

A Study on the Communication Barriers in Comparison to NABH Standards of Emergency Department in a Tertiary Care Hospital

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Abstract

Effective Communication in hospitals is very important and is also found to improve the quality of care in patient safety, the accuracy of results from diagnosis, patient's cooperation in the process of treatment, patient satisfaction and satisfaction of healthcare team. Quality of healthcare communications in Emergency Department (ED) can be one of the key contributing factors for patient satisfaction and patient safety as it a critical and high stress area and has to be delivered in an effective way through trained professionals.

A cross sectional observational study was conducted in comparison with NABH (National Accreditation Board for Hospitals & Healthcare Providers) 4th Chapter-4th Edition, in the Emergency Department of a tertiary care hospital, Bangalore. Observations were done for patients from the time the patient was admitted in the department till the time the patient was shifted out, for hospital admissions, discharge or transfer to other hospitals. Interviews with nurses and junior doctors were conducted by taking a random sample for data collection.

The study revealed that there was 25 % non-compliance to NABH standards for effective communication in Emergency Department. A manual was prepared and recommended for the training on communication skills for healthcare professionals.

Keywords: *Communication Barriers, Healthcare Staffs, Patients, Emergency Department*

1. INTRODUCTION

Health care delivery system is a complex process which involves human interactions between patients/relatives and physicians, between physicians, physician and nurse, nurse and patients/relatives, and between nurses. Patients also interact with physiotherapists, dieticians along with supporting staff as those involved in billing, housekeeping, customer care and others. Having an effective communication in hospitals can increase the trust between patients and physician, patients feel more comfortable, doctors are at an ease of disclosing critical and important information.

Communication plays a crucial role among healthcare teams and faces numerous challenges to ensure a smooth and error free patient care. Studies have shown that the likeliness of losing one's life due to medical errors is 30,000 times greater than that occurring due to aviation errors in an air crash [1]. Studies have also proven that these errors can be prevented by adopting few changes in the healthcare delivery system [2]. Communication challenges in Emergency Department directly arise from the critical environment of the department itself. The environmental situations include 24 hours emergency service, interactions of multidisciplinary doctors as a team, increased demand of staffs, different linguistic and cultural behaviour of both physicians and patients.

According to studies inadequate transformation of information or improper communication is one of the prime causes for patient dissatisfaction, and can lead to huge financial loss of the organization. Studies from US hospitals indicate that they have an annual loss of \$12 billion and a 500 bedded hospital bears a loss of \$4 million dollars annually [3]. A good communication system in the Emergency Department has shown to bring

about clinicians job satisfaction to a greater extent, and when there is ineffective communication it actually increases clinician turnover level. Ineffective communication in an Emergency Department can be major cause of critical medical errors, which can increase significant amount of patient grievances also.

2. AIM

To study the factors affecting communication in patients in the Emergency Department in a tertiary care hospital in comparison to NABH standards (4th Edition), and to develop and recommend a manual for training on effective communication skills.

3. STUDY OBJECTIVE

- To study the current process of communication in the Emergency Department
- To analyze the barriers to communication in Emergency Department
- To develop a manual for training on effective Communication skills for healthcare professionals in Emergency Department

4. METHODS AND METHODOLOGY

A cross sectional observational study was conducted in the Emergency Department in a tertiary care hospital, Bangalore. The study was focused on the work flow process in the Emergency Department to know the different steps in patient care.

National Accreditation Board for Hospitals and Healthcare providers (NABH) was established in 2006. It is a board of Quality Council of India Certification, which was set up for healthcare organizations. The first

edition was released in 2006, and the standards are released every 3 years. The 4th edition of NABH standards was released in December 2015, and is currently in use [4].

Observational checklist as per NABH Standards for effective communications in healthcare (4th Edition), was framed to analyze the factors causing communication barriers in patients admitted in the Emergency Department. The study was conducted for a period of 1 week, with a sample size of 20 patients. Observations were done for patients from the time the patient was admitted in the department till the time the patient was shifted out, for hospital admissions, discharge or transfer to other hospitals. Interviews with nurses and junior doctors were conducted by taking a random sample for data collection.

5. LITERATURE REVIEW

Studies conducted by Jack K.H. Pun et al; (2015); In a trilingual Emergency Department of Hong Kong dealt with three types of communication issues; (i) experiential parameter that is during processes and procedures, (ii) interpersonal parameter that is the physician's communication with the patients and with other physicians and (iii) contextual factors that is the availability of time and the pressure in the high stress area of the Emergency Department. The results showed inadequate transfer of communication of knowledge during triage, and during handover. Incomplete medical records, inadequate physicians in the Emergency Department, which increased pressure on the physicians,

long working hours for physicians and lack of interpersonal skills, were also seen among staff [5].

