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Effective Communication In Health: Strategies For Effective Work Development

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Abstract:
Communication is a fundamental element in human life and becomes even more crucial in the context of health, where its quality can determine the success or failure of the care provided. Within health teams, effective communication is essential not only for the exchange of information but also to ensure patient safety, prevent errors, and promote a collaborative work environment. The World Health Organization (WHO) and Brazil's Ministry of Health, through Ordinance 529/2013, recognize communication as one of the priority goals for patient safety, emphasizing that failures in this process are among the main causes of errors and adverse events in care. However, communication in health goes beyond merely passing on technical information. It involves the ability to understand and respect the cultural, emotional, and ethical aspects that permeate interactions between professionals and patients, directly affecting the quality of care and the patients' perceptions of their treatment and health. In this regard, communication emerges as a complex and multifaceted process that reflects and shapes interpersonal relationships and the functioning of health organizations, being indispensable for the promotion of safe, effective, and patient-centered care. Communication is essential for human interaction and work development, particularly in the health sector. It strengthens the bonds between the interdisciplinary team and patients, being decisive for the quality and safety of the care provided. The World Health Organization (WHO) highlights that inadequate communication can lead to errors and adverse events, compromising patient safety. In Brazil, effective communication has been established as a safety goal following Ministerial Ordinance 529/2013. Communication failures are among the main causes of adverse events, but effective, clear, and understandable communication can reduce these errors. Furthermore, the communicative process in the health context is complex as it involves different professionals and technologies that influence relationships and the quality of care. Communication is also intrinsically linked to patients' cultural and individual perceptions of health and illness, influencing how they experience and interpret care. Therefore, developing communication skills is crucial to improving the quality of care and patient safety, considering the subjectivity and particularities of each individual.

Keyword: *Public Health; Effective Communication; Effective Work*

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I. Introduction

Human beings are communicative entities: with themselves and with the world, both understood as products of communication with others, considering that things do not present themselves directly to the individual but are instead permeated by subjectivity, and constructed through the mediation of desire, knowledge, and recognition of others (MARTINO, 2011). Communication is fundamental for effective work development, as it is the link that strengthens the bond between the interdisciplinary team and the client (NOGUEIRA; RODRIGUES, 2015). Studies show that communication and teamwork in healthcare are determinants of the quality of patient care. According to the World Health Organization (WHO), one in ten

patients worldwide is a victim of errors and adverse events related to patient care, leading to investigations and proposals for damage prevention solutions.

In Brazil, the importance of effective communication as a patient safety goal was promoted following the publication of Ministerial Ordinance 529/2013 (BRASIL, 2013; MARQUIS, 2010). Communication within the interdisciplinary health team is crucial for the quality and safety of care provided to individuals. Communication failures have been one of the main factors contributing to the occurrence of adverse events and, consequently, a decrease in care quality (ARAUJO et al., 2017; DUARTE, 2012). Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety. Communication can be electronic, verbal, or written.

Communication involves the exchange of information between a sender and a receiver who decodes a specific message. Several factors can influence communication in healthcare institutions: complexity of care, diversity in professional training, the effect of hierarchy, inadequate number of professionals, inherent limitations in human performance such as fatigue, stress, distractions, and limited ability to multitask. It is important to note that errors should not be associated with a lack of technical training and personal failures, as even more experienced professionals make mistakes (CASTELLS, 2009; FERREIRA, 2010; WOLTON, 2010; FIGARO, 2014).

High-reliability services, such as aviation, have shown that adopting standardized tools and behaviors in the pursuit of effective communication are very effective strategies for improving teamwork and reducing risk. Therefore, it is possible to adopt the behaviors and skills necessary to implement communication effectively.

Communication is present in all organizations, regardless of nature or purpose (KUNSCH, 2010), whether they are producers of goods or services. Organizations are dynamic, interactive, discursive environments, with realities that are malleable and constructed by individuals through processes, practices, and interactions that are socially instituted (MARCHIORI, 2013).

Organizations are embedded in a world composed of symbols, artifacts, and subjective creations that make up the culture, with communication being constitutive of these spaces (MARCHIORI, 2013).

Healthcare organizations, in particular, have unique characteristics, with their communication processes presenting different nuances. The expected outcome of the performance of these organizations is focused on the pursuit and/or recovery of health.

