Communication

CORE INTERPERSONAL SKILLS FOR HEALTH PROFESSIONALS

3rd edition

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How to use this book

Section 1 explores the importance of studying communication when preparing to be an effective health professional. It presents overall and specific goals typical of communication in health practice.

Section 2 highlights the importance of reflection and the resultant awareness of self and underlying assumptions; of the individuals around the health professional; of non-verbal elements of interactions; of the importance of listening and awareness of various environments affecting healthcare.

Section 3 emphasises the realities of specific aspects of communication relevant to practice for the health professional. These realities include conflict; cultural variations; misunderstandings; ethical issues; communicating over distances; written documentation and electronic forms of communication including social networking sites.

Section 4 has 49 scenarios to encourage in-depth exploration of needs typical of encounters in health practice. It provides opportunities using role-plays to both consider and practise communicating with such individuals. This potentially will develop both confidence and competence when communicating as a health professional.

Each section includes opportunities to explore elements of communication as individuals, in groups and from the perspective of a particular scenario. Various types of activities encourage reflection to promote deeper understanding of the requirements of communication. They also encourage increased awareness of personal tendencies during communicative events and skills development in preparation for communicating as a health professional.

The following icons indicate the type of activity:

- Group work or activity for a group
- Individual activity or opportunity for individual reflection
- Scenario or case study
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Preface

Development of skills in communication is an ongoing journey for each person. It requires awareness of personal biases and prejudice, awareness of the needs of the ‘Person/s’, awareness of the effects of environment and background, as well as reflection about communicative practice. Even the best communicators have times when they experience unsatisfactory communication, regretting the effects of an interaction. The journey for a health professional in developing communication skills is often eventful and sometimes difficult. However, commitment to perseverance in overcoming the barriers to effective communication is a beneficial and rewarding process for any person, but essential for a health professional.

This book contains four sections focusing on particular elements of communication. Section 1 examines the significance and goals of communication in the health professions. Section 2 highlights the importance of reflection and increased awareness of various factors when communicating as a health professional. It indicates this awareness must be of ‘self’, as well as the ‘Person’ and the environment. Section 3 emphasises specific characteristics of and skills required for effective communication in the health professions.

Section 4 presents 49 scenarios representing typical situations and people a health professional might encounter during their working week. This section challenges readers through role-plays to consider in depth the circumstances and needs of the Person/s in the scenarios. Section 4 encourages readers to validate the information found in the first three sections of the book, thus promoting application of the information learnt and consolidation of the skills developed in these sections.

All sections include presentation of information and opportunity for reflection, practice and discussion. They provide opportunities to communicate with both ‘self’ and ‘others’ in an attempt to promote awareness of the major factors contributing to effective communication.
CHAPTER 2

The overarching goal of communication for health professionals

Chapter objectives

Upon completing this chapter, readers should be able to:

- Reflect upon the relevance of the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) model when communicating with a Person/s
- Demonstrate understanding of the overarching purpose of communication in the health professions
- Reflect upon the importance of each step required to fulfil the purpose of communication in the health professions: family/Person-centred practice
- Demonstrate recognition of the importance of the components of each step of a model of family/Person-centred practice in the health professions.

The purpose of communication in the health professions is ultimately to facilitate the delivery of an appropriate, satisfactory and relevant service. This therefore requires health professionals to achieve mutual understanding by communicating in a manner that facilitates positive and satisfying service delivery for all (Hassan et al 2007, Horan et al 2011, Rosen 2014). This chapter explores the means of achieving this goal to ensure optimal outcomes and thus satisfaction, health and wellbeing for all Person/s relating within and relating to health professional services.

