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Health communication as a strategic management efficiency tool of Health Services

Health Communication as a strategic efficiency tool in Health Services management

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SUMMARY

This work aims to reveal the importance of the communicative process as a strategic tool for achieving efficiency in the management of healthcare teams. Work in the health sector, whether in public and/or private institutions, has a configuration represented by interdisciplinarity, with workers from different backgrounds and levels of knowledge.
Key words: Communication, Health communication, Strategic management.

ABSTRACT

The present work intends to reveal the importance of the communicative process as a strategic tool for achieving efficiency in the management of health teams. Work in the health area, whether in public and/or private institutions, has a configuration represented by interdisciplinarity, with workers from different backgrounds and levels of knowledge.
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1. INTRODUCTION

The word communication comes from Latin*communicate*, which has the meaning of make common, share, exchange opinions, associate, being a process that

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involves the transfer of information between two or more interlocutors using signs and semiotic rules, in a reciprocal way of understanding (Rudiger, 2011). According to Fermino and Carvalho (2007), communication is a social practice that arises from the interaction between human beings, expressed through speech (verbal aspect), writing, gestural behaviors, distance between participants, touch (non-verbal aspects).

Torres (1998) defines interdisciplinarity as the interaction between two or more disciplines, where each of the disciplines in contact is, in turn, modified and begins to clearly depend on each other, resulting in reciprocal enrichment and the transformation of their methodologies. research and concepts.

Health communication is a reference to the studies and use of communication tools to inform individuals and the community for knowledge. Its main objectives are to promote and educate about health, reduce risks and damages related to health, prevent injuries, promote health education, strengthen ties for a better understanding of the issues that permeate health. (Teixeira, 2007). CORIOLANO- MARINUS et al (2014) point out that the importance of communication as a working tool for health professionals and the need to implement reflective communication, based on the relationship of exchange and exchange of knowledge, must occur in health services.

For Nogueira and Rodrigues (2015), the application of measures to improve communication between members of the healthcare team requires changes in the organizational culture that aim to impact safety levels in user care.

According to Acqua et al (1997), there are many barriers that make the communication process impossible, resulting from different languages and knowledge, physiological limitations of the receiver and/or sender, imposition of values, sociocultural divergences and stages of cognitive and intellectual development of those involved in the emission. and receiving the message.

Addressing communication during graduation and training courses can contribute to the development of skills in communication interaction, not only for transmitting information, but recognizing in the act

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communicative the sociocultural reality of the subject, their representations, prejudices and knowledge (Teixeira and Veloso, 2006).

It is worth mentioning that communication skills constitute one of the five general competencies established by the National Curricular Guidelines (DCN) for courses in the health area, with it being noted that professionals in the area must be accessible and maintain the confidentiality of the information entrusted to them, in interaction with other health professionals and the general public. The communicative process involves verbal, non-verbal communication and writing and reading skills; mastery of at least one foreign language and communication and information technologies (Brazil, 2001).

Collaborative interprofessional practice in health represents a strategic tool of utmost importance as it enables a reversion to the hegemonic health care model and, thus, increases the resolution of teamwork, with respect to the comprehensiveness of care and increases efficiency in team management processes. of health.

2. OBJECTIVE

Point out the importance of health communication as a strategic tool for efficient management of health services.

Elucidate the dimension of communication in interdisciplinary health teams to improve effectiveness and resolution in health services.

3. HEALTH COMMUNICATION

3.1 COMMUNICATION

The communication process comprises the use of language, culture and technology to transmit a message. In the history of humanity, language had a survival character, since the first tools used by man were used to access food. Arsuaga (2005,), attributes the use

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of such objects to *homo habilis*, the first stones being collected in Gona, in the Hadar region, country of the Afaris (Ethiopia) and are 2.5 million years old. In relation to sending messages, it was only much later that man began to resort to other materials to improve communication. Bordenave (1982) points out that man came to associate sounds and gestures to designate an object, giving rise to the sign. In the organization of the created signs, written language and, later, spoken language were added. For human communication to reach its current stage, several physiological transformations and revolutionary technological processes were necessary.

According to Cardoso and Araújo (2007), different contexts such as historical, economic, political, institutional, textual, intertextual, existential and situational play a crucial role in communication processes.

