

COMMUNICATION MANAGEMENT AT SECONDARY CARE LEVEL

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Abstract: From the sociological point of view, communication is a fundamental psycho-social interaction of people, carried by articulated language or codes for transmission of information to achieve stability, or changes of individual or group behaviour. The communication with the patient is an important part of the physician-patient relationship and is a direct, face to face communication, unmediated and informal. The research in this domain reveals that the patient's satisfaction depends on the individual perception of technical and human skills of the medical staff. But patients appreciate mainly communication skills of the health care staff. This paper aims at analyzing the main aspects of communication between doctor and the patient admitted in a single specialty hospital in Sibiu, showing the importance of communication between the admitted patients and the medical team.

Cuvinte cheie: spital, pacient internat, comunicare, importanță

Rezumat: Comunicarea reprezintă un mod fundamental de interacțiune între oameni la nivel psiho-social și se realizează printr-un limbaj articulat, în vederea transmiterii unei informații, sau a obținerii unor modificări de comportament la nivel de individ sau de grup. Comunicarea cu pacientul reprezintă o componentă importantă a relației medic-pacient și se realizează față în față cu pacientul, nemediată și neformalizată. Cercetările în acest domeniu relevă faptul, că satisfacția pacienților depinde de percepția individuală asupra aptitudinilor tehnice și umane ale personalului medical. Pacienții apreciază însă în principal aptitudinile de comunicare ale personalului medical de îngrijire. Lucrarea de față își propune să analizeze principalele aspecte ale comunicării dintre medicul curant și pacientul internat într-un spital de monospecialitate din municipiul Sibiu, relevând astfel importanța comunicării cu echipa medicală a pacientului internat.

INTRODUCTION

Within medical activities, communication is an active process of transmission and reception of information, where at least one of the communication partners (the therapist) must have active listening skills, understanding of the message and answering the questions, skills of interpreting the non-verbal language and last but not least, the ability to motivate the other partner (the patient) to participate in the conversation.

A quality therapeutic relationship requires the doctor to focus his attention on the patient, to create an environment that observes patient's dignity and confidentiality. The main concern of the care team should be the good of the patient, “primum non nocere” meaning “first, do no harm” and to treat the patient with the highest responsibility and respect.

PURPOSE

The purpose of this paper is to evaluate the quality of the doctor-patient relationship, regarding the patients admitted to the TB Hospital Sibiu and implicitly, to analyze their satisfaction level in terms of communication with the health care team.

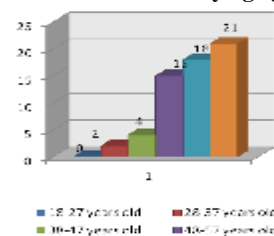
METHODS

This study was conducted in Sibiu, during January-June 2012, in the TB Hospital Sibiu, on a group of 60 patients randomly selected. It is a qualitative study using the anonymous questionnaire tool with pre-formulated answers.

RESULTS

Regarding the gender distribution of patients in the study, this is similar: 49.21% females and 50.79% males. The highest percentage of subjects were from urban areas (68.2%) and in terms of marital status, most of them were married (77, 21%). The image of patients by age groups looks like this: most subjects in the study group were over 68 years old (35%), followed by the age group of 58-67 years old (30%) and the next decade (48-57 of years) in a percentage of 25%. In the study group, there was not a subject aged 18-27 years old and the young subjects aged 28-37 years old were in a percentage of 10% (figure no. 1).

Figure no. 1. Patients' distribution by age groups



Analyzing the distribution of patients according to the level of education, we found that most of them have graduated from vocational school, a quarter of them had primary education and 28.33% of patients had secondary education. The subjects

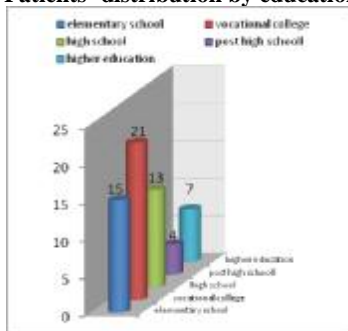
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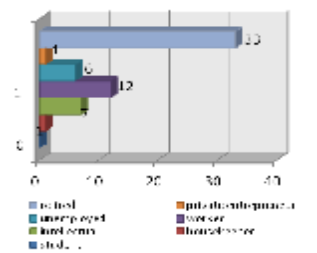
with higher education were in a percentage of 11, 66% (figure no. 2).