A model demonstrating the importance of communication

The International Classification of Functioning, Disability and Health (ICF) (WHO 2001), shown in Figure 2.1, is a biopsychosocial model that highlights the complex and multidimensional nature of health, and the factors affecting health and functioning (Allan et al 2006). It provides a common language for multidisciplinary or interdisciplinary communication. The ICF classifies the ‘components of health’ and places health on a continuum indicating any limitation in functioning can disrupt health and wellbeing.
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The ICF also describes the importance of participation in six interrelated domains or life situations (Ewert et al 2004, Weigl et al 2004), including:

1. communication
2. movement
3. learning and applying knowledge
4. participation in general tasks and the demands of those tasks
5. self-care and interpersonal interactions
6. major life areas associated with work, school and family life.

The ICF model encourages health professionals to consider the factors that affect function, participation and a sense of wellbeing. It directs health professionals to collaborate with the Person to overcome the challenges that limit participation in daily life. Why? Because participation positively affects health (O’Toole 2011). It directs health professionals to develop holistic goals that are not driven merely by assessment results, opinion or physical needs, but rather are Person-centred and thus unique to the needs and goals of the individual (Brown et al 2003, Trad 2013).

The ICF model indicates that communication is an important domain, facilitating participation and functioning and thereby significantly affecting health. It demonstrates that poor communication potentially limits intervention outcomes, which can restrict functioning and disrupt health and wellbeing. It reminds health professionals to acknowledge the importance of communication for satisfaction, health and a sense of wellbeing, and therefore to interact in a manner that encourages the individual to engage in the act of communicating (Eadie 2007, Hopper 2007, Larkins 2007).

Official expectations for effective communication

It is not only the World Health Organization that requires effective communication. Registration requirements for most health professions in Australia and New Zealand include skills in effective communication. See the Australian Health Practitioner Regulation Agency Home Page (AHPRA) and consult the registration requirements for relevant health professions. The New Zealand Health Practitioners Competence Assurance Act 2003 (New Zealand Legislation 2003) consistently refers to...
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the need for the health professional to communicate effectively in practice. Rights for health consumers also repeatedly refer to the requirement for effective communication. Therefore, it is not merely the outcomes of effective communication but also relevant peak organisations and legislations that mandate effective communication in healthcare.

A model to guide the general purpose of communication for the health professions

Health professions exist to provide specific services to individuals seeking their assistance. Regardless of the particular health profession, communication is a vital activity within that service. Mutual understanding between the individual seeking the service and the health professional is a characteristic of any meaningful interaction. It is vital to ensure positive outcomes. Mutual understanding (successful exchange, discussion and understanding of information) provides the foundation for the development of a therapeutic relationship between the individual and the health professional. Similarly, this therapeutic relationship ensures that the needs and desires of the individual or group are at the centre of the goals and interventions, thereby facilitating Person-centred, client-centred, family-centred or community-centred practice (Broady 2014, Doherty & Thompson 2014, Harms 2007, Harms & Pierce 2011, Hassan et al 2007, Hebblethwaite 2013, Higgs et al 2005, 2010, Holmes et al 2010, Mojta et al 2014, Parker 2011, Purtilo & Haddad 2007, Purtilo et al 2014, Rini & Grace 1999, Rosen 2014, Stein-Parbury 2014, Trad 2013) (see Fig 2.2).

The concept of family or Person-centred practice as an underlying philosophy of practice is the focus of discussion and publication in some health professions. In other health professions it is an assumed underlying philosophy rarely requiring discussion, but guiding practice, while in still others it is neither an assumption nor a topic of discussion.

Please note, although inclusion of the family in goal setting and interventions may occur in various contexts of practice, the use of the word family applies particularly in practice involving children. It is essential when working with children, but may significantly contribute to positive treatment outcomes in other practice contexts, depending on the desires and dynamics of both the family and the Person.

Family/Person-centred practice requires a partnership between the health professional and the Person/s seeking their services. This collaborative partnership exists to establish the needs and goals of the Person/s (Unsworth 2004, Whalley Hammell 2013). It requires the health professional to embed within the relationship relevant knowledge and skills while allowing the Person to inform future interventions with their unique needs and desires (Stein-Parbury 2014). It enables them to achieve their goals with the assistance of the health professional (Duncan 2011). Achievement of these goals empowers the individual to achieve positive outcomes including meaningful participation and fulfilment in their daily lives.

