

EFFECTIVE COMMUNICATION AND ANTENATAL CARE IN HOSPITALS: A STUDY OF PREGNANT WOMEN IN FMC OWERRI ANTENATAL CLINIC

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Abstract

The study exposes the role of effective communication in antenatal care in Nigerian hospitals with special focus on F.M.C. Antenatal Clinic. The paper x-rays the mode of communication that exists between pregnant women during their antenatal clinic attendance and the healthcare workers in the hospital. The study defines communication as used in a hospital setting particularly on pregnant women who need special care and attention due to peculiarities associated with pregnancy. The paper explains how effective communication can be used to influence decisions to adopt healthy choices which in turn will reduce infant and maternal mortality and make pregnant women feel at home with their condition. The study reveals the benefits of effective communication as regards patient – staff relationships, medical diagnosis, feedback, free communication, hospital goals, legal benefits, healthy practices etc. The study further highlights the barriers to effective communication as well as the results of ineffective communication in hospitals. The study in addition lists ways of breaking the barriers to effective communication as a means of strengthening public health especially for pregnant women.

Keywords: Effective, Communication, Antenatal Care, Hospitals and Pregnant Women.

Introduction

The ability to communicate and the ability of the recipients to understand what the communication is saying is a serious challenge especially with multiplicity of different channels of communication in a place where language and literature levels vary. In a hospital environment for instance, people from all works of life with different backgrounds and facing one health challenge or the other come for health care. Some of these people are aggressive or in pain and so communicating with them requires special skill and care.

In spite of the various communication gadgets being used in the society today, professionals in the hospital need to communicate with one another in the course of their duty as duties are shared according to their professional training and competencies. A hospital researcher Metzger in 1975 observed that the hospital has a rare mix of diverse skills and hospital is an establishment made up of different professionals primarily set up to provide health care services to patients with professionals like Doctors, Nurses, Pharmacists, Physiotherapists, Lab Scientists, Technicians, Engineers, Dentists, Dieticians, Hospital Administrators, Health Record Officer, Health Attendant etc. These staff categories work together and for this collaboration to be possible there must be adequate and effective communication between the staff who work as a team and the patients.

For patients to get treated and be given the right medical care, there must be effective communication so that the patient or their relatives will be clearly heard and understood and the health care giver or medical personal must also ensure that the medical instructions and questions asked are understood perfectly to avoid making costly mistakes that can lead to loss of life in extreme cases. Communication here is a two-way process, it is direct and interpersonal.

The focus of this study however is on how to achieve effective communication among pregnant women who attend ante-natal sessions in hospitals with the health professionals who attend to them in hospitals.

Statement of the Problem

The general belief in Nigeria is that the hospital is not a very friendly place to visit Nurses in particular are viewed by many people as unfriendly and sometimes “wicked”. Pregnant women are known to be moody at times and are easily provoked due to their condition.

Inadequate infrastructure, too many grievances by staff members who are always embarking on industrial action over labour issues, leadership issues, remuneration and other allowances among other issues embitter the staff and make them work haphazardly or half heartedly. These affect the smooth running of clinics in the hospital and often times the patients are on the receiving end of these anomalies.

This study therefore seeks to find out why patients especially pregnant women feel embittered or unsatisfied with the way they are addressed and why there is misunderstanding of misinterpretation of medical instructions. This study also seeks to reveal the constraints to effective communication in the hospital setting.

Objectives of Study

The study sought to:

1. Find out the most commonly used method of communication by pregnant women to get information during antenatal visits.
2. Ascertain the perception of pregnant women on the mode of communication encountered during antenatal clinics.
3. Ascertain the perception of pregnant women on reception of hospital staff.
4. Find out how to enhance effective communication among pregnant women and hospital staff.

Research Questions

1. What is the most commonly used method of communication that pregnant women use to acquire information on antenatal care?
2. What is the perception of pregnant women on the mode of communication during ante-natal clinics?
3. What is the perception of pregnant women on their reception by hospital staff?
4. How can effective communication among pregnant women and hospital staff be enhanced?

Literature Review

An Overview of FMC Owerri

The Federal Medical Centre, Owerri is a tertiary health institution situated at the South Eastern Nigeria (Imo State specially) to cater for the health needs of the Imo State citizens as well as other people from neighboring states. It runs clinics in major clinical areas including antenatal clinic which is the clinic under the obstetrics and Gynecology department. Antenatal clinics are run by consultants every week day though emergency cases are attended to 24 hours, seven days every week.