The mechanical communication system, for Shannon (1948), consists of five parts:

1.**Source of information**: Message to be communicated to the receiver;

two.**Transmitter**: Operator of the message, through signals, suitable for its transmission;

3.**Channel**: the means to transmit the message;

4.**Receiver**:Decodes the message coming from the signals;

5.**Destiny**: It is the person (or thing) for whom the message is intended.

According to Jakobson (2010), they make up basic elements of communication:

→ **Code**: Set of signals that interact under semantic rules and that allow interpretation by the sender. The receiver must know the code to understand the message;

→ **Channel**: Physical medium through which the message is transmitted;

→ **Issuer**: The person who intends and conveys the message;

→ **Receiver**: Who receives, interprets and decodes the message sent by the sender;

→ **Message**: It is the object of communication, it is the information itself said by the sender to the receiver;

→ **Context**, the space in which the act of communication occurs;

→ **Contact**: It is a physical channel and connection between the sender and the receiver in order to maintain communication between them.

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Habermas (1989) calls communicative action the interactions in which the people involved agree to coordinate their action plans. The agreement reached, in each case, can be measured by the intersubjective recognition of validity claims, implicit in any speech act.

For Silva (1999), communicating with quality encompasses understanding what we want to exchange with people, putting in common, through our ability to exchange with others, what level of exchange we are qualified to make ourselves understood, with the help of our availability and knowledge

3.2. ORGANIZATIONAL COMMUNICATION

Organizational communication integratesadministrative functions of institutions, such as planning, organizing, directing and controlling activities, as it establishes relationships of understanding so that people can interact as organized groups, in a way that allows the achievement of recommended objectives. In the practice of health institutions, whether public or private, the different actors, including users, professionals and managers and their knowledge, the communicative process takes place in the context of relationships pre-established by certain care models. These actions are directly influenced both by the context in which they occur and by the values of the social groups to which each member is included, enabling the generation of distortions such as the suppression of mutuality, a characteristic implicit in a relational process (Caprara, Franco, 2006).

According to Teixeira Filho (2001), the evolution of companies, organizations and communication and information processes have always been present. Currently, these complex processes have become more than necessary in a context of accelerated social transformations. In this sense, companies need to seek new mechanisms to maintain competitiveness. In this way, communication processes can serve as instruments for realizing strategic and integration potential in organizations, as communication promotes greater interaction within organizations due to group work. Thus, institutions encourage people to articulate and

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they are much more related, even due to business needs, in this case, health. Therefore, today, the world communicates more than in the past, due to information technology and the globalization process.

Bardash et al (2017) point out that the use of communication technologies is a growing contemporary trend, which also affects teamwork. The argument for its use is the ease in transferring information. However, its excessive and exclusive use may hinder and/or reduce interprofessional collaboration. This is because the type of conversation, which characterizes dialogical communication, depends on deeper levels of personal relationships. Superficial communication characterizes a communicative barrier to dialogue between professionals and teams from different specialties (Curran et al 2015).

Therefore, organizations need to seek new mechanisms to improve their communication processes so that they can serve as instruments for realizing strategic and integration potential among professionals.

3.3 HEALTH COMMUNICATION

Health is considered an eminently interdisciplinary area and the integration of disciplines within the scope of courses that prepare human resources to work in this field, in addition to praxis, encourages the constant exchange of information between workers from different areas of knowledge.

According to Almeida (2019), health communication, at its different levels: interpersonal, group, societal and media, provides the transmission of verbal and non-verbal messages with the aim of understanding on the part of those involved and a consequent action to promote health. health. Sharing knowledge through formal training involves a set of influences (Hargie et al, 1998):

1. Culture, habits and beliefs of the participants;
2. Age of participants;
3. Professional diversity of those involved;

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4. Interconnection and sequence of subjects covered during training;

5. Principles of education;
6. Quality of sources and references;
7. Quality of cognitive, emotional and behavioral dynamics, to motivate learning and knowledge retention;
8. Promotion of positive and flourishing relationships between participants and teachers, which allow relationships to continue over time. According to Coriolano-Marinus et al, (2014), health communication has aroused interest particularly with the establishment of horizontal and democratic relationships, the humanization of care, the protagonism of the individual assisted and social control. However, some barriers make it difficult to achieve it in the ideal way. (Mis)communication constitutes one of these barriers, which is established through perceptual filters that can change the message to hear what the receiver wants, as well as express contradictory messages non-verbally, through the body posture assumed (Mendes et al. , 1987).

