Health Communication

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HEALTH COMMUNICATION
Theory and Practice

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PREFACE

Doctors, dentists, pharmacists, nurses, and other health professionals depend on their ability to communicate effectively with colleagues and patients in the performance of their health care duties. For example, the doctor who interviews a new client to establish an accurate medical history, the dentist who probes a client's mouth to discover the source of a toothache, or the pharmacist who describes and explains the correct use of a prescribed drug to a client are all depending on their ability to communicate effectively. All too often, training for health care professionals has failed to stress the importance of human communication in health care delivery and as a consequence many health professionals are ill prepared to fulfill the communicative demands of their jobs. Communication training for these health professionals can provide the impetus necessary to facilitate development of effective health communication skills.

Health Communication: Theory and Practice is intended to guide the training of health professionals and consumers in developing effective knowledge and skills in health communication. Undergraduate and graduate students in preprofessional health care programs of study as well as practicing health care professionals seeking in-service training in communication will find this text useful. We take a pragmatic perspective on communication in health care, relating communication research and theory to realistic health care situations. A wide variety of research on health and communication is integrated and applied to the many problems facing the modern health care professional in the delivery of high quality health care services. Although the book avoids simplistic "cookie cutter" solutions to complex human problems, it does offer insights and strategies the health professional can use to analyze and cope with difficult health communication situations.

It is our strong contention that in order to solve health communication problems the study of communication ideally should be interdisciplinary. That is, members of the various health professions should study communication together so that each profession can become aware of the communication problems common among related disciplines. Since it is not always possible to study together, we have

designed this textbook to fill many interdisciplinary needs and to function as a bridge between health professionals.

The text is divided into eight major chapters, each beginning with a case history and ending with selected readings by noted health communication researchers, scholars, and practitioners. The cases were written to help introduce and apply the concepts of the chapters for the reader. The readings were chosen to supplement the content areas developed in each chapter, and are excellent discussion starters for classes and training groups, allowing both students and professionals to integrate and expand upon health communication concepts of particular interest to them.

An extensive thirteen-section bibliography of communication in health care follows the last chapter, covering such topic areas as verbal and nonverbal communication in health care, health care interviewing, therapeutic communication, group communication in health care, conflict in health care, intercultural communication in health care, communication with the terminally ill, ethics in health care, and media in health care. We feel that the text, supplemented by the epilogue, case histories, readings, and extensive bibliographies will provide the reader with a broad understanding of the role of communication in health care practice.

In writing this book we have paid special attention to using language clearly and sensitively. We have attempted to demystify complex social psychological jargon by providing explanations and examples to flesh out and illustrate new and often complex concepts. We have chosen to include both the male and female pronoun when describing health practitioners and clients to avoid sexist language usage and sexist stereotypes. On the advice of some of our students, we have decided to limit our use of the connotatively passive term "patients" to describe health care consumers, opting for the more assertive term "clients" throughout the text. Throughout the book we attempt to encourage consumer participation in the health care process, and using the term client rather than patient is one way to help empower health care consumers.

Several people have been of great service to us in writing this book. Our special thanks to Tren Anderson, Executive Editor at Longman Inc., for his professional insight and cooperation. Tom Bohn has done much as our editorial advisor to encourage our creativity in developing the raw material of this book into a finished text. We appreciate the excellent critiques and suggestions our reviewers offered, many of which we adopted in the book. Our sincere thanks to Janet Morgan, who did most of the typing of the manuscript. Our colleagues in our universities and the Health Communication Division of the International Communication Association continued to encourage our work on this project. Our

students provided insightful feedback on earlier versions of the book. Most of all, we sincerely appreciate our family members, who helped us maintain our sanity while writing, were patient with us when we neglected them, and were understanding when we went through crises and revisions in the evolution of the book. To Stephanie Kreps and Bill, Bret and Dan Thornton, we thank you. Special thanks to Rhoda Cohen-Kreps (who epitomizes therapeutic communication) and Margery Cavanaugh.

CONTENTS

1.

