



COMMUNICATION GAP AND ITS IMPACT ON TEAM PERFORMANCE— A REVIEW AMONG DOCTORS, NURSES AND PATIENTS.

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ABSTRACT

The Corona pandemic brought about the realities and brutal truth of hospital secote in limelight . Unfortunately we have a deficit of trained Medicare professionals . At the same time the burgling demand of shift duty ,over burden of work let them loose their cool . But it also let the empathic side of doctors come in forefront . We had videos of doctors dancing in PPE kits and nurses going extra mile to patients . The research paper aims to bring the dynamics required to have a good team performance if all three players work in symphony .

KEYWORDS : Communication, Health care , Team Work, Meetings,

Introduction

India has been historically rich in health care department as some of the best hospitals were built during the reign of King Ashoka (273-232 BC). But the growing population and culture of individualism has taken a toll on the health sector. The alarming Statistical figures of World Health Statistics 2011 report states the poor doctor population scenario of 6 per population of 10,000 and nearly same is for nurse 13 per 10,000 population. The poor correlation of doctors, nurses and population statistics propound for an effective team cohesiveness between the all three for an effective health mechanism. A holistic view of integrated health care is the need of the hour as Indian health care industry is slated to grow by USD 280 billion by 2020 from 2005 (e-health 2013)

The starting point of this cohort is effective communication between the three diagonals as fault in any one of them would lead to utter collapse of health care. 91% of medical error have been cited to be the resultant of dysfunctional communication in a study done by Sutcliffe et al (Ya-Ya Wang , Qiao-Qin Wan, Frances Lin, Wei-Jiao Zhou, Shao-Mei Shang). Effective team of trio players especially the nurses and physicians would be helpful in lowering the stay of patients in hospitals (LOS) and would enhance the treatment satisfaction among patients (Ya-Ya Wang , Qiao-Qin Wan, Frances Lin, Wei-Jiao Zhou, Shao-Mei Shang).

The research paper aims to investigate and analyse how communication gap leads to slack in team dynamics of doctors, nurses and patients. The research is based on the results of the secondary data and propose strategies to be adopted to soothe the communication and team work among the three variables.

Literature Review

In hospital industry the two most important pillars of cohort are Nurses and physicians .Though their work areas are different they need to align with each other to deliver effective patient care .An effective communication between nurse and doctor reduces the patient stay in hospital and minimizes the risk of eventuality (Ya-Ya Wang , Qiao-Qin Wan , Frances Lin, Wei-Jiao Zhou, Shao-Mei Shang) and negates the displeasure of working with nurses and high turnover.

The physicians and nurses together need to have clarity on communication. Ambiguous communication often poses a safety challenge in patient health care. Due to rotation in shift the link between particular physician, nurse and patient is often eroded. It takes a paramount time for new nurse or physician to get back the information needed for patient care. Often if the patient is shifted it also widens the communication gap The anomalies propound for a standard communication format for physicians and nurses to communicate. The gaps identified are clustered into different domains for purpose of understanding

Experience and Knowledge

Nurses and physicians if either of them lack in experience or fall short of knowledge expectations it leads to faulty communication between them. Junior nurses lacking in clinical experience are unable to deliver the case effectively to physician. Junior nurses lack of medical terminologies becomes a blockage in effectively communicating with physician regarding patients health updates. Adequate knowledge is

basis for good communication.

Physicians tend to ignore junior nurses and prioritize to get updates from experienced nurses .This upsets the junior nurses who carry stress and negative emotions to work.

Cross Department:

The communication between doctors and nurses is often restricted to department. Cross department approach of learning from past mistakes and develop an insightful approach to learning would enhance communication between the duo (Donna M. Woods,; Jane L. Holl,; Denise Angst,; Susan C. Echiverri,; Daniel Johnson,; David F. Soglin,; Gopal Srinivasan,; Julia Barnathan,; Laura Amsden,; Lenny Lamkin,; Kevin B. Weiss,)

In their research study Schamalenbug and Kramer identified five types of relationships among doctors and nurses: collegial; collaborative, student –teacher; friendly stranger and hostile relationship. Collegial relationship is based on equal trust, power and respect between the two proponents of healthcare. In collaborative the balance is based on shared trust and mutual respect for each other's work. In teacher student relationship either of them assumes the role of guide or mentor. In friendly stranger relationship the relationship is formal and is neutral. The last is hostile which is the ugliest. It is predominated by anger, verbal abuse.

