

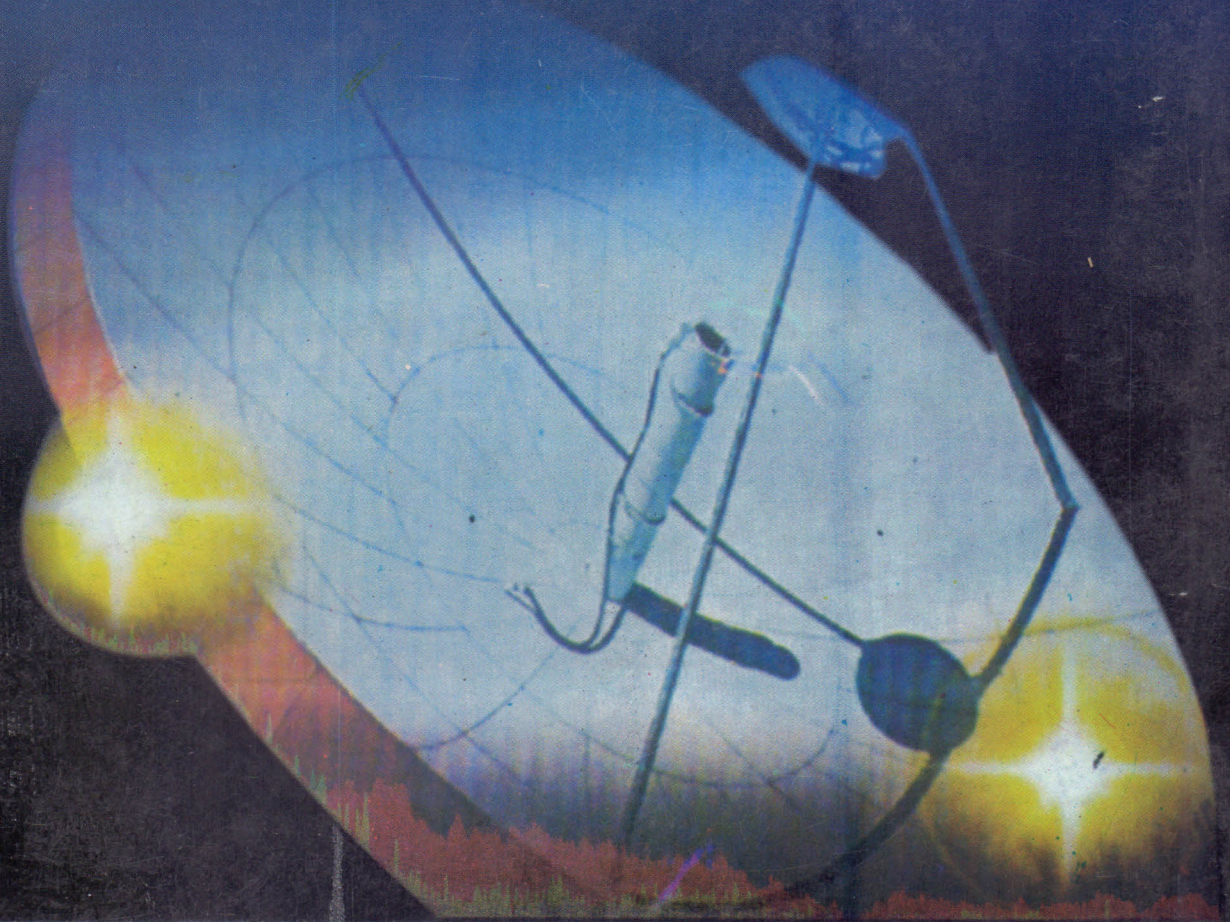
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# COMMUNICATION BARRIERS TO HEALTHCARE DELIVERY IN NIGERIA SINCE THE 1914 AMALGAMATION

By

**Ebony O. O. OKETUNMBI**

## Key words

Communication barriers, effective communication, healthcare delivery.