The antenatal clinic of F.M.C. Owerri run daily on each week day during which pregnant women are educated by Health educators, Pharmacist, Nurses, Customer care officers, Hospital Dieticians etc. These specialists educated the women on their various fields on issues that affect pregnancy and child bearing as regards feeding, drug taking, preventive care, therapy like physiotherapy, health habits etc. There are also prayer sessions early in the morning before antenatal clinic starts. Women under special care like those living with HIV also attend PMTCT clinics where they are treated and trained on how to deliver babies free from HIV.

The antenatal clinic provides a forum for interpersonal communication between pregnant women where experiences are shared and new ideas acquired. Also the pregnant women learn from health professionals.

Effective Communication

Effective communication is a two-way process where the receiver must decode the

full meaning of the message. The sender must encode the messages meaningfully and the receiver must fully understand the message. This is very important in drug prescription and administration to avoid wrong prescription, overdose or under dose. This is also important in carrying out deliveries and surgical procedures.

Forms of Communication in the Hospital

Fernandez (2009) pointed out the following forms of one-to-one communicate as follows:

- Eye Communication
- Posture and movement
- Gestures and facial expressions
- Listener involvement
- Dress and appearance
- Using humour
- Voice and voice variety
- Language, pause and non-word
- The natural self (Self confidence)

These skills send a signal about the sender of the message and the receiver and play their own roles in the communication process. Health workers must be good listeners to colleagues and their patients as well as their relations. In patient staff communication, useful information are deduced from patients when the right communication skill are employed. Patients receive useful tips on preventive measures and patients can as well make useful suggestions on ways of improving medical service.

The Concept of Health Communication

Nwabueze (2009) defined health communication as the “application of communication principles and strategies in ensuring sustainable health development. It consists of the use of intrapersonal, interpersonal, traditional, group and mass communication strategies in spreading information, sharing ideas and experiences on and drawing attention to issues and concerns that will improve private and public health.

In Konkwo (2009), Nwabueze opined that Health Communication consists of the application of communication principles and strategies in improving the state of health of a target audience. According to him, it is an important tool in ensuring a healthy society.

According to International Communication Association (2002), Health communication deals with patient interaction, health information systems, communicating medical ethics etc.

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Nwabueze (2007) said health communication is concerned with equipping health professionals and health workers with effective communication skills to work as a team or to engage in meaningful two-way communication that would enhance their job with patients or other target audience.

Nwabueze (2006) sees communication as the transfer, transmission and sharing of ideas, experience, information and data of all kinds between a “sender” and “receiver”. Health communication according to him is a constant and consistent adoption of interpersonal, group and mass communication strategies is not just drawing the attention of the people to health issues that affect them but also creating a healthy environment and society.

Similarly, Okoro and Nwachukwu in Ike and Udeze (2015) said that health communication is one of the strategies often employed to combat diseases whether at the epidemic or pandemic level.

According to Nwabueze (2009) the Nigerian health sector is characterized by inadequate funding, high infant/maternal mortality rate, high rate of HIV/AIDS, malnutrition, lack of attention on Primary Health care system, high rate of infection etc.

Functions of Health Communication

For antenatal care, health communication reduces maternal/infant mortality rate when adequate attention is paid to both the pregnant women and the medical personal.

Healthy people (2007) added that health communication is increasingly recognized as a necessary element of efforts to improve personal and public health and contributes to disease prevention, encourages demand for appropriate health services among other functions.

UNESCO Health Communication Process

According to UNESCO to achieve effective health communication, the following should be determined:

1. Define clearly the health behaviour you are trying to promote.
2. Define the population you want to influence
3. Does the health behaviour require new skills?
4. Learn about the present health knowledge, belief and behaviour of the target audience.
5. Investigate the target audience source of information about health.
6. Design health messages which are:
 - i. Easily understandable

- ii. Culturally and socially appropriate
- iii. Practical
- iv. Brief
- v. Relevant
- vi. Technically correct
- vii. Positive among others

Health communication message are received differently. Some factors that influence attitude to health communication include;

- Culture
- Level of Education of the patient
- Economics status
- The message itself (i.e the nature of the message).