The type of relationship nurse physician share is affected by authority structure, social status and gender. If the relationship is sour it effects the collaboration and might lead to ineffective communication.

Training

Theoretical learning is different from practical reality. Often the methodology prescribed for patient care in class is far different from what is actually used by physicians. This results in communication barriers among the two. It would be suitable if both physician and nurse are imparted the same methodology of training. Another major dichotomy is the difference in mode of training between the two. Nurses are trained to be elaborate with subject details whereas physicians are trained to be precise and specific. . It becomes difficult for them to communicate on same horizon (Savannah R. Lacoste 2017). As both cohorts are required in coherence for patient care it would be for benefit if modus operandi of training is imparted in sync to each other(Savannah R. Lacoste 2017)

Shift duty

As the nurse job is shift based and they need to fill the gap of shortage they are tired and exhausted. This affects the patient care and communication from physician point of view. Shortage of nurses adds further emotional and physical strain adding volume to the communication gap. The doctors fail to understand the massive workload of nurses and fail to empathize with them. The lack of empathy brings in a sense of despair blocking the smooth flow of communication between the nurse and physician.

Non –Nursing Work

The occupancy of nurses with non-nursing work like settling of bills, insurance clearance leads to frustration in physician –patient. The

patient and physician fail to understand the the administrative work of nurses and often the nurses are at the receiving end . If the situation is not communicated properly it sours the relationship.

Attitude of doctors

The personality of doctor affects the communication .Some doctors' refuse to note down the verbal prescription for nurses which leads to confusion in nurses. The doctors' attitude plays a major role in effective communication. Power, use of authority leads to communication gap. Mood swings of doctors is another contributor of ineffective communication. Often the societal mind-set that doctors have an upper hand in comparison to nurses as he is diagnosing and curing the patients. It tends to be forgotten that that patient cure is the responsibility of doctor but holistic care of the patient is the responsibility of nurse which is often not acknowledged.

Handwriting of physician is another factor creating the communication gap between the two. The illegible handwriting leads to unintentional mistakes which might lead to negative fallout in patient health care.

Gender Perception Difference

Gender perceptive on depth of interaction contribute to widening of communication gap. As male have the tendency to precise the information unlike females who have the inclination to go in-depth with information talking about each point in elaboration. This further widens the communication gap.(Amudha P, Hamidah H, Annamma K and Ananth N 2018) as majority of nurses are female.

As per the report of Joint commission lack of communication is the major cause of medical error (as cited in Flicek, 2012, p. 385). It also negatively affects patient safety and additional costs are incurred as per Patient *Safety and Quality Healthcare*. (Shannon & Myers, 2012, p. 22). Shannon and Myers left their clinical profession to understand the dynamics of the health care. They stressed out that failure to communicate effectively even might lead to patient life. In an article “Communication –A dynamic between nurses and Physicians “ in MEDSURG journal the researcher Cassandra Flicek Flick provides evidence based practice solutions to communication barriers in doctor –nurse relationship . Another article by Katrina McKay and Seshasayee Narasimhan highlight the role played by education, background, roles and responsibilities as hurdles in communication gap. In their article “Nurse to Physician Communication –Connection for safety found on the patient safety and Quality healthcare websit (Shannon & Myers 2012 pg 24).The communication between the physician and nurses should be of patient care and should not dilute with gap in levels of hierarchy .(McKay & Narasimhan, 2012). Further in their article published in 2012 the researchers tossed light on common perception about doctors is that they are elitist, powerful and intelligent whereas nurses are still deemed to be at the lower pedestal of hierarchy. .

Gaps

There has been very less studies done on cohorts of patient, doctor and nurse. There are various studies highlighting the doctor and nurse communication gap but very few research studies are done to identify patient, doctor and nurse as trio together as a group contributing in health care. The researchers in this study are contemplating to identify the gaps between the three variables and investigate the causes of communication between the three and suggest measures to identify and correct them.

Health Care in India

Ayushman Bharat the healthcare initiative by government would require 2:07 million more doctors by 2030 as per the country report to have the ratio of 1:1000 that is one doctor per thousand people (Indian Journal of Public Health , September 2017)

Conclusion

The paper clearly brings the high demand of doctors and nurses . The overburden duties make them loose their cool. The government should have more doctors and nurses to deal with contingency like situation like Covid pandemic. The people should also understand that doctors and nurses are human then only a brighter society can be built.

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