

Short Communication

Misunderstandings in Interpersonal and Inter-Professional Communication and their Impact On Health Outcomes and Patient Safety

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Received: 17 August 2019; **Accepted:** 07 September 2019; **Published:** 26 November 2019

Abstract

Since clinical health communication is the basic stage in the process of diagnosis and treatment, adequate clinical interaction is essential between patients and healthcare providers, as well as between the clinicians involved. The healthcare communication modes that are the focus of this study are interpersonal and inter-professional encounters, which in both cases involve both oral and written communication. This paper will review the literature on factors influencing clinical encounters and their impact on health outcomes and patient safety. Inadequate oral and written communication leads to misunderstanding in clinical encounters, which causes patient insecurity. In addition to language and culture, as the main factors that influence communication outcome, professionalism, caring attitudes, time, respect and openness are additional factors that are frequently mentioned in this context. Oral communication between healthcare providers may be performed directly or through a third person (interpreter) who facilitates encounters in cases of a language barrier between patient and the caregiver. Mutual understanding in both interpersonal and inter-professional communication is very important for quality health care and patient satisfaction. Written misunderstandings are more visible in inter-professional encounters, whereas in interpersonal communication oral misunderstandings are more frequent. Cultural misunderstandings in clinical encounters may be rooted in individual, organizational or ethnic and cultural backgrounds. The last will be in focus in this study. Due to the importance of communication as the fundamental stage in diagnosis and treatment procedures, it is vital to prevent misunderstandings in communication between patients and caregivers during clinical encounters as well as between the clinicians involved.

Keywords: Clinical health communication; Inter-professional clinical encounters; Health outcome

1. Background

1.1 Clinical health communication

Despite differences in the definition of health communication because of its multidisciplinary nature, its role concerning health outcomes in both individual and public health seems to be common to most definitions [1]. Health communication offers a unique opportunity to healthcare professionals to provide an expressive contribution to improving and saving human lives [2]. Healthcare communication usually occurs at two levels, interpersonal and inter-professional, which both involve oral as well as written communications. Due to inequality in power and situations, clinical health communication is quite different from other types of human communication. Healthcare providers have the opportunity to decide about communication, where test results (diagnosis) are an obvious issue in this inequality of power in clinical health communication. Thus, efforts to minimize the factors that have a negative effect on clinical communication may have an important impact on the communication outcome [1]. Since the health communication theory moved away from the Shannon- Weaver linear model of communication and focused on Gamer's "Circularity of the process of understanding" a meaningful concept has been provided, particularly regarding clinical health communication [4, 5].

1.2 Inter-professional clinical encounters

Poor communication in inter-professional interaction in healthcare has a significant impact on patient outcomes. In order to achieve satisfactory health outcomes, improving inter-professional communication skills is crucial [6]. According to a study in Canada, inter-professional communication and collaboration are considered as the key building blocks to improve patient safety and meet the requirements for increasingly satisfactory care. [7]. Mutual understanding in inter-professional communication is of great importance for quality in health care [8]. Communication quality in inter-professional contacts has a significant effect in management of patient cases, and treatment procedures, which is essential for patient safety [9]. Insufficient communication between healthcare professionals has been identified as one of the main causes of medical mistakes that adversely affect the health of the patient [10, 11]. Working in an inter-professional context requires greater sensitivity to social issues within the team and willingness to share roles in developing cooperation and working methods. Inter-professional cooperation improves through strategies to improve and enhance joint activities, such as seminars and workshops for professionals who have frequent contact in relation to their duties [12, 13]. At the same time, over the last few decades the introduction of electronic communication [12, 13], has brought a new challenge for staff familiar with traditional inter-professional communication [14]. This is particularly evident in radiology, where the delivery of radiological images and radiologist reports are electronically based on digital images and filing systems. Due to the fact that radiologists receive enormous numbers of requests from clinicians every day for producing radiologist reports as a response to clinicians, written inter-professional communication is the most important and obvious issue in this context [13].

1.3 Interpersonal communication

Interpersonal communication means people's communication with each other in a face-to-face context, that provides a structure for a complete introduction to the how and why of this kind of communication [1]. A previous study

indicated that effective strategies in interpersonal communication in both inter-professional and personal settings has a significant impact on nurses' well-being and reducing stress and improving the quality of their lives [16]. Due to the importance of interpersonal communication in the process of the transfer of knowledge in both individuals and organizations, its improvement influences the quality of the communication outcome [17, 18]. The most common interpersonal, clinical health communication occurs between patients and caregivers, and it may be performed directly or through interpreters, it may be cross-cultural or non-cross-cultural, as shown in Figure 1 [19].

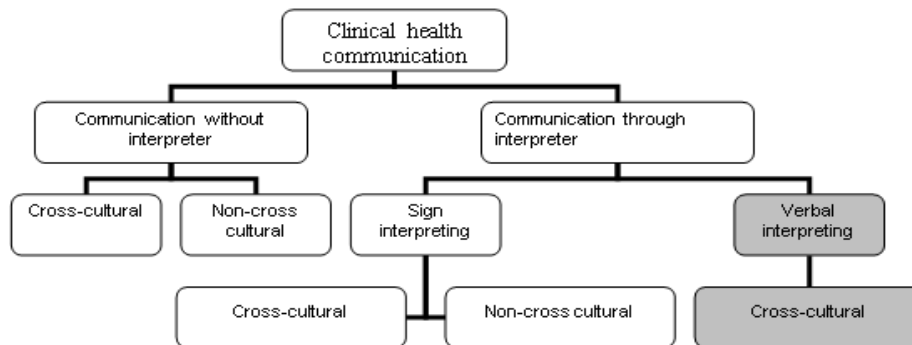


Figure 1: Clinical health communication modes.

