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The Importance of Teamwork and Professional Communication

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A B S T R A C T

The definition of communications, according to Webster's Dictionary, is "the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs." This is a crucial point to remember: communication is more than just talking. Only approximately 7% of the meaning and intent in a given encounter is conveyed by spoken words, according to one research. Three quarters of the total are composed of body language, tone, and attitude. Although words alone are important, a speaker's body language incuding their posture, facial emotions, and eye contact with an audience member can greatly influence the effect of their words. Misunderstandings can have disastrous repercussions because many people still rely on handwritten notes, SMS, or email to communicate important information.

Keywords: Teamwork, Professional Communication

1. INTRODUCTION

The phrase "health care collaboration" describes a collaborative effort by various medical specialists to address patients' requirements, recognize and resolve potential problems, and ultimately make decisions and carry out treatment plans. When medical professionals collaborate, including doctors, nurses, and others, the decision-making process is continuously improved because it increases awareness of the various kinds of information and skills that team members possess.

High-performing teams are characterized by trust, respect for one another, and cooperation. Deming is among the most well-known proponents of collaboration. In his view, any system where all workers are contributing to a shared goal and are prepared to cooperate to achieve it will inevitably foster collaboration. It is crucial to consider health care cooperation models from an interdisciplinary standpoint. An interdisciplinary strategy brings together professionals from different professions to work together toward a shared goal, as opposed to a multidisciplinary method where each team member focuses their own area of expertise and sets separate patient goals. Specialist services are pooled to deliver integrated interventions. The care plan, which combines the many assessments and treatment plans to create a customized care program, takes into account the particular needs of the

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patient. The patient finds it easier to communicate while working with a cohesive team as opposed to a disjointed collection of experts. The components of an effective cooperation model that have been suggested in the literature are listed below (Table 1.1).

Trying to create an atmosphere where teamwork is valued may present the following difficulties: a greater time commitment; a feeling of diminished independence; a lack of trust in the opinions of others; conflicting worldviews; a propensity toward territorialism; and an inadequate comprehension of the breadth and depth of knowledge held by colleagues from various fields. However, most of these challenges may be overcome with a positive mindset, mutual respect, and trust. Improved teamwork and communication are among the most important factors in improving clinical efficacy and job satisfaction, according to healthcare professionals.

Table 1.1: Elements Of an Effective Team Environment

Clear and concise communication
Non-punitive setting
Lucid guidance
Teams should have defined roles and responsibilities.
Courteous environment
Joint accountability for the success of the team
A member participation ratio that is appropriate for the task at hand
Recognizing and managing conflict
Clearly defined parameters for accountability and power
Decision-making processes that are well-defined and understood
Frequent and customary exchange of information and communication
Enabling conditions, such as having access to resources
Mechanism for assessing results and making necessary adjustments

A thorough review of the literature demonstrates that cooperation, communication, and teamwork are not often encouraged in therapeutic settings. Sutcliff, Lewton, and Rosenthal's research, for example, indicates that a variety of social, relational, and organizational factors might impact communication breakdowns, which can then result in unfavorable clinical outcomes and events. Another study found that there were discrepancies in the priorities of patient care and inconsistent verbal communication amongst members of the healthcare team. Furthermore, more than 20% of hospitalized patients in the US reported problems with the hospital system, such as staff misinforming them or not knowing which doctor is in charge of their care. For a number of years, we have been researching the effects of disruptive behaviors on patient outcomes of care, including adverse events, medical errors, compromises in patient safety, poor quality care, and links to avoidable patient mortality. We have also been examining the effects of disruptive behaviors on staff relationships, satisfaction, and

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turnover rates. Any inappropriate behavior, dispute, or conflict, ranging from verbal abuse to physical or sexual harassment, can be classified as disruptive behaviors.

The unfavorable effects described before are closely associated with ineffective teamwork and communication failures. Many healthcare professionals have grown accustomed to poor teamwork and communication as a result of a pervasive culture of low standards. Because of this culture, where medical professionals have come to expect incomplete and erroneous information sharing, even well-meaning specialists often overlook potential red flags and clinical discrepancies. Rather than being indicators of something unusual, they interpret these warning signs as frequent occurrences of poor communication.

2. LITERATURE REVIEW

Hicks (2020) Studies concerning the interaction between patients and physicians have shown that enhanced patient-doctor outcomes are associated with effective communication between the two parties. Effective communication characteristics can be recognized and utilized to develop patient education programs and medical curricula. The authors of a study on the "Side Effects of Ineffective Communication" assert that incomplete or erroneous patient records and communication failures can significantly impact patients. Failure to disclose significant information may result in catastrophic outcomes. Although certain incidents may be uncontrollable, effective communication between medical personnel and patients can enhance the quality of their interactions.

