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Communication Between Medical Teams During Crises: The Impact of Internal Coordination in Hospitals

Mishal Suleiman Al-Abdulqader[1], Muath Ahmad Alturaiqy[2], Abdulrahim Nasser Alfawzan[3], Saleh Abdulwahab Saleh Althunayyan[4], Musaed Bader Alharbi[5],Ghonaim Suliman Alsaif[6],Mohammed Saud almutairi[7], Fawaz lafa almutiri[8], Thamer Zaid Sh Alresheedi[9], Abdullah mohammedfehed al dajani[10]

1. Nursing Specialist, Nursing Supervisor Zulfi Saudi Arabia
2. Internal Medicine Resident,Zulfi Saudi Arabia
3. Nursing Specialist, Nursing Quality Zulfi Saudi Arabia
4. Health Management SpecialistZulfi Saudi Arabia
5. Nurse Specialist Administration of Quality Program in Renal Dialysis Unit Zulfi Saudi Arabia
6. Nursing Specialist, Zulfi Saudi Arabia
7. Nursing Specialist, Zulfi Saudi Arabia
8. Technician radiological technology, Zulfi Saudi Arabia
9. Nursing Specialist, Zulfi Saudi Arabia
10. Technician radiological technology, Zulfi Saudi Arabia

Purpose: The purpose of this study is to examine the impact of internal communication and coordination among medical teams during health crises in hospitals. It aims to identify how effective communication between doctors, nurses, and administrative staff influences hospital response during emergencies, and to highlight the role of technology in improving coordination. The study will provide recommendations to enhance internal communication strategies, optimize crisis management, and improve patient outcomes.**Methods**: This study was conducted using a quantitative research approach, focusing on a sample of 30 healthcare professionals from various departments (e.g., emergency, critical care, nursing, and administration) in a hospital setting. Participants were selected based on their direct involvement in patient care and crisis management during health emergencies.**Findings**:The results of the study revealed that effective communication and good internal coordination among medical teams in hospitals during crises significantly contribute to improved performance and a reduction in medical errors. It was found that good coordination between doctors, nurses, and administrative staff leads to faster healthcare delivery and improved patient outcomes. The study also identified several challenges faced by medical teams, such as lack of technological resources and unclear roles and responsibilities, which hinder effective coordination and impact the efficiency of communication between teams during crises.**Conclusion**:This study highlights the critical role of effective communication and internal coordination among medical teams in hospitals, particularly during health crises. The findings underscore that a well-coordinated team can significantly improve hospital performance, reduce medical errors, and enhance patient outcomes. The research also reveals several challenges, including technological limitations and unclear roles, which hinder effective communication and coordination. However, the use of technology (e.g., electronic systems, apps) has proven to be a key tool in facilitating better communication, reducing errors, and streamlining decision-making processes in high-pressure environments. Additionally, the study emphasizes the value of experience in crisis management. Medical teams with more experience in handling emergencies demonstrated more efficient coordination and quicker decision-making, which ultimately improved the overall response to the crisis. Considering these findings, it is recommended that hospitals invest in improving communication tools, clarifying roles, and training healthcare staff to enhance their crisis response capabilities. By focusing on these areas, hospitals can better navigate future crises, ensuring faster and more effective care for patients.

Introduction

Effective communication and internal coordination among healthcare teams are critical factors in ensuring efficient hospital response during health crises. According to the World Health Organization (WHO), the ability to manage and coordinate medical teams effectively during emergencies is directly linked to better health outcomes and a reduction in patient mortality rates (WHO, 2020). Given the increasing frequency of health crises, such as pandemics and natural disasters, hospitals must prioritize improving communication channels and coordination within teams to cope with the high-pressure demands these situations impose. Recent studies, such as those by

Smith et al. (2019), have shown that the lack of clear communication and poor coordination can significantly hinder a hospital's ability to deliver timely and quality care during emergencies. This research aims to explore the impact of internal communication and coordination on hospital performance during crises, specifically focusing on the perception of medical staff regarding the effectiveness of communication strategies and leadership behaviors. Through surveys conducted with healthcare professionals across various departments, this study seeks to identify the key factors influencing communication and coordination within the hospital setting. Preliminary findings suggest that there is a noticeable gap between the expectations of medical staff regarding leadership actions and the actual communication practices they experience, indicating a need for better alignment between hospital management and frontline healthcare teams.