According to Enrico W Coiera et al (2002); Studies have indicated that doctors subjected to high levels of interruptions, were communication involves more than one person was shown to have higher communication load which imposes multiple tasking for healthcare professionals and leads to clinical errors by disrupting memory [6].

Studies conducted by Stephanie M. Callinan et al (2004); Communication barriers between Long Term Care Facilities and Emergency Department in geriatric patients was found to be delayed transfer of patient's information due to cognitive impairment found among the elderly patients and delirium a sort of disturbed state of mind and restlessness. This ultimately led to delay in patient care due to lack of sufficient information or excessive care by repeated laboratory tests and scans which would have been previously carried out in the Long Term Care Facilities [7].

Studies conducted in community urban hospital showed that communication barriers in Emergency Department showed an increased Length of Stay of patient. The reason being communication perceptions between the Emergency Department physicians and inpatient physicians during handoffs, where inpatient physicians wanted a definite diagnosis of patient condition, which caused a delay in the admission, and they were not ready to admit the patient, until they received a confirmatory result from the laboratory. On the other hand, the Emergency Department physicians felt that their professional opinion was being questioned [8].

6. RESULTS

The initial step done for the study was to map out the workflow process in the ED of the hospital. It starts from

the time the patient is admitted in ED till he is discharged or shifted out to inpatient department for hospital admission. This was carried out to find the different steps involved in patient care.

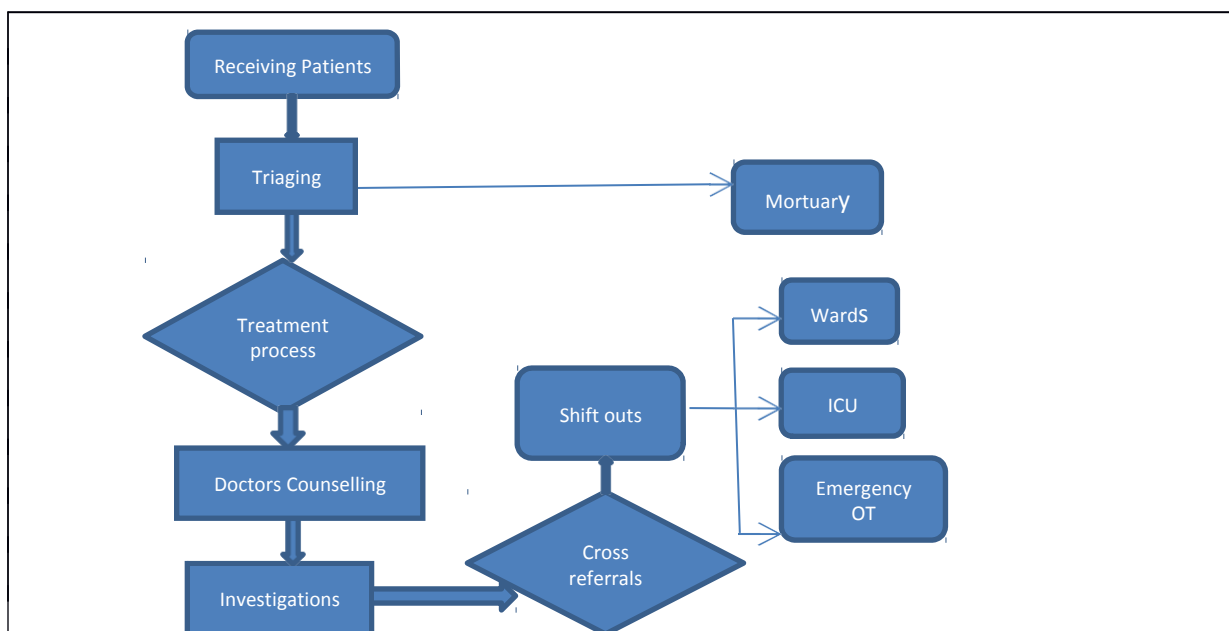


Fig. 1 Work flow process in Emergency Department

Table 1. Rate of Compliance and Non-Compliance to NABH indicators for Effective Communication in Healthcare and barriers for Non-Compliance

NABH Indicators	Compliance	Non-Compliance	Reasons/Barriers
Establishing a Rapport	90%	10%	<ul style="list-style-type: none"> • Language • Patient condition • Attend emergency patients • Interruptions
Listening Patiently	70%	30%	<ul style="list-style-type: none"> • Aggressive patients/relatives • Attend emergency patients • Repeated questions due to anxiety
Showing Empathy	100%	100%	
Dressing	90%	10%	<ul style="list-style-type: none"> • Unclean Lab Coats seen in Junior doctors
Posture	80%	20%	<ul style="list-style-type: none"> • Fatigue
Eye contact	100%	100%	
Clearing doubts	75%	25%	<ul style="list-style-type: none"> • Opinion from cross referrals • Waiting for investigation results
Not using Unnecessary Medical Jargon	80%	20%	<ul style="list-style-type: none"> • Low literacy levels of patients

