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INTERPERSONAL COMMUNICATION IN MEDICAL UNITS

Keywords

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stress

Abstract

Over the last few years there has been noticed an increase of the general interest in proper communication between medical specialists, on one hand, and the patients and their families, on the other. The benefits of properly performed communication certainly lead to an increase of public confidence in the medical system and therefore to the patients' improved satisfaction and contentment.

Introduction

Communication is defined as an information transmission process (ideas, facts, opinions, attitudes, feelings, data) by the use of symbols, between two, or among several persons capable of perceiving them, using one or several specific communication channels or media. (Burdus & Caprarescu, 1999).

Within the communication process there are always four elements that make it up:

The Emitter – the person who initiates communication;

The Message – the physical form of the information transmitted by the emitter towards the receiver;

The Channel – the information transmission path, closely related to the message;

The Receiver – the person or group of persons beneficiary of the informational message (Stanea, 1918).

The specialists in the medical field are faced with considerable difficulty in their communication with the public at large. They are tempted to render their messages in a code comprehensible for other specialists in the field, but hardly understandable for most of the patients.

That is why special importance is being attached to every aspect of communication, from perceptions and non-verbal language, to clarity and eloquence.

Materials and methods

The perception is an individual interpretation of a message. (Stancioiu, 1999). Different persons can perceive the very same messages in utterly different ways. Two main factors which affect perception are the person's education level and experience.

Communication quality can be altered by the factors that have an impact on the communication process. (Nicolescu, 2002) The used words are considered to be most significant in the communication process, while people's ideas and feelings seem less important. Fatigue and stress also affect communication and so does overlooking or ignoring.

Within hospital organizations, patients are often talked about in a rather peculiar language. A major deficiency lies in the fact that the patient is not addressed or referred to as "person X" (man/woman/ human being), but rather as "the one with diagnosis Y" in room number / bed number... In this way, the patient loses his or her humanity and, unfortunately, is no longer regarded as a complex of cultural, psycho-social, intellectual and biological entities. Identifying a patient with his or her illness or diagnosis is a big mistake. Unfortunately, this mistake is frequent in the Romanian hospitals. The environment in which the communication process takes place may affect the communication quality. Diminishing the

communication-perturbing interferences – such as noise – or their removal is an important objective when the communication system of an organization is being analysed. The response loop (reverse connexion/ feed-back) has the role to inform the initiator of the communication act (the emitter) that the recipient has understood the message.

The absence of noise would be a gain in intra-hospital communication. Nevertheless, despite the quietness or silence, communication within a hospital is often hard to achieve, as it is influenced by the stress generated by the very place and the information content with a high psychological impact. The efficiency of a communication act is determined by the receiver and not by the emitter.

Successful communication can be measured by the patient's satisfaction level. The message transmission and reception depend on the actions and means by which the messages get to the addressee. The transmission can be achieved by verbal and non-verbal means (Muscalu, 2014). Good communication brings about high contentment.

Patients' satisfaction can be measured in several ways. Instinctively or consciously, patients have certain expectations concerning nurses, doctors, clinical test results and the medical assistance conditions in hospital. Satisfaction significantly influences interpersonal relationship established during the assistance process. For better and clearer comprehension, written communication may be successfully adopted. In writing, many people are spared the emotion and fright pertaining to oral communication, the fear of a public discussion which may constitute another stress factor.

In order to avoid discussion concerning the misunderstanding of the received medical information, ever more written consents are used, which the patients are given for analysis. As concerns foreign patients, they have the right to receive all the information in an official language or by an authorized translator, if they know no official language. (Monitorul Oficial- Legea 46 din 21 ianuarie 2003).

These written consents or agreements are called "consent form". The consent form is a document presented to the patient together with oral information, when he or she is about to be hospitalized. The patient is asked to read the form and, once informed about it, if he or she agrees on the medical procedure to be undertaken, to consent on it. In this moment too, communication is crucial. It is essential that each and every aspect related to hospitalization should be clarified.

The medical personnel are obliged to explain to the patient the consequences of his or her refusing or ceasing the medical procedures.

Most of the invasive procedures are performed only after the patient has been given their written presentation, as well as information on the risks and incidents that may come up during or after the performance. Surgical operations too imply the patient's written consent.