In Pedruzzi's view (2011), in relation to the division of labor in health, it is understood that the practice of doctors is the founder of modern scientific technique in the area of health and, therefore, the original core from which other specialized work derives. The work that is separate or grouped with medical work constitutes a diverse set of professional areas, necessary for the implementation of all actions that can enable comprehensive health care. However, these jobs are not only technically different, but also unequal in terms of their social value.

From the perspective of Fortuna (1999), there are three distinct conceptions of teamwork, each of which highlights results, relationships and interdisciplinarity. In studies that highlight the results, the team is conceived as a resource for increasing productivity and rationalizing services. Studies that point out relationships take concepts from psychology as a reference, analyzing teams mainly based on interpersonal relationships and psychic processes. Within the scope of interdisciplinarity are works that bring into discussion the articulation of knowledge and the division of labor, that is, the specialization of health work. In this conception,

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studies on health teams as the main basis for organizing health services stand out.

Pedruzzi (1998) conceptualizes the multidisciplinary team as a type of collective work that is configured in the reciprocal relationship between multiple technical interventions and the interaction of agents from different professional areas. Through communication, that is, the symbolic mediation of language, multidisciplinary actions and cooperation are articulated

3.4. COMMUNICATION BETWEEN HEALTHCARE PROFESSIONALS

Communication represents an essential instrument in the practice of health workers. In a study on communication in the design of undergraduate medical courses, it was considered broadly; however, for a significant portion of interviewees it is only an instrument for diagnosis (Rossi and Batista, 2006).

From the point of view of Oliveira et al. (2008), communicational competence in the exercise of the profession is not innate, and must be addressed and worked on in the curricula of courses in the health area as it demands continuous learning and needs to be tuned among all team members. It must encompass not only the ability to make oneself clear, but mainly to listen in a welcoming way, not just providing a conceptual understanding, but considering individuals in their subjectivity. For Agreli et al (2016), dialogue is an essential point for collaborative interprofessional practice in health.

For Sørensen et al (2012), the health professional must have broad technical skills, with knowledge and skills in the areas of health communication, conflict mediation and problem solving, health marketing, creativity, in addition to a vast field of skills social. For Coriolano-Marinus et al, (2014) health professionals need to appropriate technologies, knowledge, skills and techniques, among which are health education practices. However, for communicative processes in health to take place in a transformative way, the training of health workers must go beyond the simple acquisition of rigid techniques and instruments that can be used, in a generalized way, in their educational actions. It is reiterated

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challenge of providing formative experiences also in continuing education processes in health care settings, in order to produce the sharing of knowledge that leads to comprehension and understanding between the various interlocutors involved in the communicative act.

The authors Schaiber and Pedruzzi (1999) mention that health professionals, as subjects of the work process, exercise technical autonomy. This is conceived as the sphere of freedom of judgment and decision-making regarding the health needs of users. The use of the concept of technical autonomy in the analysis of health work occurs as it is not possible to design a care project that is already definitive and unique before its implementation. The varied autonomies will concern the greater or lesser technical authority, socially legitimized and not just technically established, of the different professional areas and the related breadth of the intellectual dimension of the work.

In the work of Pedruzzi (2001), 3 forms of communication between healthcare teams were presented: one of them is that in which communication appears external to the work. Communication, although expected, is not exercised, or is exercised only as a formalization of the technique. In this situation, on the one hand, there is a restricted standard of communication between professionals, and, on the other, communication occurs as a resource for optimizing the technique. In both, agents experience tension between the communicative and the instrumental, with no communicative action. Another form is one in which strictly personal communication occurs. Agents highlight the dimension of personal relationships based on the feeling of friendship and combine the personal and technological dimensions. Knowing the professional is equivalent to knowing how their work is carried out and the technical knowledge that underlies it. The subject dimension appears to be complete when, in fact, if there is complete overlap between the technical agent and the work, there is a reduction in interaction, which reduces the notion of teamwork in the same direction: that of good interpersonal relationships, regardless the reiteration of hierarchical relationships of subordination. In this case, there is also no communicative action, although there is a certain form of communication. The third expression is one in which communication is conceived and practiced as an intrinsic dimension of teamwork. Agents highlight as a characteristic of working in

