Exploring the Role of Interdisciplinary Communication in Optimize Patient Care: Perceptions of Physiotherapy, Nursing, and Laboratory Teams

Ahmed A. Alshehri¹, Freh A. Alfreh², Hiyam S. Almotery³, Asma H. Ashemaimry⁴, Turki F. Alotaibi⁵

Health Affairs at the Ministry of National Guard

Abstract:

In every aspect of service delivery, particularly in more complex environments such as tertiary institutions, communication between professionals is important. This research qualitative aims at revealing the perspectives of physiotherapists, nurses, and clinical laboratory specialists on inter professional communication regarding patient care in particular the factors that work for or against it. We used a semi-structured interview guide to conduct interviews with 15 people and sought to answer three main themes: What enables communication, barriers to effective communication and what are the effects on the patients'. Lack of resources, and team disintegration made it hard to maintain communication with fellow team members while time constraints and communication silos hindered competent interaction amongst providers. Results highlight how the outcomes as well as the safety and satisfaction of patients can be improved by such environment factors that foster communication, cooperation and respect within the facilities.

Keywords: Inter-Professional Collaboration, Delegation Of Tasks, Physiotherapy, Nursing And Care, Diagnostic Departments, Multidisciplinary Cooperation

Introduction

In cooperation with nurses and other specialized specialists like laboratory technicians, physiotherapists are among other occupational health professionals practicing within a tertiary level hospital. As central to the argument these practitioners need to work together all the time. This is because patients with complex problems require team approach in their care (Zwarenstein et al., 2009). Additionally, "the team" approach avoids waste and thus the same goals would be achieved with less effort (Reeves et al., 2011).

While physiotherapists see restoration and optimal functional mobility as a goal, this goal is achieved through the active and passive bedside nursing implemented by the latter, together with critical diagnostic information from the lab specialists (Gittell, 2016). The world has changed, most societies have discarded the concepts of 'lone 'or 'stand-alone 'practitioners in most branches and areas; communicational gap, and role overlap, together with organizational structure of care are still diseases of the society (O'Daniel& Rosenstein, 2008).

The issues around how physiotherapists communicate with nurses and how they relate with laboratory specialists will be the primary focus. In this aspect we would like to make it clear which physical and/or sociocultural aspects help people to communicate or on the contrary hinder them to communicate and how the communication as well as the care on the whole can be improved.

LiteratureReview

As proven, professional practice requires exchanging information about the patient particularly in large hospitals where a patient can have multiple dimensions (Reeves et al., 2011). The improvement in the communicative aspect of the care providers regarding patients is beneficial to the patients as it minimizes the chances of making mistakes thus enhancing the outcomes of care (Zwarenstein et al., 2009). Inclusion of different professionals in the management of a particular patient enables every aspect of the patient's condition to be seen and therefore decisions reached are suitable and rational (Gittell, 2016).

There are many areas whereby each professional in the patient care has an important role such as physiotherapists, nurses, and laboratory technicians, since each contributes an important and essential component to the case presentation and the management of the patient. Quite however, role ambiguity responsibility ambiguity, lack of intra-team communication and leadership barriers to inter-team collaboration can significantly affect teamwork (O'Daniel& Rosenstein, 2008).

Interprofessional education seems to be poised to assist the professionals to have clarity on the extent of each role and work more effectively together (Reeves et al., 2011). Research has proven that basic organizational tools like SBAR (Situation, Background, Assessment, Recommendation) have been of help in standardizing communication and reducing idea conflicts (Ball et al., 2016).

Communication is also affected by several organizations that exist in an organization culture. Gittell (2016) argues that teams should be built around relational coordination that involves goal congruency, sound understanding, and respect for each other. However, level-oriented culture may restrict open exchange of views leading to detriment of patient care service (Real et al., 2021).

Good communication has been found to have some advantages but it is still affected by a variety of factors such as professional role scarcity, heavy workload and different methods of communication which are less effective (Zwarenstein et al., 2009). These obstacles can be overcome by support from institutions: for example, allowing time for interprofessional team meetings, education, and an environment in which opinions are expressed freely.

Methodology

The type of this study was a descriptive phenomenological study conducted in one tertiary care hospital in order to understand the attitudes and beliefs of physiotherapists nurses and laboratory specialists regarding IPC. We adopted purposive sampling technique in order to arrive at 15 respondents, making five respondents from each profession who have at least two years of working in tertiary institution and all are involved in active patient care.

To achieve this, interviews that are partially structured were done in order to obtain the deeper perspective. The interview sessions were conducted in a quiet room within the hospital setting, they lasted between 45 up to 60 minutes, and the... these sessions were audio recorded upon gaining permission from the participants.

The interviews were quite focused on communication challenges, their possible overcoming factors and the final product of such communication in relation to patient care.

As a result, we took Braun and Clarke (2006) method so as to perform thematic analysis of the interview transcripts. NVivo was useful in organizing and tagging the collected data. We also applied member checking to improve the credibility of the study by enabling the participants to confirm the accuracy of transcripts and first drafts of the text. Triangulation was also used, the data from different professional categories were analyzed to find general trends.

