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CONFERENCE ABSTRACT

# It all comes down to trust; determinants for miscommunication in Primary Healthcare

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**Introduction**: Adequate communication between care and medical disciplines is an important prerequisite for safe patient care. Studies have shown that personal, social and organizational barriers might hinder communication in hospital care and long term care. Literature in primary care on these topics is scarce, but studies on implementation of collaborative services in primary healthcare indicate that communication is an important prerequisite for collaboration. This study aims to identify factors that facilitate or hinder patient related communication between General Practitioners (GPs) and Community Nurses (CNs), in order to find strategies to improve poor communication, if present. Six mono-disciplinary focus groups (13 GPs, 3 meetings; 18 CNs, 3 meetings) were organized, to create an atmosphere of equality and trust, knowing that hierarchical relationships could hinder open discussions. The interviews were tape-recorded and transcribed ad verbatim. Professionals were invited to discuss topics concerning individual attitudes and experiences, barriers and facilitators, prerequisites and current and future strategies for improvement. ATLAS.ti was used to code transcripts.

**Results**: Despite the fact that GPs and CNs have regular contacts (mostly via telephone, less often in person), poor communication was frequently perceived. Trustful relations appeared to be the most important prerequisite for effective communication. Organizational factors (e.g. lack of shared care plans, no contact in person and lack of time) and professional specific factors (e.g. discipline specific language, perspective, education level and position) influenced development of trustful relationships. Significant suggestions for improvement of communication by both GPs and CNs were made, for example the importance of communication skills training and use of practical communication tools that structure information.

**Discussions**: The results of this study are in line with earlier studies in hospital and long term care settings with regard to miscommunication between doctors and nurses. However, in this primary care study, causes seem to be more divers and disruptive. Medical and nursing professionals are not part of one team, but work from different organizations, with different interests, visions, procedures and methods of working.

**Conclusions**: Different professional and organizational factors might hinder effective patient related communication between GPs and CNs. Inter-professional training programmes should address these factors and should be evaluated for their effect on quality of care.

**Lessons learned**: To improve collaboration between primary care professionals, promoting trust and crossing professional boundaries are the most important clues for improved patient-related communication between GPs and CNs. Vocational training of GPs and CNs should focus more on collaboration, since particularly GPs are merely trained as solo practitioners.

**Limitations**: A limitation was that this study was conducted in the Netherlands; in other countries organizational arrangements, education programs and collaborative practice may differ from the Dutch situation, that may lead to different accents and conclusions towards specific determinants for miscommunication.

**Suggestions for future research**: Future research should be directed to investigate effectiveness of different aspects of communication that align with solutions practitioners themselves find meaningful.

**Keywords:** communication; collaboration; primary health care; qualitative research; barriers