



Importance of Communication in Obstetric Practice

Svetlana Radeva^{1,2*} 

¹Department of Health Care, Medical University of Varna, Varna, Bulgaria; ²Specialized Hospital of Obstetrics and Gynecology for Active Treatment, Varna, Bulgaria

Abstract

BACKGROUND: Communication is an art, a complex of methods of speaking, transmitting, perceiving information, and intentions. The elements of communication have an impact on the subjects and the processes taking place. Obstetric care has its specifics and is sensitive to the content of information, the participants in the process of communication, and the way of perception.

AIM: The aim of this study is to differentiate the communication relationships of healthcare professionals in obstetric structures with patients, improving the safety of obstetric care. The subject of the study is medical specialists and patients from three obstetric structures in Sofia. Varna. Sociological methods of survey and observation are used.

METHODS: The data are processed using sociological methods that are used in survey. The data are processed with Microsoft Word and Excel.

RESULTS AND DISCUSSION: A survey was conducted among 206 respondents-healthcare professionals and patients. About 38.09% of healthcare professionals rated communication as very good and 36.07% of patients as good. The problems in communication for the medics are as follows: large administrative activity; workload; incompleteness of the information received; and lack of time for communication. In patients, problems refer to misunderstanding of the information received, insufficient time to communicate with doctors, lack of empathy, and poor attitude. According to pregnant women, the leading factors for good obstetric care are personal attention, good communication with specialists, detailed information, and support.

CONCLUSION: Healthcare professionals must be able to conduct proper and patient-centered communication to provide them with the care that they want and need. Using the right communication strategies can help patients feel heard, and encourage them to provide accurate and relevant information so they can assist during the healing process.

Edited by: Sasho Stoleski
Citation: Radeva S. Importance of Communication in Obstetric Practice. Open Access Maced J Med Sci. 2023 Jul 22; 11(E):362-366.
https://doi.org/10.3889/oamjms.2023.11733
Keywords: Communication; Problems; Skills; Attitudes; Safety
***Correspondence:** Svetlana Radeva, PhD, MU Varna, Department of Health Care, SHOGAT Prof. Dr. D. Stamatov, Varna, 9000, Avenu Tsar Osvoibodite I150, Bulgaria. E-mail: sv.radeva@abv.bg
Received: 12-Jun-2023
Revised: 23-Jun-2023
Accepted: 12-Jul-2023
Copyright: © 2023 Svetlana Radeva
Funding: This research did not receive any financial support
Competing Interests: The authors have declared that no competing interests exist
Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

Introduction

Good communication with patients is important for the proper course of diagnostic and treatment processes in different fields of Medicine. The development of technology, the digitization of the health sector, the inclusion of new models of care, and communication require the introduction of a number of management decisions for the organization of activities. Skillful communication helps healthcare professionals to connect directly, seek and share important information, and work effectively with patients, family members, and society [1], [2], [3]. In the working environment, due to high engagement, healthcare professionals face a number of difficulties and there is no time left for communication.

The information in the communication between patient and healthcare professional is asymmetric, scarce, and incomplete, but it is the communication and communication that completes its content [2], [4]. The result is a relationship of trust between the subjects [5], [6] in the communication process, and by building trust between them, the communication is distinguished by accuracy, accessibility, validity, reliability, timeliness,

and comprehensibility, with the most necessary being comprehensibility or the emergence of a response from the patient to the doctor [7], [8], [9].

In obstetric practice, communication is delicate and takes place under conditions of urgency [10], [11]. Patients often have a different attitude to their own health condition and it is not always adequate. To a large extent, this depends on the subjective sensations of the patients, on the character characteristics, personal orientation, the upbringing from an early age to promote a healthy lifestyle, on experienced health misfortunes, on the attitude to the possibilities of medicine, etc. [4], [12].

The provision of timely and adequate obstetric care is an essential part of the healing and diagnostic process in support of the pregnant woman, the mother, and the mother. The new challenges to the implementation of obstetric communication include a wide range of activities and care: care for the most vulnerable patients [12], [13], patient education, care for reproductive health, newborn children, and others. The more delicate and complex the nature of interpersonal communication, the higher the level of communication the medical professional should possess [3].

