SCENTIA INTERNATIONAL ECONOMIC REVIEW Volume 1 - Issue 1 - 2021

The economic impact of communication in the care of patients

Adrian Zechser, St. Elisabeth University, Bratislava, Slovakia¹ Margarete Schweizerhof, St. Elisabeth University, Bratislava, Slovakia²

Abstract

This article deals with the communication between patients and nurses or physicians and their effects on the healing process. In particular, the economic aspect of reducing recovery costs through a targeted communication process between patient and caretaker is addressed. The focus of this article is therefore on the following two questions: "What does the phenomenon of communication in the patient – caretaker constellation consist of?" and "What influence do the economic determinants of communication have on human health?"

In order to answer these questions, the method of qualitative content analysis according to Kuckartz and Gläser is used. The article shows the extent to which targeted and positive communication between patient and caretaker arises and how this communication can reduce the economic costs of the recovery process.

Keywords: Communication, health, patient-caretaker constellation, economic impact of communication

JEL Codes: P46, I10

¹ Doctoral supervisor: MUDr. Erik Lajtman, PhD., MPH

² Doctoral supervisor: MUDr. Milan Luliak, PhD., MPH

1. Introduction

"Communication is the single most important factor that affects a person's health and relationships" - Satir

The significantly increased proportion of very elderly people and the almost permanent increase in population have ensured that an increasing number of patients with chronic diseases have emerged. The "nursing" department has also become a focal point, both on the social and on the individual level. The need and importance in relation to the care sector have constantly placed greater demands on the nursing profession and thus on the nursing staff. The challenges regarding mutual communication have also changed or increased. The working conditions of nurses have become more difficult today and in this country, also due to the physical and psychological stress; the often low experience in professional activity and the often unfavorable working hours, also related to the constant lack of time, can be characterized as difficult to cope with. Employees in nursing are often exposed to these burdens, this has a detrimental effect on the quality of care, and thus on the communication between nursing staff and patients in need (cf. Zegelin, 2013, p. 637). However, good conversation or communication is to be regarded as a focus in everyday care, because the fixed relationship between the caregiver and the person in need of care is to be understood as the most important aspect of nursing practice, so that the recovery process of the patients can be strengthened and improved. Patients would like to take every opportunity to talk to the caregiver, especially when it comes to their health or the assessment of their complaints or illness and proper treatment or care.

2. Methods

This study focuses on existing definitions and pre-existing theories on the importance of communication in patient care. These are interpreted in relation to the scientific question (Kuckartz, 2012). The analysis of these existing theories was carried out using a deductive category system (Mayring, 2015). These categories are related to the research questions (Gläser & Laudel, 2009). The approach supports understanding the comparisons of different aspects (Hussy et al., 2010).

For this purpose, the following databases/library catalogues were used for literature research:

- SpringerLink
- SCOPUS
- JSTOR
- ABS Academic Journal Quality Guide
- PRO-Quest
- EBSCO Host
- Google Scholar
- Google Search

The following search terms were used as part of a targeted literature search.:

- Patient care communication
- Health cost reduction communication
- Communication impact on patient care
- Patient care costs reduction
- Health care impact of communication

Literature research identified 35 potential sources, 20 of which were identified as relevant sources. All sources which met the generally valid scientific requirement of the level of detail and the quality of the preparation were considered relevant. 14 primary sources were used in this work. These are all scientific publications and articles in scientific journals and specialised magazines.

This literature was encoded with the MaxQDA software. For this purpose, 4 main codes and 11subcodes were defined inductively and deductively, and the present literature was encoded according to the method of structured content analysis. To this end, 465 codings were carried out and then analysed in the context of the research questions.

The present work raises the question of whether and in what way patient's health is influenced by the communication with nurses and doctors; in addition, the following questions will be answered:

- 1. What does the phenomenon of communication in the patient caretaker constellation consist of?
- 2. What influence do the economic determinants of communication have on human health?

3. Results

The term "communication" means "doing something together", communication is practiced in our everyday life as an all-purpose, while the process takes place on the verbal and non-verbal level (cf. Welk, 2015, p. 8). "Communication is a process that can be described primarily as the exchange of messages. Thus, communication is dependent on a dialogue that presupposes speaking and listening" (Schwarzwälder, 2010, p. 12). All patients are always interested in communicating with the nursing staff. Communication can create the conditions for a faster recovery or health improvement of patients, this form of health promotion is associated with a lot of empathy and empathy (see Rexrodt von Fircks, 2012, p. 7). The successful or mutual communication is described as "the ability to exchange and communicate about every phenomenon of the living environment, this enables man to lead a communal life" (Black Forest, 2010, p. 9).