II. Methods

This academic essay aims to explore the proposed topic in a deep and comprehensive manner, addressing its fundamental aspects, implications, and challenges. The analysis is based on a critical review of existing literature and the evaluation of relevant data and evidence, providing a detailed and well-founded view of the subject. The goal is not only to describe and contextualize the topic but also to identify and discuss its main dimensions, present coherent arguments, and offer insights that contribute to advancing knowledge in the area. By integrating different perspectives and addressing complex issues, the essay seeks to provide a more complete and informed understanding, promoting an enriching academic debate and contributing to the development of more effective solutions and strategies.

III. Results And Discussion

Health, Communication, and Perception

In Brazil, healthcare should be guided by comprehensiveness, which aims to address individual and collective health needs, including both objective and subjective aspects resulting from the interaction of actors in their daily practices within institutions (ARAÚJO and ROCHA, 2007). According to Wolton (2004), the role of communication is to facilitate the expression and confrontation of traditions, histories, cultures, values, and projects. For this author, communication happens for three main reasons: the first is sharing, a fundamental and unavoidable human need; the second is seduction, inherent to all human and social relationships; and finally, conviction, related to all argumentation logics. The ideal of communication lies in exchange, in sharing. "Yesterday, communication was transmission, as human relationships were often hierarchical. Today, it is almost always negotiation, as individuals and groups increasingly find themselves in equal situations" (WOLTON, 2010, p.19).

When Wolton (2010) asserts that the communication process is much more negotiation than information exchange, we should remember that in a hospital setting, when technical information circulates, it is assumed to come from scientific data, clinical findings, based on the professional's knowledge, which in turn is linked to their power within the structural configuration of the organization. It is worth reflecting on a negotiation process in an environment where everyone is, in some way, a holder of some power, whether through knowledge about a pathology, a technique, or even possessing privileged information. Negotiation in this context is a process involving a constant game of dispute, knowledge, appropriation of resources, and

personal and interpersonal competencies. Additionally, communication/negotiation involves the exchange between individuals influenced by the expressiveness of those involved.

Communication is present in the organizational environment, embedded in everything and everyone, on stage, among/with actors, stimulating behaviors, reflecting, and/or making reflect the work relationships. It can be an indicator of the institution's culture and/or a guiding aspect of the organization's strategy. In a hospital, inadequate communication can be the cause of patient harm, increased hospitalization time, and ineffective use of resources (OLUBORODE, 2012), as everything that happens in a hospital depends on and is associated with communication, understood here as a process of constructing meanings, not merely the exchange of information (FIGARO, 2014). Thus, among other initiatives, the World Health Organization (WHO) recommended improving "communication" among health professionals as one of the goals for safe care (BRASIL, 2014), which leads us to the need to rethink/understand/look at/understand the communication process in the hospital setting.

The complexity of healthcare organizations is not limited to the patient level but extends to the different elements involved in practice, whether in offices, clinics, hospitals, or other healthcare organizations (FRAGATA, SOUZA, and SANTOS, 2014). Hospitals, in particular, are complex and peculiar organizations concerning their production mode, type of service offered, clientele served, and expected outcomes. Hospitals have been evolving in terms of management, seeking to qualify care standards, as they face enormous obstacles to remain active in the market (LEE, 2009).

Healthcare is historically tied to cultural aspects. Each society has its own way of taking care of health and perceiving birth, life, and death. In terms of healthcare practices, the applicability of these concepts can be discussed, as this is a rich scenario of symbols, where the relationship between humans, their bodies, and their beliefs are determining factors for ways of caring. Both the singular, unique to the individual, represented by personal experiences, and the collective, represented by the communion of feelings, habits, and rituals, characterize symbolic aspects and the imaginary. In this sense, care for the body, health, and the relationship between life and death is a common and relevant theme across all civilizations. Oguisso (2007) describes that since the birth of Homo sapiens, the act of caring has accompanied the human trajectory, from birth to death.

For Boff (1999), the human being is a being of care, and its essence lies in care; this is the uniqueness of the human being. Caring for the body is an immense task, involving caring for the life that animates it, the set of relations with the surrounding reality, which includes hygiene, nutrition, dress, and organization of living spaces (BOFF, 1999). According to Silva et al. (2005, p.475), the human being cannot live without care, which is the essence of human life.