FIGURE 2.2
A model to guide family/Person-centred practice.
Chapter 2 The overarching goal of communication for health professionals

Miss Brown, a 78-year-old woman, was admitted to a rehabilitation ward after experiencing a stroke. Initially she was drowsy, but happy and cooperative. After a few days she became distressed and refused to be involved in any interventions or relate to anyone from the multidisciplinary team.

First response: In response, every health professional on the team gently repeated that Miss Brown did not need to worry, she was all right now and everything would be OK. Some told her she could relax, as everyone on the team was there to help her. One health professional sympathetically said it must feel terrible suddenly finding yourself in hospital from a stroke, but that it would be OK in the end, so she should cheer up. She was also kindly told she simply needed to do as she was asked and she would eventually go home. This made her sob.

• Are these responses health professional-centred or Person-centred? Explain why.

Second response: One health professional on the team took a different approach, expressing empathy and developing trust with Miss Brown. This health professional was able to establish that Miss Brown was very worried about her best friend and constant companion, Billy. Billy was her pet bird who needed daily food and water. This health professional organised to bring Billy to the hospital. Miss Brown began seeing Billy every day and thus began enjoying her treatment and eventually returned home with Billy.

• Is this response health professional-centred or Person-centred? Explain why and then explain the difference between the two responses.

Mutual understanding

Mutual understanding means that those communicating share a common meaning – all parties comprehend the verbal and non-verbal signals used during the interaction. In the health professions, mutual understanding must mean more than simply understanding words.

Respect

A foundational factor contributing to mutual understanding, appropriate results and satisfaction in any health profession is respect (Egan 2010, 2014). Respect of self and other people is a fundamental value of health professions. In fact, some state it is an ethical requirement of healthcare (Melia 2012). It affects the views that individuals have of themselves and of others. It requires unconditional regard for self and other people regardless of appearance, disability, weaknesses or failures, position or status, beliefs and values, material possessions and/or socioeconomic level (Rogers 1967, Purtilo & Haddad 2007, Purtilo et al 2014). Respect demonstrates that the health professional values every individual. It is the basis of empathic reactions in a health professional.

Empathy

As a health professional, it is imperative to understand that every Person/s seeking assistance feels disconnected and vulnerable. Many such individuals often feel unable to understand or manage the demands of their current situation (Stein-Parbury 2014) and may be afraid of the unknown elements of the situation. Vulnerable individuals want and need to know that the health professional desires to understand their life experiences and needs in order to provide meaningful assistance (Fitzpatrick et al 2014, Honeycutt & Milliken 2012, Rosen 2014). Demonstration of this understanding and care will increase the ability of the Person/s to process any information (Householder & Wong
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2011). It will also encourage commitment to and engagement in the intervention process (Rosen, 2014). It is the responsibility of the health professional to demonstrate this care and understand the vulnerability of each individual. Direct, clear and accurate recognition of the emotions of the individual and expression of this understanding is known as empathy (Stein-Parbury 2014, Trad 2013) (see Ch 12). This does not mean expressing similar emotions (sympathy) – but accurately identifying, validating and accepting the reality of their emotions.

Draw a line down the middle of a page. Place the word ‘Empathy’ at the top of one column and ‘Sympathy’ at the top of the other column. Consider the scenario about Miss Brown above.

- Write responses to Miss Brown in each column that demonstrate both sympathy and empathy.
- Suggest ways the health professional expressed empathy to discover the cause of the emotions dominating Miss Brown.