Communication or interaction is therefore an essential and solid basis for a mutually successful care process. The core objectives of communication between patients and nursing staff include, in the opinion of some scientists, the development of the beneficial interrelationship and its continuation, the information of the patients on all sides, the data collection and identification of the problem, the implementation of the treatment plans, etc. Based on these formulated core objectives of successful communication, the following quality factors of communication can be determined:

- Clear tasks for the employees or the nursing staff.
- a communicative approach characterized by appreciation and trust.
- constructive cooperation so that conflict situations can be better managed and joint solutions can be found.
- regular feedback that employees receive from managers (e.g. in the form of an employee appraisal; cf. Schwarzwälder, 2010, p. 9).

The required or desired basis for successful communication is that the interlocutors maintain a good relationship with each other, in relation to the "sender" and the "receiver", i.e. the receiver must be able to understand the meaning of certain messages or information of the sender exactly. Professional communication is therefore associated with active listening, which means that complications and conflicts of all kinds can be dealt with, due to the respectful way of communicating and dealing. The nursing profession is the most important and largest professional group in the health sector, and nurses are regarded as the first point of contact for those in need. In active listening, in addition to attention, eye contact and attention are non-verbal elements that are related to facial expressions and gestures, such as nodding or shaking of the head. The sender can thus signal his interest in the conversation and the situation to the recipient, so the nonverbal exchange between the patients and the nurses as well as within the nursing team is a decisive factor. "Even if conversations are omitted, the care actions themselves are communication: the way I change an infusion or a bandage, perform a washing, riche a meal. If I make eye contact, I nod encouragingly, I signal interest or even appreciation" (Zegelin, 2013, p. 637).

Nursing must be understood as a 'touch profession' because non-verbal language is of decisive importance due to the close relationship with the patients. Active listening is therefore an absolutely influencing factor in terms of successful communication, as it is accompanied by a kind of verbal summary that gives both the recipient and the caregiver the respective understanding, for example, to find the right words for a problem. The sender can confirm or correct his statement or formulation, so that any misunderstandings can be avoided. The danger of having a conversation "past each other" can thus be prevented. A clear or simple language between the caregiver and the patients creates a successful communication, so that the interlocutors involved can better process and understand the sense of information or communication. The medical diagnosis and the subsequent comments or the communication itself must also be explained simply. If

the sender uses a medical jargon and "sends" special or unknown and subject-related information to the recipient, he can usually not understand the speech or the meaning correctly and react accordingly (see Schwarzwälder, 2010, p. 10). As an important factor that can influence mutual communication, the observance of the "I position" is particularly significant. When discussing common solutions (between the caregiver and the patients), the central question could be asked as: "What do we want to discuss...", "what do we want to achieve together..." Etc. When expressing a common position, the "we category" is therefore appropriate (cf. Schwarzwälder, 2010, p. 11).

It is often complicated to create good mutual communication in a tense environment, but the nursing staff often acts as a kind of link or interpreter between a person in need and, for example, the attending physician. In long-term care, patients need special attention; they are, so to speak, hungry for understanding and a good or helpful conversation, since their health-threatening situation is often associated with worries and fears (cf. Zegelin, 2013, p. 3). Due to open questions on the part of the nursing staff, detailed information about the needy patients can arise, for example, regarding their motives, opinions, perspectives, expectations, assessments, motivations, also in this way the recovery process can be favored.

The nursing staff should always take communicative participation with the patients or their interaction seriously. In some situations, it would therefore be important for more time to be available for information gathering, mutual communication and encouragement talks. For nursing staff, however, this is often considered unnecessary or as a "time waster". However, the conditions for nursing, also in relation to nursing training, have deteriorated in quality, and the communicative part of nursing work is still given too little attention, although this is a key issue. There are often no common concepts for interaction with patients on the part of the nurses, these circumstances relate mainly to the work situation of the nurses in the hospitals, but also the entire treatment process is affected. Some serious diseases have increased significantly in recent years, particularly regarding heart disease, cancer and chronic diseases. A basic component in the course of the disease should be focused on the support of family members and caregivers. Through the constant communication of the patients and the nursing staff, the opportunity can arise to achieve a faster illness or recovery. But often the patients are discharged from the clinics without receiving comprehensive information on how to behave in their home environment to avoid recovery or recovery. To accelerate healing process (cf. Zegelin, 2013, p. 5). This lack of information and communication can have a negative effect on the healing process and affect its general condition; the health and emotional state of the nursing staff can also be burdened as a result. The individual competencies of the individual employees in the field of interaction or communication must therefore not only include the ability to communicate (regarding the recipient-oriented and situationadaptive competencies, but also the clarification and exchange of information with the other specialists in the nursing sector must be included. Sound knowledge of the common or usual communication concepts should be available and include partner-centered conversation, secure argumentation, openness to criticism, agility in a conflict situation and addressee-oriented goal formulation; these application patterns are indispensable in communication (cf. SAMS, 2013, p. 13).