Davis (2002) A Health Care Quality poll done by the Commonwealth Fund (Davis, 2002): 25% of Americans said they disregarded their doctor's recommendations. Among those who voiced disapproval, 39% were opposed to the clinician's suggested course of treatment, 27% were worried about the expense, 25% found the instructions to be very complex, 20% felt it contradicted their values, and 7% were confused. Patient safety is jeopardized due to high rates of non-adherence and inadequate communication between caregivers and recipients, as seen in the graphs. The recent revelations of harshness and cynicism in the healthcare sector, along with the vast cultural and intellectual diversity in India, make it all the more important to comprehend the reasons and effects of communication failures in different settings.

J. Hopkins (2003) One aspect of their job is helping patients and their loved ones form a therapeutic alliance with healthcare providers. The relationship will include the doctor defining roles and responsibilities and providing guidance on how to best care for patients.

Eisenberg (2001) The constant development of cutting-edge medical and healthcare technologies makes it difficult to keep up with each patient's symptoms. The article says "a perceptively educated antiquity and a prudently completed physical investigation will frequently lead to the right diagnosis without depending on a wide-ranging battery of expensive, infrequently unnecessary, and occasionally dangerous tests."

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Stephens (1988) In the words of Stephens: "The relative significance of vision and hearing in knowing the patient clinically is the one area where post-Fiexnerian epistemology differs most from Flexnerian philosophy." The "royal road to human understanding in medicine" consists primarily of conversations between patients and their doctors, which are the best ways to learn about them.

3. BARRIERS TO EFFECTIVE COMMUNICATION

Health professionals talk a lot about working in teams, but they often work alone. Clinical staff members regularly jeopardize the quality and safety of patient care due to communication and teamwork issues. Despite the fact that every business is unique, there are some obstacles to effective communication that are shared by all.

Despite their regular conversations, doctors and nurses often have different perspectives on patient care, which results in different goals. Because the US is one of the most culturally and ethnically diverse countries in the world, another challenge is the large number of clinicians who come from diverse cultural backgrounds. Cultural differences can make communication more challenging in any kind of interaction. Taking assertiveness and openly challenging views as examples, we can observe that people shun these actions across cultural boundaries. As a result, it can be difficult for nurses from these cultures to speak up when they see problems. In these cultures, nurses may communicate their concerns with extremely nuanced terminology. Another thing that can make nonverbal communication difficult is culture. Certain cultural practices, such as head nodding, eye contact, touch, and specific facial expressions, have diverse meanings. Gender differences in communication preferences, expectations, and values will present issues in any professional situation. In the medical field, where there are more male doctors than female nurses, gender differences make communication problems worse.

A review of the literature on organizational communication shows that hierarchies often obstruct fruitful communication and collaboration. Research by Sutcliff and others lend credence to the theory that the primary reasons of communication breakdowns in the medical setting are interpersonal power and conflict difficulties, role conflicts, ambiguity, vertical hierarchical discrepancies, and concerns about upward influence. Communication is likely to be misinterpreted or withheld when two communicators have distinct hierarchies. This is particularly true if one of them feels that the other is not open to conversation, is concerned about being foolish, or doesn't want to offend the other.

In hierarchical health care systems, doctors occupy the top position. Because of this, they can believe that everyone is in agreement and that they have unrestricted freedom of expression, whereas nurses and other front-line staff see a breakdown in communication. Collaborative relationships are essential to the delivery of effective therapy, and hierarchical disparities may impede these partnerships. When there are disparities in authority, those at the bottom of the hierarchy are less inclined to speak up when they feel threatened. Leaders who project an air of intimidation discourage others from approaching them and give the impression that they are unapproachable.

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When they witness their coworkers not performing their duties properly, employees may be reluctant to speak up for fear of retaliation or the conviction that their opinions won't be heard. The interpersonal dynamics between healthcare practitioners can have a substantial impact on the frequency and quality of important information transfer. Research indicates that disputes between physicians and nurses often result in delayed patient treatment and lingering problems from unresolved conflicts. Our research reveals that nurses frequently hesitate or refuse to call doctors, even in spite of the deteriorating status of patient care. This is due to a number of things, including intimidation, avoiding potentially confrontational interactions, not having enough protection from retaliation, and the ongoing lack of progress. Numerous of these issues are strongly correlated with communication style and personality. The primary reasons for concern are the frequency of disruptive actions and the potential harm they may do to patient care. Our results show that 17% of participants in our survey conducted between 2004 and 2006 were aware of a specific negative outcome resulting from disruptive behavior. One response that exemplifies this is this one: "Delayed treatment, aspiration, and eventual demise" because of inadequate communication following surgery brought on by the disruptive reputation of the doctor.