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team to jointly develop common languages, common objectives, common proposals or even common culture. In this way, they highlight the elaboration of a common assistance project, built through the intricate relationship between the execution of technical interventions and communication between professionals. This is the perspective of communicative action within the technique, which, given the instrumental hegemony of technical action, also ends up generating tensions. The possible split or tension between agents' work and communication arises from the distinct character of instrumental action and communicative action, as the first aims at a given end, while the other seeks mutual understanding and recognition. Therefore, communicative practice is a situation in which mediations are the end itself, that is, the purpose is to interact and, in this process, build consensus relevant to each context, whereas in instrumental action a certain result is sought independent of the adversities of the process. That is why communicative and technical action will be one in which the end is defined and achieved through a participatory and intervention process by all members of the healthcare team.

The technical differences concern the specializations of knowledge and interventions, between the various professional areas. Inequalities refer to the existence of social values and norms, hierarchizing and disciplining technical differences between professions. In this way, different technical authorities and social legitimacy correspond to different professional areas, implying that some professions are “superior” to others, and that there are hierarchical relationships of subordination between professionals. Therefore, technical differences are transmuted into social inequalities between work agents, and the multidisciplinary team expresses both differences and inequalities between areas and, on a day-to-day basis, between agents-subjects of work. Professionals from different areas, doctors and non-physicians, tend to reiterate asymmetrical relationships of subordination, even when they repudiate the division and recomposition of work. Everyone shares the common value attributed to the biomedical model, leaving knowledge and actions from other areas of care production, such as educational, preventive, psychosocial, communicational, to the background, which appear as peripheral to core work – individual medical care. Thus, the repetition of subordination relations can be understood considering the tendency of subjects to replicate the social practices of their historical time, and the

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alienation of the agent from his own capacity to be a subject in the sense of positioning himself in situations and making decisions, aware of the rules and values that legitimize and base his practices. Therefore, in collective work where there is less inequality between different jobs and their respective agents, there is greater integration in the team. As teamwork is effectively built on the intrinsic relationship between work and interaction, the closer the agents' ethical-social subject status, the greater the possibilities for them to interact in situations free of coercion and submission, in the search for consensus on the purpose and way of carrying out the work in the search for cohesion and efficiency.

According to Carli et al (2014), the training of health professionals must be based on experienced and lived knowledge, as this allows training professionals with the ability to solve problems. Therefore, education must be practical and measure its quality against the need to contribute to improving the population's health situation. The lack of collective social awareness and the isolated formation of social contexts led to the fact that workers began to be much more part of the problem than of the solution. A university without responsibility towards the community is a mistake and curricula must include, in their plans, the principle of social responsibility, as well as the concepts of equity, universal access and quality of care. For Venturelli (1998), the difficulties for the education of health professionals to move in this direction rely on factors such as: the routine of teachers, their previous experiences and training, the tendency towards privatization, making professional training plans, with a clear social responsibility, do not get teaching support. The 80s produced a reinforcement of individualism and today's teachers accept with difficulty participatory paths and collective social progress. A change in this field can be facilitated through participatory and collective forms of learning, in line with the principles and guidelines of the Unified Health System (SUS), the main field of activity for students and health workers.

Interdisciplinarity, according to Meireles and Erdmann (1999), corresponds to an interrelationship and interaction of disciplines in order to achieve a common objective, encompassing conceptual unification of the methods and structures in which

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the potential of the disciplines is explored and expanded. Interdependence is established between disciplines, dialogue with other forms of knowledge and other methodologies is sought, with the aim of building new knowledge. As a result, interdisciplinarity presents itself as a response to the diversity, complexity and dynamics imposed by health issues.

For Adams (2014), collaborative interprofessional practice in health allows synergistically influencing care and improving access to health, improving the allocation of resources, improving the efficiency of services, determining results and rationalizing costs in health care. .