## Abstract

*This paper identifies some communication challenges undermining effective healthcare delivery in Nigeria, particularly as the problems pertain to communicators, messages, channels, audience, and feedback. The challenges identified rest on the twin notions that all human activities, including healthcare delivery, revolve around the fulcrum of communication, and that a health problem effectively communicated, is a health problem effectively positioned for solution. This implies that there is a symbiotic relationship between communication and healthcare delivery in any society. Nevertheless, communication and effective communication, the paper observes, are worlds apart. To solve the problems, it recommends attitudinal changes among healthcare givers and healthcare recipients in the country and concludes that effective communication is indispensable to effective healthcare delivery system anywhere, since health, a state of general wellbeing in the body and mind, is the foundation of all wealth.*

## 1.0 Introduction

Since the health of a nation depends on the health of its citizens, the health of the world also depends on the health of its nations and that, perhaps, explains why a disease-free life has been one of humanity's greatest challenges. During the last century however, humanity has advanced sufficiently to prevent, ameliorate, and eradicate diseases effectively. Breakthroughs in vaccines, drugs that are more effective, precise surgical procedures, new instruments, and understanding of sanitation and nutrition have had a huge impact on human well-being. In the course of their doing jobs, physicians and other healthcare professionals use clues to identify, or diagnose, a specific disease or injury. They check the patient's medical history for past symptoms or diseases, perform a physical examination, and check the results of various tests. After making a diagnosis, physicians pick



the best treatment. Some treatments cure a disease. Others are palliative: they relieve symptoms but do not reverse the underlying disease. Sometimes a disease requires no treatment because the disease will expiate itself.

However, healthcare delivery consists of a web of activities including prevention, amelioration, and eradication of diseases. It also involves diagnosis and prescription of the best course of treatment of ailments as well as education of the society on health issues. Certainly, that gamut of activities is teamwork oriented and requires scientific knowledge and skills that healthcare professionals must apply in effective ways. The same disease may present very different symptoms in two patients, and a treatment that cures one patient may not work on another. That generates some questions. What makes the difference? How should healthcare professionals sort out the difference? That is where communication comes in.

## **2.0 Contextual Clarifications**

Various scholars view the concepts of communication, communication barriers, and healthcare in different ways. Therefore, this writer has used them in the senses discussed below.

### **2.1 Communication**

Communication, the process of attaining commonness of ideas, information, feelings, thoughts, meanings, and messages is so central to human existence and all human activities. For this reason, according to Nwosu (1990:87), it would be fool hardy for any group to put it in the background in its economic, political, social, and other activities". In the course of its existence on the planet, humanity has used communication in various forms and combination of forms. These include non-verbal cues; talking; writing and visual interactions through signals, codes, pictures, paintings, videos, and films. There is no gainsaying the indispensability of communication to all human activities, the health sector inclusive.

### **2.2 Health and Healthcare**

Health is the general condition of the body or mind in terms of soundness, vitality, and proper functioning and the presence or absence of illnesses, injuries, or impairments (Microsoft Encarta Dictionaries, 2009). This finds anchorage in the definition by the World Health Organisation (WHO) cited by Akinboye and Owolabi (2011:1) that health is "a state of complete, physical, mental and social wellbeing and not merely the absence of disease or infirmity". This implies that sound health is not just the absence of illnesses, injuries, or impairments in the body; rather, it is a state of general wellbeing in the body and mind. Therefore, healthcare is the



complex web of activities of a network of professionals aimed at promoting a state of general wellbeing in the bodies and minds of individuals in the society through the prevention, diagnosis, treatment, amelioration, and eradication of diseases.

### **2.3 Communication Barrier**

Communication is a vital catalyst in the process and sub-processes of healthcare delivery. Nonetheless, communication, like any other process, is vulnerable to impediments. Put simply, a barrier an obstruction to movement, therefore, communication barriers are hindrances to smooth flow of communication. In other words, any factor that undermines the fidelity of communication is barrier to communication.

