



THE INFLUENCE OF INTERPROFESSIONAL COMMUNICATION ON PATIENT OUTCOMES: A STUDY OF HEALTH ASSISTANTS, MEDICAL SECRETARIES, AND HEALTH ADMINISTRATION PROFESSIONALS IN SAUDI ARABIA

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Abstract

Effective interprofessional communication is crucial for delivering high-quality patient care and improving patient outcomes. This study aimed to investigate the influence of interprofessional communication on patient outcomes among health assistants, medical secretaries, and health administration professionals in Saudi Arabia. A mixed-methods approach was employed, combining a cross-sectional survey and semi-structured interviews. The survey assessed the perceived level of interprofessional communication and its impact on patient outcomes, while the interviews explored the experiences and perspectives of healthcare professionals regarding interprofessional communication. The findings revealed that effective interprofessional communication was positively associated with improved patient outcomes, including reduced medical errors, enhanced patient safety, and increased patient satisfaction. However, several barriers to effective interprofessional communication were identified, such as hierarchical structures, lack of mutual respect, and inadequate training in communication skills. The study highlights the importance of fostering a culture of collaboration and providing communication skills training to improve interprofessional communication and ultimately enhance patient outcomes in Saudi Arabian healthcare facilities.

Keywords: interprofessional communication, patient outcomes, health assistants, medical secretaries, health administration professionals, Saudi Arabia

Introduction

Interprofessional communication is a critical component of effective healthcare delivery, as it facilitates the exchange of information, knowledge, and expertise among healthcare professionals from different disciplines (World Health Organization, 2010). Effective interprofessional communication has been shown to improve patient outcomes, reduce medical errors, and enhance patient safety (Rosen et al., 2018). In contrast, poor interprofessional communication



can lead to adverse events, delays in treatment, and decreased patient satisfaction (Vermeir et al., 2015).

In Saudi Arabia, the healthcare system has undergone significant reforms in recent years, with a focus on improving the quality and efficiency of healthcare services (Almalki et al., 2011). However, challenges related to interprofessional communication persist, as healthcare professionals from different disciplines often work in silos, with limited opportunities for collaboration and communication (Al-Omari et al., 2020). This study aimed to investigate the influence of interprofessional communication on patient outcomes among health assistants, medical secretaries, and health administration professionals in Saudi Arabia, and to identify the barriers and facilitators to effective interprofessional communication in healthcare facilities.

Literature Review

Interprofessional communication has been extensively studied in healthcare settings, with a growing body of evidence highlighting its impact on patient outcomes. A systematic review by Rosen et al. (2018) found that effective interprofessional communication was associated with improved patient safety, reduced medical errors, and enhanced patient satisfaction. The review also identified several strategies for improving interprofessional communication, such as team training, structured communication tools, and leadership support.

In the context of Saudi Arabia, studies have explored the challenges and opportunities for interprofessional communication in healthcare settings. A qualitative study by Al-Omari et al. (2020) found that hierarchical structures, lack of mutual respect, and inadequate training in communication skills were major barriers to effective interprofessional communication among healthcare professionals in Saudi Arabia. The study also highlighted the need for organizational support and leadership commitment to foster a culture of collaboration and communication.

Another study by Alqahtani et al. (2019) investigated the perceptions of healthcare professionals regarding interprofessional communication in a tertiary hospital in Saudi Arabia. The findings revealed that healthcare professionals recognized the importance of interprofessional communication for improving patient outcomes, but identified several challenges, such as workload pressures, lack of time, and limited opportunities for face-to-face interactions.

While these studies provide valuable insights into the challenges and opportunities for interprofessional communication in Saudi Arabian healthcare settings, there is limited research specifically focusing on the experiences and perspectives of health assistants, medical secretaries, and health administration professionals. This study aimed to address this gap in the literature by investigating the influence of interprofessional communication on patient outcomes among these healthcare professionals in Saudi Arabia.

Methodology

Research Design

A mixed-methods approach was employed, combining a cross-sectional survey and semi-structured interviews. The survey aimed to assess the perceived level of interprofessional communication and its impact on patient outcomes among health assistants, medical secretaries, and health administration professionals in Saudi Arabia. The semi-structured interviews aimed to explore the experiences and perspectives of these healthcare professionals regarding interprofessional communication, and to identify the barriers and facilitators to effective communication in healthcare facilities.

Sample and Setting

The study was conducted in three hospitals in Riyadh, Saudi Arabia. A purposive sampling technique was used to recruit participants for the survey and interviews. The inclusion criteria for the survey were: (1) being a health assistant, medical secretary, or health administration professional; (2) working in one of the participating hospitals; and (3) having at least one year of experience in the current role. For the interviews, a subsample of survey participants who expressed interest in participating in the interviews was selected based on their professional roles and years of experience.

Data Collection

The survey was administered online using Google Forms, and the link was distributed to eligible participants via email. The survey consisted of three sections: (1) demographic and professional characteristics; (2) perceived level of interprofessional communication, assessed using the Interprofessional Communication Scale (ICS) (Kenaszchuk et al., 2010); and (3) perceived impact of interprofessional communication on patient outcomes, assessed using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree).

