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Article

INTERNAL COMMUNICATION IN PRIMARY HEALTH CARE CENTERS: A NURSING PERSPECTIVE

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Abstract

Introduction: Any intervention aimed at improving and reinforcing healthcare practice can and should improve communication between the organization, nurses, and doctors. Internal communication must be understood as the processes and procedures that transmit information or messages within the organization through specific channels. This study intends to assess the care communication processes between nurses, other professionals, and the organization at the primary care level. **Methodology:** In-depth interviews were conducted with nurses from Primary Care centers in the city of Valencia, with questions in which some began with the expression: "From your experience..." in order to capture their perceptions and personal experience. Through image and audio video recording, twenty-one nurses' verbal and non-verbal messages were recognized. The verbatim transcription allowed the analysis and comparison of the results with the literature. **Results:** Once the

interviews were treated and coded, categories were selected and established. Initiative and personal experience, that is, communication based on individual professional experience, has been one of the most common findings in the interprofessional communication model. **Discussion**: We could affirm that everything related to communication is left to the initiative and personal experience, ignoring that the cooperation and training of all and among all, from respect and co-responsibility, including managers, is the sensible and practical path to realize the joint achievement that is none other than the improvement of care for patients and families. **Conclusions:** Health organizations, in this case Primary Care, do not consider training in communication skills necessary, which is practically non-existent and is left to the individual initiative of health professionals.

Keywords: communication, internal communication, primary health care, health services administration, organizational culture, interdisciplinary communication.

1. Introduction

The processes carried out in today's healthcare systems involve different professionals with different roles and training levels, where any intervention aimed at improving and reinforcing the characteristics of the environments in which healthcare practice is carried out can and should improve communication, mainly between nurses and physicians (Manojlovich & DeCicco, 2007). According to Maxfield (2007) and Agudelo *et al.* (2020), healthcare facilities are knowledge-based organizations and, therefore, communication is like the lifeblood of such an organization and requires the use of communication skills.

In healthcare teams, nurses and physicians are directly confronted on a daily basis with both organizational problems in healthcare institutions and with patients' health problems, both of which have complex characteristics and far from simple solutions (Keenan *et al.*, 1998). All of this, taking into account that other health professionals are involved in health care and, of course, in the quality that results from all care actions, conditioning the communication processes with a much more complex structure, where the dyad composed of nurse-physician communication is determinant and, despite its importance, not totally understood (Lee *et al.*, 2023).

The American Association of Critical-Care Nurses (AACN) (2016) defines communication skills as a "two-way dialogue in which people think and decide together," which raises the need for nurses to be excellent communicators at least at the same level as they are skilled in clinical aspects. Any organization that recognizes these aspects and provides appropriate avenues for the integration of communication and clinical skills develops processes in which it is easy to promote an efficient work environment and continuous improvement.

At the international level, different nursing associations, including the American Nursing Association (ANA), the AACN and the Spanish General Council of Nursing have identified communication as an essential part of the standards of practice, introducing this aspect in their respective ethical codes, which state that the nurse must act respectfully in all relationships at the professional level and add that the nurse must participate in the establishment, maintenance and improvement of working conditions, which must be consistent with the values of the profession through individual and collective action. In this sense, both the aforementioned associations, as well as many others in different countries, emphasize the need to educate nursing professionals in the concepts and development of communication skills, fundamentally, emphasizing the importance of listening as an

essential and key element of that communication (Del-Vecchio *et al.,* 2022; Chatchumni *et al*., 2022).

The work of Knaus *et al.* (1986), were among the first to show the relationship between the level of coordination in an intensive care unit and the effectiveness of care; from this work inadequate communication is routinely cited as one of the causes in which different types of problems related to errors and adverse effects are rooted (Bejarano & Arango, 2017; Buljac-Samardzic *et al*., 2020).

