Letters to the editor

Current Situation and Challenges Surrounding the Communication Gap Among Health-care Professionals: Outlook of Rural Health-care Professionals and Medical Students

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How well health-care professionals understand the positions of their colleagues and communicate with one another greatly impacts the success of community care¹⁾. However, few studies on the topic have been conducted, especially in rural areas. Therefore, we organized a one-hour multidisciplinary group discussion on the topic of interdisciplinary collaboration in August 2013 in Shinshiro, a city located in a rural and remote area. The discussion was attended by health professionals including doctors and nurses working at clinics or community hospitals in a remote area. Medical students from two different medical schools also participated in the discussion. Fifty-five participants (15 doctors, 7 nurses, 5 hospital clerks, 3 medical social workers, 2 co-medical staff, 1 pharmacist, 1 public health nurse, and 21 medical students) were recruited. The participants were randomly placed into 7 groups of 7 or 8 participants. They were instructed to write down all of the information formulated during the discussion. Following the discussion, the authors made a list of all the ideas or thoughts that emerged from the various groups based upon the participants' written notes; they then transferred all these ideas onto individual labels. A total of 319 labels were compiled reflecting the perceptions of the health-care professionals and medical students toward the communication gap among health-care professionals. We used the KJ method as a qualitative research tool^{2, 3)}. First, to make it possible to quickly and efficiently frame key concepts into labels, we selected 35 of the 319 labels. Second, we organized the 35 labels into groups and combined labels that shared strong similarity in terms of quality as a result of grouping. Finally, we arranged these 10 groups according to the interrelationships among the groups (Figure 1).

Fortunately, a number of measures can be adopted to break down these walls and revitalize communication. First, while doctors tend to feel superior in rank to other professionals, they should strive to communicate more efficiently with them; as well, other professionals should not hesitate to consult doctors when doubt arises. Second, the care team should preferably be lead by a professional other than a doctor. In order to lead the care team effectively, this professional needs to take pride in his/her work and contribution so as to earn the trust of doctors and other care team members. Third, mediators or facilitators are needed to help promote and monitor multidisciplinary relationships. Fourth, the care team should avoid the use of abbreviations or technical terms that often intimidate nonmedical staff; additionally, workplace courtesy should be encouraged through proper greetings and light conversation, and whenever possible, face-to-face communication should prevail over indirect modes of communication such as the telephone, (electronic) medical records, or messages. This is often more easily achieved at clinics than at large hospitals. Finally, we should promote exchange among professionals both during and outside working hours to encourage teamwork and shared objectives.

Thus, our results offer insight on ways to bridge the communication barriers among health-care professionals in the community.

References

1. Shimada C, Takahashi R. [Multidisciplinary cooperation in the process of end of life care among older people]. *Nippon Ronen Igakkai Zasshi Japanese Journal of Geriatrics* 2011; 48: 221–226 (in Japanese). [[Medline](#)] [[CrossRef](#)]
2. Raymond S. The KJ Method: A Technique for Analyzing Data Derived from Japanese Ethnology. *Hum Organ* 1997; 56: 233–237.
3. Hirakawa Y, Uemura K. A qualitative study of long-term care leaders' experiences of end-of-life care provision at long-term care facilities in Japan. *J Nurs Care* 2013; S5: 010.

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Figure 1 Current situation and challenges surrounding the communication gap among health-care professionals.