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# STRATEGIES TO IMPROVE INTERPROFESSIONAL COMMUNICATION IN PRIMARY HEALTH CARE: INTEGRATIVE REVIEW

# ESTRATÉGIAS PARA MELHORA DA COMUNICAÇÃO INTERPROFISSIONAL NA ATENÇÃO PRIMÁRIA À SAÚDE: REVISÃO INTEGRATIVA

# ESTRATEGIAS PARA MEJORAR LA COMUNICACIÓN INTERPROFESIONAL EN ATENCIÓN PRIMARIA: REVISIÓN INTEGRADORA

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## ABSTRACT

**Objective:** This study aims to identify in the scientific literature strategies to improve interprofessional communication in Primary Health Care. **Method:** This is an integrative literature review conducted in PubMed/MEDLINE, Scopus, Lilacs, SciELO and BDENF, in the period between June and July 2021. Of 520 articles found in the databases, 16 met the inclusion criteria. **Results:** There were four categories that outlined the analysis: importance of collaborative teamwork; relevance of interprofessional communication; communication barriers; and strategies to improve communication. **Conclusion:** The strategies found in the literature highlighted points necessary to improve the quality of interprofessional communication and plan the best actions to advance various safe practices of/in care in Primary Health Care.

**Descriptors:** Communication; Communication Barriers; Primary Health Care; Family Health Strategy; Patient Safety.

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**RESUMO**

**Objetivo:** Este estudo objetiva identificar na literatura científica estratégias para melhorar a comunicação interprofissional na Atenção Primária à Saúde. **Método:** Trata-se de revisão integrativa de literatura realizada na PubMed/MEDLINE, Scopus, Lilacs, SciELO e BDENF, no período de junho e julho de 2021. De 520 artigos encontrados nas bases de dados, 16 atenderam aos critérios de inclusão. **Resultados:** Verificaram-se quatro categorias que delinearam a análise: importância do trabalho colaborativo em equipe; relevância da comunicação interprofissional; barreiras de comunicação e as estratégias para melhorar a comunicação. **Conclusão:** As estratégias encontradas na literatura evidenciaram pontos necessários para aperfeiçoar a qualidade da comunicação interprofissional e planejar as melhores ações para o avanço de diversas práticas seguras do/no cuidado na Atenção Primária à Saúde.

**Descritores:** Comunicação; Barreiras de Comunicação; Atenção Primária à Saúde; Estratégia Saúde da Família; Segurança do Paciente.

**RESUMEN**

**Objetivo:** Este estudio pretende identificar en la literatura científica estrategias para mejorar la comunicación interprofesional en la Atención Primaria de Salud. **Método:** Se trata de una revisión integradora de la literatura realizada en PubMed/MEDLINE, Scopus, Lilacs, SciELO y BDENF, en el período de junio y julio de 2021. De los 520 artículos encontrados en las bases de datos, 16 cumplían los criterios de inclusión. **Resultados:** El análisis se ha centrado en cuatro categorías: la importancia del trabajo en equipo; la relevancia de la comunicación interprofesional; las barreras de comunicación y las estrategias para mejorar la comunicación. **Conclusión:** Las estrategias encontradas en la literatura destacaron puntos necesarios para mejorar la calidad de la comunicación interprofesional y planificar las mejores acciones para el avance de diversas prácticas seguras de/en atención en la Atención Primaria de Salud.

**Descriptores:** Comunicación; Barreras de Comunicación; Atención Primaria de Salud; Estrategia de Salud Familiar; Seguridad del Paciente.

