EDUCATIONAL ACTIONS TO IMPROVE COMMUNICATION AMONG HEALTH PROFESSIONALS: INTEGRATIVE REVIEW

AÇÕES EDUCATIVAS NA MELHORIA DA COMUNICAÇÃO ENTRE PROFISSIONAIS DE SAÚDE: REVISÃO INTEGRATIVA

ACCIONES EDUCATIVAS PARA MEJORAR LA COMUNICACIÓN ENTRE LOS PROFESIONALES DE LA SALUD: REVISIÓN INTEGRADORA

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ABSTRACT

Objective: To map educational actions to improve communication between health professionals. **Method**: Integrative review between June and August 2021. Included full-text articles, published between 2016 and 2021, in Portuguese, English and Spanish. Abstracts, editorials, dissertations, theses and articles that did not include the selected theme were excluded. The following databases were used: Virtual Health Library, Latin American and Caribbean Health Sciences Literature, PubMed, Scientific Electronic Library Online, through the descriptors "Communication systems in the hospital", "Education", "Health personnel". associated through boolean operators "AND" or "OR". The articles were organized and analyzed by content similarity. **Results**: Two articles were analyzed and two categories were identified: "Simulation and development of interdisciplinary communication skills" and "Development of an electronic program involving communication between health professionals". **Conclusion:** There was a scarcity of research related to the theme. It is suggested that further investigations be carried out with regard to communication between professionals.
Descriptor: Patient safety; Communication; Education; Health professionals

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RESUMO

Objetivo: Mapear as ações educativas para a melhoria na comunicação entre profissionais de saúde. **Método**: Revisão integrativa entre junho e agosto de 2021. Incluídos artigos com texto completo, publicados entre 2016 e 2021, em português, inglês e espanhol. Excluídos resumos, editoriais, dissertações, teses e artigos que não incluíram a temática selecionada. Utilizou-se as bases de dados: Biblioteca Virtual em Saúde, Literatura Latino-americana e do Caribe em Ciências da Saúde, PubMed, Scientific Electronic Library Online, através dos descritores "Sistemas de comunicação no hospital", "Educação", "Pessoal de saúde". associados através dos operadores booleanos "AND" ou "OR". Os artigos foram organizados e analisados por similaridade de conteúdo. **Resultados**: Foram analisados 2 artigos e identificou-se duas categorias: "Simulação e desenvolvimento de habilidade de comunicação interdisciplinar" e "Desenvolvimento de programa eletrônico envolvendo a comunicação entre profissionais de saúde". **Conclusão:** Observou-se escassez de pesquisas relacionadas à temática. Sugere-se que novas investigações sejam realizadas no que diz respeito à comunicação entre profissionais.
Descritores: Segurança do paciente; Comunicação; Educação; Profissionais de saúde

RESUMEN

Objetivo: Mapear acciones educativas para mejorar la comunicación entre los profesionales de la salud. **Método:** Revisión integradora entre junio y agosto de 2021. Incluye artículos de texto completo, publicados entre 2016 y 2021, en portugués, inglés y español. Se excluyeron resúmenes, editoriales, disertaciones, tesis y artículos que no incluyeran el tema seleccionado. Se utilizaron las siguientes bases de datos: Biblioteca Virtual en Salud, Literatura Latinoamericana y del Caribe en Ciencias de la Salud, PubMed, Biblioteca Científica Electrónica en Línea, a través de los descriptores "Sistemas de comunicación en el hospital", "Educación", "Personal de salud". asociados a través de operadores booleanos "AND" o "OR". Los artículos fueron organizados y analizados por similitud de contenido. **Resultados**: Se analizaron dos artículos y se identificaron dos categorías: "Simulación y desarrollo de habilidades de comunicación interdisciplinarias" y "Desarrollo de un programa electrónico que involucra la comunicación entre profesionales de la salud". **Conclusión:** Hubo escasez de investigaciones relacionadas con el tema. Se sugiere que se lleven a cabo más investigaciones con respecto a la comunicación entre profesionales.
Descriptores: Seguridad del paciente; Comunicación; Educación; Profesionales de la salud

INTRODUCTION

Communication between health professionals occurs in the transfer of patient care to other sectors, to perform tests or procedures, in shift changes and in rounds. Nurses, technicians, doctors, nutritionists, among others, should be aware of the clinical case of patients, with a view to reducing failures in the continuity of health care.[1]

Failures in assistance related to noise in communication have consequences for clinical care, which may lead to duplication of procedures and/or inappropriate procedures, increased treatment time, errors in drug therapy and in the location selected for surgeries.[2,3,4] This is due to some factors,

such as the high flow of information that sometimes changes along the trajectory[5], illegible and/or incomplete records, interruptions and/or distractions among team members, excessive or reduced amount of information or even the omission and transmission of incorrect data.[6]