INTRODUCTION TO HEALTH COMMUNICATION

The young woman needed four wisdom teeth extracted. The procedure was a routine one that could be performed in the dentist's office. Nitrous oxide was administered as an anesthetic. The woman's mother accompanied her but was directed to sit in the waiting room, with the promise that she would be called if needed. During the course of the treatment, the woman had a drug reaction. She began to experience terror and wanted her mother. She felt her mother could help her feel secure enough to relax, and perhaps even enjoy the novel drug experience. The client tried to ask for her mother, only to find that she was unable to talk. Feeling helpless only increased her terror.

At no time during the one-hour dental procedure did either the dentist or the dental assistant inquire into the client's comfort. After the procedure, the client had several psychological reactions, including nightmares which persisted for several months. Today, almost a year later, she continues to feel aversion toward dentists. The dentist and his assistants, questioned by the parent as to why they had not inquired into the client's comfort, explained that they typically become so involved in the procedure that they often do not inquire; also they felt at a loss as to how they should approach the client during a procedure.

Many similar stories can be recounted of inadequate communication with clients who are experiencing pain or fright. However, health professionals (with rare exceptions) perceive themselves to be helpful and altruistically motivated persons. How does the communication disparity between "intent" and "execution" occur?

THE COMMUNICATIVE DEMANDS OF HEALTH CARE PRACTICE

Health communication is an area of study concerned with human interaction in the health care process. It is our contention that human communication is the singularly most important tool health professionals have in providing health care to their clients. Not only do health providers offer their services to consumers through communication contact, but they also gather pertinent information from their clients, explain procedures and regimens to clients, and elicit cooperation among members of their health care team through their ability to communicate.

Health care professionals depend on their abilities to communicate effectively with their colleagues, clients, and often the families of their clients to competently perform their health care responsibilities. The clarity, timeliness, and sensitivity of human communication in health care is often critical to the physical and emotional well being of health care clients.[1] In compiling a client's case history the practitioner must be able to evoke clear, accurate, and detailed information from the client in order to competently diagnose the client's current state of health, identify relevant health experiences he or she has had, and develop effective strategies for health care intervention and maintenance.

Regardless of the health care professional's level of health science expertise, if he or she does not communicate effectively in establishing the client's history there will be insufficient information available to the practitioner to direct the client's treatment. In the course of health care treatment the practitioner must utilize communication skills to gather information from the client, answer the client's questions, give the client directions for self care and establish a therapeutic relationship with the client. Human communication is the primary tool the health care professional has in delivering health care services to the public. Additionally, communication is also pragmatically important to the physician and other health professionals. One physician writer reports evidence that developing good client/practitioner relationships can lessen the number and costs of malpractice suits.[2]

Though a natural ability to communicate effectively with people is certainly advantageous to a health care professional, to function as a "professional" demands a more disciplined awareness of the manner in which human interaction occurs. The practitioner needs to develop increased awareness of the ways in which his or her own communication behaviors affect the meanings created and behaviors taken by others. The effective health care practitioner should react perceptively to the wide range of verbal and nonverbal messages clients and co-workers transmit in health care situations. Development of these human com-

munication skills will allow the health care provider to respond appropriately and effectively to clients and co-workers. For example, in the case history at the beginning of this chapter, if the dentist and the dental assistants had been aware that their client was showing nonverbal cues of discomfort they would have realized how terrified she was of the treatment, and could have helped dispel her fears. Because these health professionals were not alert to their client's communication, they failed to react appropriately, and actually aggravated her anxiety.

Effective human communication skills and competencies do not just happen; people are not born with effective communication skills, nor do they necessarily develop naturally. Skills and competencies are learned behaviors that have to be examined and practiced in order to be mastered. This book is designed to direct your examination, practice, and mastery of effective human communication knowledge and skills to be used in the delivery of health care services.

HEALTH COMMUNICATION IS FOR THE ENTIRE HEALTH CARE TEAM

The need for knowledge and skills in human communication for health care delivery is not limited just to the physician, but it is equally important for the nurse, pharmacist, therapist, aide, health care administrator, social worker, and health care client to be thoughtful and effective communicators. Each member of the health care team must work interdependently with other team members as well as with clients in accomplishing health care tasks. Each individual performs an integral role in the complex and multi-faceted health care delivery system.

