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A STUDY ON CAREGIVERS COLLABORATION, COMMUNICATION AND MANAGEMENT IN HEALTH CARE SERVICE ORGANIZATIONS

Sameh Monir Abdou Desouki*, Jameel Mohammed Sumaili, Rana Magdy Abdalla Gouda,
Zizi Elbadrawy Ahmed

Clinical Pharmacy Specialist at Sameh Pharmacy, Egypt

Former Pharmacist in Gizan General Hospital, KSA.

Gizan General Hospital Director, KSA.

Clinical Pharmacy Specialist, Al Danah medical company. Qatar

Ph.D. in Analytical Chemistry, Jazan University, KSA.

Email: sammon2002@yahoo.com

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Abstract

The communication and collaboration between all health caregivers in any medical institution or society will produce more effective innovative health caregivers, more effective healthcare service, better results for the patient health and all treatment process. Each health caregiver in any society or any health care institution has an essential role and responsibilities vary among the different areas of the healthcare service system. However, there are some obstacles or barriers which can decrease this collaboration and decrease any caregiver creativity, causing negative results to all healthcare services and decrease creativity among all health caregivers. Despite there are many studies that explored these important issues, but I did not find many studies that have explored these issues in KSA, Egypt especially. Therefore, I noticed and collected some data about these issues for deeper re-estimate and re-detected some of these issues (especially in developing countries like KSA and Egypt). The study revealed these issues can be much controlled by reducing these obstacles and by some ways such as Education, better management and by the implementation of methods to produce better positive results for all health caregivers, health service, management process, and system.

Keywords:

Healthcare service, Clinical Management, Patient Safety, Education, Human Resource, Communication, Management.

JEL Classification: I2, H51, H52, H53, and H75

1. Introduction

There is no doubt about each health caregiver in any society or any health care institution has an essential role and responsibilities about all health care service process. Each role may vary among the different areas of the healthcare service system, including the Pharmacist. As, the pharmacist has an important role in various patient care services not only in direct drug-related issues [8]. The collaboration between all caregivers in any medical institution or society is crucial. As, this collaboration will produce more effective innovative health caregivers, more effective healthcare service, better results for the patient health and all treatment process, against any issues that could face any caregiver or patient inside or outside the healthcare service institutions [12].

Communication (verbal or nonverbal) is the process of passing information and understanding from one person to another or from an organization to another. This information like ideas, opinions, facts, values, etc. Good communication will increase the effective collaboration between all health caregivers (all over the world especially in middle east countries and developing countries like KSA and Egypt) [13]. But some obstacles can decrease delay or this collaboration and communication, which cause suppression of caregiver role and creativity especially between the pharmacist and the other healthcare givers, causing negative results to all healthcare services. Like: Emotional barriers, Lack of attention, interest, distractions, or irrelevance to the receiver, Differences in perception and viewpoint, Physical disabilities such as hearing problems or speech difficulties, Physical barriers to non-verbal communication, Language differences and the difficulty in understanding unfamiliar accents, Expectations, and prejudices which may lead to false assumptions or stereotyping. People often hear what they expect to hear rather than what is said and jump to incorrect conclusions, Cultural differences [13].

Although there are many studies that explored these important issues. However, I failed to find studies that explored these issues in KSA, Egypt especially. So, in aim to explore these issues, I noticed and collected some data about these issues for deeper re-estimation and re-detection of these issues (especially in developing countries like KSA and Egypt). The study revealed these issues can be much controlled by reducing these obstacles and by some methods like Education, better management and by the implementation of methods to produce better positive results for all health caregivers, health service, management process, and system.

2. Literature Review

There are distinctive people characterize communication in several ways depending upon their interface. There are many communication theories and models. However, Ruben (1984) says that communication is any “information related behavior.” Dale (1969) says it is the “sharing of thoughts and sentiments in a disposition of mutuality.” Other definitions emphasize the importance of images, as in Berelson and Steiner (1964): “The transmission of data, thoughts, feelings and abilities, by the utilize of symbols,” and Theodorson and Theodorson (1969): “the transmission of data, thoughts, states of mind, or feeling from one individual or bunch to another, fundamentally through symbols.” Taken together, these definitions indicate at the common picture. They too outline the impact that an individual’s viewpoint may have on the way he or she approaches an issue. The source of the definitions work (differently) in brain research, humanism, logic and instruction. Their definitions are affected by the angle of human behavior of most prominent interest to them. [14,15]