### **2.4 Effective Communication**

Communication is one thing. Effective communication is another. Anyone can attain the former. Very few can attain the latter because achieving effective communication is no mean task. Communication is effective when, for instance, A thinks X, A says X and spontaneously, B receives X and B understands X. Effective communication is therefore, the rare situation in which we say what they mean, and we mean what we say and people understand us accordingly. It is perfect fidelity in conception, encoding, transmission, decoding, and understanding between or among people.

### **3.0 Barriers to Effective Communication in Healthcare Delivery**

Many factors militate against effective communication. These factors include but are not limited to arrogance and superiority complex; fear of stigma and the unknown; ignorance and inferiority complex; inadequate feedback; poverty; resistance to change; as well as superstitions and reliance on hearsay. Furthermore, Adaja (2005:121) identified six barriers to effective communication. They are:

- \* Noise
- \* Knowledge level
- \* Communication overload
- \* Information clutter
- \* Poor message organization and presentation and
- \* Medium of communication.

However, a convenient way to organize and analyze these factors to is to locate them in the context of a model of the process of communication and one that readily comes to mind is the classic one attributed to Harold Lasswell (reproduced in Hanson and Maxcy, 1999:4). The model is a prompt to answer the question, "who says what, in which channel, to whom, and



with what effect?"The simple answer to the simple question is "the communicator, message, medium, co- communicator, and feedback".

### 3.1 Communicator Related Communication Barriers

The communicator, being the originator of communication, is perhaps the most crucial element in communication because he may make or mar the entire process through defective encoding of messages. The communicator has the onerous responsibility of organizing and presenting his message clearly and coherently and failure to do so would constitute a barrier to effective communication (Adaja 2005:122). Healthcare givers and healthcare receivers could, and often do swap the *who* role of communication in healthcare delivery. Where the communicator is a healthcare giver like physicians, pharmacists, nurses, and laboratory technologists, he may exude arrogance and superiority complex through his choice of words and tone of voice. Where this occurs, the healthcare receivers could, and often retaliate with an attitude of indifference and defiance. Similarly, where a healthcare receiver is the communicator, he may exhibit ignorance and inferiority complex in message encoding and delivery. Consequently, he could withhold information and say the wrong things to the healthcare giver. The consequence would be a hazy picture of the health problem at hand. This implies that a communicator's level of general and special knowledge, both of his message and of the receiver, tends to hinder or further communication fidelity.

### 3.2 Message Related Communication Barriers

The message (what the communicator says) is as important as how he says it. In addition to the wrong use of language, punctuations, syntax, tone, and pronunciations, the use of wrong or unacceptable codes, and even right and acceptable codes that are lacking or shallow in substance, could be a formidable barrier to effective communication in healthcare delivery. For instance, a healthcare giver might think that *half-full* apparently means the same thing as *half-empty*. Nevertheless, a healthcare receiver who is an optimist would be more favourably inclined to the former rather than the latter. Similarly, a healthcare receiver who is a pessimist would be more receptive to *half-empty* rather than *half-full*. Similarly, a healthcare giver would prefer that healthcare receivers say what they mean and mean what they say. For instance, a healthcare receiver, due to religious indoctrination might say to the healthcare giver "I am very strong" when in fact he or she is visibly very sick!



### 3.3 Medium Related Communication Barriers

The channel is the medium through which the communicator sends his message and the medium through which the recipient receives it. Marshal McLuhan's famous refrain, "the medium is the message" calls attention to the fact that the contents of communication conform to the nature of the channel of conveyance. This also means that perception of the medium influences perception of the message. Except in the case of face-to-face oral interaction, the use of assorted media is a necessity in every other mode of communication.