Benefits of Effective Health Communication

1. **Patient - Staff relationship:** Effective communication plays a vital role in modeling a very good rapport between the patients and staff or care givers. Effective communication makes for a relaxed atmosphere which will enable the patient open up to the doctor, nurse or counsellor etc necessary for healing or soothing the patients discomfort.
2. **Correct Diagnosis:** Effective communication or exchange of information facilitates fast and correct diagnosis.
3. **Removal of Communication Barriers:** Effective health communication removes communication barriers.
4. **Providing Feedback:** Effective communication provides a feedback mechanism for both patients, their relations and even for staff members. Other benefits include:
5. Reduction or Avoidance of Litigation
6. Freedom of expression
7. Provision of information
8. Improving hospital image
9. Healthy practices etc.

Barriers to Effective Health Communication

Obe and Adebayo (2010) listed the following as barriers to effective interpersonal communication: emotions, filtering (which occurs when people reconstruct the key message for some reasons, information overload, defensiveness, cultural differences, jargons etc. Other barriers include:

- Poor listening
- Friction among health workers
- Distorted messages (from written materials, telephone calls, wrong

- interpretation etc).
- Bias and selectivity
- Frame of reference and semantics
- Fear
- Inadequate knowledge etc.

Results of Ineffective Communication in Hospitals

When communication is not carried out effectively due to the already discussed barriers or other reasons, the following result;

- Death of patients
- Disabilities or certain impairment or congenital abnormalities in pregnancy.
- Legal suits filed by aggrieved patients or their relations.
- Loss of practicing license of media and personal
- Bad image or reputation of the hospital
- Loss of patient/patronage
- Closure of the hospital in extreme cases.

Overcoming the Barriers

The following are some ways of overcoming the barriers to effective communication during antenatal clinics;

1. Simplify language of communication
2. Constrain emotion (not revealing emotions to patients)
3. Listen actively
4. Provide a feed back

In Trewatha and Newport (1982) overcoming or preventing communication barriers requires that both parties concerned commit themselves to improved communication effectiveness. The commitment must include efforts to improve the understanding of messages transmitted between senders and receivers. According to them:

- The intent of each message must be clearly defined.
- In order to encode and transmit messages satisfactorily, the sender must determine whether information is to inform, stimulate thought or persuade others.
- The basic message must be appropriately formulated so that receivers are able to respond in the desired manner.
- For the benefit of birth sender and receiver, the verification of communication is also important in reading error.
- Written communication should be used whenever practical.

Empirical Review

A study titled “*A Qualitative Study of Women's Experiences of Communication in Antenatal Care*”: *Identifying Areas for Action* by Raine R, et al in *Maternal Child Health Journal 2010*, identified the key features of communication across antenatal care that are evaluated positively or negatively by service users). The study revealed that health care providers used empathic conversational style, displayed openness to questions and allowed sufficient time to talk through any concerns. They also used pro-active contact. These features according to the study created resources, facilitated information exchange, improved appointment attendance and fostered tolerance in stressful situation. However, poor communication led some women to become assertive to address their needs while others were reluctant to engage with providers.

In relation to this study, the study in effective communication and antenatal care in Nigerian hospital seeks to find out if there is effective communication in antenatal clinics in Nigeria which will bring about improved infant and maternal health.

In another study titled “An Appraisal of Communication for Antenatal Care of Women in the Lusaka Urban District Health Management by Chitalu Kasote Mumba meeting were identified as the most beneficial method of communication between the nursing staff in the clinic and their supervisors at the Lusaka Urban District Health Management Board. The study revealed that interpersonal communication was the most commonly used method of communication between the Nurses and the women attending antenatal clinics and the most commonly used antenatal care among others. In relation to the study, the mode of communication among pregnant women who attend antenatal clinic will be revealed.

Another study titled “*How Midwives Tailor Health Information Used in Antenatal Care in Midwifery Journal* written by M. Wilmore, D. Rodger, S. Humphreys, V.L Clifton, J. Dalton, M. Flabouris and A. Skuse examined the informed approaches taken by midwives and other antenatal staff to adapt health communication to the needs of their patients, as well as their perception of the barriers faced when trying to provide tailored health promotion. The study found out that midwives and other antenatal staff use a range of strategies to meet the perceived health literacy level of their patients. They also discovered that their attempts to their health information to individual needs are frequently based on incomplete information about patients' health literacy, may be inconsistent in delivery and content and are seldom assessed to determine whether communication has been understood or led to patient behaviour change.