Communication means sharing meaning. To communicate successfully in a squad or with others, at work or in the community, we should understand the communication environment and the barriers which prevent messages being sent and received successfully. A communication barrier is anything that prevents us from receiving and understanding the messages others use to convey their information, ideas and thoughts. There are five of these types of barriers to effective communication, including: Attitudinal Barriers, Behavioral Barriers, Cultural Barriers, Language Barriers and Environment Barriers. A common cause of communication breakdown in a workplace situation is people holding different attitudes, values and discrimination. Valuing people who are different allows us to draw on a broader range of insights, ideas, experience and knowledge. The behaviors like bias, generalizations and stereotyping can cause communication barriers. Empathy is essential for overcoming limitations to conversation based totally on culture. Language boundaries occur when human beings do now not speak the identical language, or do no longer have the same stage of potential in a language. There are many environmental elements affecting the effective communication process. [16]

There are another few studies that dealt with these issues before, like that studies that cared about the various problem that healthcare givers can be faced during working, like problems those are concerned with patients safety, drug validity, expired drugs, health care service, and system. Like, the pharmacists is an

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essential healthcare professional, who helps in improvement of patient care, promoting wellness, playing an important in the treatment results, improvement of costs inpatient care, evaluating patient's medications adherence factors, Helping in training and educating pharmacy staff and patients, Improvement patients' quality of life with minimum risk, providing pharmaceutical care, eliminating or reducing disease development and symptoms [11].

The study about the pharmacist's role (or any healthcare giver) in real practical work and the collaboration between all caregivers staff (especially in most developing countries) are limited to some extent. This may be due to many reasons as limited education, ineffective communications between medical staff, languages, phrases complexity, weak medical and health culture of the pharmacists or any other medical caregiver, some pharmacists do not care and not love to cooperate, some physicians do not love to discuss that medical information with any other professional staff, ignorance, neglecting [13].

I explored these results after surveying the pharmacist duties in actual practical work, before, like the following surveys, briefly: Most of the pharmacists 104 from 119 about 87% are concerned about dispensing and with other rare duties that concerned with drug dispensing, as few drug information reporting, Communicate with prescribers and manufacture some drug policy issues, while less than 13% of pharmacists who work in some hospitals as clinical pharmacists have some more duties, especially the pharmacists that work in developed countries (As the USA, Canada, and the UK) or in high-class hospitals, and some pharmacists may do some extra duties about the patients and the diseases as more counseling, some diagnostic role, sometimes some pharmacists deal with diseases that should be treated by specialists and physicians(especially in some developing countries as Egypt, India, and KSA) [13].

- 116 of 128 (About 90.5%) of caregivers said that role of pharmacists in actual life work conditions is not enough?

- 84 of 85 (about 98.5%) pharmacists think that their role could be developed to be more beneficial in some conditions as if the pharmacist has a good education, good medical culture, good communication skills and if the pharmacists themselves want to develop their abilities and duties [13].

3. Aims

I made another study about these issues (collaboration and communication barriers) to get deeper and more detailed results and answers about them. And I obtained some answers about these issues and about ways to

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solve them. In other words, I tried to re-estimate and re-detected some of these issues and barriers (in both developing and developed countries like KSA and Egypt), especially between the pharmacist and the other professional caregivers. And I tried to dissolve these problems.

4. Materials and Methods

In this research, during my work at hospitals pharmacy (especially during: November 2016: June 2018), I noticed and collected some data (by direct face to face asking and computerized questionnaires [9]) from professional healthcare givers (like: physicians, nurses, specialists, general practitioners, technicians) [4], adult people (with ages between 21-65 years old) They informed me the desired information without any identification data. So, no need for any consent or any legal permission [6].

Also, I collected those data and as nominal data [3] to be easier in calculation and evaluation (with probability value $P < 0.05$). And I get some information on the internet too). Then, I calculated and listed the target results of each group in numbers and percent's.

All data that I obtained from people and caregivers from different countries, but about 90% of these data from developing countries, especially KSA, Egypt, Qatar, Middle east countries.

5. Results

I made another few surveys about healthcare givers (including physicians, nurses, specialists, general practitioners, technicians) role and collaboration. However, I explored some important data about these issues, as in the followings:

5.1. Survey 1:

Survey 1 is about Caregivers who had some innovative ideas or suggestions or discovering some issues related to drugs or patients or other health service but they could not send or mention them to the right place or person effectively (even if occurred only once).

