



## COMMUNICATION PROBLEMS AND THE PROFESSIONAL STRESS OF PHYSICIANS AND NURSES OF HEALTH INSTITUTIONS IN THE CITY OF LUBUMBASHI (DRC)

### Nursing

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### ABSTRACT

In healthcare institutions, communication between the caregivers themselves and between them and the patients and / or their patients are problematic. The purpose of this article is to indicate the proportions of physicians and nurses stressed because of communication problems in the health institutions of the City of Lubumbashi, DRC. To achieve this, a stratified proportional sample of 562 subjects (n = 562), including 432 nurses and 130 physicians allowed to collect data by questionnaire. These were encoded in Microsoft Excel and analyzed via Epi Info 7.2 of 2016 and SPSS 19.0 of 2012. The chi-square test helped to test our hypothesis, considering the odds ratio (OR) in the confidence interval (IC) of 95% and the value of p to guide the interpretation. Doctors and nurses stress at 49.28% in their communication exchanges with their colleagues, at 49.82% in communication with their respective hierarchies, at 59.43% in communication with patients and at 60.32% in communication with their guides. In the communication modes, the gestural mode and the verbal mode are stressful in the interactions with colleagues (94.39%), the hierarchical leaders (88.18%), the patients (99.03%) and their guides (99, 37%). These results concur to note that the relational framework of surveyed physicians and nurses is traversed by problematic interactions, often conflicting between professionals and even with the hierarchical leaders that between the caregivers and, especially, the patients and their escorts.

### KEYWORDS

Communication problems, professional stress, physicians, nurses, City of Lubumbashi.

#### I. INTRODUCTION

Communication allows information to be passed from one person to another and has the ultimate purpose of enabling the transmission of messages of all kinds. It is an interactive process that sends, receives and exchanges information. Different channels are used to convey the message: speech, physiognomy, gestures, writing, etc. These means can be classified into two major categories: verbal communication (incorporating gestural communication) and written communication. Be that as it may, oral communication, usually accompanied by gestures, remains the means par excellence of communication. It holds a prominent place in society and, in turn, in the health institutions of the City of Lubumbashi. And within the care teams, the constituent members exchange on a lot of things primarily related to the care to be provided and / or to correct the care to be given to patients.

In the health facilities of the City of Lubumbashi, it has been observed that among the many sources that cause professional stress for doctors and nurses are communication problems. Hence the interest of this article is to identify the sources that underlie the stress of caregivers, for example, when patients have difficulty communicating what they suffer to the team and / or their entourage. Or when certain pathologies hinder the information exchange or blur the communication channels, especially the phatic contact, linguistic or the usual language with patients or accompanying persons. As we can see, communication is usually the pivotal root that governs interactions. In this way, caregivers develop different modes of communication exchange with their colleagues, their hierarchies, the patients as well as their companions.

This article revolves around this central question: What is the communicational diversity that stress the doctors and nurses surveyed in the health institutions of the City of Lubumbashi? This questioning calls for a secondary question: Which of the communication modes stress these caregivers? This problem allows to postulate this

hypothesis: the caregivers surveyed are under various stress as well as the flow of communication interactions with various people (colleagues, patients, supervisors and patient guides) as well as by various modes of communication that they use in the various professional exchanges.

#### II. LITERATURE REVIEW

In the field of health, communication between patient and caregiver has already generated several studies [1]. Several researchers have examined it in order to understand how communication has a profound effect on the patient's perceptions of the quality of health care and the outcomes of treatment [2]. These researches conclude that better communication is needed to better care. In any case, all of these researches have helped to prove that better communication between caregivers and patients is necessary to facilitate the recovery of the patient. Therefore, communication is a key element in the delivery of high quality health services as it leads to the health of patients [3,4]. Thus, the caregiver-care relationship or the helping relationship is based on communication which, in turn, guides the diagnosis and monitoring of patients.