## INTRODUCTION

In Brazil, Primary Health Care (PHC) plays a fundamental role in coordinating patient care and providing longitudinal, integrated and continuous monitoring of patients. Thus, health systems that are structured according to PHC present better results due to organization, accessibility, comprehensiveness and optimization of resources.[1]

Guided by the PHC, the model that directs its structure is based on the Family Health Units (USF). Currently, it is the largest assistance program and is seen as a strategic reorganizational base according to the precepts of the Unified Health System (SUS) based on interprofessional collaborations. Therefore, communication in relationships must be a singularized process to support the coordination of care.[2]

In this sense, interprofessional collaboration is seen as a teamwork strategy in which different professions develop the expansion of the clinic, including perception, understanding, effectiveness, communication process and decision-making to provide better health care to the population.[3]

In fact, communication is an essential component in the domains of interprofessional practice, as it forms an open and effective communication channel between health professionals, providing them with the opportunity to share their achievements and challenges created in the day-to-day work, which contributes to better health outcomes and greater safety and satisfaction of patients and staff.[4]

Although studies address the issue of patient safety at other levels of health care, the World Health Organization (WHO) prioritized the issue in primary care and recognized the importance of safe care.[5] A systematic review, developed in Texas in the United States, reveals that the most common categories of safety incidents in PHC are associated with administrative, communication, diagnostic, prescription and medication management incidents.[6]

In Brazil, a study revealed that communication is a more common factor for the occurrence of incidents in PHC.[7] Thus, it is highlighted that the National Patient Safety Program (PNSP) aims to implement goals focused on patient safety. Among these, effective communication stands out, which aims to improve the quality of communication between health professionals, thus ensuring structured, clear and complete communication. Therefore, communication in the health field is a basic requirement of the health care service.[8]

Considering the importance of the role of PHC in the national and international health sphere, given the difficulties in communication between professionals in the health sectors, it becomes relevant to know and implement interprofessional communication strategies for the quality and safety of care. Therefore, the objective of this study was to identify in the scientific literature strategies to improve interprofessional communication in Primary Health Care.

## METHOD

This is an integrative literature review, based on the following steps: identification of the study theme and elaboration of the guiding question; search for articles in the databases; critical-reflective analysis of the studies found in the review; interpretation and presentation of the results and final synthesis of the review.[9]

This study was carried out in June and July 2021. The guiding question was developed based on the Population, Interest, Context (PICo) strategy[10]: “What are the strategies to improve existing barriers in communication between health professionals in Primary Health Care?”, for which P = health professionals; I = barriers

in communication, Co = Primary Health Care.

To conduct the search strategy, descriptors and keywords that reflected the research question were used, with the Boolean operators AND and OR to obtain additive and restrictive combinations, respectively. The search was carried out in the following databases: Scopus; National Library of Medicine and National Institutes of Health (PubMed/MEDLINE); Lilacs, *Scientific Electronic Library Online (*SciELO) and BDENF. To corroborate the exhaustion of the search possibility, access was made through the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES) in Internet Protocol (IP) coverage belonging to the Federal University of Ceará.

In order to expand the results found, keywords and Health Sciences Descriptors - DeCS were used by crossing:(“Healthcare personnel” OR “Healthcare professional”) AND (“Communication barriers” OR “communication barriers”) AND (“Primary health care” OR “Basic health care”) AND (Communication OR “Personal communication”) and through the Medical Subject Headings – MeSH in which the crossing was: (“Health Personnel” OR “Healthcare professional”) and (“Communication Barriers” OR “Barriers to communication”) AND (“Primary Health Care”) AND (“Communication” OR “personal communication”). Table 1 presents the search strategies used in each database.