4. Discussion and Conclusion

The development of interpersonal relationships and the willingness to communicate are very important points of reference in the care sector, the linguistic form of expression and formulation is a main instrument for this. The high level of conversation competence deemed necessary by the nurses enables the nurse to consciously shape the close contact with the patients. The professional competence and the basis of trust or the basic components of successful communication are influenced by the following factors: a clear, simple language, active listening and thinking or feeling, the positive attitude on the part of the nurses and their open-mindedness, even in difficult situations, the body language or gestures and facial expressions. The mutual appreciation should be emphasized. Complex problems or emotional tensions on the part of the nurses as well as stressful situations regarding the "receivers" and the "transmitters" can make communication difficult. An adequate or conscious way of communication with regard to all the influencing factors mentioned can have an effect on the entire healing process of the patients; it can therefore be significantly promoted in the positive case or reduced in the negative case. However, successful communication between the "sender" and the "receiver" usually depends on the interrelationships in the entire care team, as well as on the degree of responsibility of each person involved in the care process. Communication thus represents a central influencing factor in the recovery and well-being of patients. The economic component of this influence is clear. A, as mentioned above, rapid healing process using targeted communication with the patient can thus represent a significant reduction in the costs in the healing process. This reduction in medical costs exceeds the additional costs of increased communication with patients many times over. The economic effects of a targeted communication strategy therefore appear to be clearly demonstrated. The two research questions raised must therefore be regarded as fully answered.

Bibliography

Denk-Werkstatt, B. M. J. (2021). KOMMUNIKATION Miteinander verständigen. In *Gerontologie IV-Das Altern verstehen* (pp. 65-94). Vincentz Network.

Droste, W., & Wieczorek, M. (2021). Digitalisierungsvorschub für spezialisierte Pflege?. *coloproctology*, 1-6.

Franz, S., Muser, J., Thielhorn, U., Wallesch, C. W., & Behrens, J. (2020). Interprofessionelle Kommunikation zwischen therapeutisch Pflegenden und anderen therapeutischen Berufsangehörigen (Physiotherapie, Ergotherapie und Logopädie) in der neurologischen Frührehabilitation. *Die Rehabilitation*, 59(03), 149-156.

Hausmann, C. (2020). *Kommunikation in der Pflege: Grundlagen für die Praxis*. Facultas Verlags-und Buchhandels AG.Rexrodt von Fircks, A. (2012). Heilsame Kommunikation zwischen Arzt und Patient. Schwerpunkt Onkologie. Techniker Krankenkasse. Gesund in die Zukunft. 8.

Hoos-Leistner, H. (2021). Kommunikation als Lerneinheit im Unterricht. *Pflegezeitschrift*, 74(1), 46-51.

Mahnke, A., & Müller-Schilling, M. (2020). *Pflegende und Ärzte: Kommunikation auf Augenhöhe. Das Regensburger Modell-interprofessionell und wegweisend.* Schlütersche.

Nehls, W., Siegle, A., Spahn, B., & Schütt, A. (2020). Kommunikation in der Lungenklinik: Perspektiven aus vier Professionen–Pflege, Ärzte, Psychologie, Hospizdienst. *Atemwegs-und Lungenkrankheiten*, 46(7), 367.

SAMW (2013). Kommunikation im medizinischen Alltag. Ein Leitfaden für die Praxis. Schweizerische Akademie der Medizinischen Wissenschaften. Basel.

Schwarzwälder, S. (2010). Kommunikation und Interaktion in der Pflege. INQA-Pflege. Bundesanstalt für Arbeitsschutz und Arbeitsmedizin. Auflage 2.

Skledar, R., & Kröll, W. (2020, July). Kommunikation und Hierarchie im Krankenhaus. Problemdiagnose aus der Sicht der Pflege-und Patientenombudschaft (PPO). In *Spannungsfeld Pflege* (pp. 129-144). Nomos Verlagsgesellschaft mbH & Co. KG.

von Bose, A. (2021). Interkulturelle Kommunikation in der Pflege-Patienten aus anderen Kulturen verstehen und beraten. In *Migration in der Pflege* (pp. 137-153). Springer, Berlin, Heidelberg.

von Campenhausen, J. (2020). Interprofessionelle Kommunikation. In Ärztliche Kommunikation für Medizinstudierende (pp. 157-165). Springer, Berlin, Heidelberg.

Welk, I. (2015). Grundlagen der Kommunikation und Gesprächsführung. Mitarbeitergespräche in der Pflege. Springer Verlag Berlin.

Zegelin, A. (2013). Pflege ist Kommunikation. Die Schwester Der Pfleger 52. 7/13.