Figure no. 2. Patients' distribution by education level



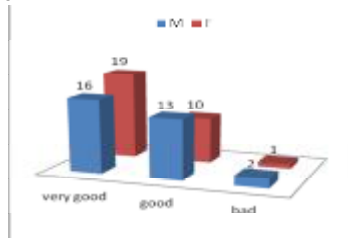
Depending on the level of employment, the first are pensioners accounted for 55%, followed by labourers (20%), intellectuals (11.66%), unemployed (10%) and the last place is occupied by the unemployed in a rate of 1.66% (figure no. 3).

Figure no. 3. Patients' distribution according to the occupational level



Most patients are pleased with how the medical staff is communicating medical data related to their disease status. Also, the medical team has requested the consent of patients in 100% of cases regarding the performance of certain manoeuvres or treatment. The opinion of the subjects in the study group regarding the communication process with the care team reveals that it is very good in 41.66% of cases and good in the proportion of 38.33% of cases. Grievances regarding the communication are limited to a share of 5% of patients (Figure no. 4).

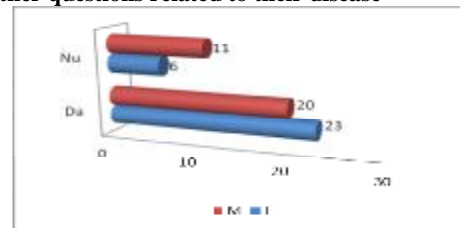
Figure no. 4. Patients' opinion regarding the doctor-patient communication



Regarding the time for consultation and the daily visit of the hospitalized patients, they replied that it is appropriate in the proportion of 72%, a small part gave negative answers (12%) and a share of 16% were not able to comment this. Study results reveal that patients' trust in the doctor increases proportionally with increasing the duration of the doctor-patient relationship and the continuity of care is a positive factor in this relationship for 82% of patients. We also analyzed the patients' need to ask further questions to the doctor about their illness.

Almost 80% of patients responded that they feel the need to ask such questions, mainly females (figure no. 5).

Figure no. 5. Patients' distribution according to the need to ask further questions related to their disease



When asked what was important to them, medical professionalism or good communication with this one, the studied patients responded as follows: 67.5% considered both aspects, 25% mentioned communication with the prescriber and 7.5% preferred the technical abilities of the care provider. When asked how they prefer the medical advice at discharge, patients in the proportion of 95.62% responded that they would like them to be in writing.

CONCLUSIONS

1. The study reveals that the medical team communicates the patients the data related to their disease status, as well as the treatment instituted. Also, in most cases, patients understand the medical information.
2. From the point of view of the patient's agreement in certain cases of therapeutic manoeuvres or behaviour, it has been applied in 100% of cases, the patients being informed of the consequences involved in refusal of treatment.
3. In terms of communication with the medical team, it is good for most patients, and females tend to be more satisfied.
4. Regarding the need to ask further questions about the disease, most patients would do this, but only some of them really do this.
5. According to half of patients, the time awarded to consultations and hospital visits is appropriate, the other half not being able to decide on this.
6. Continuity of care is a positive factor in the doctor-patient relationship, as shown by the literature. A long term doctor-patient relationship gives patients more safety and confidence.
7. According to most patients in the study, physician's competence and the communication with this one are equally important.
8. Regarding the general attitude of the medical staff during hospitalization, most patients were satisfied.
9. The study highlights the fact that most patients want that the discharge recommendations be made in writing.

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