Thus, it is essential that there is clear communication between professionals from different categories.[7] In addition, a study points out that 6% of communication failures come from interruptions, 19% from parallel conversations, 4% due to lack of clarity and objectivity in the information.[6] Another research showed that during the handover, more than 90% of the information about the evaluation and care plan was missing, impairing the exchange of information between professionals.[2]

Thus, strategies are needed that seek to minimize the risks arising from the lack of communication between health professionals. Studies point out that, in order to reduce this problem and improve communication between professionals, it is important to implement an institutional safety culture policy, in which training programs are carried out based on simulations, team management related to communication, including group discussions to avoid noise that might modify the messages, in addition to allowing for better team interaction.[2,8]

In addition, the development of structured organizational programs and policies is recommended, in addition to systematized communication protocols in order to improve communication between professionals, who work directly in patient care.[5,9,10,11]

In this way, the need for effective intersectoral communication as one of the tools in the safe care process is urgent. patient.[13] Since working together is a driver of transformations, effective communication can be the central point for the effectiveness of these changes.[5,11]

In this direction, education can contribute, as studies show an improvement in the behavior of professionals soon after carrying out training and workshops, with a possibility of improving scientific technical skills that directly influence the care provided and the way to act in the face of adverse events.[14,15.16]

In view of the above, this study aimed tomap educational actions to improve communication between health professionals.

METHOD

Integrative literature review, in which there is a synthesis of studies and mapping of knowledge related to the theme.[17]

The integrative review is structured in seven steps. The first stage consists of identifying the theme and formulating the

guiding question. In the second, the criteria for inclusion and exclusion of articles are established. In the third, the databases that will be used are defined. In the fourth, the information to be extracted from the selected studies is defined. In the fifth, the evaluation and analysis of the selected texts takes place; in the sixth stage, the interpretation of the results is carried out and in the seventh, the review/synthesis of knowledge is presented.[4,17]

The study was carried out from June to September 2021, in pairs, using the PICo strategy, in which P: Health professionals (Population/patient), I: Educational actions (intervention), Co: Communication (Context) . Thus, the research question was: What educational actions to improve communication between health professionals, based on the scientific literature?

Articles with full text, published between 2016 and 2021, free of charge, in Portuguese, English and Spanish, were included. Abstracts, editorials, dissertations, theses, articles that did not include the selected theme and that were duplicated were excluded, keeping only what was published in a database.

The databases used were the Virtual Health Library (VHL), PubMed and *Scientific Electronic Library Online* (Scielo). The descriptors in health science (DeCS) and Medical Subject Heading (MeSH) were used: "Communication systems in the hospital" (Hospital Communication Systems/ Sistemas de comunicación en hospital), "Education, continuing education" (Education, Education continuing/ educación, educación continua), "Health personnel, Health professionals" (health personnel/Personal de Salud) associated through the Boolean operators "AND" or "OR", according to table 1.

**Chart 1 -** Summary of search strategy according to descriptors. Rio de Janeiro - RJ,2021

Peak strategy	P (patient)	I (intervention)	Co (context)
Terms	Health professionals	Educational actions	Communication
DEC	Health Personnel OR Health Professionals	Education OR Continuing Education	Communication Systems in the Hospital
MESH	*Health Personnel*	*Education OR Education, Continuing*	*Hospital Communication Systems*
	health staff	*Education OR Continuing Education*	*Communication Systems in Hospital*

Articles were organized according to title, authors, year of publication, journal, country, language, type of study and findings for the improvement in communication, based on educational activities. Subsequently, they were categorized through content analysis.[18]

RESULTS

3,230 articles were identified in the databases. After using the inclusion and exclusion criteria and after skimming the titles and abstracts, 12 articles were examined. Subsequently, the full reading was carried out and 10 articles were excluded, for not answering the research question, being selected at the end 2 articles, according to the prism flowchart (figure 1).