The communication deficit, language differences, language abuse ... are parameters that make problematic interactions between caregivers themselves, between caregivers and their hierarchies, between caregivers and their patients and between caregivers and patients' guides. These aspects of the context hinder communication because they constitute barriers especially between caregivers and treated persons [5]. And these aspects can cause stress to caregivers as they belong, as categorized by Leka and his collaborators, to the context of work [5].

Other researchers go as far as problematizing the results of good communication in health structures. They are able to increase their beneficial effects on the health or recovery of the patient [6,7]. These

authors concluded that there is an association between communication and quality of care provided to patients.

**III. METHODOLOGY**

**Study area**

In the Democratic Republic of Congo DRC, the City of Lubumbashi counts around 300 health institutions: hospitals, health centers or medical centers, polyclinics ... if we rely on the survey made during our investigation from July 2015 to July 2016. Health structures are spread over eleven Health Zones. Our study covered 251 health facilities in nine Health Zones out of the eleven in the city of Lubumbashi [8].

**Population and sample size**

Two groups constitute the population of this study: they are physicians and nurses. In the city of Lubumbashi, the number of doctors amounts to +/- 934 and the number of nurses to 2382. This makes a total of 3316 subjects if we stick to the statistics collected during our investigation into the nine health zones surveyed. In total, this study built its sample around 562 subjects (n = 562), or 16.9%. It was stratified in this way: 130 physicians, a percentage of 13.9% and 432 nurses, or 18.1%. The value differences in this diversification of the stratified proportional sample are based on the size of each stratum [8].

**Methods**

This study is part of the side of the quantitative approach. The collection of his data was done via a questionnaire directly addressed to nurses (n = 432) and physicians (n = 130). To encode and process the data, a matrix was designed in Excel format and in the 2016 Epi Info 7.2 and 2012 SPSS 19.0 software. In the bivariate and multivariate data analysis, the chi-square test was set to contribution and the odds ratio (OR) facilitated the interpretation of independent variables with respect to the dependent variable (occupational stress) by considering the 95% confidence interval (CI) and the value of p [8].

**IV. RESULTS**

**Table 1 : Stress related to communication with different actors**

Study variables	Profession						
	Nurses	Physicians	X <sup>2</sup>	OR (CI 95%)	OR	p	D
Communication with colleagues and stress							
No	211 (37,54)	74 (13,17)	2,2972	[0,4867], [1,0726]	0,72	0,06	NS
Yes	221 (39,32)	56 (9,96)					
Communication with hierarchy and stress							
No	218 (38,79)	64 (11,39)	0,0214	[0,7097], [1,5550]	1,05	0,44	NS
Yes	214 (38,08)	66 (11,74)					
Communication with patients and stress							
No	170 (30,25)	58 (10,32)	0,9403	[0,5421], [1,1969]	0,80	0,16	NS
Yes	262 (46,62)	72 (12,81)					
Communication with guides and stress							
Non	166 (29,54)	57 (10,14)	1,0106	[0,5374], [1,1887]	0,79	0,15	NS
Oui	266 (47,33)	73 (12,99)					

This table shows that 39.32% of nurses and 9.96% of physicians are stressed about communicating with colleagues; OR 0.72 within the borders of [0.4867], [1.0726]; with the value of p = 0.06 (p > 0.05); the test is not significant. In communication with the hierarchy, 38.08% of nurses and 11.4% of doctors stress; with OR 1.05 in the borders of [0.7097], [1.5550]; the value of p = 0.44 (p > 0.05) but the test does not confirm the association. About the communication with the patients, 46.62% of the nurses and 12.81% of the doctors develop stress with OR 0.80 within the limits of [0.5421], [1.1969], with the value of p = 0.16 (p > 0.05); but the test is not significant. Regarding communication with nurses, 47.33% of nurses and 12.99% of doctors manage to stress against 29.54% of nurses and 10.14% who cannot stress and the analysis made does not establish an association with OR 0.79, within the limits of [0.5374], [1.1887], with the value of p = 0.15 (p > 0.05).

