

PATIENT SAFETY AND COMMUNICATION

Patient safety is defined as actions undertaken by individuals and organisations to protect healthcare recipients from being harmed by their healthcare (National Patient Safety Foundation 2008). It is important to note that patient safety is not limited to physical safety but also includes psychological, emotional and cultural safety. Patient safety is an attribute of trustworthy healthcare systems that work to minimise the incidence and impact of, and maximise recovery from, adverse events (Emanuel et al. 2008). Patient safety is considered to be one of the most important issues facing healthcare today. Health professionals need highly developed communication skills in order to manage the complexity and competing tensions that define contemporary healthcare organisations.

Communication is much more than the provision of information, instructions or advice. It is a two-way interaction where information, meanings and feelings are shared both verbally and non-verbally and when the message being conveyed is understood as intended (Dunne 2005). Many health professionals think that effective communication means giving patients clear, unambiguous information in a timely manner. This is true, but it is only part of the story. Communication involves listening as well as talking. When we listen to patients, we are less likely to jump to erroneous conclusions because we haven't seen the whole picture (this is referred to as *premature closure*).

Patients expect to be communicated with in ways that are inclusive, accurate, timely and appropriate. The Australian Charter of Healthcare Rights (Box 1.1) outlines patients' rights in regards to healthcare and emphasises that communication and working in partnership with patients underpin safe care. Indeed, communication is considered by many people to be one of the most important aspects of quality healthcare. In 2009 Australian patients and their families were surveyed in an attempt to clarify what their priorities were when undergoing healthcare (New South Wales Health 2009). The list in Box 1.2 demonstrates the importance of communication to the survey participants' healthcare experience and illustrates the particular elements of communication that they believed were key. It is noteworthy that the only other clinical concern mentioned was in relation to pain management.

Effective communication impacts on patient outcomes in many ways. Studies have demonstrated a relationship between effective communication and compliance with medication and rehabilitation programs, reduction in stress and anxiety (Harms 2007), improved pain management, self-management, mood, self-esteem, functional and psychological status (Goleman 2006), symptom resolution, reduced length of hospitalisation, improved coordination of care, reduced costs (Mickan & Rodger 2005), reduction in surgical mortality and post-operative complications (Vats et al. 2010), enhanced patient satisfaction and wellbeing (Mickan & Rodger 2005), improved

BOX 1.1 The Australian Charter of Healthcare Rights

Safety – a right to safe and high-quality care

Respect – a right to be shown respect, dignity and consideration

Communication – a right to be informed about services, treatment, options and costs in a clear and open way

Participation – a right to be included in decisions and choices about care

Privacy – a right to privacy and confidentiality of provided information

Comment – a right to comment on care and having concerns addressed

Source: The Australian Charter of Healthcare Rights, Health Quality and Complaints Commission, Australian Commission on Safety and Quality in Health Care, Jan 2012.

BOX 1.2 Patient survey: Top priorities for healthcare

- Healthcare professionals discussing anxieties and fears with the patient
- Patients having confidence and trust in healthcare professionals
- The ease of finding someone to talk to about concerns
- Doctors and nurses answering patients' questions understandably
- Patients receiving enough information about their condition/treatment
- Test results being explained understandably
- Patients having enough say about and being involved in care/treatment decisions
- Being given information about patient's rights and responsibilities
- Staff doing everything possible to control pain

Source: New South Wales Health Nursing and Midwifery Office, Essentials of Care Project. © New South Wales Ministry of Health for and on behalf of the Crown in right of the State of New South Wales.

patient safety, and error reduction (Abbott 1998). In contrast, poor communication can lead to hostility, anger, confusion, misunderstanding, lack of trust, poor compliance and greatly increased risk of error and patient harm.

Patient-safe communication is a goal-orientated activity focused on preventing adverse events and helping patients attain optimal health outcomes. It is a means by which health professionals gather and share information, clarify and verify accurate interpretations of information, and establish a process for working collaboratively with both patients and other health professionals to achieve common goals of safe and high-quality patient care (Schuster & Nykolyn 2010). Every aspect of patient care depends upon how well healthcare professionals communicate with each other and the patients they care for. Clinical decisions based on incomplete or misinterpreted information are likely to be inappropriate and may cause patient harm and distress. For health professionals, unsafe communication is considered to be a breach of professional standards and a leading cause of litigation (Trede, Ellis & Jones 2012). Examples of this may include:

- inadequate or inaccurate advice on self-management
- failure to communicate in ways that the patient and their family can understand
- failure to disclose the risk of interventions and potential complications
- failure to obtain valid consent to an intervention/procedure
- failure to maintain client confidentiality
- failure to give the patient an opportunity to ask questions
- failure to respond appropriately to those questions
- failure to respect the opinion of a patient (even though the patient's opinion may be medically inaccurate, their observations usually are accurate and can be very valuable)
- failure to realise that, from the patient's point of view, there is no such thing as a 'silly question'
- failure to realise that the way we talk with patients (courteous, respectful, clear and jargon-free) can be just as important as the content of what we actually say to them
- failure to communicate with other relevant health professionals to provide a reasonable standard of care

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