Figure 1 – Flowchart of the selection process in the search for articles. Rio de Janeiro, RJ, 2021
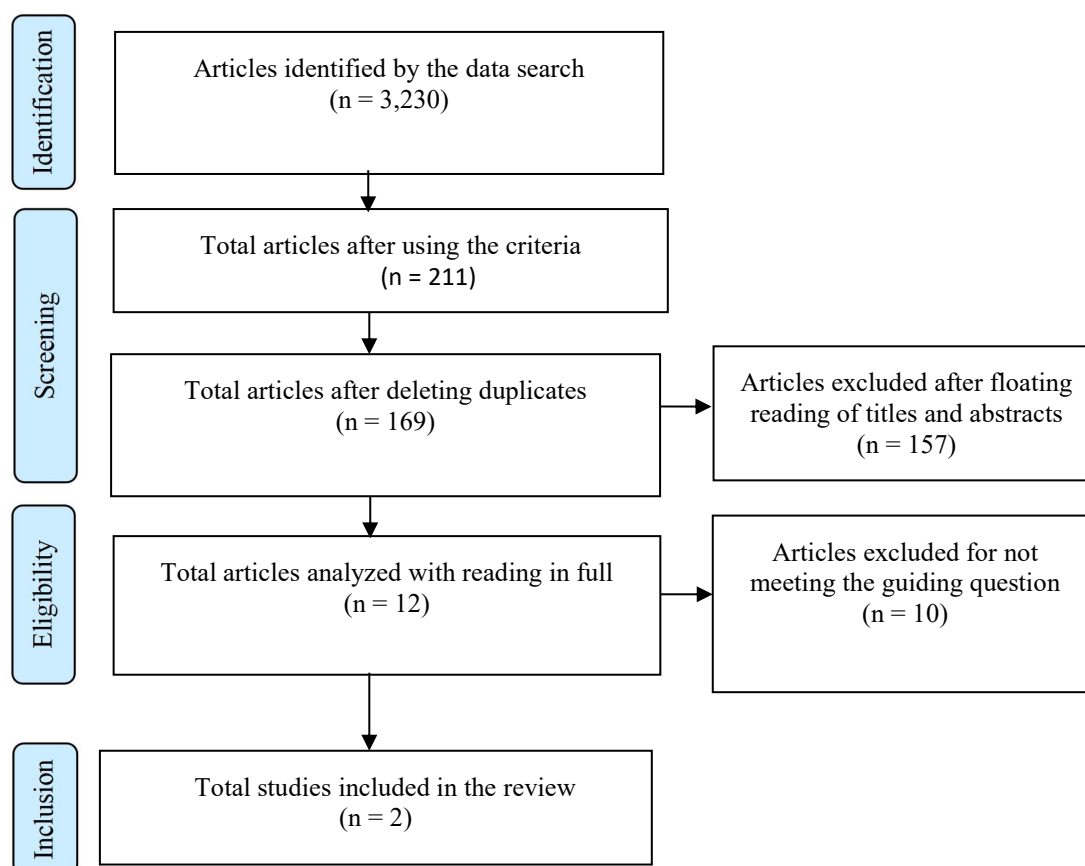
One study was published in 2018 and the other in 2017. Regarding the country, one was carried out in China and the other in the Netherlands.With regard to the language, both were published in English. And with regard to the type of study, both presented a qualitative approach.

The distribution of articles according to title, authors, year of publication, journal, country, language, type of study and educational activities that promote improved communication are shown in Table 2.

Table 2 -Distribution of articles according to title, authors, year of publication, journal, country, language, type of study and educational activities that promote the improvement of communication. Rio de Janeiro, RJ, 2021. n=2

Title Authors publication year	Journal	Country Language	Kind of study	Educational activities that promote improved communication
Interprofessional communication in the emergency department: residents' perceptions and implications for medical education BEKKINK, M.O; FARREL, S.E; TAKAYESU, J.K. (2018)	*International Journal of Medical Education: IJME*	Netherlands English	Qualitative	• Simulations with *debriefing* • Case discussions and literature on basic communication and leadership skills. • Interdisciplinary simulation.
The challenges of emerging HISs in bridging the communication gaps among physicians and nurses in China: an interview study WEN, D; ZHANG, X; WAN, J; FU, J; LEI, J. (2017)	*BMC Medical Informatics and Decision Making*	China English	Qualitative	• Communication skills training measures • Development of a dynamic electronic program with information present in the hospital to facilitate communication between doctors and nurses, containing automatic reminders that segregate asynchronous and synchronous communication.

From the selected studies, two empirical categories emerged, related to educational activities to improve communication: Simulation and development of interdisciplinary communication skills and Development of an electronic program involving communication between health professionals.

DISCUSSION

Simulation and development of Hinterdisciplinary communication skills

The category "Simulation and development of interdisciplinary communication skills" appeared in the two analyzed articles. One of the studies soughtassess residents' perceptions of interprofessional communication barriers and facilitators based on experiences and observations in their clinical work environments; thus, how to investigate how residents were trained to work in collaborative practice; and collect resident recommendations for communication training to meet current needs.[19]

The authors concluded that simulations with *debriefing,*interdisciplinary simulation, case discussions and literature on basic communication contributed to the improvement of communication between professionals.[19]

These data corroborate another study that refers to interprofessional clinical simulation as one of the measures for training communication skills, in which, through realistic activities, the individual trains his communication skills with other professionals.[20]

It can be said that the simulation corresponds to a form of teaching and learning where the student acts in the whole process in an active way. The activities, in general, are divided into three phases (preparation, participation and debriefing) and the proposals are given through simulated practices, in order to stimulate active participation and reflection on the action of each participant through the created situation.[20, 21]