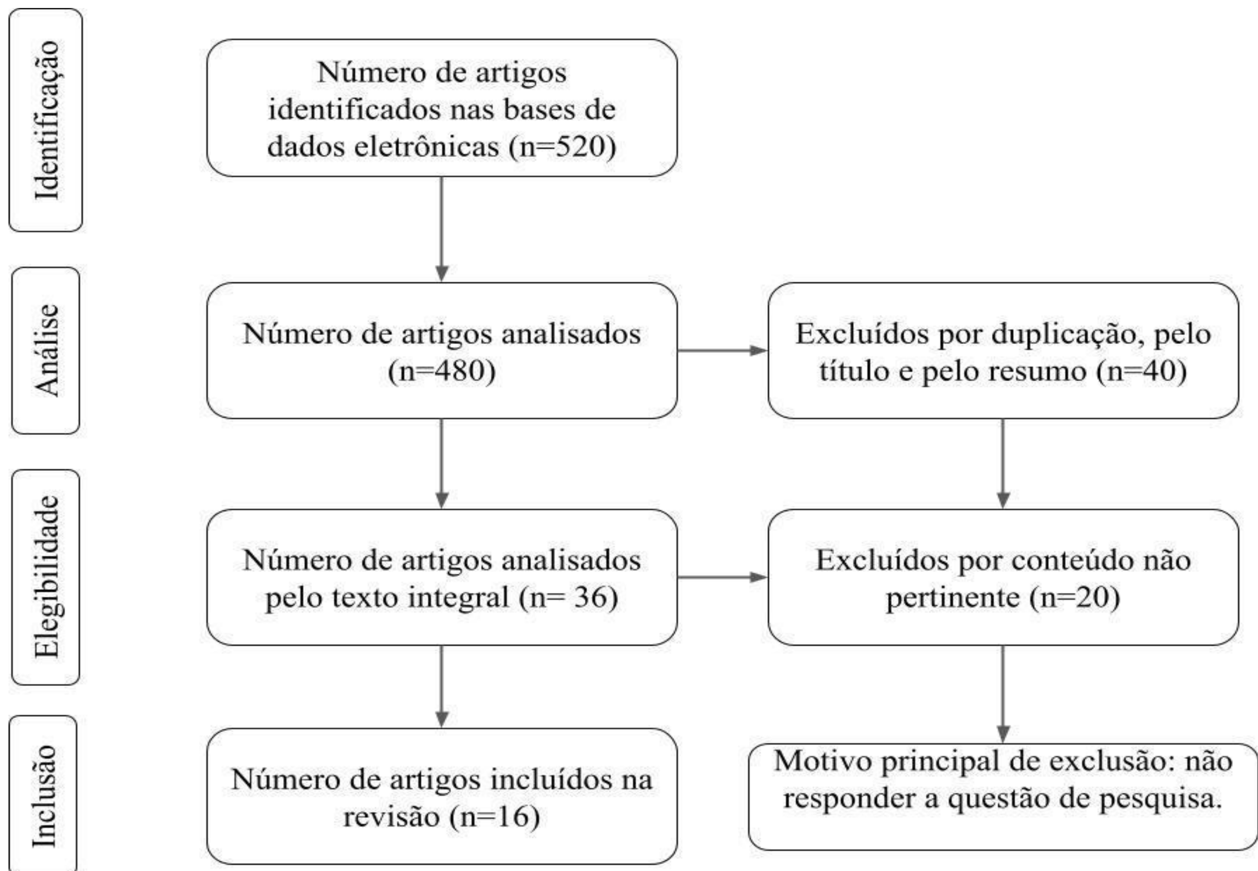
**Table 1.**Search strategy applied to the review.

| Base | Descriptors |
|---|---|
| **Pubmed/Medline** | (“Health Personnel” OR “Healthcare Professional) AND (“Communication Barries” OR “Barries to Communication”) AND (“Primary Health Care) AND (“communication” OR “personal communication”) |
| **Lilacs** | (“Heath Personnel” OR “Healthcare Professional”) AND (“Communicationa Barriers” OR “Barries to Communication”) AND (Primary Health Care”) AND (“Communication” OR “Personal Communication”) |
| **Scielo** | (“Heath Personnel” OR “Healthcare Professional”)AND (“Communicationa Barriers” OR “Barries to Communication”) AND (Primary Health Care”) AND (“Communication” OR “personal Communication”) |
| **Scopus** | (“Health Personnel”) AND (“Communication Barriers” AND (“Primary Health Care) AND (“Communication”)(“Collaborative Practices”) |
| **Bdenf** | (“Heath Personnel” OR “Healthcare Professional”)AND (“Communicationa Barriers” OR “Barries to Communication”) AND (Primary Health Care”) AND (“Communication” OR “Personal Communication”) |

