



Research paper

Integrative medicine as a change agent of hospital staff: From hospital orderlies to partners in health promotion[☆]Zahi Arnon^{a,b,*}, Eran Ben-Arye^{d,e,f,g}, Samuel Attias^{a,c,1}, Omer Levy^a, Elad Schiff^{a,g}^a Bnai Zion Medical Center, Haifa, Israel^b The Max Stern Yezreel Valley College (YVC), Israel^c School of Public Health, University of Haifa, Israel^d Integrative Oncology Program, The Oncology Service and Lin Medical Center, Clalit Health Services, Haifa and Western Galilee District, Israel^e Complementary and Traditional Medicine Unit, Department of Family Medicine, Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel^f Clalit Health Services, Haifa and Western Galilee District, Israel^g Faculty of Medicine, Technion Israel Institute of Technology, Israel

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ABSTRACT

Introduction: Hospitalized individuals often experience intense feelings of anxiety. Medical staff can reduce patient distress by employing appropriate communication techniques that establish rapport and emphasize positive affirmations. Orderlies transport patients throughout the hospital to consultations and various procedures that are often the source of intense patient apprehension. Under such circumstances, the human encounter offers an opportunity to relieve anxiety. Yet the orderly staff receive no training to facilitate patients' emotional comfort.

Methods: The present article describes educational workshops in complementary medicine, which were conducted to provide hospital orderlies with appropriate tools to reduce patient's anxiety, primarily through verbal communication.

Results: Following the workshop, orderlies reported a change in their language and attitude towards patients, as confirmed by post-training interviews with the nursing staff. The orderlies' perceived role of merely transporting patients to and fro was transformed into a more profound meaning of engaging actively in patient comfort and care.

Conclusion: This positive experience encourages the researchers to identify and appropriately educate additional sectors in the hospital, such as nurses' aides, secretaries and other auxiliary staff whom patients encounter daily, to serve as partners in health promotion.

1. Introduction

In recent years, the theme of health care provider (HCP)-patient communication is an integral part of the curriculum of medical and nursing schools as well as a number of residency programs [1–7]. Hospital psychologists and social workers also receive training on how to communicate effectively with patients. In contrast, the skills required for optimal HCP-patient communication are not routinely included in the training of hospital personnel considered to be 'outside the medical or para-medical profession'. And yet, there is a diverse group of non-medical trained personnel who may still significantly impact the

treatment environment, patients' satisfaction and expectations, and HCP-patient dialogue. This group of personnel provide administrative tasks, cooking, food-serving, cleaning and maintenance, and safe-guarding patients and medical personnel alike. A unique group comprises personnel who transport patients to and from the different hospital departments – i.e., the orderlies. Orderlies, a group of hospital employees which has not been studied in medical literature, have a fundamental role if viewed from an entire integrative "systems" perspective, where each sector of the hospital personnel may play a meaningful role in generating a healing environment.

Engaging HCPs in the medical care of hospitalized patients is a

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challenging and controversial topic. Some might argue that only highly-trained, licensed medical practitioners should be conceptualized as HCPs within the in-patient hospital realm. This perspective is usually undisputed due to the challenging decision-making and high-risk environment of hospitals. Nevertheless, beyond stabilizing and curing disease, the promotion of general wellbeing, mainly from positive patient-HCP interactions is greatly needed, all the more so in acute care settings. Such interactions should impart to the patients such things as compassion, positive thinking, stress reduction, support, trust, continuity of care across all HCPs, and being regarded as a healthy individual with a disease and not just a diagnosis-defined patient (e.g. “patient with cancer” vs. “cancer patient”). Consequently, patients expect the whole team of hospital employees to partake in their healing. This includes the patient transport personnel who are intimately exposed to patients’ concerns on the way to and from often challenging diagnostic and treatment procedures