I found there 168 from 211 (about 79.6%) of health caregivers who had some, ideas or discovering some issues that could solve problems, risks or threats that related to drug or patients or other health services, but they could not apply or implement them because of poor communication and other issues, like:

There are 11 of the 168 (=about 6.5%) who tried to change their job after failing to face the manager's orders and management policy.

There are 26 of the 168 (=about 15.5%) follow the way of ignorance and neglecting due to communication and management issues, as they think that no one will know or care about their ideas and suggestions.

Also, are 113 of the 168 (=about 67.2%) just follow the manager orders and system policy anyway, because of fear of punishment or unfair penalties. Especially when the manager or the system is more bureaucratic or dictatorial. As the bureaucratic or dictatorial systems usually against any innovative or any positive constructive development ideas.

While the rest of them (18 of the 168= about 10.7%) have their personal reasons.

The results could be summarized in the following table-1.

Health caregiver answers or actions	Response Number	Total	Percent
Who just follow the manager orders and system policy anyway, because of fear of punishment or unfair penalties	113	168	67.2%
Who follow the way of ignorance and neglecting due to communication and management issues	26	168	15.5%
Who tried to change their job after failing to face the manager's orders and management policy?	11	168	6.5%
Who have their personal reasons?	18	168	10.7%

Table 1 Results summary

5.2 Survey 2:

Survey 2 is about health Caregivers if they are satisfied completely or partially about the collaboration and communication level inside the medical institution.

I found 195 of 287 (=about 67.9%) of healthcare givers (including physicians, nurses, specialists, general practitioners, technicians) think that their role could be more developed and better by some improvement in some ways like Education, medical culture, communication, good clinical management system.

5.3 Survey 3:

I surveyed to get solutions to these problems by asking this question:

If they know the risk of these issues and what are the expected solutions for them?

The answers were:

198 of 204 people (=about 97%) said: that there are some solutions, also they thought these obstacles (or in anywhere or field) can suppress their hope, interest, collaboration development, innovation. Also, it can waste and ruin a lot of financial and non-financial resources.

6 of 204 people (=about 3%) said: that is no possible solutions

And they suggested the solution could be achieved if:

First:

Assignment good qualified managers (157 of 204= about 77%), as the reason for this problem, is unqualified manager assignment and Human Resource (HR) issues.

Second:

Place a good management system (124 of 204= about 60.7%), as the reason for this problem, is the poor system and management.

Third:

Encouragement of the caregivers for data reporting and collaboration with the other stuff (106 of 204= about 52%), as the reason for this problem, is no encouragement of the caregivers for data reporting and no collaboration with the other stuff.

Fourth:

Strengthening of the culture and education of all caregivers (71 of 204= about 35%), as the reason for this problem, is related to improper culture and insufficient education.

The results can be summarized in the following table-2

Health caregiver answers about reasons and solutions	Response Number	Total	Percent
Assignment good qualified managers, as the reason for this problem, is unqualified manager assignment and Human Resource (HR) issues.	157	204	77%
Place a good management system, as the reason for this problem, is the poor system and management.	124	204	60.7%

Encouragement of the caregivers for data reporting and	106	204	52%
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collaboration, as the reason for this problem, is no encouragement.

Strengthening of the culture and education, as the reason is	71	204	35%
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related to improper culture and insufficient education.

Table 2 Results summary

The whole study could be summarized in the following table-3.

Health caregiver answers	Yes	No	Percent
Survey 1 About healthcare givers who had some innovative ideas or suggestions but could not send or mention them to the right place or person effectively	168	43	79.6%
Survey 2 About health caregivers, if they are not satisfied completely or partially about the collaboration and communication level inside the medical institution	195	92	67.9%
Survey 3 About if there are possible solutions	198	6	97%

Table 3 Results summary

6. Discussion

There are different individuals define communication in different ways depending upon their interests like Ruben (1984) says that communication is any “information related behavior.” Dale (1969) says it is the “sharing of ideas and feelings in a mood of mutuality.” Other definitions emphasize the significance of symbols, as in Berelson and Steiner (1964): “The transmission of information, ideas, emotions and skills, by the use of symbols,” and Theodorson and Theodorson (1969): “the transmission of information, ideas, attitudes, or emotion from one person or group to another, primarily through symbols.” Taken together, these definitions hint at the general picture. [14,15]