During this stage of the review, the Rayyan application developed by the Qatar Computing Research Institute (QCRI) was used as an auxiliary tool for archiving, organizing and selecting articles.[11]The inclusion criteria were: primary study articles published in the period 2013, where, in Brazil, the creation of the National Patient Safety Program took place, as well as its protocols, in which the most relevant goal of the Program is effective communication, until the current year of 2021, in English, Portuguese and Spanish that answered the research question. Dissertations, theses, literature reviews, articles that were not related to the research question and duplicate articles were excluded. The selection and eligibility process of the studies was conducted according to the recommendations of the Preferred Reporting Items for Systematic Reviews and MetaAnalyses (PRISMA).[12]

From the search, 520 publications were found, of which 444 were excluded because they did not meet the inclusion criteria. After reading the title and abstract, 40 were excluded because they were repeated, leaving 36 to be read in full. After reading in full, 16 were selected for the final sample.

**Figure 1**. Flowchart of the search and selection of articles according to PRISMA recommendations.[12]




The process began with the reading of the titles and abstracts of the articles to select the publications that met the inclusion criteria. Subsequently, a complete analysis of the selected studies was carried out using a semi-structured instrument, which enabled the identification of information about the studies, such as title, authors, year, country, methodological characteristics and main results.

To establish the level of evidence, the following were considered: level I - meta-analyses and controlled and randomized studies; level II - experimental studies; level III - quasi-experimental studies; level IV - descriptive, non-experimental or qualitative studies; level V - experience reports and level VI - consensus and expert opinion.[13]

Finally, the results of the selected studies were summarized and divided and organized into categories, observing the similarities and differences in the findings of this research. The categories were organized based on confluent concepts related to or that answered the research question. The categories found were: importance of collaborative teamwork; relevance of interprofessional

communication; communication barriers; and strategies to improve communication.

The study respected the ethical and legal principles of Resolution 510/2016 of the National Health Council, which involve research with public domain information.

## RESULTS

Table 2 summarizes the characteristics of the selected articles in terms of title, year, publication journal, language and type of study, in addition to the classification of the level of evidence.

**Table 2.** Organization of findings from selected articles

| ID | Year/Language/Country | Periodical | Type of study | NE |
|---|---|---|---|---|
| ID1[14] | 2020/English/United Kingdom | Human Resource Management Journal | Quantitative descriptive study | IV |
| ID2[15] | 2013/English/USA &UK | Journal of Interprofessional Care | Qualitative descriptive study | IV |
| ID3[16] | 2013/English/USA & UK | BMC Family Practice | Qualitative descriptive study | IV |
| ID4[17] | 2014/Spanish/Argentina | Journal of the Bahía Blanca Medical Association | Qualitative descriptive study | IV |
| ID5[18] | 2019/English/USA | Journal of Interprofessional Education and Practice | Qualitative/quantitative descriptive study | IV |
| ID6[19] | 2017/English/USA & UK | Journal of Interprofessional Care | Qualitative descriptive study | IV |
| ID7[20] | 2017English/ USA & UK | Journal of Interprofessional Care | Quantitative descriptive study | IV |
| ID8[21] | 2021/Portuguese/Brazil | Physis: Journal of Public Health | Qualitative descriptive study | IV |
| ID9[22] | 2015/English/USA | Occupational Therapy in Health Care | Quantitative descriptive study | IV |
| ID10[23] | 2016/English/England | Journal of Interprofessional Care | Experimental study | II |
| ID11[24] | 2017/English/USA | Journal of Nursing Education | Experimental study | II |
| ID12[25] | 2015/English/Canada | Journal of Interprofessional Care | Instrumental Case Study | V |
| ID13[26] | 2014/English/Greece | Journal of Interprofessional Care | Quantitative descriptive study | IV |
| ID14[27] | 2020/English/Brazil | Rev. Latino-Am. Nursing | Qualitative descriptive study | IV |
| ID15[28] | 2020/English/South Africa | BMC Medical Education | Qualitative descriptive study | IV |
| ID16[29] | 2018/English/Germany | Western Journal of Emergency Medicine | Experimental study | II |