The care each individual has for their body can be associated with a need to preserve that body, representing the search for life and the distancing from death. Thus, the current scenario raises questions about individuals' perceptions of their bodies and health, and the image each person has of life and death. There is no perception without interpretation. There is no zero degree of looking (DEBRAY, 1993, p. 60). According to this author, existence revolves around death, and the image is a means of survival. Throughout history and across different cultures, the image prepared to represent a person after death depicted a more beautiful being than in life, as this was how they wished to be perpetuated, reflecting an idea of perfection. Debray (1993, p. 26) states that true life is in the fictitious image, not in the real body, and that the image is what is alive, of good quality, well-nourished, and unoxidized; for Western man, his image is his best part: his immunized ego, placed in a safe place (DEBRAY, 1993, p. 26).

An individual's perception of care for their health and body is based on a construction from childhood, resulting from cultural values, morals, habits, and family heritage. This is clearly visible in the differences between civilizations regarding health care. The preservation of life allows for different perspectives: technological, when observing the rapid evolution of diagnostic and treatment methods and the resources available for a good quality of life (COUTO; PEDROSA, 2007); social, concerning the entire context in which healthcare systems are embedded (MALAGÓN-LONDOÑO; MORERA; LAVERDE, 2003); and cultural, which permeates all health practices, from each society's lifestyle, how they view life, health, and death, to the myths and taboos inherited from past generations that interfere with or determine the unfolding of birth, development, and death processes of individuals (FOUCAULT, 1986; OGUISSO, 2007).

From this perspective, it is also interesting to reflect on the thoughts and feelings of patients when they need healthcare. What image is translated for the individual when entering healthcare services, especially in a hospital, and how do fears of death and the search for cure and safety materialize? The images representing the fear of death in the hospital admission process may be associated with the numerous adverse events frequently reported in the media and even with the individual's previous experiences, friends, and family. The hospital is, therefore, a formal institution with well-defined rules and norms that determine its performance. However, it houses individuals who care for and are cared for, carrying their beliefs, values, concepts, ideas, and images, constituting an institution strongly marked by the symbolic. In the process of caring for health, life can be as present as revealed by the arrival of a newborn, as well as the reality of those who depart marked by death.

According to Amin (2001, p. 116), the caring body and the body requesting care intersect in stories and details that complement, contradict, and reorganize under the lens of the paradox of death and life.

Each patient is a unique being, differing from others due to their background, education, habits, beliefs, economic situation, and even their conceptions about health and illness. In this perspective, when expressing themselves, professionals must consider these aspects, some more easily identifiable and others not perceptible in a brief contact, as commonly occurs in healthcare services.

In this view, communication surpasses the limits of routine care, institutional norms, and protocols but pertains to the professional's ability to develop empathy, listen, and assess patients' needs. This concept leads us to the framework of otherness, understood according to Scholze et al. (2009) as a theoretical framework capable of equipping healthcare workers to develop reception without neglecting their own humanization. In the presence of joy and/or suffering, "the ethical responsibilities of healthcare professionals prevent them from being carried away only by emotion, as well as from ignoring the emotions of others and their own in healthcare practices" (SCHOLZE et al., 2009).

Patients who do not understand the language used may feel insecure, suspicious, and excluded from the care process, or even compromise their safety. Santos and Grilo (2014) state that the inability to communicate openly and respectfully with the patient contributes to the occurrence of errors, which can lead to harm or even death. Many situations arise where the omission of information or fragmented communication can cause adverse events, harming patients, professionals, and institutions.

Patients who are adequately informed about their treatment plan and potential side effects will be in a better position to participate in their care (SANTOS and GRILO, 2014, p. 166). Strategies have been developed in this regard, and involving patients as partners in care involves not only targeted interventions in services but also improving education on health education in professional training (WACHTER, 2010).

Communication constitutes a process of exchange between people, characterized by the sharing of meanings and permeated by the symbolism present in the relationships between social actors. When an individual says to another, "You did not understand what I meant," they assume that messages are immediately grasped by the other person and that the interpretation is identical to their own conception of the object. However, the individual's expectation regarding the other's interpretation of the message may not be met, as subjectivity is intrinsic to the communicational process within the context of an organization (KUNSCH, 2010; BALDISSERA, 2010). In this perspective, it is important to highlight the significance of listening, which requires patience, tolerance, and placing oneself in the other’s position.

