INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH AND ANALYSIS

ISSN(print): 2643-9840, ISSN(online): 2643-9875

Volume 08 Issue 11 November 2025

DOI: 10.47191/ijmra/v8-i11-32, Impact Factor: 8.266

Page No. 6171-6175

# Safety Management in the Context of Effective Communication in Obstetric Practice

**Svetlana Radeva**

Department of Health Care, Medical University „Prof. P. Stoyanov", Varna, Bulgaria Specialized hospital of obstetrics and gynegology for active treatment „Prof. D. Stamatov" Varna, Bulgaria

**ABSTRACT:** Communication is an art that flows constantly around us and depends on the participants and the characteristic of the messages sent. It is a complex of methods of speaking, transmitting, perceiving information and intentions. The elements of communication have an impact on the subjects and the processes taking place, provides information and safety of the processes in terms of their course and results. Obstetric care has its specifics and is sensitive to the content of information, the participants in the process of communication and the way of perception.

**The aim of this study** is to differentiate the communication relationships of healthcare professionals in obstetric structures with patients ensuring the safety of obstetric care. The subject of the study are the existing practices for communication between patient and medical staff, study of legislative regulations related to the topic.

**Results and discussion:** the nature of communication in a professional medical aspect, in terms of channels, is defined by law, as the patient has the right to designate a person to receive information about his or her health condition. The problems in communication for the medics are: large administrative activity; workload; incompleteness of the information received; lack of time for communication. In patients, problems refer to: misunderstanding of the information received, insufficient time to communicate with doctors, lack of empathy, poor attitude. According to many patients, the leading factors for good obstetric care are personal attention, good communication with specialists, detailed information and support.

**In conclusion,** healthcare professionals must be able to conduct proper and patient-centered communication to provide them with the care they want and need. Using the right communication strategies can help patients feel heard, encourage them to provide accurate and relevant information so they can assist during the healing process.

**KEYWORDS:** communication, obstetric care, safety, Development, Communication Management.

## INTRODUCTION

Good communication with patients is important for the proper conduct of the processes of diagnosis and treatment in different fields of Medicine. The development of technology, the digitization of the health sector, the inclusion of new models of care and communication require the introduction of a number of management decisions for the organization of activities [1,2,5]. Skillful communication helps healthcare professionals establish a direct connection, seek and share important information, and work effectively with patients, family members and society [3,15,16]. In a dynamically changing environment, high engagement, healthcare professionals face a number of difficulties and there is often no time left for communication.

The information in the communication between patient and healthcare professional is asymmetric, scarce, incomplete, but it is the communication and communication that complements its content [12;13]. The result is a bond of trust between the subjects [7, 9, 11] in the communication process and in building trust between them [14,17], communication is distinguished by accuracy, accessibility, validity, reliability, timeliness and comprehensibility [18], with the most necessary being comprehensibility or the generation of a patient-to-physician response [7,10].

In obstetric practice, communication is delicate and takes place in conditions of urgency. Patients often exhibit a different attitude towards their own health condition and it is not always adequate [11,12]. To a large extent this depends on the subjective sensations of the patients, on the character characteristics, personal orientation, the upbringing from an early age to promote a healthy lifestyle, on experienced health misfortunes, on the attitude to the possibilities of medicine, etc. [8;13].

## Safety Management in the Context of Effective Communication in Obstetric Practice

The provision of timely and adequate obstetric care is an essential part of the healing and diagnostic process in support of the pregnant woman, the mother and the mother. The new challenges to the implementation of obstetric communication include a wide range of activities and care: care for the most vulnerable patients [15;16], patient education [4], care for Reproductive Health, newborn children, etc.N. The more delicate and complex the nature of interpersonal communication, the higher the level of communication the medical professional should possess [6,9,10].

**Communication in obstetric** activities is carried out continuously, through the provision of information, through patient perceptions and reactions. The primary medical examination is stressful when entering the hospital because the onset of Labor is often unexpected, in conditions of urgency, despite the preparation that makes any pregnant at the end of the third trimester. Communication in the Reception Room consists of a number of follow-up questions to direct the medical person to the essence of the problem, to take down Anamnesis, to establish facts about physical and mental condition, etc. Instructions or instructions for different examinations and procedures have a different nature, both for the doctor and for the patient, therefore it is necessary to establish uniformity of concepts in medical communication. Information is leading in determining the treatment-diagnostic behavior, adequacy, timeliness and correctness of all events, as a result of which the outcome of medical care is determined.

**The elements of communication** are determined by a number of interconnected elements: why it is carried out; who is carrying it out; who are the participants (medics, patients/clients, relatives, children, Guardians, etc.); the built communication channel and the accompanying silencers of the environment (hospital, home); deciphering the information messages in the specific channel of information; the mental and psychological states of the participants; where and at what time the communication takes place. Importance for proper communication is its essence, intelligibility, clarity, correctness, economic aspect, wit, respect between participants.