The 16 selected articles (Table 2) were published in 10 different journals, with emphasis on the Journal of Interprofessional Care, with six (26.6%) articles published, two in 2018. Regarding the origin of the studies, seven (43.75%) were carried out in the USA, six in England (37.5%), two in Brazil (12.5%) in Canada, one in Greece (6.25%), one in South Africa (6.25%) and one in Germany (6.25%).

Considering the type of study, 12 descriptive studies (75%) were included, seven (58.33%) of which had a qualitative approach, five (41.7%) had a quantitative approach and one (8.33%) had a qualitative-quantitative approach, classified as level of evidence IV; three experimental studies (18.75%), classified as level of evidence II and one (6.25%) case study, classified as level of evidence V. The findings were then organized into four categories, as shown in Figure 2.

**Figure 2.**Categories identified in the review.

| CATEGORIES IDENTIFIED IN THE REVIEW |
|---|
| **Importance of collaborative teamwork**<br>• Greater exchange, discussion, integration of points of view of different members, greater team integration (ID3, ID1, ID6, ID9).<br>• Increased interpersonal communication (ID5, ID1, ID6).<br>• Improves quality of care/patient safety (ID2, ID6, ID12).<br>• Better use of available resources (ID12). |
| **Relevance of interprofessional communication**<br>• Cross-cutting axis in health services (ID4, ID8).<br>• Key element in health work processes (ID11, ID7, ID5, ID8, ID10, ID14, ID13). |
| **Communication barriers**<br>• Conflicts within the team (ID4, ID6, ID11, ID13).<br>• Lack of knowledge of the role of each team member (ID16, ID5, ID6, ID13).<br>• Lack of training for collaborative and dialogic skills (ID6, ID10, ID13, ID15, ID16).<br>• Asynchronous communication between the team (ID6).<br>• Inefficient academic training (ID14). |
| **Strategies to improve communication**<br>• Regular skills training (workshops, seminars, formal lectures). (ID15, ID2, ID3, ID4, ID5, ID6, ID7, ID16, ID9).<br>• Continuing Education (PE) (ID8)<br>• Regular team meetings (ID6, ID4, ID3, ID5).<br>• Shared leadership (ID1).<br>• Use of an electronic medium and physical record (ID6). |

**Category 1. Importance of collaborative teamwork**

Teamwork in primary health care should include shared goals, a vision for

collaboration, a clear understanding of individual roles within the team, interprofessional training, and having space and time to communicate effectively.[19] Healthcare professionals learn in the interprofessional workplace through interactions with patients, colleagues and everyday situations that can further develop their knowledge so that it can be applied in future practices.[15]

It is worth noting that care models that use interprofessional teams demonstrate greater patient satisfaction and safety, greater continuity of care and more efficient use of resources, and superior clinical results when compared to the uni-professional model,[19.25] collaborative practices are essential for high-quality patient care.[22]

**Category 2. Relevance of interprofessional communication**

Lack of clarity of objectives, poor communication, inability to recruit professionals and hierarchical structures can lead to poor quality teamwork.[19] Effective communication is capable of changing the reality of the service and ensuring the integrity of care actions by contributing to clear and effective communication in different areas of action, leading to harmony within the team and facilitating conflict resolution.[21.27]

**Category 3. Communication barriers**

Among the barriers faced by professionals, which hinder interprofessional communication, found through this study, are the lack of guidance and precise information within teams for the population and users, which allow working with the same criteria on a specific subject in all health units.[17]