Noise is a notable channel related factor that can impede communication in healthcare delivery. Noise is any extraneous, obstructive, and therefore undesirable factor in the process of communication. It may be physical such as audible or visible distractions and distortions that interfere with hearing, seeing, and reading as transmitted. Noise may also be psychological such as attitudes and dispositions of the communicator and recipient towards particular channels. For instance, public perception of publicly owned media is often different from its perception of privately owned channels and their contents. Some dispositions such as anger, distrust, indifference, and procrastination to different channels may constitute barriers to effective communication in healthcare delivery. Moreover, noise can constitute a barrier in healthcare delivery when, for instance, healthcare givers are inaudible, vague or ambiguous in their chosen channels; and when healthcare receivers are indifferent or distrustful of such channels.

Another channel related problem is information clutter or overload. This happens when a system or sub-system receives more information than its capability to manage. When healthcare communicators (givers and receivers) clutter and overload media of communication with conflicting messages, they are contributing to the creation and maintenance of the *Tower of Babel* in which meaningful and effective communication transaction is an outlaw.

### 3.4 Audience Related Communication Barriers

The recipient is the *whom* of communication, the recipient and respondent to the contents emanating from the communicator. However, since communication is a transactional, interactional, or two-way phenomenon, the communicator and recipient swap roles to encode and decode in a communication intercourse. Therefore, the factors identified as barriers to effective communication in healthcare delivery and pertaining to the communicator, also apply to the recipient.

Nevertheless, where the recipients are masses of healthcare receivers, the lowest socio-economic class in the society with its attendant characteristics such as illiteracy, poverty, resistance to change,



superstitions, and reliance on hearsay, is certain to be preponderant. Therefore, the characteristics of the healthcare receivers constitute significant blocks to effective communication in healthcare delivery. For instance, how many Nigerians could read and write in the unifying official English language? How many are literate in the local languages that are over 250 in number? How many of the lowest socio-economic class in the country could afford to access health communication in different media? Due to superstitions and reliance on hearsay, how many of them do accept that AIDS is an acronym for "Acquired Immune Deficiency Syndrome" and not "American Idea for Discouraging Sex" aimed at selling condoms? How many of them see immunizations as prevention of diseases and not Western Powers' attempt to render people infertile? Given this scenario, even a blind man would see clearly that communicating with the lowest socio-economic stratum is a herculean task.

### **3.5 Feedback Related Communication Barriers**

Feedback, what Lasswell designated "with what effect" is the fulcrum around which communication revolves and it is a significant indicator of the effectiveness or otherwise of communication. In the healthcare sector however, feedback is scarce and inadequate. Many healthcare programmes executed by governments in the past failed because they failed to plan for the adequate feedback that would enable informed amendments to such programmes. Furthermore, how many healthcare receivers see their healthcare givers for follow-up consultations after treatments? How many healthcare givers seek and encourage such feedbacks? Clearly, inadequacy or absence of feedback undermines effective communication in healthcare delivery.

### **4.0 Removing Barriers to Effective Communication in Healthcare Delivery**

The fact that communication is often more heterophilious than homophilious compounds the already difficult task of communication (Nwosu, 1990:92). The healthcare giver often have less demographic characteristics in common with healthcare receivers. The former are often more literate, better informed, richer, and more responsive to changes than the minds they seek to influence through communication. Therefore, the bulk of the task of ensuring effective communication in healthcare delivery also lays in the court of the healthcare givers. As a starting point, they should eschew arrogance and superiority complex, which are common traits among them. Rather, they should embrace humility and sympathy. Communicators in the healthcare delivery system should seek to understand



the needs, biases, fears, and other limitations of the people with whom they want to communicate. This will guide them in encoding acceptable and effective messages. It will also enable them to make informed decisions on media selection.

## 6.0 Conclusions and Recommendations

There is a symbiotic relationship between communication and health care delivery in any society. Moreover, a health problem effectively communicated is a health problem effectively half-solved. However, communication and effective communication appear to be worlds apart. Therefore, everyone involved in health communication must do so effectively, by ensuring that they say what they mean and mean what they say in such a way that people attain desired mutual understanding.

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