Listening goes beyond the act of hearing sounds; it involves seeking to grasp the meaning of what is said, implying approach, giving, and willingness to attend to and gather what is said (CARDOSO, 2004). In listening, it is implied to detach from pre-established certainties and truths, in an attitude of receiving the different demands that may arise from a conversation, whether with the patient or colleagues.

Wolton (2015) discusses a relationship between communication and love. For this author, communication is expressed in speech, words, and the warmth of the voice. Communication is relationship, it is the search for the other and for love. Through communication, we seek to feel loved. Wolton (2015) believes that the proliferation of technologies can lead to more "non-communication," as the challenge is to tolerate and understand the other, which is the greatest challenge for the information and communication society.

The Communication Process in Transdisciplinary Work Among Healthcare Professionals

The context of working in healthcare is synonymous with a living, highly dynamic operational structure, where relationships evolve and tensions exist among subjects with polymorphic activities. Their actions vary according to the activities performed, the technology employed, the environment in which they are situated, the characteristics of individuals, and the available resources (RUTHES, 2008). It represents the workplace of very specific socio-professional groups and has a power and authority system that differs from other organizations, along with a technical and organizational work structure, with its own culture related to issues of life and death, as well as different social representations of health/disease, the role of medicine, and professional ideologies and strategies (MOREIRA, 2007).

Work in health inherently involves a transdisciplinary concept, as professionals, while caring for the human being, encounter not only biological problems but also social, cultural, and emotional issues (LEOPARDI, 1994). The focus of healthcare is the patient; however, in power and knowledge disputes, the patient often takes a backseat, as healthcare work is based on interpersonal relationships, which imply power relations (FORTUNA et al., 2005). Thus, this transformation towards a transdisciplinary approach has been a challenge over the years, marked by progress and setbacks. The health field consists of various professions with fragmented practices, in its social organization, making them essentially technical rather than integrating them into human life in the broader sense of life and the world (OJEDA, 2004). According to the author, different types of knowledge, although they may be seen as complementary, can also be viewed as power plays, creating barriers and fragmented attention in healthcare.

Moreover, with the development of digital technology and the globalization of information through the Internet, communication processes have transformed, becoming interactive and capable of reaching many people simultaneously in real-time (CASTELLS, 2009). This phenomenon of "information diffusion" (informational bias) is occurring not only on a global scale but also within organizations, causing changes in the relationships between groups. Communication possibilities have evolved, establishing new models of conduct and rules of interpersonal interaction and work configuration. Technological mediation of communication has shifted from being merely instrumental to becoming more dense and structured. Current technology is not limited to innovations in equipment but also involves new modes of perception and language (MARTÍN-BARBERO, 2002). There has been a transformation in knowledge conditions, leading to a strong blurring of boundaries between reason and imagination, knowledge and information, nature and artifice, art and science, specialized knowledge and worldly experience (MARTÍN-BARBERO, 2002, p. 2). In this context, a new type of relationship emerges between symbolic processes that constitute culture and the forms of production and distribution of goods and services. The "information society" is therefore not only one where the most valuable raw material is knowledge but also one where economic, social, and political development is closely linked to innovation (MARTÍN-BARBERO, 2002).

Communication processes in the healthcare field have somewhat followed these advancements. In the Unified Health System (SUS), integrated information systems exist among health service components and the entire network of care, determining a new model of relationship between workers. In hospitals and health services, the use of these systems has led to the reorganization of processes and, more importantly, established new behavior models for its members, as the communication process requires specific skills, such as negotiation ability, reflection capacity, and exchange among social actors. According to Martín-Barbero (2002), one of the most profound changes society has undergone relates to the way knowledge circulates, as control over its production and legitimate places of circulation has been lost. One effect is the dispersion and fragmentation of knowledge, determining changes in the relationship between social production and knowledge (MARTÍN-BARBERO, 2002).

In the health field, with the widespread circulation of information reaching individuals everywhere and at high speed, knowledge that was once the restricted domain of professionals has become public, leading to the need for different approaches in prevention, diagnosis, treatment, and rehabilitation of diseases, with patients taking a more active role in managing their health problems. This reality has led professionals to adopt new working methods and approaches to knowledge.

