

Proficiency in Patient Interaction an essential tool for the Health Provider: A Review of Literature

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ABSTRACT--*The communication that takes place inside a hospital not only involves the doctor and patient, but widely includes many others connected in the service system. As a patient enters the hospital for treatment, a rapport is established between him/her and the clinical support staff of the hospital. From the time of entry to his/her exit time during the process of treatment will have a smooth transit if the service seeker feels happy and contented with the attention he/she has received. However in recent times, cases of discomfort and misconception during the treatment have been reported widely in various media formats and serious concern arises when such situations turn violent. Researchers across the globe have conducted studies in this area and have tried to examine and analyse the situation. The opinion of various reserchers with reference to inter personal communication has been compiled and analysed in this paper.*

Keywords-- *Doctor-patient communication, Hospital Communication, Organisational Communication, Interpersonal Communication*

I. INTRODUCTION

WHO's revised definition of health says, "the extent to which an individual or group is able to realize aspirations and satisfy needs and to change or cope with the environment. True to the definition, "health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities" (www.who.int). Health, being an important element for an individual's existence and to provide best health services to the needy both public and private sectors are striving at their best, in majority of countries including India. In the hospitals which can be categorised according to their nature of speciality and management health services are provided to ailments of various types with care and under proper medical supervision. The technological and research in the field of health are so advanced that

the health issues that were once considered not curable today stands curable. Though India has a largest network of Public Health Centers earmarked to cater to the overall health of its public it is important to see a sporadic growth of private hospitals. The competition among the hospitals to lure the patients towards them has forced the private hospitals to bring in a drastic makeshift in the overall appearance of the hospitals.

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However irrespective of the organizational structure and the ownership pattern of the hospital, the mind -set of the people who visit the hospitals largely remains same. In India, that we have come away from accepting health from cultural perspective on the contrary have looked at health from emergency, makes the entire communication process complex. Apart from this the availability of health service according to the economic status of the person, ignorance towards medical literature, availability of unauthenticated literature in abundance and lack of communication training to the health professionals as part of the curriculum accelerates the complexity of the situation. All the above listed reasons or any one of the reason could be enough to trigger disturbance in the hospital administration. In the following paragraphs we take a look about the research done thus far.

1.2 Hospitals as Organization and Communication Pattern

Hospital communication starts once the patient with or without relatives enters any hospital premises. Hospitals which have established with their prime focus on providing better health to the suffering, the communication system should theoretically follow Aristotle's principles of communication. As Aristotle observes any communication model should primarily involve three elements namely ethos, pathos and logos (Joel Shalowitz ,2013). The communication pattern in any hospital should include these elements as the person who is in need of medical support, is undergoing a great amount of trauma.

Hospital in common sense, is attributed to a place where medical services are provided to the needy (Joel Shalowitz ,2013). Definition of hospitals have shifted from being individualistic, often distinctive, state licensing laws are understanding how these organising bodies are clustering into systems to deliver care (Joel Shalowitz , 2013). Going by the history of terminology, hospitals were initially termed as Organized (Integrated) Delivery Systems (ODSs); replaced by Accountable Care Organizations

(ACOs) today. ODSs failed to gain their potential, and could not resolve many of the challenges that remain for ACOs. The traditional stand-alone concept of hospitals is replaced by the organizationally complex set ups today. Additionally, legislation and market forces also raised brand new concerns for the success of ACOs As Joel Shalowitz (2013), opines hospitals of today are more topographically dispersed and provide more services along the region of care, and accepts monetary risks for providing health. In India both public and private sectors that are indulged in providing health to the public have developed organizational structure depending on the size and type of the hospitals.

Irrespective of the hospital administration pattern the communication between doctors and patients appears single line where the patient largely remains at the receiving end (Nandini, 2019).

Pablo Medina (2015) observed that communication turned out to be a key element, which successfully influenced the medical services available to patients.

In this technological innovative world of today, like in other sectors technical assisted communication has arrived while providing medical service. Using technology, various communication actions are undertaken by the hospitals like online conversation, retailing and episode. Using technology that enables organizations to have direct communication with patients and assists in internal communication. In the changing times we observe technological insertions has disturbed the process of Interpersonal communication in every field and hospitals are no exception.

1.3 Inter personal communication: a bridge to build the gap

Communication has a very vast role to play in the minds of people particularly in hospital atmosphere. In the process of communication that involves two persons directly and demands seeking maximum mutual attention Interpersonal Communication has to be effective. Agreeing to 'how we talk', 'what we talk' mutually influences each other and both are effected by what is communicated (Teri Kwai Gamble, Michael W. Gamble, 2014), we need to analyse why interpersonal communication gains so much importance in a hospital situation.