Exhibition

The study aims to differentiate the importance of patient communication in obstetric practice patients, to improve the safety of obstetric care. The participants in the study were divided into two groups of medical specialists and patients from three obstetric structures in Varna (Figure 1). Sociological methods of survey and observation were applied. The data are processed using both Microsoft Word and Excel.

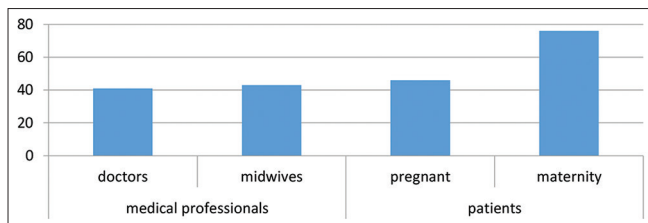


Figure 1: Distribution of respondents by group

The respondents were grouped into age groups (Table 1).

Table 1: Distribution of the subjects by age

Age group	Number (%) of medical persons		Number of respondents (%) Patients	
	Doctors	Midwives	Pregnant	Maternity
20–30 years	4 (9.76%)	6 (14.0%)	34 (73.91%)	45 (59.22%)
31–40 years	6 (14.63%)	10 (23.3%)	9 (19.57%)	23 (30.26%)
41–50 years	8 (19.51%)	8 (18.6%)	3 (6.52%)	6 (7.89%)
51–60 years	14 (34.15%)	12 (27.9%)	-	2 (2.63%)
Over 60 years	9 (21.95%)	7 (16.3%)	-	-
Total:	41 (100%)	43 (100%)	46 (100%)	76 (100%)

The main proportion of pregnant women and women who participated in the study was those with first pregnancies – 28 out of 46 pregnancies and 37 out of 76 births and the lowest proportion of those with third and fourth pregnancies (Figure 2).

Pregnancy and childbirth are associated with many fears for the surveyed patients. They have a lot of available information, but often incomprehensible due to its specialized level. An interesting fact is that few of them were ready for childbirth (21.1%), and nearly, a third were not prepared at all for this process (28.9%). Communication with patients by healthcare professionals was considered effective

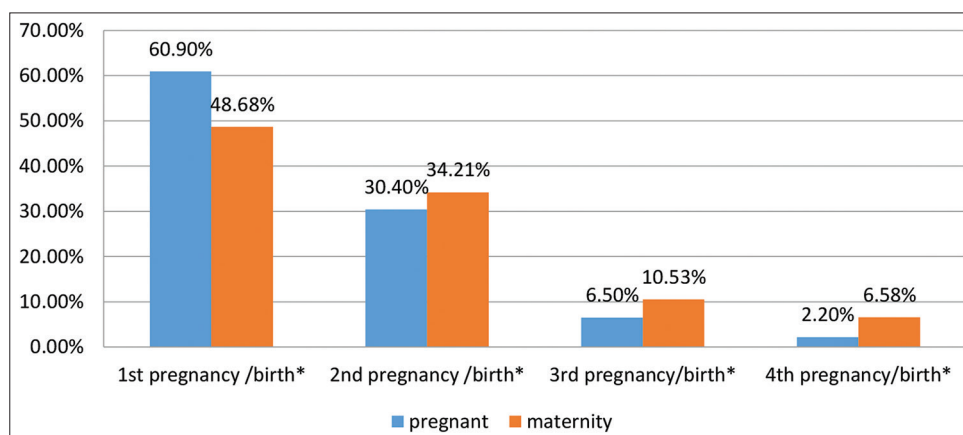


Figure 2: Distribution of the subjects according to the order of pregnancy and birth (*Pr/B – pregnancy/birth)

(39.02%) and very good (44.19%) (Figure 3), and the patients themselves, as very good (39.13%) and good (40.79%).

Mental comfort, self-confidence, and the absence of fears and worries directly affect the birth process share of less than half of patients. Additional clarifications were required by 93.48% of pregnant women and 69.74% of women in labor with regard to various issues related to pregnancy, childbirth, recovery, and rearing of the newborn (Table 2).