The patient's information is a legal right and shall be achieved by qualified medical personnel whenever it is possible (when the patient is conscious or accompanied by family members able to understand the information and to assist in the consenting process, but only if the patient agrees on their participation; sometimes the patient may authorize a relative to make decisions for him or her.)

A medical emergency does not absolve the doctor of informing the patient about the latter's health condition and the procedures that are to be undertaken for improving the patient's situation. A conscious patient, able to make a decision has to be informed about the medical emergency.

A patient's refusal to undergo a certain therapy act must be observed, but, if this refusal is detrimental to the patient, the latter shall be asked to take responsibility for his or her decisions in writing. In the case in which the hospital considers the procedure to be in the patient's interest and his or her legal representative refuses to consent on it, the decision shall be declined to a qualified arbitrary commission. The commission is made up of three members, doctors, for hospitalized patients and of two doctors for ambulatory patients. (Monitorul Oficial- Legea 46 din 21 ianuarie 2003)

In the law on the patient's rights – Law no. 46 of January 21, 2003 – there is stipulated the patient's right to receive information about the available medical services, as well as about the way to use them, the identity and professional status of the providers of health services, the restrictions and rules imposed by hospitalization in a medical centre. The patient has the right to get information about his or her health condition and to be or not to be informed about the illness he or she is suffering from, if the disclosure caused him or her pain. The patient may appoint another person who should receive the information for him or her, provided this was the patient's wish.

The organizations in the health system are generally overwhelmed by the huge volume of activity, their underpayment, the lack of recognition and appreciation of their work. These shortcomings are also mirrored in their communication with the patients. (British Journal of Healty Psychology - 2013) At the same time, in the given context and also because of the present socio-economic serious problems, there can be noticed dramatic consequences on the population's health condition.

Good and bad news must be transmitted in a professional manner and at the same time with

empathy, for the information to be correctly received and, especially, understood.

The social evolution of the past two decades compels us to look upon the patient in a different way, as a whole, within the complex context of his or her personality. Over the last years, due to the private medical system that has been developing in Romania, one can state that there has been an obvious change in the organizational culture within the Romanian medical system. Therefore, many hospitals have appointed spokesmen endowed with good communication abilities, clarity of speech and eloquence.

Interpersonal communication is transparent, clear, and comprehensible for most of the population. Mention should be made about the fact that any item of information concerning a patient cannot be further transmitted unless the patient has consented to it.

The right to privacy is vital and so is the secrecy concerning the confidential information related to patients. The doctor has the obligation to inform the patient about the diagnosis, prognosis, tests and treatment to be undertaken. He is also obliged to provide alternatives if he is asked to and to make specific recommendations. The patient is supposed to be rightly presented his or her rights during hospitalization, by a medical nurse.

Once again, the patient becomes the most important character in the medical unit. He or she is the focus of everybody's attention. In this way, communication with the patient and his or her family becomes more efficient and objective.

The change in the general view that has brought the patient in the central position also changes the organizational culture in the Romanian medical field. The patient has the right to be respected as a human being, without any discrimination.

Every private hospital is provided with rooms for reunions and meetings, in a pleasant location, adequate for communication. There are also quiet relaxation spots and even special places for prayer, within the medical units or nearby. This improvement has become a must in the new strategy of increasing the quality of private and even state medical services.

We can find out how successful our communication with the patients and their families has been during their hospitalization from the opinion or evaluation questionnaire, which is another document handed out to patients, on a random basis, when they are accepted for hospitalization, and which can be filled in by the time of the patient's checking out. The questionnaire is anonymous and optional.

Assessment

The data supplied by this questionnaire are extremely valuable. Their analysis aims at identifying deficiencies in the process of patient attendance in hospital and also ways and means of increasing the quality of the medical act. Subsequent to the analysis of these questionnaires is the quality markers which are established. Therefore communication on the importance of the patient's filling in this questionnaire is essential.

Efficient communication is vital for successfully implementing a strategy for increasing the quality of the medical services that are being provided (Securescu, 2011). The development of an efficient communication strategy is to start up at the management level and must include every member of the personnel. The communication by the hospital manager is of top importance for ensuring a transparent strategy shared by all the members of the hospital staff, as well as for the right understanding of the part and responsibilities of each and every hospital employee who is assigned a task by the general manager.

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Fig 1 - Cicle of communication