**The communicative act** in the performance of obstetric activities is carried out continuously through the provision of information, through patient perceptions and reactions. The primary medical examination is stressful when entering the hospital, t.as the onset of Labor is often unexpected, in conditions of urgency, despite the preparation that makes any pregnant at the end of the third trimester. Communication in the Reception Room consists of a number of follow-up questions to direct the medical person to the essence of the problem, to take down Anamnesis, to establish facts about physical and mental condition, etc. The instructions or instructions for different examinations, procedures and treatments are of a different nature for both the doctor and the patient, therefore it is necessary to establish uniformity of concepts in Medical Communication. In Fig.1. the model of the stages of communication in medical practice is presented [16].


**Figure. 1. Stages of communication in medical practice.**
**(adapted from C. Tacheva)**

Mental comfort, self-confidence and the absence of fears and worries directly affect the birth process. Comfort and tranquility are beneficial to the body in general, in particular blood circulation, which is important for the development of the fetus. In this sense, it is also important to prepare for childbirth as a natural process.

Simultaneously with the professional medical care provided to pregnant women and women who have given birth, the leading competence in the performance of work duties is the communication with them, the implementation of effective and

continuous feedback, on which is placed the assessment of needs and the provided medical and psycho-emotional support. Knowing and applying the basic concepts and communicative methods, medical professionals (doctors and midwives) enrich their opportunities for full communication with patients, improve the microclimate in the workplace and minimize conflict situations.

The main role of care is communication and the ability to make a proper assessment of the patient's needs, the guidance they should receive, the advice and care.

BARRIERS

It has been proven that good communication between a healthcare professional and a patient not only reduces stress and tension, but is crucial for the recovery of the patient. However, it often happens that communication is not at the level we wanted (especially as patients). The most common barriers relate to:

1. Lack of interest on the part of the medical staff, expressed in passive behavior.
2. Lack of ease in behavior, which manifests itself in the form of: stereotyped (ignoring the individuality of the patient) behavior; inappropriate behavior; lack of expression, etc.
3. Inability to listen actively, expressed in: indifference, absent-mindedness and boredom; lack of individual approach; formulaic answers; hasty advice and assessments, etc.
4. Excessive emotional remoteness-manifests itself in: underestimation and negativity; underestimation of the situation when care is required; lack of desire for dialogue, haste, interruption of the patient's speech; use of inappropriate language (e.g. incomprehensible medical terminology), which is not consistent with the sociocultural level of the patient, his age, etc.

   A small proportion of patients are oriented in medical terminology. Therefore, there are often cases of quite frivolous interpretation of the information they receive. The problem is further complicated by the fact that the patient definitely has difficulty remembering the explanations given by the medical professional. The use of professional "jargon" in this communication often becomes the cause of misunderstandings and conflicts.
5. Inappropriate behavior and tactless statements on the part of the medical staff, ignoring the need of the patients for correct information.

Mastering and applying the means of communication in the healing practice can positively affect the patient's behavior and support the therapeutic process. Therefore, we will refer to some practical rules for communicating the medical professional with the patient:

- ✓ An explanation of the manipulations carried out and activities related to it or about it.
- ✓ Use short and simple sentences.
- ✓ Use the necessary intonation.
- ✓ Emphasis on significant words.
- ✓ Responding to every communication effort.
- ✓ Individual attention.
- ✓ Emotional coverage of what was said.
- ✓ Use of supporting communication tools (gestures, photographs, objects, clear mimicry, body posture, etc.).
- ✓ Stimulation in case of reluctance to communicate.
- ✓ Interpreting stereotypical phrases and words.
- ✓ Taking into account the individual characteristics of the patient.
- ✓ Communication corresponding to gender, education, age, educational qualification, culture, ethnicity, etc.
- ✓ Communication with the relatives of the sick.

An essential element in the work of the medical professional is the ability to communicate: with patients and their relatives, with colleagues, with members of the multidisciplinary team. In fact, without effective communication and trust, the efforts of the health professional will not they have the necessary effect because in the communicative process important information is exchanged, relations of mutual understanding and partnership are built. Regardless of the new technological challenges of XXX century, man, and especially the sick man, will always seek contacts with professionals from whom he will expect human communication, understanding, sympathy, empathy and support.

Communication is underestimated by the professionals themselves and is not accepted as a significant part of their professional activity. This is due to the high workload of the working environment, the administration of the activities and the constantly changing regulatory framework, associated with frequent changes in medical documentation, the creation of an electronic file and the electronic operation. It is important for patients to carry out the process of communication and continuous

feedback in order to reduce the uncertainty about upcoming events, receive understandable information, listen, in conjunction with conducting treatment, research and medical procedures. The formation of professional communication skills in obstetric practice is not yet a priority goal.