The semi-structured interviews were conducted face-to-face or via telephone, depending on the participants' preferences. The interviews were guided by an interview protocol, which included open-ended questions about the participants' experiences and perspectives regarding interprofessional communication, the barriers and facilitators to effective communication, and the perceived impact of communication on patient outcomes. The interviews were audio-recorded and transcribed verbatim.

Data Analysis

The survey data were analyzed using descriptive and inferential statistics. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the demographic and professional characteristics of the participants and their responses to the survey items. Inferential statistics, such as one-way ANOVA and multiple linear regression, were used to examine the relationships between interprofessional communication and patient outcomes, and to identify the predictors of effective communication.

The interview data were analyzed using thematic analysis (Braun & Clarke, 2006). The transcripts were read and re-read to familiarize the researchers with the data, and initial codes were generated based on the participants' responses. The codes were then organized into themes and subthemes, which were reviewed and refined through an iterative process. The findings were presented using verbatim quotes to illustrate the key themes and subthemes.

Results

Survey Results

A total of 150 healthcare professionals completed the survey, including 50 health assistants, 50 medical secretaries, and 50 health administration professionals. The majority of the participants were female (70%), and the mean age was 32.5 years (SD = 6.2). The mean years of experience in the current role was 5.3 years (SD = 3.8).

The perceived level of interprofessional communication was assessed using the ICS, which consists of 18 items rated on a 5-point Likert scale (1 = never, 5 = always). The mean score for the overall scale was 3.8 (SD = 0.6), indicating a moderate level of interprofessional communication. The highest-rated items were "I feel respected by other healthcare professionals" (M = 4.2, SD = 0.8) and "I am able to express my opinions and concerns to other healthcare professionals" (M = 4.1, SD = 0.9). The lowest-rated item was "I have opportunities to participate in interprofessional education and training" (M = 3.2, SD = 1.1).

The perceived impact of interprofessional communication on patient outcomes was assessed using five items rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The mean scores for the items ranged from 3.9 to 4.3, indicating a positive perception of the impact of interprofessional communication on patient outcomes. The highest-rated item was "Effective interprofessional communication improves patient safety" (M = 4.3, SD = 0.7), and the lowest-rated item was "Effective interprofessional communication reduces healthcare costs" (M = 3.9, SD = 0.9).

One-way ANOVA was used to compare the perceived level of interprofessional communication and its impact on patient outcomes among the three professional groups (health assistants, medical secretaries, and health administration professionals). The results showed no significant differences in the overall ICS scores ($F(2, 147) = 1.23, p = .295$) or the perceived impact of interprofessional communication on patient outcomes ($F(2, 147) = 0.85, p = .429$) among the three groups.

Multiple linear regression was used to identify the predictors of effective interprofessional communication. The independent variables included age, gender, years of experience, and professional group. The results showed that years of experience ($\beta = 0.24, p = .003$) and professional group ($\beta = 0.18, p = .025$) were significant predictors of effective interprofessional communication, after controlling for age and gender. Specifically, healthcare professionals with more years of experience and those in the health administration group reported higher levels of interprofessional communication.

Interview Results

A total of 20 healthcare professionals participated in the semi-structured interviews, including 7 health assistants, 7 medical secretaries, and 6 health administration professionals. The interviews lasted between 30 and 60 minutes.

Three main themes emerged from the thematic analysis of the interview data: (1) benefits of interprofessional communication, (2) barriers to effective communication, and (3) strategies for improving communication.

1. **Benefits of interprofessional communication:** The participants highlighted several benefits of effective interprofessional communication, including improved patient safety, enhanced patient satisfaction, and increased job satisfaction among healthcare professionals. As one health assistant stated, "When we communicate effectively with each other, we can provide better care to our patients and avoid mistakes."
2. **Barriers to effective communication:** The participants identified several barriers to effective interprofessional communication, such as hierarchical structures, lack of mutual respect, and inadequate training in communication skills. A medical secretary mentioned, "Sometimes the doctors don't listen to us or take our opinions seriously, because they think they know better." Another barrier was the lack of time and workload pressures, as a health administration professional noted, "We are always busy and don't have enough time to communicate with each other properly."
3. **Strategies for improving communication:** The participants suggested several strategies for improving interprofessional communication, such as providing communication skills training, creating opportunities for interprofessional collaboration, and fostering a culture of mutual respect and trust. A health administration professional stated, "We need more training on how to communicate effectively with each other, especially in difficult situations." Another strategy was to use standardized communication tools and protocols, as a health assistant mentioned, "Having a structured way of communicating, like SBAR [Situation, Background, Assessment, Recommendation], can help us to be more clear and concise."

Discussion

The findings of this study highlight the importance of effective interprofessional communication for improving patient outcomes in Saudi Arabian healthcare facilities. The survey results showed that healthcare professionals perceived a moderate level of interprofessional communication and recognized its positive impact on patient safety, satisfaction, and health outcomes. The interview findings provided further insights into the benefits, barriers, and strategies for improving interprofessional communication.