Patient transport personnel, i.e. orderlies, have a number of duties and responsibilities through which they come in close contact with patients: transferring patients from bed to armchair, taking patients to various examinations, and transporting them to operating rooms. These people, whose work is primarily physical, are not routinely considered an integral part of the hospital HCP treatment system. Therefore, they receive no special instruction or training in HCP-patient communication, despite their close interaction with patients. Yet, in fact, orderlies are likely to meet patients at some of their most intimate and challenging moments of physical and emotional helplessness. Patients’ anxieties, fears and distress intensify while being transported in elevators and through corridors in public view, naked under the gown. These circumstances can be leveraged into therapeutic encounters between the patients and their “carrier”. Positive suggestions by the stretcher-bearer to soothe patient anxiety such as: “*Take a few deep breaths and see how that will relax your body and your mind*” are simple and powerful. Such gestures may contribute to continuity of care in an “all-personnel-inclusive” therapeutic hospital environment [8]. Despite the potential contribution of the transport staff to patient care, they are not trained toward this goal, and their potential role in advancing communication with patients has not been researched. For example, a Medline and APA Psych-net search in December 2017 for the phrases “stretcher-bearer”, “transport team”, “transport staff” or “porters” yielded a mere ten articles since 1969. Of the most recent articles, two referred to the period of World War I and one was about the life of a nineteenth-century doctor who had begun his career as a stretcher-bearer. Two articles pondered the role of orderlies and recommended educating them in methods that reduce patient anxiety, especially in the pediatric setting; however, according to the literature review, no relevant curriculum has been developed to date [9,10]. In 2010, a complementary medicine service was established within the Bnai Zion Medical Center in Haifa, Israel. This integrative service was first introduced in surgical departments aiming to advance patients’ supportive care and wellbeing. The integrative initiative not only focused on provision of evidence-based treatments but also aspired to reveal unmet needs and expectations of patients and personnel to establish a healing environment [11]. Viewing the whole as larger than its components, we were interested in ascertaining the contribution of every personnel sector, hypothesizing that each contributes to the comprehensive medical care provided during hospitalization. At this point, we began to realize the uniqueness of the in-patient transport personnel who, like in other hospitals, lacked any communication training. In the present article, we describe a training program whose purpose is to provide transport personnel with simple, practical tools and methods from the realm of complementary medicine to foster communication with patients, in such a way as to reduce anxiety and encourage their wellbeing. We suggest that training transport personnel may facilitate their awareness towards becoming an integral part of the hospital multidisciplinary team which may, in turn, advance patients’ therapeutic experience via positive communication. We also report on how the training program dealt with ‘scope

of practice’ issues in an attempt to define boundaries between the roles of clinical and non-clinical personnel.

1.1. Setting & background

The Bnai Zion Medical Center is an academic public 450-bed hospital in Haifa, Israel. Since 2010, the Bnai Zion Medical Center has operated a complementary medicine service. Within this service, a clinical psychologist trained in various mind-body therapies (guided imagery, hypnosis, mindfulness) provides care to hospitalized patients and educates physicians and nurses regarding health-care provider-patient communication. The co-founders of the complementary medicine services and the director of the patient transport services recognized that orderlies have the potential to serve as allied health personnel during their encounter with patients. Therefore, these administrators decided to devote efforts to the improvement of the orderlies’ communication skills with patients through an integrative medicine-based intervention. The patient transport staff at the hospital includes 24 employees. Recognizing that orderlies have the potential to reduce patient anxiety and enhance wellbeing, the transport team’s directors together with the integrative medicine service initiated a series of integrative medicine workshops. Their goal was to expose the orderlies to integrative medicine activities at the hospital and improve their communication skills with patients, emphasizing positive suggestions to reduce patient distress. The workshops were conducted during working hours, and participation was mandatory (only those on emergency duty were exempted). Questionnaires were filled in voluntarily and anonymously. Workshops were led by the integrative medicine team practitioners during their working hours without additional reimbursement, and there were no additional cost to the project.

The hypothesis underlying the communication intervention project was that by transforming the perceived role of orderlies from those whose job is merely to transport in-patients around the hospital to allied health personnel, they can potentially contribute to patient care through “comfort talk” [8] and positive communication [7,12,13]. The project was approved by the local Helsinki Committee (0041-09-BZN). Completion of the questionnaires anonymously signified the participant’s consent.

1.2. Communication workshops

The training, which was offered to transport staff at the Bnai Zion Medical Center during 2015, included eight sessions of 60 min each. Sessions included both theoretical lectures and practical, experiential workshops. An outline of the workshops is presented in Table 1.

Workshop participants were asked to complete questionnaires (Appendix A) before and after completion of the six workshops, which assessed communication competencies, job satisfaction, and self-sufficiency. Participants were also asked, in the post-training questionnaire, to reflect upon the workshops’ content, quality and relevance to their work.

In addition, following completion of the training course, we interviewed head nurses in three departments using a semi-structured audio-recorded interview focusing on the following questions: 1) Did you notice any general changes in the orderlies’ work and attitude? 2) Did you notice any general changes in orderlies’ approach towards patients, verbally, emotionally or physically? 3) Did you notice any general changes in orderlies’ approach towards nurses, verbally or emotionally? We then transcribed the interviews and conducted a thematic analysis to identify recurring themes in the head nurses’ responses.

1.3. From transportation to transformation

The transport team’s reflections and feedback on the training program indicated significant changes in the orderlies’ knowledge, attitudes and skills regarding personnel-patient communication. Many

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