ORIGINAL ARTICLES

THE TIME FOR COMMUNICATION WITH THE PATIENT AND HIS RELATIVES DURING HOSPITALIZATION: PREREQUISITE FOR QUALITY HEALTHCARE

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ABSTRACT

INTRODUCTION: The time spent communicating with patients plays an important role in the healing process. The hospitalized patient requires not only adequate treatment, but also attitude, attention and time spent by medical professionals in order to achieve faster recovery and hospital discharge. Patients’ satisfaction from the time spent communicating with them and their relatives as part of the treatment is a criterion for quality of care.

AIM: The aim of this study is to investigate the opinion of patients, doctors and nurses on the time spent communicating in the process of treatment.

MATERIALS AND METHODS: The object of observation is the medical personnel and patients from three departments of Dr. I. Seliminski Hospital, Sliven: Department of Hemodialysis, Department of Ear, Nose and Throat Diseases, and Department of Infectious Diseases. We studied the opinion of 125 respondents from two observed groups: medical staff (nurses and doctors) and patients. Two questionnaires were used to study the opinion of the patients and that of the medical staff. The survey of nurses and doctors was carried out as a direct individual poll. A patient questionnaire was filled in on the day of hospital discharge.

RESULTS: Thirty percent of the patients do not have enough time to discuss their treatment plan. Ninety percent of the patients are satisfied with the time spent for a discussion during grand rounds. Information about patients is given to relatives in 83% of cases. Sixteen percent of nurses and 15% of doctors are not always able to provide time to respond to the calls of the patients.

CONCLUSION: In most cases the patients are satisfied with the time spent by medical personnel for providing information. They are mostly satisfied with the care. However, in some cases, medical staff could devote more time to provide information that would enhance the quality of service.

Keywords: communication, quality, healthcare

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INTRODUCTION

The daily activities of medical specialists include communicating with members of the medical team and the relatives of the patient. Communication is the process of transmitting and receiving information, so as to be understood. On the other hand, it is important to understand what our interlocutors share with us. To achieve effective communication, information must be easy to understand and enough time must be provided for explanation.

The time spent on communication with patients is important for the healing process. The hospitalized patient usually has the impression that not only adequate treatment, but also attitude, attention and time spent by medical professionals lead to a rapid recovery and hospital discharge. The principal activities of the nurse in this scenario include the provision of direct care and impact evaluation, protection of patients and their health, control, management training, research, and participation in the development of health policy.

The communication between medical professionals and patients is based on the establishment of quality healthcare and confidence. Nursing care needs to be applied with professional competence and effective communication, expressed in terms of concern, compassion, warmth, respect and support.

Good communication between these two sides contributes to higher mutual trust, better awareness of the health problems of the patient and thus becomes a factor for the quality of health services.

Communicating with the patient and his relatives, the medical specialist is required to take into consideration the personal characteristics of the patient: age, social status, traits and personal qualities that distinguish him from the others – consciousness, material incentives, religion, nature, type of nervous system, phase of the disease, will, intelligence and other factors that have a bearing on the outcome of his illness.

For the quality of healthcare and communication, several factors are important, including: personal characteristics of the medical specialist – age, physical health, satisfaction with the work process, professional prestige; from the professional environment – organization of the work of the medical team, microclimate and technology.

AIM

To investigate the opinion of patients, doctors and nurses regarding the time spent on communication in the diagnostic and treatment process.

MATERIALS AND METHODS

The subject of monitoring are medical personnel members and patients from three departments of Dr. I. Seliminski Hospital, Sliven: Department of Hemodialysis, Department of Ear, Nose and Throat Diseases, and Department of Infectious Diseases. To assess the time for communication with patients and the quality of nursing care we surveyed the opinions of 125 respondents: 13 doctors, 32 nurses and 80 patients.

Two questionnaires were developed – for patients and for medical staff members. Direct individual poll was held with nurses and doctors. A patient questionnaire was filled in on the day of hospital discharge.
RESULTS AND DISCUSSION

The distribution of the respondents by gender and age in the conducted survey is shown in Table 1, while the education levels are presented on Fig. 1.

*Table 1. Distribution of the respondents by gender and age*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Percentage %</th>
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<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>43</td>
</tr>
<tr>
<td>Women</td>
<td>57</td>
</tr>
<tr>
<td>Age</td>
<td></td>
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<tr>
<td>18-30 years</td>
<td>18</td>
</tr>
<tr>
<td>31-40 years</td>
<td>33</td>
</tr>
<tr>
<td>41-60 years</td>
<td>28</td>
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<td>over 60 years</td>
<td>3</td>
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</table>

The communication of the patient with medical professionals begins immediately after admission to the hospital. It is essential for the proper functioning of medical and diagnostic processes that the patient be acquainted with the internal order of the ward. It is therefore necessary, when patients are admitted to the hospital, to give them enough time to study the daily routine, the internal order of the department and to present the informed consent form. It is also necessary to acquaint the patients with the procedures, upcoming tests, and therapeutic schemes.

To the question: “Upon entry to the hospital, were you informed about the internal order of the ward?”, 89% of patients responded that they were aware and had signed the required forms. Patients were also asked whether they were informed about the treatment plan by the doctor (Fig. 2).

In 8% of cases, doctors did not spend time for providing information about the disease.

It is necessary that nurses and doctors devote enough time and attention to every patient during their daily visits. With all their activity they should show concern, respect, and empathy.

Ninety percent of the patients were satisfied with the time allotted to them during the rounds (Fig. 3).

The patients reported sufficient care provided by medical specialists in 72% of cases.

Being admitted for treatment for the first time, the patient has the difficult task to deal with a number of stress points related to assessments, manipulations, and isolation from family and friends. He must follow the schedule and diet administered by the doctor and must be aware of the foods he has to exclude from his diet, the ones to limit or the ones to prefer.

We asked respondents whether they had received instructions about diet upon admission to the department, during treatment and at discharge. Seventy-one percent of patients were instructed about the diet when entering for the first time in the ward. The diet, which must be respected by the patient during hospital stay, was discussed in 82% of cases.

It is important for the mental status of the patient that opportunities exist for conversation on topics that are not directly related to health. Thirty-seven percent of the patients were given time for informal talks.
Sixty-six percent of the patients said that medical professionals had questioned them in detail about everything that worried them.

Eighty-three percent of patients’ relatives were given information by doctors (Fig. 4).

Sixteen percent of nurses and 15% of doctors failed to provide time to respond to the calls of patients.

At the day of hospital discharge the doctor or nurse should provide information to the patient about the kind of diet he must comply with, and how to perform the assigned drug therapy and rehabilitation activities at home. Such advices and recommendations were received by 85% of the discharged patients.

CONCLUSION

In most, but not in all cases, patients were satisfied with the time spent by the medical team for daily information to them and to their relatives. They were also generally satisfied with the provided care. However, if medical professionals could devote more time to provide information and to discuss different issues with the patients, this would increase the quality of health services and improve the opinion of patients regarding healthcare.

REFERENCES