**Table 2 : Stress and modes of communication**

Study variables	Profession						
	Nurses	Physicians	X <sup>2</sup>	OR (CI 95%)	OR	p	D
Stressful communication mode with colleagues							
Written	10 (3,30)	7 (2,31)	8,2651	[0,1268], [0,9541]	0,34	0,04	S
Gestural and verbal	230 (75,91)	56 (18,48)					
Stressful communication mode with colleagues							
Written	26 (8,78)	9 (3,04)	0,0019	[0,4005], [2,0229]	0,90	0,47	NS
Gestural and verbal	199 (67,23)	62 (20,95)					
Stressful communication mode with patients							
Written	3 (0,97)	0 (0,00)	0,1045			0,42	NS
Gestural and verbal	229 (74,35)	76 (24,68)					
Stressful communication mode with guides							
Written	1 (0,31)	1 (0,31)	0,0022	[0,0189], [0,9541]	0,30	0,41	NS
Gestural and verbal	242 (76,10)	74 (23,27)					

This table shows that 75.91% of nurses and 18.48% of physicians found that gesture and verbal mode, in interactions with colleagues, were the most responsible for their stress for the most part and 3.30% of nurses and 2.31% of doctors rather indicate the written mode; OR 0.34 included in the limits [0,1268], [0,9541]. Since the value of p is 0.04 (p < 0.05), the related test is significant. In interactions with the hierarchy, 67.23% of nurses and 20.95% of doctors report that the most stressful modes of communication remain the gestural mode and the verbal mode, the written mode is reported by 8.78% of nurses and 3.04% of doctors, with OR 0.90; the bounds of [0.4005], [2.0229], with the value of p 0.47 (p > 0.05); the test is not significant. 74.35% of the nurses and 24.68% of the doctors indicated the sign and the verbal mode, while 0.97% of the nurses and none of the doctors reported weakly the written mode with p=0.42 (p > 0.05), the test is not significant. And in the interactions with the nurses, the most stressful modes remain the gestural and the verbal recognized by 76.10% of the

nurses and 23.27% of the doctors but the written mode is indicated by 0.31% of the nurses and 0.31 of the doctors, with OR 0.30 in the limits of [0.0189], [4.9490], with the value of  $p$  0.41 ( $p > 0.05$ ), the test not being significant.

## DISCUSSION

In the study conducted on the organizational factors of occupational stress among nurses practicing at the Beni Mellal provincial hospital (in Morocco), Belarif found that more than half of the nurses stress because of difficulties experienced in communication with patients and their families [9]. If we consider our respondents together, they stress at 59.43% in communication with patients and at 60.32% in communication with their guides.

In modes of communication, gestural and verbal modes are more stressful for caregivers surveyed in their various interactions, with colleagues (94.39%), supervisors (88.18%), patients (99.03 %) and their companions (99.37%). It is in these last two contexts, that is, in interactions with patients and their guides that these modes of communication are the most stressful. Communication problems can be at the root of many conflicts that can emerge, in particular, between patients and their caregivers [10]. And these conflicts are certain sources of caregiver stress [11].

## CONCLUSION

In terms of communication, the physicians and nurses surveyed of health facilities in the City of Lubumbashi are experiencing stress in the exercise of their caring profession. This stress is experienced at 49.28% in their communication exchanges with their colleagues, 49.82% in communication with their respective hierarchies, 59.43% in communication with patients and 60.32% in communication with their companions. In terms of communication methods, the gestural mode and the verbal mode are stressful in interactions with colleagues (94.39%), line managers (88.18%), patients (99.03%) and their guides (99.37%). These results allow to retain two essential elements: the relational framework of physicians and nurses surveyed is crossed by problematic communication interactions and it is the communication exchanges with the patients and their guides who are more stressful. Almost all the caregivers surveyed also indicate that the gestural mode and the verbal mode, in other words oral communication accompanied by gestures, is responsible for their stress in the workplace. Therefore, the conflictual context of work of doctors and nurses has a negative impact on the quality of care given to patients. By indicating the caregivers stressed by communication problems, this article contributes indirectly to show the need to improve the communicational parameters in health institutions of the City of Lubumbashi with possible benefits on improving the quality of care given to patients.

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