Table 2: Defined communication problems by the respondents

Defined problems	Medical professionals		Patients	
	Doctors	Midwives	Pregnant	Maternity
Insufficient and incomplete information on various issues related to pregnancy, childbirth raising the newborn	95.12%	74.42%	82.61%	75%
Misunderstanding of the information provided	43.90%	79.07%	75.51%	81.58%
A little time to communicate	92.68%	86.04%	89.13%	89.47%
Different levels of information perception	51.22%	60.46%	80.43%	76.41%
Lack of empathy	31.71%	30.23%	26.09%	85.53%
Bad attitude	45.65%	48.84%	23.91%	46.05%
Strong division of labor (targeting other professionals)	90.24%	95.35%	15.22%	59.21%

Medical professionals provide professional obstetric care to pregnant women and women in labor, communication with them is a key role, is important effective and continuous feedback. In this way, the needs and the necessary medical and psycho-emotional support can be assessed. Asked to indicate the directions in which women and patients are advised, the respondents put the care of the maternity, pregnant, and newborn first (Table 3.).

Regarding the satisfaction of patients with the skills of healthcare professionals to communicate with them (Figure 4), a significant part of the respondents – 55.74% expressed satisfaction. Only 5.74% of respondents answered negatively, and 38.52% answered “partly.”

Patients' responses are completely objective, but take into account their subjective sensations and perceptions, and often give examples, in which they express a certain dissatisfaction, disagreement, or a certain degree of dissatisfaction with their communication with the medical staff. A small proportion of patients 30.37% (26.09% of pregnant women and

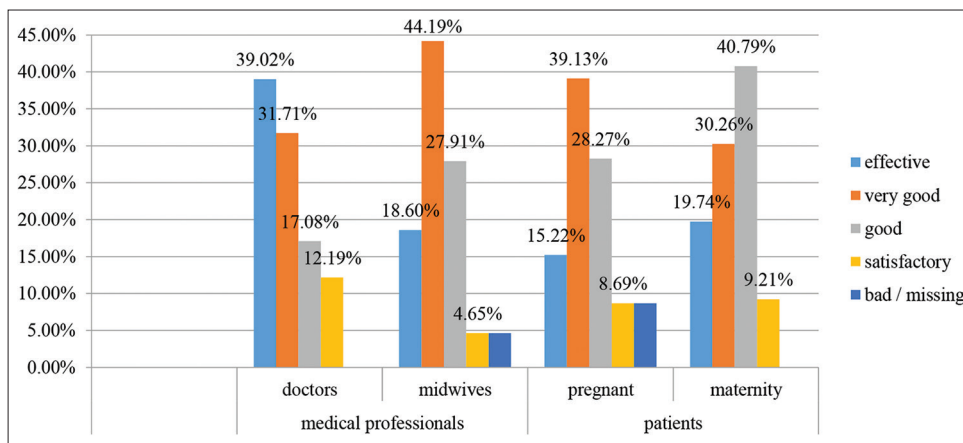


Figure 3: Effective communication between medical staff and patients

28.95% of women in labor) were ready to express their dissatisfaction through a signal to the management of the structure during their stay, and a larger proportion 69.63% (38% of pregnant women and 54 of women in labor) were ready to express their dissatisfaction on social networks.

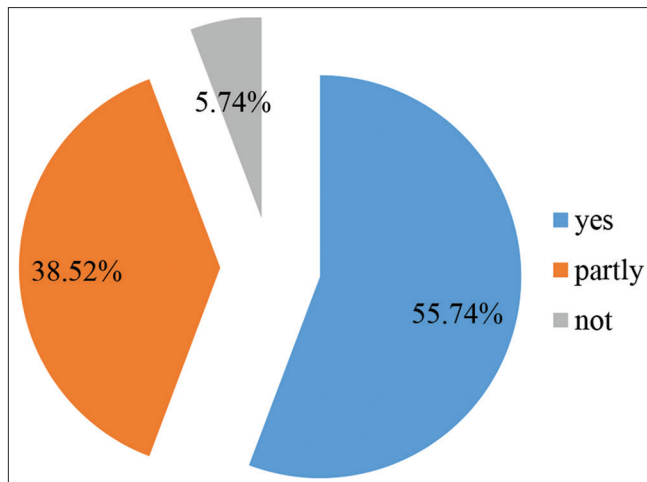


Figure 4: Satisfaction of patient communication with healthcare professionals

This finding is determined by the power of informal communication and the influence of social networks on the form of communication and the imposed models in the medical-patient relationship. Negative comments affect the image of the healing structures and the specific persons providing professional help. For 73.21% of patients, the response on social networks is a guide for the choice of a doctor and a medical institution. This requires the management of obstetric structures to look for the causes of patient dissatisfaction and to set clear and accurate criteria when talking about professional communication skills. Pregnant women and women in labor are particularly sensitive in terms of communication and communication with them, which is why it is important that the doctor and midwife can meet their expectations.