Davis (2011) and Morse and Volkman (2010) state that expressing empathy to the vulnerable individual enables both humane and beneficial communication. This manner of communicating has a positive effect (Ley 1998) upon the participation of the individual in all activities associated with health professional interventions (see Fig 2.3). It is important to understand that statements like ‘I understand’ or ‘You are OK’ or ‘It will be all right’ do not demonstrate empathy and are rarely reassuring.

Expression of appropriate empathy requires both personal and professional skill. Such skill necessitates honest reflection about self (Pendleton & Schultz-Krohn 2006), practice in expressing
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empathy, making time to practise, commitment to the expression of empathy and in many cases self-control on the part of the health professional (Rosen 2014). It requires awareness of and respect for the feelings of the individual — being able to see the world from their perspective and respecting that perspective (Eriksen et al. 2014). Appropriate expressions of empathy require the health professional to make responsible choices about when, what and how they communicate. The health professional needs also to be aware of and able to control, express and/or resolve their own negative emotions, without allowing them to affect the vulnerable individual (see Chs 5 and 6). Appropriate expressions of empathy take little time or effort, and they can result in the individual believing they are the only individual in the world for that time. While expressions of empathy are beneficial in all areas of life, they are essential when practising as a health professional (Egan 2010, 2014, Harms 2007, Harms & Pierce 2011, Honeycutt & Milliken 2012, Stein-Parbury 2014). They encourage the Person/s to have confidence in the health professional (Trad 2013). See Chapter 12 for a deeper exploration of expressing empathy.

Developing trust

Health professionals must consider whether they will validate and acknowledge the experience, emotions and associated needs of the individual and, if so, at which point (Davis 2011). While such choices require skill, health professionals must take every appropriate opportunity to recognise negative emotions, by expressing empathy with those around them. This indicates acceptance and validation of the emotions associated with the experience.

- How do negative emotions affect the ability to send, receive or understand messages?
- Why are positive feelings and reactions essential when communicating as a health professional?
- From the perspective of the Person/s receiving healthcare, list the possible consequences of negative emotions either in the health professional or in the Person/s.

Acceptance and validation through expressions of empathy demonstrates respect. Respect is something that all individuals appreciate. In combination with expressions of empathy it produces positive emotions that facilitate the development of trust during an interaction (Bayne et al. 2013). Effective communication encourages the development of trust, which is strengthened by particular behaviour. The behaviour of a health professional worthy of trust will be open, humble, honest, predictable and reliable. Interacting to engender trust is often an inherent requirement found in the codes of practice for particular health professions (Mason & Morley 2009). Whether mandated or not it is a characteristic of effective communication relevant to achieving mutual understanding.

- What behaviours help you trust someone? Make a list of behaviours that indicate someone is trustworthy.
- Are these behaviours you often demonstrate? Why? Why not? List ways of demonstrating them in your chosen profession.

In combination, respect, empathy and trust are foundational for achieving the first step of family/Person-centred goals and practice: mutual understanding.
A therapeutic relationship

Mutual understanding (respect, empathy and trust) facilitates the development of a therapeutic relationship. Therapeutic relationships require a positive connection between the Person/s and the health professional (Eriksen et al 2014). This connection is known as rapport. Trust within the relationship facilitates development of rapport, thereby further engendering development of trust. This rapport or connection can increase engagement in interventions (Crowden 2013); facilitate collaboration and empower individuals to persevere in order to overcome their challenges, thereby potentially achieving their health-related goals.

A therapeutic relationship requires independence not dependence. It demands a focus on the needs of the Person/s, not fulfilment of the needs of the health professional. There may be consideration of strong and deep emotions along with genuine distress with the individual, but this is always focused on the needs of the individual not the needs of the health professional (Purtilo & Haddad 2007, Purtilo et al 2014). A therapeutic relationship does not foster manipulation nor does it desire to manipulate. In a therapeutic relationship the health professional desires to share their knowledge, skill and, where required, comfort and support to facilitate health, function, wellbeing and satisfactory participation in life.