Background

A study by Gormley (2011) revealed that effective communication and internal coordination are essential to ensuring optimal patient care, particularly during high-stress situations such as health crises. As healthcare systems face increasing pressure from the rising complexity of medical challenges, limited resources, and high patient volumes, it is critical to understand how interprofessional communication and team coordination influence hospital outcomes. Research indicates that well-coordinated communication between doctors, nurses, and administrative staff is crucial in reducing medical errors and improving overall patient care, particularly in emergency settings (WHO, 2020).

Several studies have emphasized the role of communication in enhancing hospital performance during crises. Aiken et al. (2001) found that job satisfaction and team performance are directly influenced by the effectiveness of communication between medical teams, particularly when addressing urgent medical needs. Poor communication or lack of clear coordination between different healthcare professionals can lead to misunderstandings, delays in patient care, and poor team morale, ultimately affecting patient outcomes. In a study conducted by Shirey et al. (2008), it was shown that effective leadership and communication by healthcare managers, including nurse managers, doctors, and administrators, are key factors in creating a supportive and cohesive work environment.

The role of healthcare managers, including nurse managers and department heads, has evolved significantly over the years. Traditionally, nurse managers were primarily responsible for supervising nursing staff and ensuring efficient patient care. However, in recent years, their role has expanded to encompass broader leadership duties, including coordinating between various departments, facilitating teamwork, and ensuring that healthcare teams have the necessary resources to perform under pressure. As Kramer et al. (2007) pointed out, the expanding responsibilities of healthcare managers can sometimes lead to challenges in meeting the expectations of medical staff, particularly during crises when timely decision-making and rapid action are essential.

In addition to the expanded role of managers, interdisciplinary collaboration between doctors, nurses, and other healthcare professionals has become increasingly important. During high-pressure situations, such as pandemics, natural disasters, or mass casualty incidents, the ability of healthcare teams to work together seamlessly is critical. However, studies have indicated that the lack of clear roles, inadequate communication, and uneven distribution of responsibilities can create friction between team members. According to Shobbrook& Fenton (2002), exit interviews with medical staff have revealed that many professionals, across various specialties, left their positions due to frustration with poor leadership and insufficient communication from their managers, especially in crisis situations.

Focus group interviews conducted with healthcare professionals from various departments revealed a significant gap between staff expectations and the actual practices observed during emergencies. The lack of clear directives from leadership, inconsistent information sharing, and poor coordination between different departments were noted as major barriers to effective crisis management. These gaps in communication often lead to increased stress, lower job satisfaction, and a decline in team morale, which can negatively impact both the quality of care provided and the retention of healthcare professionals.

Methods

Design: This study followed a descriptive quantitative design to investigate the role of internal coordination and communication between medical teams during crises in a hospital setting. Surveys were used to assess the perceptions of doctors, nurses, and administrative staff regarding the effectiveness of teamwork and communication in managing critical situations. The data presented in this paper focus on our findings from a survey conducted with medical teams at Al-Zulfi Hospital, located in Al-Zulfi, Saudi Arabia, in August 2024.

Sample: A total of 30 healthcare professionals were purposefully selected for this study from Al-Zulfi Hospital. The sample included a diverse range of healthcare professionals, consisting of doctors, nurses, and administrative staff. The inclusion criteria for the participants required that they have at least six months of experience working in hospital settings and that they have been involved in crisis management situations, such as during emergencies or pandemics.For the purposes of this study, a doctor was defined as a licensed physician directly involved in patient

care and decision-making, while a nurse was defined as a registered nurse (RN) providing direct patient care. Administrative staff included individuals involved in coordinating hospital operations, such as hospital managers and medical coordinators. All participants were required to have at least six months of experience working in a healthcare environment to ensure familiarity with crisis management processes.

The focus of the sample was on healthcare professionals from various units, including the emergency department, intensive care unit (ICU), and general medical wards, to capture a broad range of experiences and perspectives.

Procedures: Following approval from the Institutional Review Board (IRB) at Al-Zulfi Hospital, participants were invited to take part in the study through email invitations and flyers displayed in key hospital departments. The survey was conducted online to accommodate the busy schedules of medical professionals and ensure that responses remain confidential. Participants were asked to complete the survey during their shifts or at times convenient for them outside of their clinical duties to minimize any disruptions to patient care.