Table 3: Leading advice of medical professionals to patients

Tips	Medical professionals		Relative share Total
	Doctors	Midwives	
Instructions for the course of pregnancy	41	23	76.19%
Instructions for the course and pain of childbirth	41	26	79.76%
Instructions for hygienic-dietary and motor regime	36	42	92.86%
Care for the health of the pregnant and birthing woman	31	38	82.14%
Personal hygiene tips	41	43	100%
Tips for first care of the newborn	26	39	77.38%
Tips for swaddling	32	41	86.90%
Tips for breastfeeding	35	43	92.86%
Psycho-emotional support	24	38	73.81%

The percentage is more than 100% due to more than one answer.

To the question “What assessment would you put on the communication skills of the doctors and midwives who have served you?” a “very good” rating was given by less than half of the respondents – 42.62% and a “bad” rating was given by 4.92% of them. These results indicate that, according to the patients, healthcare professionals do not show particularly good communication skills (Figure 5).

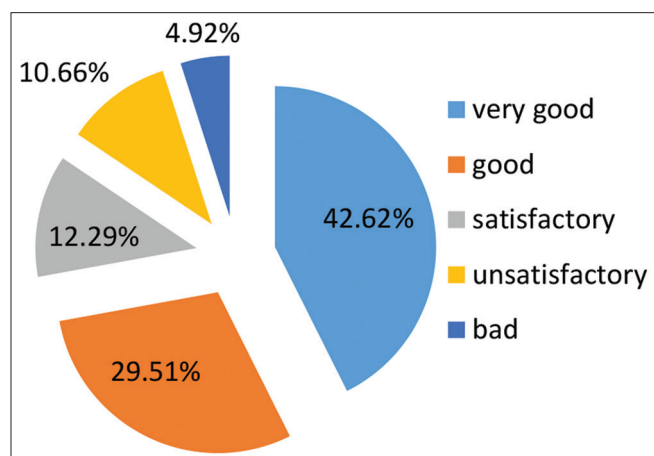


Figure 5: Assessment of medical communication skills by patients

Communication is underestimated by the professionals themselves and is not accepted as a significant part of their professional activity. This is due to the high workload of the working environment, the administration of the activities, and the constantly changing regulatory framework, associated with frequent

changes in medical documentation, the creation of an electronic file, and electronic operation. It is important for patients to carry out the process of communication and continuous feedback to reduce the uncertainty about upcoming events, receive understandable information, and listen, in conjunction with conducting treatment, research, and medical procedures. The formation of professional communication skills in obstetric practice is not yet a priority goal. This is one of the reasons behind the problems in communication between medical staff and patients (Figure 6).

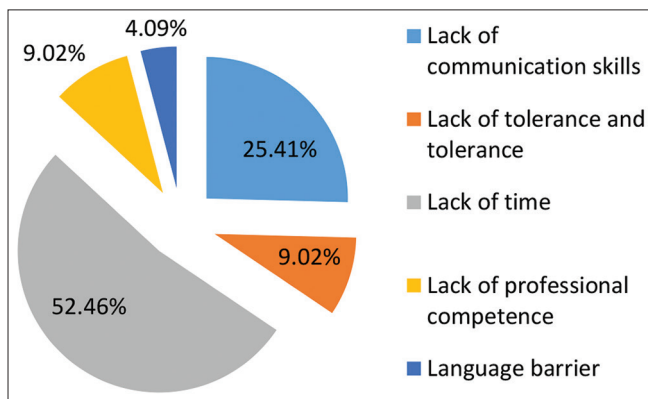


Figure 6: Patients' opinion on communication problems with medical staff

Pregnancy is a special physiological condition in a woman. Sometimes it proceeds with complications that threaten the normal development of the fetus and the health of the mother. A number of diseases affect the course of pregnancy and childbirth and are associated with risks from both the mother and the fetus. The implementation of only the regulations of the control body (the National Health Insurance Fund) has turned obstetric care into an administered process. The lack of close communication with patients leads to problems in providing information on a number of risks (Figure 7).