Chinese scholar Lao Tsu (700 BC), when answering the question What should a therapist do? (there were no health professionals in 700 BC!) said:

Go to the people
Learn from them
Start with what they know
And when the work is done

Work with them
Respect them
Build with what they are
The task accomplished
The people will say
‘We have done this ourselves’.

A therapeutic relationship, based on respect, engenders trust and cooperation (Crowden 2013), thereby encouraging a collaborative partnership. It does not take control or dominate. A collaborative partnership is one in which the contribution of each individual is essential to achieve a satisfactory and appropriate outcome. It facilitates involvement from an individual who is intimately aware of his or her own needs. It also requires contributions from the health professional who has the knowledge, understanding and skill to assist. This collaboration enables the individual or family to face and overcome the relevant challenges (Murphy et al 2015). It empowers, providing the support and strength to establish and achieve meaningful goals. It imparts the required knowledge and mutual understanding to consider all relevant factors, potentially resolving any areas of dysfunction. Collaboration provides the opportunity for the individual to be an agent of change in their own circumstances, ultimately empowering them to increase their health, levels of function and participation in everyday life.

Such a relationship empowers an individual to continue to face and overcome challenges restricting participation and function and affecting their health and wellbeing. The supportive characteristic of a therapeutic relationship empowers the individual to overcome seemingly overwhelming situations.

Rapport, collaboration and empowerment are important components of therapeutic relationships, the second step in family/Person-centred goals and practice.

Family/Person-centred goals and practice

The steps above contribute to a focus on the Person/s. They ensure the Person/s is the centre of the therapeutic relationship and intervention process (Gustafsson et al 2012, Whalley Hammell 2013). While each step has particular characteristics, one skill necessary for successful completion of each
Chapter 2  The overarching goal of communication for health professionals

step, and an overarching aim of interpersonal communication in the health professions, is effective listening (see Ch 10) (Thistle & McNaughton 2015). The health professional must invest the time to listen, validate and confirm understanding in every situation.

The characteristic of each step mandates that the health professional should not place their own desires or values consciously or unconsciously upon the Person/s. Instead, these steps require investigation of the abilities, feelings, needs and desires of the Person/s, in order to establish and prioritise their personal goals for participation in their life (Unsworth 2004, Whalley Hammell 2013). Such efforts will potentially provide the individual with feelings of control and thus increase positive emotional responses. They will maintain levels of motivation, effort and satisfaction within the Person/s (Gilkeson 1997, Rosen, 2014). These communication events contribute to and increase positive outcomes (Lawn et al 2014).

While the ultimate purpose of communication in the health professions may be to deliver a service or intervention, this model can create an experience that facilitates function and empowers a Person/s to participate thereby positively affecting their health and wellbeing. It potentially makes the delivery of any health service a satisfying and positive experience for all.

Figure 2.4 summarises the discussion in this chapter about the overall goal of communication for health professionals and a model of family/Person-centred practice.

![Figure 2.4](image)

**FIGURE 2.4**
The components of a model to guide family/Person-centred practice.

- Choose a scenario from Section 4. Consider all the information found about relating to a Person/s in that scenario and discuss how to demonstrate respect, empathy and trust with this Person/s.
- Decide how you might develop rapport, collaboration and empowerment of this Person/s.
- Role-play effective communication in an initial interaction aimed at family/Person-centred goals and practise with the Person from the scenario.
- Discuss the effectiveness of this interaction, considering the components of the model of family/Person-centred practice.
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Chapter summary

Family/Person-centred practice is built upon mutual understanding, requiring respect, expressions of empathy and development of trust when practising as a health professional. It also requires therapeutic relationships involving development of rapport, collaboration with and empowerment of the Person/s. The model presented in this chapter can guide such practice. If the health professional demonstrates and achieves each step of the model, they can facilitate satisfaction for all involved in healthcare by achieving the overarching goal of communication for health professionals: family/Person-centred practice.

References