Likewise, this also provides insight into how to improve nurses and physicians' perception and how to act on the forms of communication they share. Providing nurses with more information, support, resources, and opportunities can faithfully improve communication with each other and with other professionals. According to Laschinger *et al.* (2004), communication should be one of the facilitating elements in the search for solutions, but sometimes it does not flow as it should (Knaus *et al*., 1986; Baruch *et al*., 2015).

In the context of primary care, the exercise of good communication between nurses and patients improves care and results in health processes, in such a way that, when carried out skillfully, it positively affects the situation and characteristics of these processes. Therefore, any action that influences towards the improvement of communication skills entails a positive change in communication processes, patient satisfaction and the results obtained, so the relationship between two variables or dimensions is proposed. On the one hand, the nurses' perceptions of the level of communication and care in the Primary Care nursing practice, and on the other hand, the level of relationship and communication with the organization and other professionals in Primary Care. Therefore, we assume that better interprofessional and organizational communication will improve patient satisfaction and generate a higher level of efficiency (Brashers *et al*., 2020).

In order to analyze this we intend to evaluate the processes of care communication between nurses and other professionals and the organization at the primary care level, based on the perceptions and personal experience of the nurses, analyzing the skills needed to achieve better quality care and communication with other professionals and to contribute to the development of the nursing practice from a communicative point of view, trying to obtain on the one hand the basic tools for the learning of communicative and interviewing techniques and their subsequent application in the practice, which will allow incorporating

into the care process of the practice elements of control and continuous improvement, encouraging and promoting among professionals the communicative competence at the service of the patient.

2. Method

An interview script was elaborated, stemming from the reflection on the constituent elements of good communication in the nursing profession, including aspects related to organizational communication and communication with other professionals in the field of Primary Care. Although in some cases some bibliographical references that we have considered of interest in this field have been used to construct the interview script (Carrió, 2004; Ruiz-Moral, 2004; Clèries, 2006).

Structured questions were generated following the models of Weiss (1994), Kvale (1996) and Valles (1997), opting to include in the design some questions with the following heading: 'From your experience...'. The interview was carried out by means of five questions, which are presented below together with the specific research purpose, grouped in the thematic category of 'interprofessional and organizational communication ':

1. How is information dissemination carried out in the center? The purpose of this question was to identify how information on projects (contents, objectives, deadlines, etc.) and/or any other important issues for the organization in its dealings with patients and professional interrelationships is communicated to the team.
2. In your experience, are the work objectives clear, agreed and known by all the nurses in the center? The aim was to describe how work objectives are agreed, established, and disseminated at the intra and interprofessional organizational level, a necessary and important aspect in the work of primary care teams, which determines the need to identify and share objectives both intra- and inter-professionally.
3. In your experience, how does communication between the nurse and the physician of the same patient group take place? Question asked with the purpose of identifying both interrelation and collaboration processes in the achievement of the patients' objectives.
4. Are there formal meetings for training and information of the PA team? Additionally, what are the means of organizational and interprofessional communication and information existing in your center? The aim of this question was to determine the level of commitment of both the organization and the professionals in the achievement of institutional and professional objectives, as well as to identify the channels of communication and information distribution.
5. Since you have been working in Primary Care, have you taken any course on communication skills? The purpose of this question was to evaluate the aspects of continuous on-the-job training related to communication.

Prior to the selection of the interviewees, the project was presented to the Ethics Committee of the corresponding area, requesting its verification and approval. Subsequently, several Health Centers in Valencia city and surrounding areas were selected, and each coordinator of the different Primary Care Centers was contacted to explain the reason and purpose of the research. A qualitative sample was then carried out using the snowball technique (Aguilera *et al.*, 2003) in line with the concept of flexible and continuous design, until reaching the theoretical saturation level (Glaser & Strauss, 2009), establishing as a condition that the proposed professionals should have at least five years of accredited experience in the field of Primary Care.

