

The Important Elements of Communication

Learning objectives

This chapter will assist students to:

- Understand what communication entails in health care
- Describe what clients want with respect to communication
- Outline the provisions that are synonymous with optimal health care communication

INTRODUCTION

Communication is an integral component of our everyday lives. We need to be aware that we constantly convey messages through how we purposefully and unconsciously conduct ourselves. How we interact verbally and non-verbally is critical to the effectiveness of our communication with clients, colleagues and other professionals. Being cognisant of the key elements of communication, its purpose and the appropriate modes for sending messages such as words, and behaviours that best convey information is important in the delivery of health care. Communication is effective when it has the desired impact, for example, informing clients to assist with the management of their condition, reducing anxiety to improve client well-being, and contributing to the client being informed to promote participation in decision-making. Good communication requires that health professionals not only carefully consider the words that they use in discussions with clients but also consider how they approach interactions and the contextual elements of the situation with the client.

What we understand by communication

Communication is a vital component of our everyday lives. Verbal and non-verbal communication are intrinsic to how we conduct our lives socially, personally and professionally.

Verbal communication

Verbal communication is the use of spoken words to transfer knowledge or convey a message between participants. The construction of phrases, the pitch of voice and the manner of tone, for example, soft, loud, sharp, are instrumental in shaping the meaning and understanding of words and phrases for the listener. Verbal communication includes not only the words but also other considerations such as the volume, speed and inference.

Non-verbal communication

Non-verbal communication refers to the messages that may be sent through intentional and unintentional gestures and body language behaviours. Non-verbal elements that can influence the interpretation of a message, and therefore should be considered in conjunction with verbal communication, are behaviours such as eye contact, facial expression, posture, gestures such as touch, and the timing and place of the communication. Non-verbal messages can be intentional; however not always, as individuals can unknowingly send messages through their expressive gestures and behaviours, for example, standing over a person or sitting back in a chair.

Verbal and non-verbal communication and their contribution to the meaning and interpretation of messages have been extensively discussed in the broader literature. Information about the specific elements of verbal and non-verbal communication and their value in health communication is detailed in 'Working with people: communication skills for reflective practice' (Harms 2012).

Our fundamental need to communicate is evident in our growing obsession with social media such as Facebook, Twitter and Instagram. While we are all capable of communicating, some people are very good at particular aspects of the communication process, for example, communicating messages consistently and reliably, delivering messages in a non-threatening manner, and detecting and interpreting social cues. In the health care setting, good communication is associated with positive outcomes.

For clients, at an individual level, effective communication can lead to increased well-being; alternatively, for teams, it can result in the reduction of practice errors, effective use of time, and improved pathways of care for clients. Communication is an essential professional requirement and therefore instrumental in the efficient functioning of the health care system. It is central to building relationships based on trust and respect.

Effective client–clinician communication

Two-way communication (spoken, written and non-verbal) is the exchange of information between a client and their health care provider, sometimes including the family and/or a carer. It helps engage the client in decision-making and care planning, which is tailored, open, honest and respectful. Two-way communication also provides an opportunity for clarification and feedback on any issues with the health care plan (Australian Commission on Safety and Quality in Health Care 2010).

Elements of communication

Purposeful presence

The manner used by health professionals to initiate contact, listen, deliver information, interact, respond and transfer information to their clients as well as the broader health care team is critical to the quality of care, health outcomes and client satisfaction. The manner of communication needs to be responsive to the recipient and the situation. Health professionals need to develop a rapport. This can be advanced through a presence that assists them to understand client circumstances. A presence refers to the clinician situating themselves with the client to assist in the demonstration of genuine concern. Through closely situating themselves with the client, clinicians can better acknowledge the client's surroundings and potentially gain insight into the demands on the client.

TIP

Communication in health care is intrinsic to many, if not all, routine interactions, for example, initiating contact, engaging with the client, listening about concerns, delivering information, explaining and seeking cooperation, transferring information and documenting care.

SCENARIO 1.1

Optimum communication through a regular presence

Sid, a 62-year-old, Croatian immigrant, is now retired after conducting a small business for 40 years. He has had little formal education. He is in a hospital bed in the surgery unit the day after having a total hip replacement. He is feeling weak and uncomfortable. Sid does not want to interrupt the nurses in their work because he knows that they have many interruptions that can quickly add stress to an already long list of existing tasks.

The nurse approaches Sid, 'How are you today? My name is Jill and I will be looking after you today'.

Jill pauses. She stays near the bed. Sid says nothing. His mouth is dry. He is uncertain about his surroundings and feels vulnerable.

'Sid, you don't look comfortable – is there anything I can do? Perhaps change your position, move your pillows, or check whether you may be due for pain relief?'

Reflection

- Do you feel the introduction was welcoming?
- Did it invite a response?
- Can you think of possible reasons as to why Sid did not respond?
- Given that Sid did not respond, do you feel that Jill's second question was appropriate?
- What else could Jill have said to invite a response from Sid?

Take home message

Invite open questions. Keep questions simple. And pause, to provide time for the client to respond.

Clarity

Communication is crucial in shaping perceptions, creating meaning, and ultimately influencing client well-being and outcomes. Communication routinely and regularly occurs through the myriad of interactions that occur between clients and health professionals of health care practice. These interactions occur in a particular situation or context. The situation or context can already have meaning bestowed upon it by the health professional and/or the client. Interactions can be simple one-on-one discussions between a health practitioner and a client in the specific context, such as a nurse measuring a client's physiological parameters, a physiotherapist assessing how a client walks, or a pharmacist explaining to a client the dosage and effects of a medication. The intent and the purpose of these interactions are relatively explicit and therefore the potential for confused communication is minimal.