The study was further carried out by using an observational checklist framed in accordance with NABH Standards for effective communication in healthcare (4th Edition). An observational checklist was used to check for the rate of compliance and non-compliance with the standards of NABH. The following were questions used in the observational checklist to check for the rate of compliance with NABH Standards

1. Greeting, establishing the rapport
2. Listening patiently
3. Having a favorable body language
 - a. Dressing
 - b. Eye contact
 - c. Posture
4. Showing Empathy
5. Not using unnecessary medical jargons
6. Clearing the doubts and confirming whether they have any questions

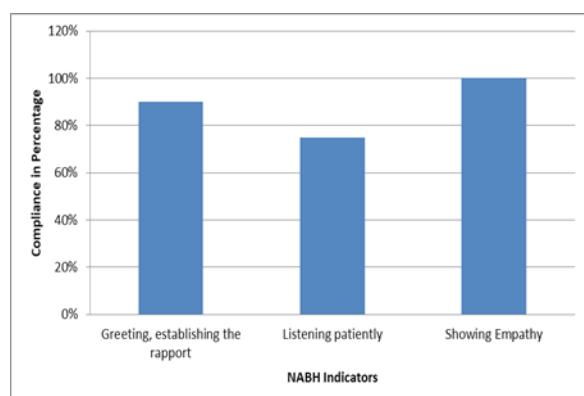


Fig. 2 Compliance with NABH Indicators (Greetings, Listening Patiently, Showing Empathy) for Effective Communication in Healthcare

Greeting, establishing the rapport: 90% of staffs established a very good and comfortable rapport with the patients/relatives at the time of admission. 10% as per analysis were not found to be at ease with patients; reasons being

- (1) Language: where patients were not able to understand the communication language of healthcare professionals
- (2) Patient condition (unconsciousness, tired or fatigue, fearfulness in patients), was one of the barriers to communication in the ED
- (3) Attending to emergency patients by doctors and nurses, where they were not able to establish a good rapport with other stable patients
- (4) Interruptions: through phone calls, staffs, and patient relatives

Listening patiently: 70% of staffs had good listening skills, they involved themselves actively in the communication process giving feedbacks to patients/relatives wherever necessary. Through data analysis it was seen that there was around 30% hindrance/obstruction in active listening by staffs; reasons being

- (1) Aggressive patients/relatives: angry, irritated and aggressive patients were not able to convey what they want. On the other hand, it was difficult for the healthcare staffs to actively listen to their queries and give them the required feedback
- (2) Attending to emergency patients by healthcare professionals
- (3) Repeated questions by patients: low literacy levels makes patients difficult in understanding certain treatment plans and prognosis. Doctors and nurses try their best in making the patient/relatives to understand the situation, but as ED is a busy and critical area where all sort of patients are being admitted, it is difficult for them to spend more time on explanation to repeated questions asked by patients/relatives

Showing Empathy: being empathetic is putting yourself in the other person's shoes. Empathy is an effective way of interpersonal communication. The data showed that healthcare professionals were empathetic towards their treating patient; they were active listeners to patient's sorrows and grievances which showed their 100% presence in the current scenario.

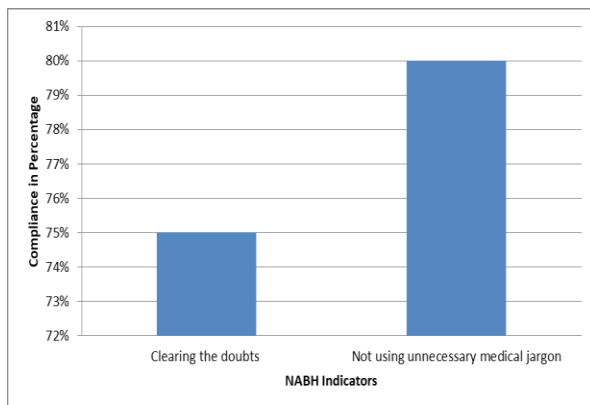


Fig. 3 Compliance with NABH Indicators (Clearing the Doubts, Unnecessary use of Medical Jargon) for Effective Communication in Healthcare

Clearing the doubts and confirming whether they have any questions: most of the staffs were presented with good listening skills, and presentably clarified most of the doubts the patient had. Staffs were unable to clarify certain doubts what patients had immediately, in situations where they had to get opinions from cross referrals; and when they had to confirm diagnosis they had to wait for results from investigations.