In 2004, the World Health Organization (WHO) launched the World Alliance for Patient Safety (Brasil, 2014) and identified six areas of action. One of these areas is the development of "patient safety solutions" (WHO, 2007), with communication being one of the areas requiring interventions for success in global patient safety. Improving "communication for safety" in health care is a global imperative, and programs to develop communication skills can contribute to behavioral changes at the individual, team, and institutional levels, with positive repercussions for patient safety culture (LEE, ALLEN, and DALY, 2011).

However, we highlight that the communication process in hospitals is comprehensive and not limited to instrumental aspects (informational bias) or linear transmission of information. This process occurs among individuals who relate, involving meaning beyond the nuances involved. Communication happens throughout patient care, involving and/or being involved in the professional-patient and professional-professional relationship. From the transmission of information during shift changes, medication preparation, patient physical examinations, bedside procedures, to patient transfers and discharge, communication aspects are present. Communication, informational, and relational flows are materialized through written, verbal, and/or visual discursive practices produced in the organizational context, either spontaneously or planned (OLIVEIRA and PAULA, 2008).

According to WHO (2007), during an illness or hospitalization period, a patient interacts with a series of professionals and service sectors, moving between diagnostic and treatment areas and encountering teams from three shifts each day, which makes them vulnerable to safety risks at all times. Communication between units and among care teams during shift changes may not include all essential information or may involve incorrect interpretation of information. These communication gaps can cause serious interruptions in care continuity, inappropriate treatment, and potential harm to the patient (WHO, 2007). We recognize the importance of information transmission in the context of health work. However, we must not overlook that this practice is marked by subjectivity, as its object is the person.

In this sense, communication in hospitals involves the human dimension, considering the multiple interactions among individuals during care processes. These interactions form a network of cultures intertwined in daily exchanges between workers, according to each professional's and/or group's culture, encompassing the cultural dimension of communication. Regarding organizational management, communicative production must consider the subjectivity of interlocutors and be grounded in coherence between institutional discourse and daily practices, which is associated with the strategic dimension of communication. In this perspective, according to

Kunsch (2016, p.58), the instrumental, human, cultural, and strategic dimensions do not occur separately but are intertwined and interdependent in the organizational context.

IV. Conclusion

Communication in the health field is an essential tool that goes far beyond the mere transmission of technical information between professionals and patients. It is a complex and multifaceted process that involves a deep understanding of the cultural, emotional, and ethical aspects that permeate human interactions. In a hospital environment, where rapid and precise decisions can mean the difference between life and death, the quality of communication can determine not only the effectiveness of treatment but also patient safety and resource efficiency.

When conducted well, communication in the health context can prevent errors, reduce hospitalization time, improve patient satisfaction, and foster a collaborative and harmonious work environment. However, when failures occur, the consequences can be severe, resulting in adverse events, compromised patient trust, and even irreparable harm. Effective communication requires not only technical knowledge but also interpersonal skills such as empathy, active listening, and the ability to tailor language to the patient's level of understanding.

Moreover, communication in healthcare should be seen as a constant negotiation, where different professionals bring their knowledge and perspectives, often based on different fields of expertise, to achieve a common understanding and make informed decisions. This negotiation is influenced by a complex interplay of power, where technical and scientific knowledge, interpersonal skills, and available resources intersect.

Active listening and empathy are fundamental in this process, allowing healthcare professionals to understand not only what the patient is saying but also what they are feeling and thinking. This approach is crucial for developing care that is truly patient-centered, taking into account individual needs, fears, hopes, and expectations.

In a scenario where communication technologies are increasingly present, there is a growing risk that true communication, involving mutual understanding and human connection, may be compromised. As emphasized by Wolton, authentic communication is not limited to the use of technologies but to the ability to understand and tolerate the other, a constant challenge in the information society.

Therefore, emphasizing the importance of communication in the hospital environment is not just about improving processes and outcomes but also about humanizing care, recognizing, and valuing the uniqueness of each patient. It involves fostering an organizational culture where communication is seen as a fundamental pillar of safety and quality of care, integrating technical knowledge with sensitivity and respect for patients' experiences and emotions.

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