

Adoption of Specific Communication Tools: The Implementation of a New Process for Effective Communication between Multidisciplinary Team

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Abstract

Communication errors could have a serious impact on a healthcare system. The Situation-Background-Assessment-Recommendation (SBAR) protocol has been introduced to improve communication, creating a common language between nurses and doctors in serious cases. The aim of this literature review is to adopt and establish a consistent protocol-tool in order to ensure the quality of the care provided, taking into consideration the communication difficulties within the interdisciplinary team and in particular between the nursing and the medical staff. The results point out that SBAR works as a means that eliminates temporarily the perceived hierarchies of the healthcare system, providing a communication structure used by all practitioners and positions involved in the healthcare field. According to our analysis, the Situation, Background, Assessment, Recommendations (SBAR) communication tool is used in high-risk organizations with a view to provide more effective and consequent communication while it is also being introduced into the healthcare field. The SBAR tool is considered as a way to create the appropriate conditions to exchange information accurately and promote dialogue while the WHO recommends its use in healthcare to reinforce patient safety.

Keywords: *Communication Tool; Interdisciplinary Team; Nursing; Protocol; SBAR*

Introduction

Cooperation in operating theatres and intensive care units (ICUs) needs direct, explicit and consequent communication as well as good collaboration. However, communication breakdowns are regularly observed during the preoperative, intra-operative and post-operative periods [1]. Difficulties concerning communication and collaboration are proven the most important predictors of damage related to health. The communication tool Situation, Background, Assessment, Recommendations (SBAR), which is used in high-risk organisations as a way to make communication more efficient and consequent, has also been introduced to the field of healthcare. SBAR is considered to create the conditions needed in order to exchange information accurately and promote dialogue and the World Health Organisation (WHO) suggests applying it in healthcare with a view to reinforce patient safety [2].

The state of health care is one of the top topics to be discussed today. Patients require quality healthcare, otherwise in Intensive Care Units (ICUs). An essential component to successfully provide this service, is the effective communication within the interdisciplinary team. It is therefore necessary to outline the key components in order to achieve critical thinking and reflective knowledge management. At the same time, the goal is to develop insight into the strategies used in ICUs to tackle interdisciplinary communication, thereby pro-

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viding high quality patient care. Communication is a two-way process, in which different information is shared and understood by two or more people. It is the bridge between goals, performance standards and employee success [3].

In particular, the health system requires nurses to communicate successfully and be effective in providing care, including keeping the patients informed, as well as in the relationships with physicians [3].

Purpose of the Study

The search of the bibliography concerning the use and adoption of a standard protocol-tool to ensure the quality of care, taking into consideration the difficulties that arise in the communication within the interdisciplinary team, and in particular between the nursing and the medical staff.

Communication and safety climate

SBAR is considered to enhance communication between professions, reinforce safety as well as to reduce the negative effects that can be observed in communication due to the professional hierarchy. The staff members' perceptions about the communication within the groups seemed to improve after the implementation of the SBAR communication tool. Similar results were observed in the communication between nurses and doctors [4].

Given the current constraints, such as workload, knowledge and nursing education, we become aware of a remarkably good - but not effective - development in recent years, concerning the communication gap in an interdisciplinary team. Undoubtedly, the credibility of the nursing science is being undermined. However, research approaches tend to change the existing situation by proposing specific tools [5-7].

In a study conducted by Manojlovich and DeCicco, communication within the groups proved to be an essential predictor of error in medication. According to the data of the aforementioned surveys, the staff members' perceptions about the communication within the groups have improved, while it appears that SBAR was able to bridge the differences in the communication style [4].

Creating a common language

Despite the widespread approval of SBAR as a means of structuring communication in various healthcare situations, there is little knowledge about the benefits it has, except for creating a common language. Since the consequences of new practices cannot be predictable, it is essential to clarify that the impact of SBAR extends in many more areas than simply reducing errors in communication among healthcare professionals. As SBAR is becoming widely known and the protocol is being promoted in more and more clinical cases, it is important to understand its expanding impact [8].