Other barriers cited for the good functioning of the team were the existence of teams composed of members with difficult personalities, not knowing the role of each member, as well as the low level of collaboration between doctors and other health professionals.[19]

Difficulties were also encountered, such as a lack of skills training in medical residency for team collaboration, resulting in poor team functioning and gaps in medical skills.[19], fragmented multidisciplinary action; the fragility of dialogues between the tripod; users/professionals/management; the timid use of light technologies and the lack of systematization of intersectoral services.[21]

Asynchronous communication via messages or electronically can be an obstacle, as it results in a time lapse that can generate ambiguous information.[19] Another barrier that stands out is the health training model in Brazil, which predominantly takes place in a uniprofessional and disciplinary manner.[27]

**Category 4. Strategies to improve communication**

It should be noted that workshops, seminars, clinical audits, formal lectures, written publications, online programs, grams, audio, video or other electronic media may be held.[17-21] Another strategy highlighted was the development of shared leadership among members of different professions.[14] It is also important to understand the roles and responsibilities of each member, allowing for the development of skills, respect and trust within the team.[19]

Carrying out training enables the development of skills that require continuous research, education and team improvement.[17,20-21] One of the strategies used to make better use of this discussion space is the existence of the Conflict Resolution Team, envisioning the possibility of creating appropriate physical spaces for conducting work team meetings.[17]

Communication skills training strategies such as TeamSTEPPS™ and DESC Script contribute to improved communication within healthcare teams.[18,20] Among the strategies reported, one of them was the use of electronic means and physical records can facilitate communication between team members.[19]

**DISCUSSION**

The categories indicated that interprofessional communication, with teamwork, is necessary to develop safe and quality health care. Interprofessional collaboration occurs when healthcare professionals participate in work dynamics with interdisciplinary teams, made up of members from different professions, who collaboratively develop goals and treatment plans, aiming to obtain improvements in patient care.[22]

Therefore, collaborative teamwork is a crucial strategy in health care reform. A successful health team has attributes that include strong interpersonal communication, a variety of skill levels among the team, an environment that understands the role, value, and contributions of each member to care, and encourages collaboration.[18]

In order for the team to function effectively, the hierarchy of professions must cease to exist. Thus, professionals exercise power in a way that contributes to teamwork, becoming aware of the impact that this power has on care.[19] It is important to note that relational skills can be learned by any profession, but it is essential that they have an open attitude towards change, based on an accurate diagnosis of the organization's communication situation, planning actions to overcome the situation and taking responsibility for self-learning.[17]

Therefore, effective team communication is necessary, as professionals can transmit and receive messages, opinions, feelings and beliefs in a timely and respectful manner, allowing not only interaction, but also the understanding of different discursive logics. It is important to note that communication strategies must be adopted early to avoid not only conflict situations, but also the exhaustion of SUS professionals and incidents for the population.[17]

A growing body of evidence reveals that poor communication among healthcare professionals can harm patients.[26] Lack of communication is attributed as the main cause of errors, resulting in 1.7 billion in costs and 2,000 patient deaths in the USA.[18]

It is pointed out that communication permeates all areas of work in healthcare, from patients, workers and managers, and constitutes a fundamental factor in improving the safety and quality of patient care.[17.25] Effective interprofessional communication has the role of establishing positive relationships and reducing incidents, thus improving professional satisfaction.[19]

It is important to note that when teams do not coordinate efforts due to conflict between members, and if the roles of each member are not clearly defined, there may be misinterpretation of information, compromising patient safety.[18]

Conflicts within the team constitute barriers that can have negative consequences such as greater absenteeism, dissatisfaction and reactivity at work, stress and lower productivity when compared to teams with a lower rate of relationship conflicts, in addition to negatively interfering with decision-making, drastically affecting patient care.[24,26] Communication problems are related to the lack of a shared, structured and leadership approach to communication by the healthcare team.[26]