3.5 HEALTH COMMUNICATION AS A MANAGEMENT TOOL

Intelligible processes have a greater capacity for success in achieving goals, reducing insecurity and failures in health care. Teixeira Filho (2001) points out that efficient communication processes are directly responsible for the effectiveness of knowledge management actions in organizations, as they allow the correct information to reach those who need it, in the way it should be presented, and in a way that the understanding is understandable and unambiguous.

In accordance with Baldisserra and Bueno (2014), leadership is an important tool because it allows to bring together the processes of reflection-theorization of the reality experienced, with contributions to the construction of knowledge.

Motta (1991) shows that leadership is the expression of support and trust; it is the development of a real sense of interdependence between members, with respect to individualities; communication being fundamental for the exercise of influence, for the coordination of group activities and, therefore, for the implementation of the leadership process. The leader's success is related to his communication skills; involving the systematic use of symbols to convey information and achieve understanding about a situation.

Faced with the essential reorganization of health services, there is an urgent need for health professionals equipped with management and leadership skills and instruments, since investing in the development of leadership skills has a direct impact on the ability of managers to promote continuous improvements in services. To exercise leadership

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It is essential to combine personal characteristics with the development of skills relating to the organizational and interpersonal dimensions, especially with regard to communication and human interaction (Motta, 1998).

Through effective leadership in health services, these places will be able to promote the reorganization of health care and work, allowing the creation of an environment conducive to resolute care and the maintenance of a more attractive corporate space for health professionals.

4. METHODOLOGY

The methodology used was an integrative literature review carried out by searching for articles in the databases Latin American Literature in Health Sciences (Lilacs), International Literature in Health Sciences (MedLine) and Scientific Electronic Library Online (Scielo) , using the descriptors: communication, health communication, communication between health professionals, organizational communication and communication and leadership. The descriptors communication and other descriptors were crossed to elucidate communication practices in health services.

The integrative review, according to Mendes et al. (2008), includes the analysis of relevant research that supports decision-making and the improvement of clinical practice, enabling a broad overview of knowledge on a given subject. Furthermore, it makes it possible to point out gaps in knowledge that need to be filled, as well as to conduct a synthesis of published studies with general conclusions about a given area of study.

Souza and Carvalho (2010) mention that the integrative review provides the synthesis of knowledge and the applicability of the results of significant studies in practice, encompassing the application of the steps of the scientific method, definition of the research problem, search for information in the literature, critical evaluation of the included studies, identification of the applicability of the collected data. In this way, it allows the inclusion of studies with different methodological approaches, transversal, longitudinal, qualitative, reflection and narrative reviews.

5. FINAL CONSIDERATIONS

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The communicative process is defined as an act characterized not by power relations, but by attitudes of sensitivity, acceptance and empathy between subjects, in a universe of meanings that involve both the verbal and non-verbal dimensions (posture and gestures). In this process, interest in others, clarity in transmitting the message and the establishment of therapeutic relationships between workers and users are relevant (Braga and Silva, 2007; Silva et al., 2000).

Multidisciplinary teamwork consists of a type of collective work that is configured in the reciprocal relationship between multiple technical interventions and the interaction of agents from different professional areas. Through communication, that is, the symbolic mediation of language, multidisciplinary actions and cooperation are articulated (Peduzzi,1998).

It is worth highlighting that improving strategies for effective communication, whether verbally or not, is essential for the performance of activities by different professional categories, as long as there is clarity regarding the information and the expected results.

What provides greater or lesser integration between team members will be the practice of arguing the technique and the unequal social valuation of different works through communicative action, since this presupposes not only sharing technical premises but, above all, an ethical horizon . (Pedruzzi, 2001).

Gocan (2014) clarifies that communication is a crucial aspect for the development of group culture, in addition to creating a common sense of accomplishment within the team, which allows effective interprofessional collaboration in health organizations.

It is imperative to highlight that effective leaders improve their own skills and their relationships with other professionals, clients and the entire environment that surrounds them, in addition to not relying on the traditional position of power as a way to influence people (Size, 2006).

It remains to be inferred that communication constitutes a powerful strategic tool for managing teams and managing different health services.

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