Communication means sharing meaning. A communication barrier is anything that prevents us from receiving and understanding the messages others use to convey their information, ideas and thoughts. There are five of these types of barriers to effective communication, including: Attitudinal Barriers, Behavioral Barriers, Cultural Barriers, Language Barriers and Environment Barriers. A common cause of communication breakdown in a workplace situation is people holding different attitudes, values and discrimination. Valuing people who are different allows us to draw on a broader range of insights, ideas, experience and knowledge. The behaviors like bias, generalizations and stereotyping can cause communication barriers. Empathy is important for overcoming barriers to communication based on culture. Language barriers occur when people do not speak the same language, or do not have the same level of ability in a language. [16]

Each health caregiver in any society or any health care institution has an essential role and responsibilities vary among the different areas of the healthcare service system including the Pharmacist, who has an important role in patient care service not only in direct drug-related issues.

The collaboration and better communication between all caregivers in any medical institution or society will produce more effective innovative health caregivers, more effective healthcare service, better results for the patient health and all treatment process.

There are some obstacles to these issues, but there are many ways to deal with these issues and to decrease the negative results to all healthcare services and decrease creativity.

These problems are due to many reasons like a weak culture of the caregivers, some of the caregivers do not care and do not love to cooperate with the other staff, weak manager, bad management, weak education. Also, there are a little people (11 of the 168) who tried to change their job after failing to face the manager orders and management policy, and the rest of the 168 either prefer the ignorance and neglecting due to communication and management issues, as they think that no one will know or care about their ideas and suggestions, or they just follow the manager orders and system policy anyway, because of fear of punishment or unfair penalties. Especially when the manager or the system is more bureaucratic or dictatorial.

As the bureaucratic or dictatorial systems usually against any innovative or any positive constructive development ideas. And can cause more negative effects to all organization departments and all customers

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(like patients) in both the short-run and long-run (but especially in long run), and the only one who will get benefit from that unsuitable way of management is the competitors or the enemy of this organization.

We can solve some of these issues by some ways like making better: Coordination, communication, caring about every caregiver ideas or assumptions by suitable strong policy and system.strengthening of the culture and education of all caregivers, encouragement of the caregivers for data reporting and collaboration with the other staff to build trust and respect, assignment good managers, place good respectful management system.

There are other previous studies that have dealt with these issues before, they have cared about the various problems that healthcare givers can be faced during working, like problems those are concerned with patient's safety, drug validity, expired drugs, health care service, and system. Like, the pharmacists is an essential healthcare professional, who helps in improvement of patient care, promoting wellness, playing an important in the treatment results, improvement of costs inpatient care, evaluating patient's medications adherence factors, Helping in training and educating pharmacy staff and patients, Improvement patients' quality of life with minimum risk, providing pharmaceutical care, eliminating or reducing disease development and symptoms [11]. However, I failed to find studies that explored these issues, like I did in this research, in KSA, Egypt especially. So, in aim to explore these issues, I noticed and collected some data about these issues for deeper re-estimation and re-detection of these issues (especially in developing countries like KSA and Egypt).

7. Conclusion

The study revealed that communication and collaboration between medical caregivers (especially in developing countries like KSA and Egypt) have some difficulties and barriers that can face the health (or medical) caregivers and can be solved, eliminate or decreased by some ways, like Strengthening of the culture and education of all caregivers and managers, encouragement of the caregivers for data reporting and collaboration with the other staff, assignment well-qualified managers, and place good management system. As the bureaucratic or dictatorial systems are usually against any innovative or any positive constructive development ideas, and can cause more negative effects (financial or/and non-financial) to all organization departments and all customers (like patients) in both the short run and long run.

There are many previous studies that have dealt with these issues before. But I failed to find studies that explored these issues, like I did in this research, in KSA, Egypt especially. However, I recommend that other studies should be conducted for clearer results and stronger evidences.

AVAILABILITY OF DATA AND MATERIAL:

They (employees and the health care givers) informed me the required information without any identification data, which does not need any consent or legal permissions.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE:

Not applicable.

CONSENT FOR PUBLICATION:

Not applicable.

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Corresponding Author:

Sameh Monir Abdou Desouki*,

Clinical Pharmacy Specialist at Sameh Pharmacy, Egypt.

Former Pharmacist in Gizan General Hospital, KSA.

Email: sammon2002@yahoo.com

<https://orcid.org/0000-0001-7003-5506>