Initially, 'pilot' or test interviews were carried out, both to gain the interviewer's own confidence and to validate the clarity, convenience and order of the questions designed, which is common in in-depth interviews; the questions were contributed and modified to obtain greater effectiveness in the following interview (Wengraf, 2001). The duration of the interviews was between forty and fifty minutes. The average time spent on transcription was three to four hours for each interview.

Prior agreement was reached with the interviewees, a date and time were set, and the location was each interviewee's office. As for the recording of the interviews, audiovisual recording was used, with prior consent. At the end of each interview, the interviewer recorded the impressions and observations in the field notebook accompanying the recording. Once the interviews had been collected, they were transcribed, establishing the type of treatment and coding of the interviews, as well as the selection and establishment of categories.

In a second phase, we proceeded to review the literal transcriptions for a more intense analytical start, taking into account the notes of the field notebook and details of the recording, to record the ideas that have emerged during the coding (Valles, 1997), sorting the results by thematic categories and their contrast with the literature reviewed for each one of them.

3. Results

The final sample consisted of twenty-one participants, four of whom were men (19.9%) and seventeen women (80.1%), all of whom were previously informed of the purpose of the study and its conditions (videotaping, duration, data treatment, etc.), and their identity was coded

by assigning the letter E and the order number of the interview. Out of the six Health Centers included in the sample, two belonged to the center of Valencia, three to the suburbs and one had its sphere of influence in neighboring towns.

The results obtained, once the interviews had been processed and codified, allowed us to make considerations about a general thematic category; interprofessional organizational communication, developing the selection and establishment of categories such as the predominance, if not hegemony, of oral and informal internal communication, neither regulated nor protocolized, nor reflected in minutes; variable communication with the physician, whose fluidity has been associated with the latter's involvement in the nursing follow-up; in addition to an absence of training initiative in communication on the part of the managing administration, which the nurses - in some cases - alleviate with their personal decision to take a course or workshop.

Given that the thematic category was that of interprofessional organizational communication, an attempt was made to analyze the nurse's communication with the rest of the health care team in order to evaluate the continuity of patient care. To this end, the first question was posed in an attempt to obtain answers about how information dissemination was carried out in the center. According to the interviewees, the center's information is transmitted orally and informally, among colleagues at break times or over coffee; only E6 stated that: "Minutes of the periodic meetings are taken and sent by mail. In our center, there are internal communication circuits".

The rest of the participants affirm that communication is done informally, in the corridor, having coffee, during shifts, etc. For example, E10 says textually: "Everyone is interested in what he/she needs, radio macuto", understanding by 'radio macuto' the name of the informal communication system based on comments and non-contrasted resources. According to this result, we can consider that the communication channels used in Primary Care do not have the richness that the different situations require to achieve effective communication.

The next question in this thematic category asked about the knowledge of the work objectives on the part of all nurses, whether they are agreed upon and whether they are clear. We found a great divergence of opinions; however, what they agree on is that each professional has a particular way of doing his or her job and gives more importance to some

things than others (E2, E8 and E12); when a nurse starts working in Primary Care, he/she learns the dynamics as he/she goes along or by asking his/her colleagues (E10, E11, E16 and E18), the protocols are there, but not everyone reads them or reviews them and they are not updated (E18), which gives rise to a significant variability of practice that can place the organization in certain compromises.

Several interviewees stated that the way of working in Primary Care and the fulfillment of objectives is a consequence of seniority, experience and of how much each one wants to get involved, there is no continuous training for this (E6, E7, E13). On the other hand, E21 stated that "each nurse has his or her own way of working and his or her own objectives. You can even find different types of information for the same patient depending on the nurse who attended him or her. The coordination usually deals with organizing shifts, holidays, calls..., but they never meet to talk about patients". In addition, E6 added that "people who come to work are supposed to be prepared, but the reality is that it depends a lot on each professional", according to her experience in "PC you learn as you go along, they don't teach you to work with a method, you know how to give advice, encourage, but it is something intrinsic to the person".