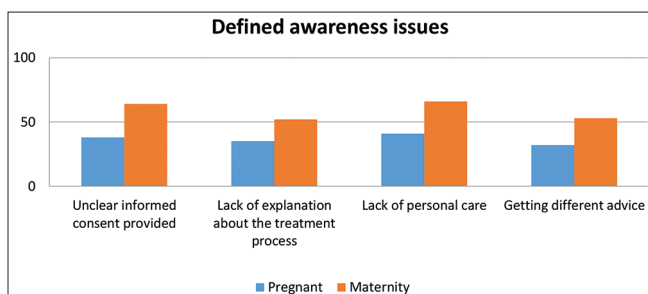


Figure 7: Defined problems with informed consent

There is a need to improve communication between all parties involved in obstetric care (clinical staff/specialists, expectant mothers/patients, and their partners, close relatives, or friends providing emotional support) to ensure patient safety, including the prevention of adverse events and the occurrence of risky situations.

Conclusion

Communication skills in healing practice can positively influence the patient's behavior and support the therapeutic process. A change in attitudes and behaviors toward patients is needed. An essential element of obstetric practice is the regulation of communication channels and interactions to assist healthcare professionals, managers, and patients in the process of obstetric care. It is necessary to increase the satisfaction of patients with communication with medical personnel, to create an opportunity to improve their psycho-emotional state. The main task of management is to regulate clear communication (vertical and horizontal) through a stable organizational structure, flexible management, and improving the qualification of employees.

Changes in communication patterns are required by health care users. Today, patients are informed about various issues, looking for new methods of treatment that reduce hospital stays. All this requires change in attitudes and the nature of patient-medical team relations. In a free market community, they are able to make their choice of a doctor, team, or medical institution.

References

- Riccardi VM, Kurtz SM. Communication and Counseling in Health Care. Springfield, Illinois: Charles C. Thomas; 1983.
- Silverman J, Kurtz SM, Draper J. Skills for Communicating with Patients. Oxford: Radcliffe Medical Press; 1998.
- Waitzkin H. Information giving in medical care. J Health Soc Behav. 1985;26(2):81-101. <https://doi.org/10.2307/2136599> PMID:4031436
- Miller GE. Commentary on Clinical Skills Assessment: A Specific Review. Philadelphia, PA: National Board of Medical Examiners 75th Anniversary; 1990. p. 48-51.
- Foronda C, MacWilliams B, McArthur E. Interprofessional communication in healthcare: An integrative review. Nurse Educ Pract. 2016;19:36-40. <https://doi.org/10.1016/j.nepr.2016.04.005> PMID:27428690
- Kurtz S, Silverman J, Draper J. Teaching and Learning Communication Skills in Medicine. Oxford: Radcliffe Medical Press; 1998.
- Aspergren K. BEME Guide No. 2: Teaching and learning communication skills in medicine—a review with quality grading of articles. Med Teach. 1999;21(6):563-70. <https://doi.org/10.1080/01421599978979> PMID:21281175
- Stewart M. Comparison of Two Methods of Analysing Doctor-patient Communication. In: Paper Presented at the North American Primary Care Research Group, Seattle; 1985.

9. Stewart M, Brown JB, Boon H, Galajda J, Meredith L, Sangster M. Evidence on patient-doctor communication. *Cancer Prev Control*. 1999;3(1):25-30. PMID:10474749
10. Maguire P, Fairbairn S, Fletcher C. Consultation skills of young doctors: II--most young doctors are bad at giving information. *Br Med J (Clin Res Ed)*. 1986;262(6535):1576-80. <https://doi.org/10.1136/bmj.292.6535.1576> PMID:3087523
11. Kurtz SM, Silverman JD. The Calgary-Cambridge Referenced Observation Guides: An aid to defining the curriculum and organizing the teaching in communication training programmes. *Med Educ*. 1996;30(2):83-9. <https://doi.org/10.1111/j.1365-2923.1996.tb00724.x> PMID:8736242
12. Stoev V. *Clinical Communication*. Sofia: Softtrade Publishing; 2010.
13. Tacheva V. *Communication Skills in Medical Practice*. Varna: Steno Publishing House; 2014.