdisciplinary communication leads to increased patient's life expectancy, effective control of symptoms, reduced duration and costs of hospitalization, increased satisfaction of the patient and his/her family (Kuziemsky, 2009) and, last but not least, improved job satisfaction of the medical professionals (DiMeglio, Lucas & Padula, 2005).

Team leaders facilitate and determine team effectiveness not only by synchronizing and combining each member's contributions, but also by ensuring that they understand their interdependence and value, as well as the benefits of a good collaboration (Johnsen et al., 2017) such as high performance and efficiency. For example, interdisciplinary teams have proven their effectiveness in palliative care of the patients with chronic terminal diseases. Palliative care aims at ensuring patient's quality of life through integrated interventions such as psychosocial counseling, spiritual support and medical care provided by a multidisciplinary medical team composed by physician, psychologist, priest/spiritual counsellor, social worker etc (Kuziemski et al., 2009).

In the medical system, relationships with superiors can sometimes be tense, burdensome and even abusive. Good communication, however, breaks the fear of presenting the superior the stage of evolution in every medical case, leads to prompt feedback and rapid diagnostic/ therapeutic reactivity, so that the final result is the proper care and treatment of the patient (Clever et al., 2001).

Communication barriers

Poor communication between medical team members poses a risk to patient safety by not passing critical information from one member of the team to another, misinterpreting information through unclear orders, or ignoring important changes in the patient's condition. Thus, poor communication within the medical team is the main cause of medication mistakes, delays in treatment, surgical interventions with erroneous locations and is the second cause of intra and postoperative injuries (Spiridonov, 2017; Gundrosen et al., 2016).

A study conducted in 1999 by the Institutes of Medicine in the USA showed that between 44,000 and 98,000 people die annually in hospitals in that country due to medical mistakes/ errors, and also underlined that medical errors ranked 5th in the first 10 causes of death (Kohn, Corrigan, & Donaldson, 2000).

There are a number of factors that represent barriers to good communication between medical team members.

Medical systems are hierarchical cultures, which creates the possibility of communication problems between interlocutors placed on different hierarchical levels. On the one hand, it is the fear of the subordinates to seem incompetent, to offend, and on the other hand, a superior who is not open to communication or who has an intimidating attitude that inhibits the expression of subordinate problems (Hughes & Salas, 2013).

Delays in patient care are often due to medical-nurse conflicts, the latter having reservations to inform the doctor even in the event of a deterioration in the patient's condition, due to intimidation, fear of retaliation, to generate a conflict, or disbelief in the possibility of solving the problem found.

Cultural factors are of particular importance especially in multicultural medical teams, influencing to a large extent the way of communicating problems (open versus closed) as well as the importance of non-verbal language (visual contact, tone, etc.) in transmission messages. These include the personality and style of communication of medical team members, which can lead to disturbing behaviors, which may have a negative impact on the patient's medical care.

Poor communication can also be generated by the habit of team members working autonomously, even when they are part of a team.

Bad communication and incomplete information exchange can become a way of working with which team members become accustomed to ignore the alarm signals, which predisposes to mistakes (Royal College of Physicians, 2017).

Communication inefficiency is a precursor to worsening teamwork which increases the likelihood of medical errors occurring. For this reason, it is critical that members of medical teams learn to communicate effectively to each other in order to avoid endangering patients' lives. A study conducted by Spiridonov in 2017, which proposed to investigate and analyze the reasons for ineffective communication, was based on the following objectives: exploring the opinions of medical specialists on the effectiveness of communication within the team in which they work, identifying the most common causes of inefficient communication within the team, clarifying the specific causes of poor communication, investigating measures to improve team communication, and formulating recommendations to improve communication between healthcare professionals. The findings of the study showed that 39.8% of the study participants found the colleagues responsible for inefficient communication, and 27.6% found the managers of the institution in which they work. Among the most important causes of communication inefficiency, 41.9% are the behavior of the colleagues, the rest mentioning management and the wage differences that lead to tensions in relationships (Spiridonov, 2017). This study also showed that communication problems could be addressed by conducting a thorough study of the motivation of health workers to improve communication efficiency, providing regular training to improve the relationship between

professionals and developing a risk-testing program the deterioration of team relationships (Spiridonov, 2017).

A study that looked at factors such as time pressure, speaker role, grounding and coordination strategy to better understand how these factors are reflected in communication effectiveness and team performance demonstrated that the most important element for performance determination was the ability to effectively establish and maintain a common ground with other teammates through task-oriented dialogue. Thus, it has been shown that by implementing the specific techniques, much better results have been obtained under the pressure of time and in cases where the requirements have been suddenly changed. By determining and understanding the factors that influence team communication and performance, it is important that its members be open to proposals to improve training programs, ultimately achieving efficiency and improved work results (Gervits, Eberhard, & Scheutz, 2016).