The health care delivery system is like a wagon wheel with many different spokes (see Figure 1.1). The hub of the wheel is the client's role. The entire health care system should revolve around the health care needs of consumers. Each of the spokes of the wheel represents one of the health care professional roles. Each of these roles performs important functions for the consumer in the delivery of health care. The client is the point where each of these professional roles meet. The combination of the specific health care skills of each of these professional areas provides the client with health care services. The quality of treatment provided to the client often depends on the effectiveness of human communication between the different parts of the health care delivery wheel.

The active and accurate communication between interdependent health professionals, as well as between clients and practitioners, enables coordination within the health care system. A breakdown in com-

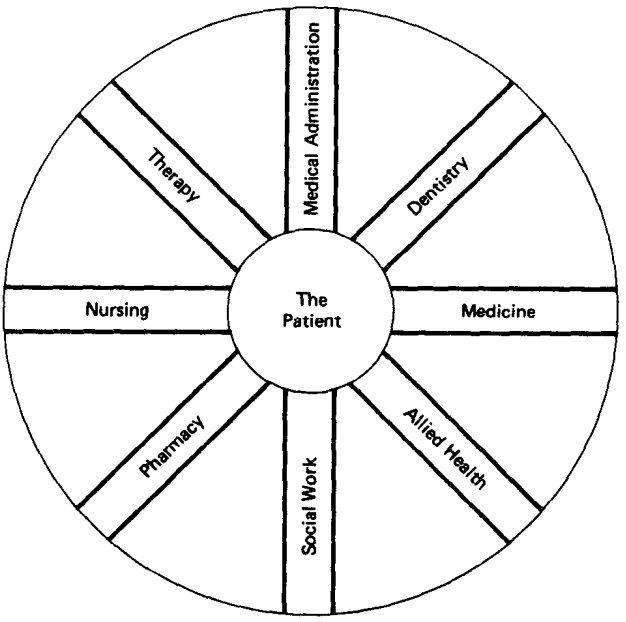

Figure 1.1 The Health-Care Delivery System Wheel.

munication between any of the spokes of the wheel or between any spoke and the hub of the wheel can jeopardize the effectiveness of the entire health care system by weakening the strength of the wheel. Together, all parts of the wheel add strength to the health care system. Effective communication keeps the parts of the health care delivery system working in concert and enhances the quality of health care.

PROBLEMS AND ISSUES IN THE DELIVERY OF HEALTH CARE

Evidence in recent years has revealed mounting inadequacies in the quality of human communication between people in health care settings. Practitioners are often unaware of the ways in which their messages to clients may frighten or confuse these clients. Clients often fail to recognize how important it is for them to explain their symptoms clearly and fully to their health care providers in order to receive appropriate treatment. Both clients and practitioners report frustration and dissatisfaction in their health care encounters with others. Korsch and Negrete concluded, in their 1972 *Scientific American* article, "the quality

of medical care depends in the last analysis on the interaction of the patient and the doctor, and there is abundant evidence that in current practice this interaction all too often is disappointing to both parties."[3] While more emphasis has been placed on communication in health care since that article was written, there is no evidence to indicate that health care communication is much improved.

Client Cooperation with Health Care

An often identified problem area in health care is poor compliance with prescribed health care programs. The compliance literature addresses such issues as clients' failures to (1) comply with keeping health care appointments, (2) follow health care regimens, (3) use prescribed drugs correctly, or (4) abide by the rules of the health care institution.[4]

Poor consumer compliance in health care is generally recognized as a major problem impeding the delivery of high quality health care services.

The identification of this problem area as "patient compliance" indicates a one-way practitioner orientation. The responsibility for poor "compliance" is directed towards the client. In this book we prefer to speak about compliance in terms of cooperation between the client and the practitioner, where responsibility for health care outcomes are shared jointly by the client and the practitioner. By examining the communication between health care providers and their clients we can identify the development of cooperation.

Cooperation is not a naturally occurring part of human endeavor but rather the outcome of relationship development. Instead of viewing client noncompliance as a maladaptive client characteristic, it is more productive to view the problem as one of cooperation, due to the kind of communication relationship established between the client and the practitioner. Health care providers can evoke client cooperation with their medical regimens, directions, appointments, and procedures through the development of effective communication relationships. In chapter 2 we will discuss the relationship development process and suggest strategies for developing effective client–practitioner communication relationships.