In relation to this study, the study on effective communication and antenatal care in Nigeria seeks to find out the mode of communication used by health care givers and

to find out if the pregnant women are at home with the mode of communication as well as to find out if they clearly understand instructions given which are designed to bring about change in some beliefs or behaviour that affect their health.

Theoretical Framework

This study is hinged on the following theories:

1. **Health Belief Model:** This model was developed in 1950's by Gefferey Houchbaum and later developed by Becker, Haefner and Maiman in 1977. The theory addressed personal knowledge and beliefs used in health promotion to design intervention and prevention programmes with a focus on accessing health behaviour of individuals through the examination of perceptions and attitudes someone may have towards disease and negative outcomes of certain action's (Burk in Ike and Udeze, 2015).

In relations to this study, pregnant women are vulnerable especially the first timers (also known as primigravida) and are easily influenced by their religious beliefs, their mothers, mothers-in-law, native customs etc.

Intervention and prevention programmes can be established through effective communication to avert harmful practices which can harm the unborn baby or be injurious to the mother. Effective communication may be used to put the activities of the pregnant women in check to avoid her losing the baby or even her life.

Theory of Planned Behaviour (TPB)

The Theory of Planned Behaviour (TPB) is a theory that links one's beliefs and behaviour. It was proposed by Icek Ajzen to improve on the productive power of the theory of reasoned action. It has been applied in fields such as healthcare. According to the theory, attitude towards behaviour, subjective norm and perceived behavioural, control, together shape an individual's behavioural intentions and behaviours.

In relation to this study, the influence of group discussions during antenatal session or cultural or religious beliefs affects the way pregnant women adhere to doctors' instruction or imbibe the habits being taught during antenatal classes. For instance, the act of drinking "Agbo" among Yoruba women to make the fetus small and easy to deliver may likely affect the diet of pregnant women who may not adhere to the feeding plan given to them by hospital dieticians.

Research Methodology

This work used participatory Focused Group Discussion (FGD) with the researcher as part of the group and a semi structured interview to interview 5 different groups made up of 10 pregnant women from different ante-natal clinics in Federal Medical

Centre, Owerri.

Discussion of Findings

From the responses of the respondents, the following was deduced:

1. The responses by all 50 respondents to the questions are show that FMC Owerri is doing a good job with their Health Educators who educate pregnant women on healthy life choices.
2. The response to question 2 shows that more than half of the pregnant women (35) interviewed are happy with the reception of the staff of the hospital
3. Again, question 3 revealed that many staff of the hospital are courteous. This will make the pregnant women open up and discuss freely with the staff.
4. On question four, all the respondents said they understand the lessons being taught during ante-natal classes. This shows that the staff teaches in a language the women understand and they carry the different literacy levels along. This also points out to the fact that the atmosphere in the antenatal clinic is conducive for everyone to stay focused on the lectures.
5. In response to question 5, 47 women said they experience attitude change after lectures. However since 3 respondents said they are not affected by the lecturers, it shows they have either cultural or religious bias.
6. The respondents seem to be satisfied with services they receive are non of them had no complaint to make.
7. In response to question 7, the respondents revealed that some need of the staff should be attended to for the staff to do their jobs effectively. This shows there may be little lapses in service delivery.
8. Question eight revealed that there is no feedback mechanism except for the few patients who have cell phone numbers of their doctors.

Conclusion

The hospital has been seen as an institution whose activities centre on communication. Effective communication has been seen to influence health decisions and reduce infant and maternal mortality rate. Effective communication also enhances patient-staff relationships, leads to correct medical diagnosis and enhances healthy practices which improve public health.

Recommendations

Having looked at the advantages and the challenges of effective communication in antenatal care, the following recommendations are made;

1. There should be a close monitoring of pregnant women for a follow up to ensure they are adhering to instructions given at the antenatal clinic. This can be achieved by forming a data base/contact to reach pregnant women at home especially those on monthly appointment. This may be in form of

- phone calls or using other ICTs available to reach the women at intervals.
2. A feedback mechanism should be put in place so that pregnant women can reach their doctors and other health professionals for updates.
 3. Medical and Health workers should be trained and retrained on communication skills to get the best corporation form their patients and to fully understand the patients. This will enhance the accuracy of diagnosis.
 4. Pregnant women with special needs and health challenges should be encouraged to open up to the health workers so as to get the right treatment and therapy.
 5. The government should ensure adequate and prompt remuneration of workers for them to put in their best services.

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