

The Effects of Physician-Family Communication from the Point View of Clinical Staff

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Abstract : Purpose: People put increasing emphasis on demands of medical quality and protecting their interests. Patients' or family's dissatisfaction with medical care may easily lead to medical dispute. Physician-family communication plays an essential role in medical care. A sound communication cannot only strengthen patients' belief in the medical team but make patient have definite insight into treatment course of the disease. A family meeting provides an effective platform for communication between clinical staff, patients and family. Decisions and consensuses formed in family meetings can promote patients' or family's satisfaction with medical care. Clinical staff's attitudes toward family meeting may determine behavioral intentions to hold family meeting. This study aims to explore clinical staff's difficulties in holding family meeting and evaluate how their attitudes and behavior influence the effect of family meetings. Methods: This was a cross-sectional study. It was conducted at a regional teaching hospital in Taipei city. The research team developed its own structural questionnaires, whose expert validity was checked by the nursing experts. Participants filled in the questionnaires online. Data were collected by convenience sampling. A total of 568 participants were invited. They included doctors, nurses, social workers, and so on. Results: 1) The average score of 'clinical staff's attitudes to family meetings' was 5.15 (SD=0.898). It fell between 'somewhat agree' and 'mostly agree' on the 7-point likert scale. It indicated that clinical staff had positive attitudes toward family meetings, 2) The average score of 'clinical staff's behavior to family meetings' was 5.61 (SD=0.937). It fell between 'somewhat agree' and 'mostly agree' on the 7-point likert scale. It meant clinical staff tended to have positive behavior at the family meeting, and 3) The average score of 'Difficulty in conducting family meetings' was 5.15 (SD=0.897). It fell between 'somewhat agree' and 'mostly agree' on the 7-point likert scale. The higher the score was, the less difficulty the clinical staff felt. It demonstrated clinical staff felt less difficulty in conducting family meetings. Clinical staff's identification with family meetings brought favored effects. Persistent and active promotion for family meetings can bring patients and family more benefits. Implications for practice: Understanding clinical staff's difficulty in participating family meeting and exploring their attitudes or behavior toward physician-family communication are helpful to develop modes of interaction. Consequently, quality and satisfaction of physician-family communication can be increased.

Keywords : clinical staff, communication, family meeting, physician-family

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