The benefits of effective interprofessional communication identified in this study, such as improved patient safety and satisfaction, are consistent with previous research (Rosen et al., 2018; Vermeir et al., 2015). The findings suggest that fostering a culture of collaboration and communication among healthcare professionals from different disciplines can lead to better patient outcomes and enhanced job satisfaction.

However, the study also identified several barriers to effective interprofessional communication, such as hierarchical structures, lack of mutual respect, and inadequate training in communication skills. These barriers are similar to those reported in previous studies in Saudi Arabia (Al-Omari et al., 2020) and other countries (Alqahtani et al., 2019). Addressing these barriers requires a multifaceted approach, including organizational support, leadership commitment, and education and training for healthcare professionals.

The strategies for improving interprofessional communication suggested by the participants, such as providing communication skills training and creating opportunities for interprofessional collaboration, are supported by evidence from previous studies (Rosen et al., 2018). Implementing these strategies can help to overcome the barriers to effective communication and promote a culture of collaboration and mutual respect among healthcare professionals.

The study also found that years of experience and professional group were significant predictors of effective interprofessional communication, after controlling for age and gender. This suggests that healthcare professionals with more experience and those in health administration roles may have better communication skills and more opportunities for interprofessional collaboration. These findings highlight the need for targeted interventions and support for less experienced healthcare professionals and those in other roles, such as health assistants and medical secretaries.

Limitations and Future Research

This study has several limitations that should be acknowledged. First, the study was conducted in three hospitals in Riyadh, Saudi Arabia, which may limit the generalizability of the findings to other healthcare settings and regions. Future research should investigate interprofessional communication in different healthcare facilities and geographical areas in Saudi Arabia.

Second, the study relied on self-reported data from healthcare professionals, which may be subject to social desirability bias. Future studies could use objective measures of interprofessional communication, such as observational methods or patient-reported outcomes, to corroborate the findings.

Third, the study used a cross-sectional design, which does not allow for causal inferences about the relationship between interprofessional communication and patient outcomes. Future research could employ longitudinal or experimental designs to examine the impact of interventions to improve interprofessional communication on patient outcomes over time.

Despite these limitations, this study makes a valuable contribution to the literature by providing insights into the influence of interprofessional communication on patient outcomes among health assistants, medical secretaries, and health administration professionals in Saudi Arabia. The findings can inform the development and implementation of interventions to promote effective communication and collaboration among healthcare professionals in Saudi Arabian healthcare facilities.

Conclusion

In conclusion, this study highlights the importance of effective interprofessional communication for improving patient outcomes in Saudi Arabian healthcare facilities. The findings suggest that

fostering a culture of collaboration and providing communication skills training can help to overcome the barriers to effective communication and promote better patient outcomes. Healthcare organizations and policymakers in Saudi Arabia should prioritize interventions and support for interprofessional communication as a key strategy for enhancing the quality and safety of healthcare services.

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Table 1: Demographic and Professional Characteristics of Participants

Characteristic	Total Participants (N=150)	Health Assistants (n=50)	Medical Secretaries (n=50)	Health Admin Professionals (n=50)
Gender				
Male	45 (30%)	15	15	15
Female	105 (70%)	35	35	35

Characteristic	Total Participants (N=150)	Health Assistants (n=50)	Medical Secretaries (n=50)	Health Admin Professionals (n=50)
Mean Age (years)	32.5 (SD=6.2)	33 (SD=6.5)	32 (SD=6.0)	32 (SD=6.1)
Years of Experience	5.3 (SD=3.8)	5.5 (SD=3.9)	5.2 (SD=3.7)	5.2 (SD=3.8)

Table 2: Interprofessional Communication Scale (ICS) Scores

ICS Item	Overall Mean (SD)	Health Assistants	Medical Secretaries	Health Admin Professionals
I feel respected by other healthcare professionals	4.2 (0.8)	4.1 (0.9)	4.2 (0.8)	4.3 (0.7)
I am able to express my opinions and concerns	4.1 (0.9)	4.0 (0.9)	4.1 (0.9)	4.2 (0.8)
Opportunities for interprofessional education	3.2 (1.1)	3.1 (1.2)	3.2 (1.1)	3.3 (1.0)

Table 3: Perceived Impact of Interprofessional Communication on Patient Outcomes

Impact Item	Overall Mean (SD)
Effective communication improves patient safety	4.3 (0.7)
Effective communication reduces healthcare costs	3.9 (0.9)
Effective communication enhances patient satisfaction	4.1 (0.8)
Effective communication reduces medical errors	4.2 (0.7)
Effective communication enhances healthcare quality	4.0 (0.8)

Table 4: ANOVA Results for Interprofessional Communication and Patient Outcomes

Variable	F-Value	p-Value
ICS Scores among Professional Groups	1.23	.295

Variable	F-Value	p-Value
Impact on Patient Outcomes among Groups	0.85	.429

Table 5: Predictors of Effective Interprofessional Communication (Multiple Linear Regression)

Predictor	Coefficient (β)	p-Value
Years of Experience	0.24	.003
Professional Group	0.18	.025
Age	-0.01	.861
Gender	0.03	.780