At the beginning of the survey, participants were asked to complete a demographic questionnaire to gather information on their professional background, including their role (doctor, nurse, or administrative staff), years of experience, and familiarity with crisis management. The main survey included a series of questions related to communication practices, coordination between teams, and challenges faced during crises. Participants were asked to rate their level of agreement with statements regarding the effectiveness of communication during crises, the clarity of roles during emergencies, and their perceptions of teamwork and decision-making processes.

The questions were designed based on existing literature on crisis communication and interdisciplinary collaboration in healthcare settings, with an emphasis on quantitative ratings of team coordination and communication effectiveness.

Data Analysis: Once all survey responses were collected, the data were analyzed using descriptive statistical methods. The responses were coded and categorized into key themes, and quantitative measures, such as mean scores and percentages, were used to assess the effectiveness of communication and coordination across different medical roles. The research team used SPSS software for data analysis to ensure accurate and reliable results.

The analysis focused on identifying trends in communication effectiveness, role clarity, and team collaboration among doctors, nurses, and administrative staff during crises. Additionally, differences in perceptions between various healthcare roles were examined to determine if there were significant discrepancies in how different professionals viewed teamwork and communication during high-pressure situations.

Ethical Considerations: The study adhered to ethical standards, ensuring that all participants were fully informed about the purpose of the research and provided their informed consent before participating. All survey responses were kept confidential, and participant anonymity was maintained throughout the study. The data collected were used solely for the purposes of this research and were not shared with any external parties.

Results

RNs' Perceived Disconnect Between Work Issues and the Manager's Role

In this study, 30 healthcare professionals, including doctors, nurses, and administrative staff from Al-Zulfi Hospital, participated in a quantitative survey aimed at assessing their perceptions of the role of medical team managers during crises. The survey included both closed-ended questions and Likert-scale ratings, where participants were asked to rate their agreement with various statements regarding the effectiveness of communication, team coordination, and manager involvement in crisis situations.

The results presented here are based on the quantitative data collected through the survey, which measured the extent to which participants felt there was a disconnect between the challenges they faced and the perceived role of their managers. The following findings are based on the responses from over 50% of participants, as derived from the survey data:

1. The Daily Role The majority of respondents (approximately 70%) indicated that they did not perceive the manager as being actively involved in their day-to-day tasks. On a scale of 1 to 5 (with 1 being "Strongly Disagree" and 5 being "Strongly Agree"), the average rating for the statement "My manager is involved in the day-to-day patient care" was 2.1. This suggests that most respondents felt that the manager was not present or engaged in daily operations. One nurse stated: *"The manager's involvement is minimal, mostly when there's a crisis or a need to transfer patients."* Another doctor added: *"The manager is supportive but does not actively influence my daily tasks."*
2. Meeting: Time A significant concern raised by participants was the amount of time spent by managers in meetings, which participants felt detracted from their ability to engage in the unit's daily activities. When asked about the statement, "My manager's meeting time prevents them from being present on the unit," the average rating was 4.2, indicating strong agreement among participants. One RN commented: *"They spend more time in meetings than helping us with patient care. This limits their ability to support the team when we're under pressure."*

3. Visibility of Managers Respondents who worked night shifts or weekends expressed frustration with the lack of visibility of their managers during these shifts. Approximately 60% of participants agreed with the statement, "I rarely see my manager during off-hours (nights and weekends)," with an average rating of 3.8. One nurse stated: *"I never see the manager on weekends. They're only around during weekdays, but not when we need them most."* A doctor also shared: *"The manager's visibility is important, but I rarely see them when I work nights or weekends."*
4. No Longer a Clinician The majority of participants (65%) expressed concerns about the manager being disconnected from the clinical aspects of patient care. When asked, "My manager understands the challenges of patient care on the unit," the average rating was 2.5, indicating a neutral stance but leaning towards disagreement. One RN commented: *"She makes an appearance but doesn't get involved in the clinical side. It's frustrating when they don't understand the physical and emotional toll of patient care."* Another participant shared: *"Once they become managers, they seem to forget what it's like to be directly involved in patient care."*
5. RN Preferences for the Manager's Role Respondents were asked to rate their preferences for how their manager should be involved in their work. The majority of participants (80%) agreed with the statement, "I prefer my manager to be more visible and involved in day-to-day operations," with an average rating of 4.3. One nurse stated: *"I would appreciate it if the manager could be more present during shift changes, just to see what's going on and show support. Knowing when they will be around would help a lot."* A doctor added: *"If the manager could check in more regularly, especially during busy times, it would make a huge difference in team morale and job satisfaction."*

Discussion

This study aimed to examine the perceptions of healthcare professionals regarding the effectiveness of communication and internal coordination during crises in a hospital setting. The findings highlight a noticeable disconnect between the challenges that staff members encounter in their daily duties and the perceived involvement of their managers, particularly in crisis situations. Based on the survey responses from 30 healthcare professionals at Al-Zulfi Hospital, the results underscore several key themes related to the role of managers in communication and coordination during high-stress situations.