Another factor that seems to contribute to lowering the performance of the medical team through ineffective communication is the composition of the team and, in particular, issues related to gender differences among team members and the familiarity of team members. The kind of professionals is likely to create differences in their communication styles, their values or expectations, which can cause communication difficulties among doctors who are in many male medical clinics and nurses who are often women. A 2001 study showed that in the case of male-led teams, communication and rehearsal words were used more frequently than in the case of female leadership teams (Bortfeld et al., 2001; Royal College of Physicians, 2017).

Familiarity between team members has beneficial effects on communication, coordination among team members and implicitly on team performance by knowing the skills and information each team member possesses, integrating the knowledge and abilities of team members, and creating an increased ability to respond to change (Jehn & Shah, 1997). Familiarity with team members is beneficial for repetitive activities, but can lead to failure in new tasks (Brennan, Dahl, & Eagle, 2010). The fact that familiarity between team members proves to be appropriate in routine activities, even in the case of sophisticated ones, has been demonstrated in aviation where it was found that aviation teams do better when team members are familiar with each other. Thus, 73% of commercial aviation accidents occur on the first day that the team flies together, and tired teams but whose members are familiar with each other make only half of the mistakes made by the teams where there is no familiarity among the members. Similarly, surgeons working in several hospitals have different performances from one hospital to another, possibly due to their different familiarity with operating theater teams in different locations (Hackman, 2002).

Solutions

Improving teamwork and communication among medical team members are some of the most important in improving clinical efficiency and work satisfaction (Self & Baldwin, 1994).

Creating an effective medical team involves focusing on the issues where changes can cause measurable changes for patients rather than focusing on apparently irreconcilable professional differences among team members. Effective communication and collaboration in medical teams can be built through the use of structured communication techniques, similar to guides and procedures, useful in making decisions about optimal actions.

Identifying solutions to facilitate communication and collaboration in medical teams have started from aviation models, both areas having common characteristics such as: high variability of circumstances, need for rapid adaptation to critical situations, permanent improvement of the knowledge and rapid change, highly trained professionals to reason and

react in dynamic situations. Comparing aviation teams with medical teams and how these teams function, Sexton has led to the conclusion that aviation security related behaviors can also be applied in medicine to reduce mistakes through redundancy, standardization, verification, replacement of people's guilt, and the creation of safe processes and procedures (system approach), implementation of a program for identifying and analyzing the risks and disseminating the obtained information (Sexton, Thomas, & Helmreich, 2000).

The SBAR (Situation, Background, Assessment, Recommendation) program designed to facilitate communication and collaboration in the medical team was introduced in 2002. This program starts from the premise that doctors and nurses have different styles of communication, mainly due to training differences (nurses are more descriptive, while doctors tend to be more precise), which is why standardized communication tools are needed to harmonize different styles of communication. SBAR creates a communication framework concerning the patients' situation, designed to best communicate critical situations that require the immediate attention of physicians. Using this protocol, the barrier between differences in communication styles of the members of the medical team is overcome. Also, this protocol has the role of developing the logic and critical thinking of nurses, of helping to train schemes and of speeding up the process of adapting nurses, especially those newly employed, who do not yet know the medical team. The SBAR protocol enables the creation of a secure, efficient, fair, timely and patient-centered communication channel by creating a communication style that uses the same information presentation scheme within the team, the same language, and thus combats the appearance of style differences and thinking among the members of the medical team (Kathleen & Terrel, 2001).

Another solution is the TeamSTEPPS, which aims to improve the performance of case management and ensure patient safety. In this intervention, the participants learn critical elements of team communication and various ways to evaluate the proper functioning of the team, using the standardized patients, standardized families and methods of application of simulated learning in working environment (Brock et al., 2013).

VICTEAMS (virtual characters for team training - emotional, adaptive, motivated, social) is an intervention aimed at building the non-technical skills of team leaders, based on virtual reality, in which virtual characters play the roles of team members. The advantage of virtual reality is that it delivers verisimilous, convincing learning experiences, reduces training time, and increases persistence in training (Huguet et al., 2016).

Conclusions

Effective communication is the foundation for a good quality medical practice that generates benefits for patients and their families as well as for healthcare professionals. The medical team is the central element of current medical practice, which is why good communication and coordination between its members are essential for providing a good quality medical act and for preventing errors. As a consequence, medical professionals need to learn to communicate with patients, third parties and equally between them. These abilities must be created during medical studies and after their completion by applying standardized training tools. Equally, health care institutions need to be concerned with identifying communication issues between colleagues and to provide specialized support to resolve conflicts and create good communication and collaboration as a prerequisite for a good quality medical care and beneficial outcomes for the patient.

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