The study was granted the ethical clearance by the research ethics committee of the hospital. The participants were free to give or withdraw consent however confidentiality was guaranteed by giving fictitious names to the participants. There was no coercion; participation was purely based on choice.

Results

From the thematic analysis, three central themes were found: (1) Facilitators of Effective Communication, (2) Barriers to Communication, and (3) Interdisciplinary communication and the care of the patients.

Theme 1: Promoters of Communication Processes

Sub-theme 1.1: General Understanding of Communication Mechanisms

Participant's descriptions depicted the application of SBAR as making communication shorter and simpler. A nurse said, "SBAR guides us on what we should bring out in the course of the session. As such, we aim at being short and to the point."

Sub-theme 1.2: Team Sessions and Huddles

research Much appreciation and acknowledgement was directed towards physiotherapist as they expressed great need for team sessions especially when it comes to distributing information. "Team huddles are great because when we have problems concerning our patient's recovery or progress we have the opportunity to consult everyone in the group."

Sub-theme 1.3: Respect and Understanding of Their Differences

Until they understand and respect colleagues 'role, getting good communication is not getting easier. A nurse stated: "If we are going to treat each other such a way, then working together will be as easy as a pie."

Theme 2: Barriers to Communication

Sub-theme 2.1: Time limitation and lateness

Time concern and work pressure were Barriers that participants often mentioned. A nurse captured well this point, "There are times when there are so many things happening at a time that people do not even talk to each other and this makes quality care of patients a dream."

Sub-theme 2.2: Different Degree of Power

Further hindrance was the presence of a feeling of hierarchy which is always below in the circles of hospitals.

A physiotherapist remarked, "The hierarchy issues which exist in the organization prevent some individuals who are supposed to be contributing to collaboration from talking."

Sub-theme 2.3: No Standard approach on Communication

Participants, alongside patients, also brought up the issues of standardization of communication strategies.

The laboratory specialist noted, "Without an established way of communicating or any effective modes for doing that, there are diverse opportunities for vital information to be overlooked."

Theme 3: How Interdisciplinary Communication Alters Patient Care

Sub-theme 3.1: Improved Outcomes for the Patients

There were participants who pointed out that the effective communication makes it possible for the patients ' outcome to be improved. As a physiotherapy participant expressed, 'If all is clear to us, we are concentrated and this is a plus for the client.'

Sub-theme 3.2: Reconstructed Patients 'safety

It was held that in the event of lab results there is communication that must be timely as that would help in averting risks to the patients. A nurse also stated, 'Communication in nursing reduces chances of making medication blunders and this increases the safety of the patients.'

Sub-theme 3.3: Patients 'Trust

Also, participants pronounced that patients 'trust increases as a result of good communication. One nurse said, "Patients know that there is excellent coordination throughout all stages of their care when they see that caregivers work well together."

Discussion

The focus of the findings emphasizes the communication gap that is likely to be present between the various disciplines that are related in the provision of services to the patients.

Communication channels that were well developed, deference and both frequent and wide collaboration were considered as among the important factors that aided in reaching consensus across the board, reducing ambiguity and improving patient care. Similar observations were made by earlier authors who also made this existing need to be pointed out of the adoption of the uniform communication policies and strategies to reduce errors (Inst. of Med, 2015).

But nevertheless, the problems of time resources, position power and the non-observance of the processes are still there and very much so. Here, such problems would require to be addressed in relation to the hierarchical changes by reducing the load of overhead and facilitating top-down communication. Additionally, the relatively small changes that were recommended are aimed at increasing collaboration by increasing respect for the changes that all individuals make.

Other elements such as the patient's outcomes, safety and even patient satisfaction are relatively high correlated with communication. Generally, the view among the participants was that good communication improves teamwork, decreases errors and enhances the experience of the patient. As an example, hospitals

can focus not only on interprofessional education and training programs but also on the development of standardized measures to improve communication processes in order to achieve these results.

Future studies should also consider including other members of the health care teams such as pharmacists and social workers in order to further define the concept of interdisciplinary communication. The application of quantitative methods also can aid to focus on the correlation of different modes of communication and the patients as well as the workers performance.

References

- 1. Ball, J. R., Miller, B. T., & Balogh, E. P. (Eds.). (2016). Improving diagnosis in health care.
- 2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.
- 3. Gittell, J. H. (2016). *Transforming relationships for high performance: The power of relational coordination*. Stanford University Press.
- 4. Real, K., Streeter, A. R., & Poole, M. S. (2021). Interprofessional communication: healthcare teams, patient handoffs, and multiteam systems. In *The Routledge Handbook of Health Communication* (pp. 244-258). Routledge.
- 5. Reeves, S., Lewin, S., Espin, S., &Zwarenstein, M. (2011). *Interprofessional teamwork for health and social care*. John Wiley & Sons.