Not using unnecessary medical jargon: it was seen that around 80% of staffs did not use unnecessary medical jargons with patients, but few of them had used medical terms with patients. As patients were not aware of those terms due to low literacy levels they found it difficult to understand the terms used by healthcare professionals.

Lack of health literacy among patients causes a risk to patient safety. Improving the communication challenges in the hospitals can ensure patient safety, by making patients understand their health issues and enabling them to manage their health [9].

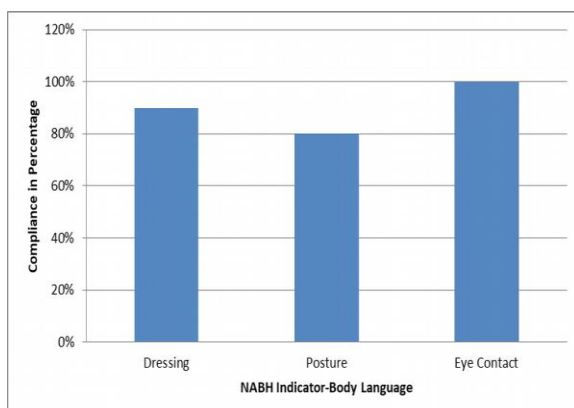


Fig. 4 Compliance with NABH Indicators (Body Language) for Effective Communication in Healthcare

Body language is the type of communication through feelings or one's body movements. Body postures like crossed legs and arms indicate a defensive posture; and postures like leaning forward to actively listen and turning one's head towards the speaker indicates a

positive interest of the listener [10]. It was seen that there was change in the posture of the staffs (not sitting/standing in erect position, leaning towards wall) due to fatigue and tiredness present in them. It was seen that healthcare professionals and nurses maintained a good eye contact with the patients; this showed they had a focused attention of listening, which helped in building a strong connection with the patients and this also further showed that their confidence level was high. The personal appearance/dressing is one of the most common nonverbal modes of communication. An elegance of good dressing sense indicates the mode of culture in an organization. Most of the hospital staffs were well dressed in an elegant manner, which showed their professionalism. They were well groomed, and had attired to present fashion trends in a presentable manner. Few of the junior doctors presented themselves with unclean lab coats, this could probably be due to heavy duty load, or it shows their responsibility in presenting themselves.

7. DISCUSSION

The study conducted revealed that effective communication in ED is challenging as it involves physicians to interact as a team, where they receive diverse patients presenting different symptoms and diseases. The quality of healthcare highly depends on effective communication and interpersonal skills of staffs in a hospital. According to NABH Standards for effective communication it is important to establish a good rapport with the patient/relatives for better understanding of the patient and his condition. Establishing a good rapport with the patient/relatives would further build their confidence in physicians throughout their journey of treatment in the hospital.

It is very important to listen patiently to patients about their past experiences, grievances and emotions. Active listening by healthcare professionals creates a positive image of the staff and hospital to the patient/relatives. Studies have shown that the role of a good teamwork in ED has a strong impact on communication in relation to improving patient safety, reducing medication errors and reducing long waiting time. Listening is a skill which is hard and requires constant concentration [11]. Similarly studies conducted in an inter-city hospital ED London, communication between the healthcare staffs and with patients can be improved by reducing the interruptions of unnecessary and irrelevant information's being exchanged and can therefore improve the quality of patient safety [12].

8. RECOMMENDATION & CONCLUSION

A manual was developed and recommended for the training on communication skills for healthcare professionals working in the Emergency Department. The manual consists of two main sections: (i) Preliminary Training Programs and (ii) Detailed Training Programs. The Preliminary Training Programs were recommended for students of medical professions. The programs are mainly about the basic communications skills required by healthcare professionals. The Detailed Training Programs were recommended for senior healthcare professionals. The programs included sessions

from Preliminary Training Programs and detailed sessions on communication skills for healthcare professionals working in Emergency Department. The SPIKES (Setting, Perception, Invitation, Knowledge, Emotions and Strategy) Model was recommended for breaking of bad news to patients and relatives [13]

Healthcare communication in ED involves a team work, so therefore communication in ED should be strong, loyal and in a healthy manner. It is generally said that the first impression is the best impression in the eyes of any person/individual. The behavior of a hospital staff with a patient or his relatives can play a major role in the eyes of the patient to make his decision about the hospital. Hospitals which have adopted an effective communication policy in their process system has shown an increased patient satisfaction level, job satisfaction in healthcare staff and decreased grievances from patients and employees. A healthcare organization can improve on patient safety and quality of care if it has an efficient and effective communication [14].

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