Communication in the Clinical Routine of Neonatologists

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Introduction: Due to processes of economisation and optimisation in the health system and the increasing importance of medical staff’s health, interest in task analyses in the medical sector has increased over recent years. Communication is essential to clinical routine, especially in NICUs with their vulnerable patients and the special team caring for them. Communication breakdowns and resulting treatment errors are described in the literature. The aim of this study is to provide an initial quantitative assessment of medical communication in a NICU.

Methods: For task analysis, 15 Level III-NICU physicians were accompanied for 60 weekdays in early and late shifts. In each of the 2 NICUs, usually 2 physicians worked the early shift and 1 the late shift. Daily work included work on their ward and in the delivery room as well as student teaching, research and a mobile newborn emergency medical service. Recorded tasks were assigned to main task categories and subcategories. Additionally, all accompanied physicians completed a German version of the Copenhagen Psychosocial Questionnaire (COPSOQ) to assess demands, resources and effects of their work.

Results: A total of 550 hours of main and 100 hours of secondary tasks were recorded, on average 9 hours daily. The most time-consuming main activity was “Communication” (2:54 hours), followed by “Indirect care Administration” (2:11 hours) and “Direct patient care” (1:25 hours). Daily work included work on their ward and in the delivery room as well as student teaching, research and a mobile newborn emergency medical service. Recorded tasks were assigned to main task categories and subcategories. Additionally, all accompanied physicians completed a German version of the Copenhagen Psychosocial Questionnaire (COPSOQ) to assess demands, resources and effects of their work.

Analysis of the COPSOQ revealed a work satisfaction of 68.6 of 100 on average (standard deviation 29.2) and a negative correlation with the average duration of the “Communication” main task (p 0.029, correlation coefficient -.561).

Discussion: This work shows the suspected high proportion of communication in a NICU, especially among physicians themselves. The effectiveness of this communication is not assessable. However, a low proportion of communication with nursing staff is noticeable and reflects the diversity in team communication. Improvement in communication is necessary by using and training of existing techniques, e.g. use of standards, available technology and reduction of surrounding influences for handoffs and rounds. Further studies on the quality and improvement of communication are required.

Conclusion: This study was able to show the suspected large proportion of communication during the working day in a NICU with shift work. Even without the ability to assess the quality of communication, the dominance of communication among physicians and a probably consequent low proportion of communication with nursing staff are striking. Obviously, there is a need for optimisation – both to make communication more effective, to strengthen team satisfaction and to reduce possible influences on the patient.

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