Evaluation of communication parameters important for clinical quality and safety among medical teams at Hadassah

Orit Shmuel Ben-Dov

Summary

Background:
A review of the general literature reveals the importance of interpersonal communication in working environments where teams are required to make critical decisions. Interpersonal communications has been found to be very important in situations where a team is functioning under constraints of time and a heavy workload. Not only has interpersonal communication found to be an important factor in preventing accidents and adverse outcomes, it has been shown to be important with regard to the general efficiency of the system and organization (14, 4, 9).
The nature of communication between members of a medical team has been shown to be a major factor affecting the quality of medical care, and the patient's safety (2). Conversation, consultation and trust within the medical team may prevent mistakes that may have catastrophic results. The medical literature also reports a variety of successful interventions (8, 14, 11, and 13). This study is a first attempt, in Hadassah Medical Organization, and in Israel in general, to utilize a scientific tool in a medical setting to observe communication parameters, such as intimidation, violence, contradiction, mutual respect, patience, tolerance, how a medical team deals with mistakes, and distributes information.
Aim:  
Characterization of different parameters of interpersonal communication that may affect quality of care and patient safety in Hadassah Medical Center.

Methods:  
Based on a review of validated questionnaires reported on in the professional effect the quality of patient care and safety. The Hebrew version was validated in a separate pretest.  
The main issues assessed were the willingness of the medical staff (physicians and nurses) to express disagreement with colleagues regarding decisions made in patient care, and their willingness to suggest improvements in areas where they recognize it is needed. In addition, the attitude of both senior and junior staff towards issues such as, mistakes and adverse events, solidarity within the medical team in stressful situations, and the incidence of events where a team member feels an implied or outspoken threat were also assessed. Familiarity of medical staff with the statement made by the ethics commission regarding medical mistakes and adherence to its suggested guidelines was investigated.  
Data collected from the medical and surgical divisions of Hadassah Medical Organization at the Ein Karem and Mount Scopus centers was analyzed according to accepted statistical methods and is presented referring to different populations within the medical centers.

Results:  
Interpersonal communication is a matter of concern to the medical staff at Hadassah. As in other centers around the world the medical staff is exposed, at various levels, to intimidation and threat within the medical team that may affect patient safety. The majority of the medical staff appears to be satisfied with the manner in which Hadassah deals with threatening behavior. Medical staff also indicated that they felt that policy leaders addressed the issue seriously, and that they introduced favorably initiatives and improvements regarding patient safety. A significant difference in the working culture was observed between the medical and surgical divisions. Staff in the surgical setting reported higher levels of interpersonal threat. However, no significant difference was found between physicians and nursing staff, male or female or between those born in Israel or abroad. Increasing age was a significant factor
correlating with a reduced tendency to seek help from a colleague. The medical staff at Hadassah appears to be willing to work together under stressful situations and express critique toward colleagues and senior staff regarding patient management. Information transfer and distribution between shifts, viewed as the "Achilles heel" has been found lacking in the Hadassah Centers. Only half of the medical personnel were familiar with the statement issued by the ethics committee in 2004, but most agreed with it, and with its main directive of the ethical obligation to divulge the occurrence of a mistake to the patient.

**Conclusions:**
This work is the first of its kind in Israel and in Hadassah and it opens the way for more studies on this subject. The data collected in this work will serve as a basis for understanding the status of interpersonal communication in Hadassah, starting dialogue and setting the stage for intervention. This study will also hopefully raise awareness of the importance of interpersonal communication in relation to patient quality of care.

**Bibliography**