In addition, the positive point of interdisciplinary simulations is the recovery of important content in clinical practice.[20] In this sense, simulation with *debriefing* intends to be a meticulous process with guided reflections, being carried out after or during the simulation scene, which provides the development of knowledge, skills and attitudes of the participants.[22,21]

Regarding the discussion of cases, the article found in the review showed an exchange of information about the cases and the complications arising from communication failures with mortality, focusing the discussion on how the communication deficiency affects the patient, in addition, opening for suggestions for improvements.[19]

Another study pointed out that the discussion of cases, present in the rounds, is interdisciplinary and focuses on the patient and their care aspects, in addition to being divided into a few stages. Initially, there is the introduction of the team members; subsequently, there is a review of the clinical case and test results (by the medical team); and then there is the case report and the verification of the exams report, the expected date of surgery (if there is a need to perform surgery) and the patient's discharge. After these analyses, there are

updates of clinical conditions, risk assessment (fall and pressure injury).

Subsequently, the nurse analyzes the use and permanence of invasive devices such as the urinary catheter and the clinical pharmacist discusses drug therapy and whether there is a need for adaptation. In the end, the multidisciplinary team discusses the treatment plan and finalizes the case discussion. In addition, the study states that the interdisciplinary rounds correspond to a moment of exchange of information about the patients' cases by the entire team, with their main focus being the improvement of patient-centered care.[23]

Another research showed that the interdisciplinary rounds have as a mechanism to integrate professionals in spaces for discussing cases with the particularities of patients, setting goals to be met by the entire multidisciplinary team.[24]

In this way, it is understood that the interdisciplinary rounds focus on improving care, using the exchange of information about cases and complications arising from failures in care, whether in communication or not.[19,7]

Another article identified in the review aimed and explore the current situation, the existing problems and the possible causes of these problems with regard to communication between doctor and nurse in an environment of increasingly widespread use of hospital information systems; and to seek new potential strategies in information technology to improve doctor-nurse communication.[25]

Still, it pointed out that communication skills training measures promote the improvement of communication between health professionals, going against the findings described in another study.[19]

Thus, it is observed that in both studies found, educational activities are effective for improving interdisciplinary communication, as they allow participants to act on key points in care, in addition to improving the exchange of information, as each professional understands their role and understand that clear language with everyone else is needed to improve patient care.

As for leadership skills and the use of literature on communication, the article found in the review states that they correspond to the proposal of analyzing literature reviews on basic communication and leadership, in order to add to group discussions the application of theory in professional practice and , thus identifying the possible causes of difficulties in interprofessional communication.[19]

Other studies report that the professional hierarchy influences this communication, so that there are no effective exchanges about mistakes and successes in care. Thus, it is understood that reading about leadership and basic

communication is important so that there is a better understanding of the role of each professional, recognizing their skills in care and thus improving interprofessional communication, bringing the theory of readings to be applied in practice, in order to reduce the barriers in the professional hierarchy still present.[26,11]

Development of an electronic program involving communication between health professionals

The "D" category development of an electronic program involving communication between health professionals" emerged in a study and concerns the creation of a dynamic electronic program, with the information present in the hospital to facilitate communication between doctors and nurses, containing automatic reminders that segregate asynchronous communication and synchronous.[25]

The electronic program mentioned refers to the creation focused on relevant data for communication between professionals, where there are automatic notifications of information such as real-time feedback on the patient's conditions, the possibility of consulting the effects of medications and confirmation of changes in the prescription.[25]

These data corroborate with another study that states that this type of communication corresponds to a facilitator for health professionals, due to the speed, since there is the transmission of information between them. However, research also points to negative factors that include risks to patient confidentiality and data security.[27]

Regarding electronic communication, authors state that resources such as smartphone, pager and tablet, in addition to applications such as whatsApp, medigram and short message service have the advantage of agility, ease of use and aid in decision making and communication of professionals, and can be used in health institutions, as long as the patient's identity is preserved.[27]

CONCLUSION

When analyzing the scientific production on improving communication between professionals through educational actions, it was shown that simulations with *debriefing*, case discussions, interdisciplinary simulation, use of literature on basic communication and leadership skills,development of a dynamic program for cell phones with the information present in the hospital to facilitate communication between doctors and nurses, containing automatic reminders that segregate asynchronous and synchronous

communication, prove to be effective as communication tools and strategies.

However, among the limitations of this study, the number of databases consulted for the search stands out, in addition to the scarcity of articles correlating educational actions and the improvement of interprofessional communication. The articles found addressed the theme of communication, focusing on the professional-patient relationship. In addition, no national studies were found.

According to the results presented in this review, clear and efficient communication between health professionals is of paramount importance in order to avoid adverse events. Thus, it is imperative that this theme be further developed in order to reduce the incidence of failures in communication through educational activities.

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