However, one possible means of improving communication is to explore interprofessional collaborative education through continuing health education initiatives or in-service training, which makes it possible to maintain or update skills, as well as learn new areas of knowledge. Conducting training can lead to a new understanding of the skill sets, values, and roles of other professionals in PHC health teams, thus improving the care provided to the population.[30]

Furthermore, regular meetings with the interprofessional team are essential for improving work and reflecting on the different perspectives on the work process, exchanging information on patient care activities and building relationships between members of the PHC health team[19], as it is understood that interprofessional collaborative education

presents broader benefits than the transmission of knowledge, having the potential to contribute to an active work environment through improved communication.[30]

One intervention strategy identified was project implementation using Team STEPPS™, adaptable instructional guide for developing cohesive teams within health systems, as well as small clinical primary care teams focused on discrete skills such as monitoring team performance, planning and organizing team function, and methods for increasing team communication.[18]

The training aims to contribute to the expansion of professional health skills by promoting a patient-centered, comprehensive, empowering, educational and coordinated care model to improve the quality, safety and function of the interprofessional team and had the following results: Teams report increased intentional and assertive communication, improved crisis resolution and collaboration, and increased use of team meetings, as well as anticipation of patient and team member needs.[18]

Another technique is the DESC Script, which is a communication program in clinical settings, carried out in 3 one-hour sessions. The acronyms refer to the step-by-step process for team training: D-Describe: describe the situation or event; E-Express: express your concerns about the situation; S-Suggest: suggest alternatives or what behavior is preferred; C-Consequences: state any possible consequences (positive or negative). This tool assists in training for assertive communication in conflict resolution, which is part of the team's strategies and tools to improve team performance and patient safety.[20]

Thus, it is emphasized that behavioral aspects such as respectful communication, non-hierarchical relationships and team synergy can be stimulated through regular reflections, training and other collective construction activities. Training should be adapted to improve interprofessional attitudes, skills and collaborative behavior.[16] Therefore, understanding the roles and responsibilities of each member allows the development of skills, respect and trust within the team.[19]

From this perspective, the creation of an information campaign within the organization, to prevent resistance, reduce uncertainty and insecurity among professionals, and thus establish the basis for actively involving them in the process.[17] Thus, the reorganization of the work process and PE is necessary, with the objective of (trans)forming daily assistance practices in PHC, intending to resolve the real needs of the patient, professionals and management.[21]

To this end, it is important that the entire team is dedicated to maintaining a

clear and transparent dialogue. It is said that organizational environments are formed by transversal communication capillaries that, at some point, have the potential to question themselves, in search of transformation in dialogical communication, in order to improve health care.[21]

In this context, for the interprofessional team to perform its role in PHC effectively, it is necessary for health professionals to dedicate considerable time to seek to understand the objective and their role in the care provided to the patient, so that they can guarantee safe and quality care.[31] However, it is believed that understanding interprofessional communication from the perspective of professionals who are part of the PHC team can lead to the implementation of strategies to improve, in addition to elucidating the importance of interprofessional communication in this context, expanding care to new practices for Health Care.

It is noteworthy that the studies did not address leadership as a barrier to the understanding and development of interprofessional communication. This limitation regarding shared leadership directly impacts decision-making and team integration, as leadership in this communication process would be able to facilitate the development of skills, knowledge and attitudes for interprofessional communication in PHC.

## CONCLUSION

This study allowed us to understand how interprofessional communication is essential for patient safety in PHC. Strategies such as improving interprofessional communication, training communication skills, shared leadership and the importance of collaborative teamwork are necessary points to improve the quality of interprofessional care in PHC, thus identifying the best actions to advance various safe practices of/in care in primary care.

However, the relevance of strengthening effective communication insafety culture with the interprofessional team, with a view to reducing incidents in PHC. Therefore, it is expected that new studies on this topic will be developed in order to clarify for managers and professionals that interprofessional communication in the teamwork system is essential for the satisfaction and safety of the population's health care.

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