By means of the following question we tried to obtain information about the aspects of interdisciplinary communication between the nurse, the physician and the rest of the team. The results obtained in this question were: that each nurse is in charge of a quota of patients corresponding to two family doctors, with the nurse's office next to the doctor's office and with the same day and time for their consultations. All those surveyed stated that the way of communicating with their doctor was oral, and the nurse usually went to the doctor's office for any doubt or clarification, with no record of what was discussed or consulted. Communication is fluid, depending on the physician's character and involvement in the nursing follow-up of these patients. Communication is, at all times, not regulated and has variable characteristics.

The next question sought to analyze the existence of formal training and informative meetings of the members of the Primary Care team. After analyzing the answers to this question, it is considered that continuous training is personal, individual and outside working hours, depending on the interest of each one, only in some Health Centers were annual training meetings scheduled to deal with specific topics of the programs such as diabetes, hypertension, etc. Almost everyone reported that most of these training talks are

organized and offered by the laboratories with which the center works and are not mandatory at all, i.e. meetings about content, but not related to aspects of management, coordination and/or methodologies and work protocol.

Finally, we tried to find out the degree of training in communication skills of the primary care nurses by asking whether they had taken courses or workshops on health communication. Of the twenty-one professionals interviewed, only two had taken a course on communication and a third one had taken a 4-hour workshop on nonverbal communication.

4. Discussion

In the international literature there are studies that verify the prevalence of informal communication and professionals express their desire to have more information from their managers and supervisors, through formal meetings (Gali, 2008), which may be a valid criterion indicating the failure of communication management. To avoid this risk, Cerdá *et al.* (2011) state that the strategic design of communication in organizations should favor the transmission of information in an orderly and regular manner (Otero & Alvarado, 2011). The strengthening in this case of the management of PC centers, as the main source of information and communication, would not only represent an advance in the adoption of good human resources management criteria, but would also respond to the demands of PC professionals. We can state, therefore, that good Internal Communication (IC) requires the confluence of technological elements and human contact strategies, involving the management and counting on the support of the IC unit and the executive line (Andreu, 1996; Van-Riel, 2018).

Taking into account both the richness of the channel and the complexity of the situation, the contingency model of Kreitner *et al.* (2002) establishes that communication is effective when the richness of the channel is comparable to the complexity of the problem or situation. Thus, channels with low richness (newsletters, videos or letters) are more appropriate for simple problems, while channels with high richness (face-to-face interaction, videoconference or telephone) are more appropriate for complex problems or situations. Along these lines, it could be said that, although it is recognized that information is transmitted orally and informally (face-to-face), this does not contribute to creating a work climate in which individuals can talk and express their concerns. Therefore, it would be necessary to create IC systems based on a culture of transparency between the organization

and employees, which contributes to linking employees to organizational priorities. According to Thomas *et al.* (2009, p. 302), when employees perceive that they are getting timely, accurate and relevant information from their supervisors and colleagues, they feel less vulnerable and are more confident (Cama o-Puig & Garrido, 2014, p. 88; Palacios *et al.*, 2021). Open communication indicates a stronger relationship, especially, if this communication with employees is developed face-to-face, which is considered the richest form of communication and with the greatest potential for resolving ambiguities and uncertainty (Daft *et al.*, 1987; Brandolin & González-Frígoli, 2008).

The final quality of patient care is the result of the sum of the quality of all the contributions of the professionals involved in said care. Understanding patient care as a process and a team task, in which the parties show solidarity, accept the deficiencies of their resources and the need for dialogue with the other, should be the starting point. From this perspective and with the intention of establishing a relationship of help towards the patient, it will make sense and utility to talk about communication, communication skills and teamwork (Ham-Baloyi, 2022). Collaborative attitudes in professional competence and their impact on the quality of patient care will put a stop to or put an end to what has been called 'information inconsistency' among health professionals (Pastor *et al.*, 1996, p. 13). Cooperation among all, based on respect and co-responsibility, is the most sensible and practical way to achieve a common goal, which is none other than the improvement of patient and family care (Pastor *et al.*, 1996). We can state that everything is left to personal initiative and experience, that is to say, to communication based on experience.