Although misunderstandings in interpersonal health communication occur in both cross-cultural and non-cross-cultural situations, they are more frequently in cross-cultural encounters [19]. Despite similarities in the biological nature of disease, there are obvious differences concerning the understanding of health and illness between different societies [20]. Cross-cultural communication will be more complicated when a language barrier is also involved. Interpersonal communication is a social interaction that is influenced by socio-cultural and emotional aspects [21]. Language and culture are considered to be the basic elements of all communication, which means that understanding both language and culture is considered as prerequisite for good cross-cultural communication [22]. In interaction with patients, who have a different linguistic and cultural background, one should be aware that communication is affected by culture in both verbal and non-verbal issues [23]. Apart from the language barrier, there are other factors that influence health communication through interpreters, as shown in Figure 2 [24].

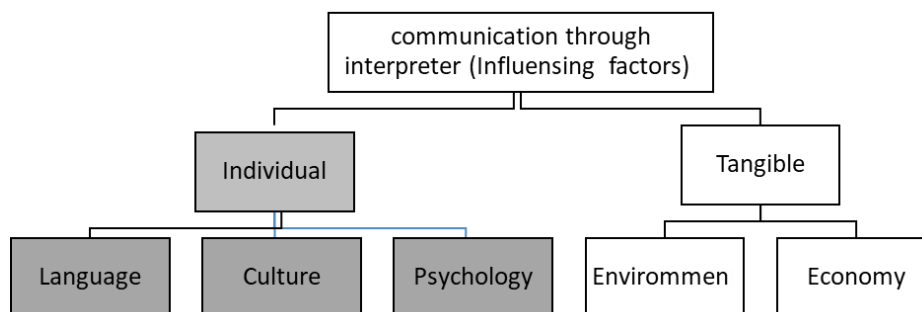


Figure 2: Factors influencing communication.

2. Discussion

Satisfactory inter-professional clinical consultation has a significant impact on health outcome and influences patient safety. Due to the role of the radiologist in the diagnosis of diseases, consultation between clinicians and radiologists in both written and oral forms, adequate clinical communication and mutual understanding are crucial. According to a previous study [31] although difficulties were more frequently in written communication, a number of problems were highlighted in both oral and written consultation by radiologists. Problems with request forms were reported by radiologists concerning deficient patient history, as well as inappropriate choices of examination mode, unclear clinical questions, lack of specific terms and unclear abbreviations on the request form. Difficulties in oral communication reported by clinicians were inadequate attention being paid by participating clinicians during radiology conferences and problems reaching the referring clinicians by telephone when it was necessary [13]. A previous study showed that cooperation and satisfactory inter-personal communication are needed to provide adequate care to patients [25].

The most common interpersonal clinical encounter occurs between patients and healthcare providers. Oral communication is the first stage in interaction between healthcare professionals and patients. Encounters between patients and healthcare professionals are either performed directly or through an interpreter. Although there is a risk of misunderstandings in both the above-mentioned clinical encounters, they are more frequent when there is a language barrier and when a third person (interpreter) is involved in the clinical encounter [26]. In oral communication, there is a risk of both linguistic and cultural misunderstandings in cases of communication through interpreters. In order to prevent misunderstandings, we should use professional interpreters rather than the patient's friend or her/his relatives as a language bridge to the patient [27]. The prerequisites for satisfactory clinical encounters through interpreters are the interpreter's competence and neutrality in language, relationship and gender (triangle neutrality). Patients' relatives or friends often do not have sufficient language competence and there is no guarantee that they are acting neutrally during the interpretation.

Assigning interpreters according to the patients' mother tongue has a significant impact on the communication outcome. If the interpreter and the patient share the same language, just two languages will be involved in the interpretation process (bilingual interpretation process). If interpreters are assigned according to the patients' citizenship sometimes the patient and the interpreter do not share the same language, so that three languages are involved in the interpretation process (trilingual), in this context the risk of misunderstanding is considerably greater than in a bilingual process [28].

3. Conclusion

In order to minimize misunderstandings in inter-professional and interpersonal, clinical encounters, satisfactory communication, both in written and oral form is crucial. Overall, oral communication between clinicians and radiologists functions well. Limitations in writing communications have been identified, in information about the patients' data, disease history and examinations. Due to the language barrier and cultural diversity in interpersonal communication, there is a risk of misunderstandings. Joint meetings between radiologists and referring clinicians are

necessary for both of them to understand the needs of the other party and to improve communication quality. Avoiding unqualified interpreters and assigning them according to the patient's mother tongue rather than the patient's citizenship has a significant impact on communication outcome and patient safety.

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Citation: Nabi Fatahi. Misunderstandings in Interpersonal and Inter-Professional Communication and their Impact On Health Outcomes and Patient Safety. *Archives of Clinical and Medical Case Reports* 3 (2019): 585-590.



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