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Perception of Speak-up Culture and Communication Behaviors among Doctors and Nurses in an Intensive Care Unit of a Public Hospital.

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Introduction

Ineffective communication among health care professionals is often one the root causes of medical errors. Clinical staff, if are willing to speak up, can certainly help to improve patient safety and enhance teamwork. Despite a growing recognition of the importance of speaking up to protect patient safety in critical care, there has been little research in the area of open communication in critical care contexts.

Objectives

This study sought to identify different perceptions of speaking up culture, and understand their communication behaviors across different ranks and disciplines in bilingual Intensive Care Unit (ICU) in a public hospital.

Methodology

The evaluation of speaking-up behavior among ICU clinicians and nurses was conducted through a mixed-methods approach: Quantitative questionnaire survey and individual audio-recorded qualitative interview.

Result

80 out of the 111 ICU staff were participated in the study. Both ICU doctor and nurse groups had high perceived unit effectiveness and understanding on patient care. Doctors had higher communication openness (66.03%) than the nurses (48.50%). Doctors and nurses had different views in satisfaction of communication between senior doctors and junior nurses ($p < 0.05$). All participated staff agreed that the level of communication openness had positive effect on their understanding of patient care goals ($r = 0.637$, $p < 0.001$).

In the qualitative interview with the participants, factors identified to facilitate speaking-up practice were: Absence of strong hierarchy in working place, mutual

respect, and opportunity of communication training (e.g. Crew Resource Management). Staff engaged in upward communication, especially Inter-departmental communication, found the speak-up practice most challenging. General strategies to promote speak-up culture were: Be sincere, establish common understanding of new information, promoting non-blaming culture, and avoid using ICU colloquial expressions.

Conclusion

ICU Doctors and nurses have different perceptions on speak-up and communication behaviors. They both acknowledged communication openness among clinical staff is associated with the degree to which they understand unit effectiveness and goals of patient care. All staff would like to foster a speak-up atmosphere and culture in the ICU which they can communicate openly without fear of reprisal or embarrassment.

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