Miscommunication in Health Care

Another rampant problem in the delivery of health care is the misinterpretation of communication between people. This is known as *miscommunication*. Miscommunication does not mean that communication

has not occurred. *It means that often the meanings that communicators create in response to messages sent to them are very different from the meanings that were intended.* Miscommunications happen often in health care situations for a number of reasons. Some of these reasons include the complexity of health care information, the widespread use of medical jargon, and the extreme urgency and emotionality of many health care situations.

Miscommunications are not indigenous solely to health care interaction. Misunderstandings occur regularly between people in all kinds of social, business, and educational situations. The reason miscommunication in health care is of such vital importance is the crucial need for accurate and timely information in client diagnosis, treatment, and long-term care—miscommunication can actually be a matter of life or death. For example, if a hospital lab technician reports the results of a client's blood test to the client's attending physician over the telephone (as sometimes is the case in busy hospitals), there is a good opportunity for miscommunication to occur. An inaccuracy of even 1 decimal point in reporting these blood test results can strongly affect the physician's diagnosis of the client and the regimen prescribed. An incorrect diagnosis and prescription would undoubtedly complicate the original health problem confronting the client, with the ultimate potential of endangering the client's life.

Misunderstandings between clients and their health care providers can be a cause of noncompliance. It is difficult for a client to follow a health care regimen that he or she does not understand. Part of establishing an effective practitioner–client relationship is being able to communicate clearly, honestly, and accurately. In the following chapter we will discuss the use of verbal and nonverbal messages in communicating meaningfully with others, as well as the utilization of feedback in human communication to counteract the problem of miscommunication.

Unrealistic Expectations in Health Care

Another source of problems in the delivery of health care are unrealistic expectations held by both clients and professionals concerning each other's performance and the outcomes of health care treatment. Studies have indicated that health professionals and clients tend to stereotype one another.[5] These stereotypes are often unrealistic generalizations of the attitudes, inclinations, and abilities of people in health care situations.

Consumers may enter the health care situation expecting the health professional to perform minor miracles—eradicating their ailments and making them better than they were before they encountered their health care complaint. The doctor is often seen as a cultural hero by the public,

able to solve any and all problems.[6] Media doctors on "Mash" and "St. Elsewhere" may be able to solve all of their clients' problems, but it is impossible for real-life doctors to do the same. These unrealistic stereotypes put the health professional in an untenable situation in which they can never meet clients' expectations.

Health care professionals also stereotype their clients. Research has indicated that health professionals prefer certain clients over others.[7] Depending on age, illness-type, sex, status, or level of attractiveness a client may be stereotyped in different ways by the health professional, because different stereotypes receive differing styles of treatment. Health care providers also often underestimate their clients' level of understanding of their health care treatments and problems.[8] These unrealistic evaluations of clients can inhibit high quality health care delivery. In Chapter 2 we will examine the perceptual process and discuss strategies for minimizing the ill effects of stereotypes in health care.

Lack of Sensitivity in Health Care

A final problem in the delivery of health care that we will identify here is insensitive communication between health providers and their clients. Insensitivity may be the greatest source of dissatisfaction people feel about the health care system. Due to heavy workloads, high stress, and constant contact with human suffering, the health professional may become callous to the feelings of others. Practitioners can become "burnt-out" after extended tours of duty on busy hospital wards, making them less responsive to the needs of their clients.[9]

Clients also have been known to be insensitive toward the needs and feelings of their health care providers. They often see their own problems as being preeminent over the problems of other clients or health practitioners. Clients may demand immediate attention to their problems and can become belligerent when the practitioner cannot instantly leave whatever he or she is doing and rush to the client's side. Certainly, upon reflection, the client's sense of urgency is understandable. Clients can become apprehensive and fearful about their health condition, and because of their fear can see only their own problems. Nonetheless, the self-centered perspective taken by many clients is a major impetus to insensitivity in health care.

We certainly do not intend to infer that all health care practitioners and consumers communicate insensitively. There are many extremely sensitive individuals in health care. Yet, the people who do behave in an unfeeling way to others in health care cause many other health care problems. A major tenet of this book is that effective health care is delivered through the establishment of effective communication rela-