Prominent members of the nursing and medical communities have suggested a cooperative agenda for the improvement of patient care, as opposed to a competitive one. Professionals can collaborate more successfully if they concentrate on areas where adjustments can better the lives of the patients they serve as a team rather than fighting over seemingly intractable differences of opinion. To begin with, it's important to remember that most health professionals have a personal desire to learn new things and a common value of meeting the needs of their patients or clients.

4. CREATING A CULTURE THAT ENCOURAGES TEAMWORK AND COMMUNICATION

The reviewed literature indicates that traits of successful teams include cooperation, mutual respect, trust, and a common objective. Team members value familiarity over formality and watch out for one another to avoid blunders. Medical teams who don't respect, trust, or work together are more likely to make mistakes that endanger patient safety.

The first crucial step is organizational commitment and preparedness to solve the problem. The way the organization does business needs to show dedication from both the top and bottom levels. The main idea should be how behavioral norms and patient safety are related. Strangely, since the initial To Err Is Human study was published, organizations have spent most of their time and resources on patient systems rather than tackling the challenges related to the human aspect. Numerous recent reports indicate that more work has to be done before the IOM's recommendations are implemented, even if the patient safety movement has gained momentum. Communication problems that hinder collaboration, information exchange, role and duty comprehension, and direct patient care accountability must be addressed in any patient safety program. It is critical for clinical and administrative leaders to set the tone by establishing and maintaining behavioral standards that support established code of conduct procedures supported by a zero-tolerance policy and a nonpunitive culture.

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The application of self-awareness and recognition occurs in the next step of the process. To find possible areas for improvement, organizations must be able to assess the frequency, context, and impact of behaviors. An extensive internal assessment can help identify the seriousness of the condition and provide hints about the areas that need to be addressed. Formal techniques, such as survey instruments, focus groups, department meetings, task forces or committees, direct observation, suggestion boxes, and hotlines, can be used to gather assessment information. Informal techniques like rumor and unofficial gatherings can also yield useful surface information. To decide the best course of action, they should be examined in further detail to ascertain the origin, applicability, and importance of the events. There is still evidence in many organizations of a reluctance to take with the problem head-on for fear of upsetting a well-known surgeon or staff member. In view of the growing concerns about staff retention and satisfaction, hospital reputation, liability, and patient safety, as well as the requirement to comply with the most recent Joint Commission recommended standards regarding disruptive behaviors, organizations cannot afford to take a pass on these issues.

Allowing varied groups to just get together is a great way to foster better cooperation and communication. In these kinds of group environments, formal or informal tactics are both appropriate. Promoting open communication, collaborative rounds, pre- and post-operative team briefings, and the creation of interdisciplinary committees or task forces that routinely address problem areas are some preventive measures that can reduce the likelihood of disruptive events.

Several businesses have used time-outs, code whites, and red lights as procedures in the event of a disruptive situation. These regulations aim to address the problem head-on and keep it from getting worse. Creating and following a consistent set of guidelines for behavior is essential. These regulations have to be consistent and global in scope. Every academic discipline and government agency ought to have its own set of policies. To guarantee compliance, the policies ought to be included in the medical staff bylaws and signed by each member upon appointment and recredentialing. A uniform approach outlining expected standards, how to deal with disruptive behavior, recommendations, follow-up plans, and what to do in the event that someone is uncooperative or refuses to comply should be included in the policy. Before implementing any rules or procedures, make sure that every member of the staff is aware of their existence, purpose, and end aim.

Only if the business actively encourages employees to report disruptive behavior will the procedure be able to start. The organization must respond due to fears of retaliation, concealment, and the general impression of a double standard and inaction. It takes a punishment-free environment to support reporting techniques. Real-time reporting vehicles are ideal, but there are significant barriers because of concerns about position, appropriateness, receptiveness, fear, hostility, and revenge. A supervisor, an incident report, a suggestion box, or even a special committee or task force tasked with handling such instances are among the several channels via which an occurrence can be reported. The reporting system offers recognition and the guarantee that complaints will be noticed and that appropriate action will be taken, in addition to maintaining confidentiality and reducing the

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likelihood of retaliation. Apart from giving the necessary feedback and following up, answers have to be timely, pertinent, and reliable.

5. CONCLUSION

The human element is just as important as technical system difficulties when it comes to effective therapeutic practice. Good communication promotes teamwork and aids in mistake prevention, as demonstrated in this paper. Healthcare organizations should actively seek out ways to improve team collaboration and evaluate the causes of poor communication. Organizations in the healthcare industry stand to gain much by fixing this problem and improving their clinical outcomes. In order to reduce medical mistakes, the current literature provides sufficient details on organized communication approaches. More study is required, though, to determine the best ways to handle communication breakdowns and misunderstandings in the heat of battle. Furthermore, no hard evidence linking human variables to clinical outcomes of care has been found in the current literature.

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