Pregnancy is a special physiological condition in a woman. Sometimes it proceeds with complications that threaten the normal development of the fetus and the health of the mother. A number of diseases affect the course of pregnancy and childbirth and are associated with risks from both the mother and the fetus. In the process of serving such patients, skills related to patience and effective (understandable) communication are needed, without which the needs of patients cannot be objectified, because sometimes they can differ from their objective condition and are driven by preferences and fashion trends. It is necessary to be patient with patients who may not be convinced of their obligation to be partners in this bilateral care process, especially in crisis situations related to medical care or not. It is important to approach it with professionalism, empathy and personal communication in order to ensure adequate and appropriate care and attention.

Communication skills in healing practice can positively influence the patient's behavior and support the therapeutic process. Medical care includes not only well-executed manipulation, conducting research preparation, dispensing medications, conducting hygienic and specialized care, but also personal care to the person expressed in concern, sympathy, attention , emotional warmth, respect and support. A change in attitudes and behaviours towards patients is needed.

**CONCLUSION**

The problem of the provision of midwives in hospital structures is brewing, because in medical standards there is no determination of the number of healthcare professionals to serve patients and there is no ratio of doctor: midwife to number of patients. The number of doctors is legally defined in the standard but the relevant clinical specialty and in the requirements of the clinical path for the performance of the activity of the given structures. This has opened up a number of managers to undertake activities to limit the cost of staff, training and qualification.

As a result of this negative trend, education may become a low priority for young professionals regarding their realization. The process of medical education can reduce the effectiveness of patient care and increase costs. An essential element of Obstetric Practice is the regulation of communication channels and interactions to assist healthcare professionals, managers and patients in the process of obstetric care. It is necessary to increase the satisfaction of patients with communication with medical personnel, to create an opportunity to improve their psycho-emotional state. The main task of management is to regulate clear communication (vertical and horizontal) through a stable organizational structure, development of individual obstetric care and improvement of the qualification of employees.

It is the responsibility of all doctors and institutions involved in the training of healthcare professionals to ensure, to recognize the importance of the profession and its responsible position, because teamwork requires different qualified specialists with different competences, which will increase the efficiency of the work process, guarantee quality of activities and continuity of care. Efforts to reduce the cost of human capital do not reduce the opportunities for training in professional skills and the acquisition of new knowledge and good practices. Institutions have an ethical responsibility to develop their own rules and practices that ensure process stability, process safety and resource security, and guidelines for involving healthcare providers in patient care in ways that provide good education and high-quality medical care.

**REFERENCES**

1) Balkansca, P. (2009). The ability to communicate with the patient. Sisterhood; 3 (41): PP.26-30.
2) Balint, M. (1997). The doctor, his patient and the disease. Fund. "Neuroscience and behavior." Sofia.
3) Aspergren, K. (1999). Teaching and learning communication skills in medicine: a review with quality grading of articles. Med Teach;21(6).
4) Foronda, C., B. MacWilliams, E. McArthu. (2016). Interprofessional communication in healthcare: An integrative review. Nurse Education in Practice; Vol.19:, pp. 36-40**.**
5) Ilieva-Baltova, P. A. Predoeva. (1997). The ratio of verbal / nonverbal components in doctor-patient communication. Comparative linguistics; 4 (19): PP. 84-95.
6) Kostova, L. (2020). The need for feedback. doctor-patient communication and the search for medical information on the internet. Ethical research; 5 (2): 13-21.
7) Kurtz, S., J. Silverman, J. Draper. (1998). Teaching and Learning Communication Skills in Medicine. Oxford: Radcliffe Medical Press.
8) Kurtz, S.M., J. D. Silverman. (1996). The Calgary-Cambridge Observation Guides: an aid to defining the curriculum and organising the teaching in communication training programmes. Med Ed;30: pp. 83-89.

9) Maguire, P., S. Fairbairn, C. Fletcher. (1986). Consultation skills of young doctor: II — Most young doctors are bad at giving information. BMJ, pp. 1576-1580.
10) Miller G.E. (1990). Commentary on clinical skills assessment: a specific review. Philadelphia: National Board of Medical Examiners 75th Anniversary: pp. 48-51.
11) Riccardi, V., S. Kurtz. (1983). Communication and counseling in health care. Springfield, Illinois.
12) Silverman, J., S. Kurtz, J. Draper. (1998). Skills for Communicating with Patients. Oxford: Radcliffe Medical Press.
13) Stewart, M. (1985). Comparison of Two methods of analysing doctor-patient communication. Paper presented at the North American Primary Care Research Group, Seattle.
14) Stewart, M., J. Brown, H. Boon et al. (1999). Evidence on patient-doctor communication. Cancer Prev Control; 3(1): pp. 25-30.
15) Stoev, V. (2010). Clinical communication. Sofia.
16) Tacheva, V. (2014). Communication skills in medical practice. Steno, Varna.
17) Vodenicharov, C., Popova S. (2003). Medical ethics. Sofia.
18) Waitzkin, H. (1985). Information giving in medical care. J Health Soc Behav; 26: pp. 81-101.