Disconnect Between Manager's Role and Daily Work

A significant proportion of respondents indicated that nurse managers, doctors, and administrative staff were perceived as not actively involved in the day-to-day operations, particularly during crises. The average score for the statement, "My manager is involved in day-to-day patient care," was 2.1, reflecting that a majority of healthcare professionals felt that the role of the manager was not adequately integrated into the daily functioning of the unit. These findings align with previous research that has suggested that leadership involvement is crucial in facilitating effective team collaboration, especially in emergency scenarios (Aiken et al., 2001). The gap between the expectations of healthcare professionals and the actual role of managers indicates that more hands-on support and leadership visibility during crises are needed.

Impact of Manager Meeting Time on Support and Visibility

Another significant theme that emerged was the amount of time managers spent in meetings, which respondents felt hindered their ability to provide real-time support to staff. On a scale of 1 to 5, the statement "My manager's meeting time prevents them from being present on the unit" received an average rating of 4.2, suggesting strong agreement among participants. This finding is consistent with earlier studies, which have shown that managerial time allocation, especially in high-level administrative tasks like meetings, can reduce their effectiveness in supporting frontline staff during critical moments (Shirey et al., 2008). The fact that managers spend considerable time away from the units in meetings may result in missed opportunities for immediate problem-solving and moral support, which are essential in crisis situations.

The Role of Manager Visibility and Presence

One of the most striking findings was the lack of visibility of managers, especially among those working night shifts and weekends. Approximately 60% of participants agreed with the statement, "I rarely see my manager during off-hours," with an average rating of 3.8, indicating a perceived absence during times when the team is under pressure. The absence of managerial support during off-peak hours can be detrimental to team morale and patient care, as managers play a crucial role in ensuring team cohesion and clear communication during these times (Kramer et al., 2007). Visibility is not just about physical presence but also about demonstrating availability for support, guidance, and decision-making, especially in high-stress situations.

Disconnect from Clinical Realities

Another issue raised by many participants was the disconnect between the managerial role and the clinical realities of patient care. While managers are often tasked with overseeing administrative and operational functions, many healthcare professionals in this study felt that managers no longer fully understood the challenges of patient care, particularly in terms of physical and emotional stress. The average score for the statement "My manager understands the challenges of patient care" was 2.5, reflecting a perception that the managerial role has shifted too far from the clinical side of healthcare. This finding suggests that as managers move further away from direct clinical practice, they may struggle to fully comprehend the complexities of frontline work, which can impact their ability to provide effective leadership and support (Shobbrook& Fenton, 2002).

Preferences for Managerial Involvement

Despite the perceived disconnect, the survey results revealed that healthcare professionals expressed strong preferences for more direct involvement and visibility from their managers. The statement, "I prefer my manager to be more visible and involved in day-to-day operations," received an average rating of 4.3, indicating strong agreement among respondents. This suggests that healthcare staff believe that greater managerial presence and active participation in daily operations would enhance job satisfaction, improve team dynamics, and ultimately lead to better patient outcomes. Previous studies support this notion, highlighting that when managers actively engage with their teams, they foster positive work environments that contribute to better performance and retention (Gormley, 2011).

Conclusion and Implications

The findings of this study underscore the importance of managerial engagement and visibility in improving communication and coordination during crises. Healthcare professionals, across all disciplines, expressed a need for managers to be more present and actively involved in day-to-day operations, particularly during high-pressure situations. The significant amount of time managers spend in meetings and the lack of visibility during off-hours may hinder their ability to effectively lead their teams. Based on these results, it is recommended that hospital management consider reducing meeting times during crises, increase manager visibility across all shifts, and ensure that managers remain connected to the clinical realities of patient care.

Further research could explore interventions aimed at enhancing managerial presence and visibility during crises and evaluate the impact of such changes on team cohesion and patient outcomes. Additionally, training programs for managers that focus on maintaining clinical competence alongside managerial responsibilities may also improve their ability to support healthcare teams effectively.

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