Nurses, doctors and other healthcare professionals often have to handle situations that require rapid but really accurate communication while being under extreme pressure, such as in surgical, obstetric and neonatal units. Problems arise when messages delivered by the sender are not clear or they are misinterpreted by the receiver. Differences in communication between healthcare workers can lead to communication breakdowns and consequently to negative outcomes for the patient. SBAR was introduced as a solution to these problems. The SBAR protocol structures communication around four components [6]. The first component of the communication is the situation, which includes communicating the sender's name and the present condition or the patient's problem. Next, the background is communicated. This provides information about the patient's admission diagnosis, pertinent medical history, treatment to date and change in condition since admission. Third is an assessment, which includes the patient's vital signs, whether the patient is on oxygen, the patient's pain level, as well as any changes in the assessment since the last communication. In the end, a recommendation is communicated, providing information about what the sender suggests to be done. It is also specified when the next communication will take

place. In addition, the SBAR indicates that the nurse completes the patient's chart, the list of medication, the laboratory test results, as well as the status code before engaging in communication [9].

Results and Discussion

During the past years, there has been a research on the necessity and efficiency of the interdisciplinary collaboration in order to meet the ever-increasing needs of patients. The common goal in the health sector is to provide safe and high quality health services, which requires harmonious, coordinated and effective communication between nurses and doctors. Undoubtedly, errors in the clinical practice are a phenomenon, which is observed in the healthcare facilities daily, and has a direct impact on the therapeutic results and the patient's safety. The negative sign of all this is the quality of the health services provided. However, communication works as a way to avoid costly mistakes, upgrade patient care and provides a united front among members of the healthcare team in ICUs [3].

It is accepted that documented practice is not a specific treatment or a set of treatments, but it is rather a kind of orientation or a system of values, based on evidence, in order to guide the entire treatment process [8]. In addition, it is necessary to introduce changes in the respective ICUs, so the credibility of the nursing science will not be undermined. What is more, new communication tools need to be introduced in order to eliminate the current situation [3].

Vardaman's work on "Health Care Management Review" has offered insight into the impact of SBAR on nurses and the nursing profession in general. They have identified four basic impacts of the SBA, except for enhancing communication: a) it helps schema development, b) it contributes to the accumulation of the social capital c) provides legitimacy for less socialized or newly hired nurses, and d) enhances the shift in the nursing and healthcare fields. As SBAR and other similar protocols penetrate the field, future research may reconsider the affect of SBAR on other health care professionals as well, including technicians, hospital staff, social workers and administrators [10].

Martin Muller's, *et al.* [11] research found out improved results, concerning patients. These findings emphasize the importance of applying the SBAR into clinical reality in order to improve communication by telephone between nurses and physicians in emergency situations, as well as patient handoff and communication within the team in general. This should draw attention and requires a great deal of research in the future, as adopting SBAR uncritically, may limit the progress in healthcare communication, as since a problem arises, less research will be conducted on it.

Similar to other studies about the SBAR methodology [11,12], nurses described its usefulness. In the questionnaire that followed, many nurses supported that using SBAR helped them to organize their thinking and feel more comfortable in communication. In addition, respondents reported that this tool helped them to organize information and prepared them about what to communicate to medical providers.

Performing a task in the same way every time helps the user to develop proficiency. In a partially-experimental study conducted, the application of an SBAR sample during a shift change resulted in a reduction of delivery time from 45 minutes before SBAR to 7 minutes after SBAR [13,14].

Conclusion

Implementation of the SBAR communication tool in clinical practice can improve communication between professionals, enhance the safety climate and reduce misunderstandings due to errors in communication.

Problems related to clarity, timing or content of the information transmitted as well as the nurse's ability to organize and communicate the information have been identified as causes of communication errors. Developing and implementing structured communication protocols and educating nursing staff on these methods can help to eliminate these challenges.

In addition, conducting educational seminars for each ward and the use of visual aids can be proved effective methods of raising awareness and understanding the SBAR communication tool by the staff. It is essential for the new members of the staff to be involved in order to enhance communication and therefore promote a good handover culture.

Standardizing the structure of communication helps both the speaker organize his thoughts and get prepared with critical information and the receiver to focus on the important points of the message, leaving aside the less important ones. One communication protocol that is increasingly used in the healthcare sector is the SBAR (Situation, Background, Assessment and Recommendation) approach.

In conclusion, the use of the SBAR communication tool serves to temporarily eliminate the existing hierarchies of the healthcare system by providing a communication structure used by all healthcare professions and positions.

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