Kitchen and Daly (2002) believe that communication should not be discretionary, as it is essential for the success of the organization and in its day-to-day existence. A fact that links employees to the intellectual and creative aspects of value production (Quirke, 2008, p. 15). For complex communication in short periods of time, the use of structured communication and techniques to ensure its fidelity could be useful.

All this demands certain minimum requirements to achieve these levels of communication, which are: specific theoretical and practical training, change of attitudes to implement comprehensive care, creation of common protocols, joint evaluation of therapeutic results, the existence of a process coordinator, fluid communication between the professionals involved, in short, development of teamwork (Ham-Baloyi, 2022). In this way, comprehensive care can be achieved, taking into account the physical, emotional, social and

spiritual aspects, through individualized, continuous and integrated care, interrelating the elements of promotion, prevention, treatment, rehabilitation and social reintegration and integrating them functionally with the other structures and levels of the health system and permanent care that guarantees to the patient and his or her family continuity of care. The patient and family members should know exactly who or where to turn to if any problem should arise; this is essentially a problem of communication. This ability to communicate and relate is also essential to maintain the interdisciplinary team with which we work at a level of optimum effectiveness and efficiency, as Hicks (1979) states: "when communication is suspended, organized activity ceases to exist and we return to a stage of uncoordinated individual activity".

As Palací (2008) points out, success in communication will depend on the skills, attitudes and knowledge of the sender, taking into account that Primary Care nurses in their role as educators act fundamentally as senders in the communicative processes, we can affirm that it would be essential to train Primary Care professionals in communication skills.

Competence in communication skills of the nursing professional is a social imperative posed by the patient's right and desire to be involved in decision making and the nurse must enhance it to achieve one of its primary purposes; to promote self-care. Likewise, in order to achieve another of the aims of the care process, namely prevention and health promotion, it is essential for the nurse to ensure that her information and advice reaches the recipient, in this case her patients, in a clear and motivating way. Lastly, as Pollard *et al.* (2006) refer to us, the training of professionals in communication techniques is essential to achieve effectiveness in the care and follow-up of Primary Care patients.

5. Conclusions

From the results obtained and the assessment of the processes of care communication based on the perceptions and experience of the nurses interviewed, it could be concluded that in organizational terms the communicative competence in the service of the patient is not very high, essentially when there is a high variability in practice since it depends on individual initiative. A better quality of care and communication with other professionals could be achieved and contribute to the development of the nursing practice, simply by introducing supervision procedures and basic tools for learning communicative and interviewing techniques at different levels, especially at the organizational level. All this is based, fundamentally, on what was expressed by the nurses interviewed, who state that their

communicative learning in organizational terms is based on experience, where training depends on personal interest and outside working hours. This makes it essential to establish training programs in communication for Primary Care professionals, with special indication in the case of nurses, facilitating the subsequent incorporation, application, and development of elements of control and continuous improvement in the care process and in the consultation. In view of the above, we could say that much more research is needed on the effectiveness of communication in the organizational environment and, especially, in the human factor, given that good communication encourages collaboration and helps in the prevention of errors. Obviously, it is necessary to recognize, in relation to the results, as is the case with qualitative research, an eventual limitation of the results, these have a local value and pose difficulties of generalization, although in general terms we could say that they have been validated by the literature.

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Conflict of Interest
The authors declare that there is no conflict of interest.

Declaration of authorship - CRediT
The authors Elena Francés-Tecles and Ramón Camaño-Puig declare that they jointly carried out the different parts of this research: Conceptualization, Data Curation, Formal Analysis, Research, Methodology, Resources, Validation, Writing - original draft and writing - revision and editing.

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