Interpersonal communication (IPC) as defined by Miller's (1978) occurs between two individuals when they are close in proximity, able to provide immediate feedback and utilize multiple senses. Others define IPC based on the degree of "personness," or perceived quality, of a given interaction. We use interpersonal communication for

influencing the public sometimes skilfully & sometimes with utter honesty (Peters, 1974). Relating the definition to the situations of communication in a hospital where a doctor or any other employee of hospital with that of patient or his/her relative, we largely note that the patient in particular is in the state of seeking empathy and desirous of immediate feedback (treatment to relieve him/her from pain). Since interpersonal communication helps cutting down uncertainty in the lives of the people involved in the process and from information gained knowledge (Peters, 1974), the doctor or other service provider tries to provide the suitable treatment after gaining all necessary information.

It is traditionally believed that more than the medicine it is the touch and personal attention, that makes a patient healthier, but with the changing times it appears that due to the arrival of internet and other technological assistance the one-on-one communication which demands pathos without compromising on the logos and ethos part is missing.

Hospitals now being technology driven, communication even in hospitals appear to be changing. This technological intervention, as observed by Elza Venter (2017) appears

to have created a gap in interpersonal communication which is essential in hospital situations. The present hospital scenario, where the medical files gets transferred automatically scope for interpersonal communication appears to have reduced. It is essential to note here that despite the size and ownership pattern of the hospital treatments continue to remain individualistic and personal. The treatment though done using most sophisticated gadgets, approach cannot be mechanistic.

1.4 Need for effective communication in hospitals

Effective communication between the provider and the seeker, results in sound medical care which is perhaps the only care of any health organisation. The negative impact of ineffective communication leads to wrong diagnosis and eventually delays the treatment duration which often leads to losing lives. Interpreters could be employees in case of limited proficiency of the required local language. Communication process includes both verbal and non-verbal messages that are used for interaction with each other. "These messages can include such things as words, phrases, facial expressions, sign language, body language, gestures and voice tones." (effectivecommunicationadvice.com, 2012)

There are a list of several reasons which supports the need of effective communication in a hospital setting.

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- Simplification of a diagnosis, treatment plan and the condition of the patient
- Interaction with the family members
- Discussion with the fellow healthcare professionals regarding the various treatments and also during the team building for a treatment of a particular patient
- Breaking the bad news
- Taking consent before various medical procedures
- Supporting patients and their relatives who are anxious and worried
- Explaining the prescription and the following medications
- Explaining the required diet and exercise to the patients

II. COMMUNICATION AS A TOOL TO ENHANCE AND CHANGE

ORGANISATION CULTURE

An organisation when built or set up, designs or automatically creates a particular atmosphere of its own and eventually an organisational culture takes birth. It differs from organisation to organisation depending upon the nature of work and the employees at work. Recently studies say, organisations today has built up a particular trend of culture. This new trend is eventually creating a lot of communication gaps which is highly effecting the work output and needs a serious change in order to create a healthy atmosphere in the organisations resulting in creating job satisfaction and also bring out a better quality of work.

Kreps (1990) defined organizational communication as the process whereby members gather pertinent information about their organization and the changes occurring within it. Generally organizational communication has two objectives. The primary objective is to inform the workforce about their tasks and the policy issues of the organization (De Ridder, 2003; Francis, 1989). Organizational communication is defined as “transmitting news about the work from organization to employees and through employees (Phattanacheewapul & Ussahawanitchakit, 2008; Chen et al., 2005). The second goal of organizational communication is to construct a community within the organization (Francis, 1989; Postmes et al., 2001; De Ridder, 2003).

Elving (2005) proposed a brand new framework that defined communication for the organizations that faced changes. This framework comes up after a lot of preparations which easily identifies the degree of effectiveness of change. The first proposition stated that low level of resistance to change or high level of readiness for the change is an indicator for effective organizational change.

The second proposition stated that communication needs to inform the organizational members about the change and how that change will alter the individual’s work. The third proposition advocated that communication should be used to create a community which will increase commitment, trust, and identification with the organization and management.”

The next proposal looked at uncertainty in that high levels of uncertainty will have a negative effect on readiness to change. The fifth proposition focused on the effect of downsizing creating loss of jobs and feelings of job insecurity affecting readiness to change. The last proposition was related to fourth and fifth propositions which stated that communication will show impact on feelings of uncertainty and job insecurity. According to Klein (1996), the communication strategy should coincide with the general stages of the change process and the

relevant associated information requirements. Based on Lewin's change model (1951), Klein has identified the objectives and communication needs for each stage of the change process.

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