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Interprofessional communication in a rural hospital.

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2013-09-27
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“The single biggest problem in communication is the illusion that it has taken place.”

George Bernard Shaw

DECLARATION

I declare that this dissertation is my own unaided work. It is submitted for the degree of MA of Speech Pathology (by research) in the University of the Witwatersrand, Johannesburg. It has not been submitted before for any other degree or examination in any other university.

_____

Signature

Caitlin Victoria Kelly Longman

Date: 22/03/2013

ACKNOWLEDGEMENTS

Firstly I would like to thank my supervisors, Professor Claire Penn and Dr Jennifer Watermeyer from the Department of Speech Pathology and Audiology, for all their continuous support and guidance. I appreciate all the comments, emails and chats that formed the backbone of my research. They have inspired in me a love of research which I never knew existed.

Thank you to all my participants who enthusiastically shared their time and experiences, their passion and dedication to rural health was clearly visible.

Special thanks to the Health Communication Research Unit, National Research Foundation (NRF) and the South Africa Netherlands Research Programme on Alternatives in Development (SANPAD) for supporting this research.

Lastly I would like to thank my family and friends for their love, encouragement and wine over the past year. To my grandparents who believe I can do anything and my mom who really can do it all, thank you for always being there. Dad, technically I have written a book before you, love you.

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ABSTRACT

Background: South Africa is a diverse country in terms of its cultures, languages, socioeconomic variety and community beliefs and this is reflected in our health care setting. Communication is a critical feature of adequate medical care and an understanding of potential barriers to communication is important particularly in understanding under-resourced rural health care settings. The health community is comprised of different professionals who are required to communicate interdependently on a daily basis to ensure the best quality of care for their patients. Little research has been done on the role of interprofessional communication in a rural setting.

Purpose: The aim of this research project is to describe and understand the influence of systemic and interpersonal factors on communication processes between health care professionals working in a rural hospital context.

Method:

The research study used a qualitative design and the application of social interaction theory, specifically Goffman's framework was used to understand the phenomena studied. The study involved 52 health professionals and included: doctors, nurses, clinical associates, social workers, pharmacists, dieticians, physiotherapists, occupational therapists, speech and language therapists, audiologists and administrative staff. The data in this research were derived from ethnographic observations in the hospital, and focus groups and interviews with participants. Profession-specific vignettes were used during the focus groups to stimulate discussion. A SiSwati speaking research assistant helped with the collection of data and aided in translation and transcriptions. Data from the 52 interviews, 8 detailed

observations and 12 focus groups were analysed using thematic analysis.

Findings: Numerous systemic and interpersonal themes were derived from the data. The study found that health care professionals felt isolation from both the wider medical community as well as the local community which influenced interprofessional communication. Systemic influences included the impact of the rural setting, changes in health systems (the proposed National Health Insurance scheme) and access to provincial support. Interpersonal themes included management, power, responsibility, handover, recognition of roles, blame, conflict and language issues. One of the most prominent interpersonal themes to emerge was the identity of the health care worker which was interlinked with their professional role, status, power, race, language and community identity. Participants' thoughts about the way forward for the hospital also emerged.

Conclusion & implications: Systemic and interpersonal factors do influence health care workers' interprofessional communication. Social interaction theory explains some of the complex communication interactions but they do not account for important systemic influences. Goffman's front and backstage is beneficial in identifying communication in a rural hospital however systemic and interpersonal categories were found to be more useful in this setting. The implications from this study are important for policy, theory and practice such as communication training programmes for rural healthcare teams as well as site specific models of training. Speech and language therapists are communication experts and therefore could be playing a greater role in the development of team communication.

KEY WORDS: interprofessional, communication, rural hospital, isolation, Goffman