However, communication can also occur in what appears less ordered or chaotic situations where there are numerous and complex interactions with different health professions, sometimes in a very short time period, to address a client's needs (see Chapter 4). This communication may not necessarily be face-to-face, for example, when advice is sought from a health professional with particular expertise that may not be immediately accessible in the geographical area of health care delivery. In this type of complex situation, a client may or may not interact directly with all of the health professionals that are involved in their care. Advice is sought through other means such as telephone, email or text. Regardless of the form of communication, clear messages are necessary to avoid ambiguity.

The important consideration is that the outcome of health professional communication maintains a client's sense of well-being as the interactions that they experience with health professionals can challenge their sense of self. The capacity of a client to be adequately informed is limited when they fail to understand and make sense of the volume of information being provided. Furthermore, they may not feel comfortable being involved in making decisions about their care, especially if the situation is requiring urgent attention. Therefore, it is of utmost importance to be aware of the client, their background which influences their understanding, the immediate context, what is happening at the time and use language and expression when considering how best to communicate your messages. Clarity is

best achieved when the client's situation is known and therefore can be taken into account. When more is known about the client's circumstances, then vagueness and uncertainty can be reduced.

TIP

Attempt to be as clear and specific as possible about the purpose of your communication. This reduces confusion and potential anxiety for the client.

SCENARIO 1.2

Quick and limited communication can be confusing to clients

Sid (introduced in Scenario 1.1) was in the patient waiting area before the operation for total hip surgery. He was preparing to put on the hospital 'outfit' that he was required to wear in the operating theatre.

A nurse, who he had not been introduced to, approached Sid in a rush and handed him a small cup with liquid inside. The nurse said, 'Take this'.

'And have a shower'.

The nurse hurried away. Sid looked at the liquid in the small cup and wondered whether he was meant to drink it. It was not clear what he was supposed to do. Fortunately, Sid's son Michael arrived.

'Michael, I don't know whether I am supposed to drink this liquid or do something else with it', Sid said.

Michael felt it was an important question that needed clarification. He went to find the nurse who had provided the instruction.

'Hello, I am Sid's son, Michael. My father informed me that the nurse said 'take this'. Is my father meant to drink this liquid?' he asked the nurse.

The nurse responded, 'Oh no, definitely not – the liquid is to be used by Sid to wash himself prior to being taken to the theatre'.

Reflection

- As a student can you think of situations where specific knowledge was taken-for-granted or assumed?
- How did you clarify the implicit meanings?
- How often do you think that your clients may be confused?
- What modifications could you make to your communications to be specific?
- What questions would be useful to check understanding?

Take home message

Remember to 'make time' to interact with clients. [Rushing in and out of a client's vicinity is usually not adequate to clearly communicate, especially if it is a concept that is new to the client.] Re-iterate with your client that there are no 'dumb' questions.

Coordination

Health professionals are required to communicate effectively with clients, their families and significant others to explain the health condition and outline proposed care options including health care treatments and plans. Such communication can only be successful when the health professional assesses the client, family and significant others' understanding; namely, what they comprehend is occurring and their expectations of seeking health care assistance.

Further to communication with clients and their significant others is the need for effectual communication across the entire health care team. All health professionals have a duty of care (refer professional standards) to the client. When delivering this care, it is imperative that communication by health professionals (with each other and the client) is purposeful, useful, meaningful, accurate and helpful. These requirements are better able to be achieved when health professionals have an agreed understanding of the client's expectations. Health professionals need to understand the scope of their practice and also establish their client's preferences regarding the health care journey. When the health care team are clear about the client's proposed health care trajectory, then the client should receive consistent messages from the members of the health team with whom they interact. When the health care team coordinates the sequencing of instructions or information and also the accompanying explanations, then it is easier for the client to make sense of what is happening in relation to their health care. Client anxiety can increase when the information conveyed varies significantly between health professionals involved in different episodes of care.

TIP

Structure communication so that it is purposeful, useful, meaningful, accurate and helpful.

**SCENARIO
1.3**

Gathering information to optimise communication across the team

Tom is a second-year nursing student who has been placed for two weeks in a medical unit. He has been placed on a morning shift (i.e. 7 am to 3:30 pm). One of the clients he is helping to care for today is Mary, aged 58, who was admitted for investigations following malaise. During her admission, she was given a diagnosis of Type I diabetes. While he is aware of her new diagnosis, Tom is not familiar with what she has been told.

Tom approaches Mary to check that her intravenous line is not kinked when she says, 'I don't think that I can make the changes to my life that will help manage my sugar levels'.

Tom is not clear about what she should be instructed at this stage.

He asks, 'What have you been told you need to do?'

Mary responds, 'I was told I need to watch what I eat and also give myself injections everyday'.

Tom responds, 'With respect to these two tasks – what are you feeling is more difficult?'

Reflection

- Is Tom's response constructive?
- What other questions and statements would be useful?
- What is one way that Tom could verify what Mary had been told?
- How would Tom best communicate with the team about Mary's concerns?

Take home message

Be sure to explore with a client their reason for their questions and concerns. Be open with the client that you can organise members of the health professional team to talk directly with the client or take your concerns back to the health professional team and the situation can be discussed together to arrive at a practical solution that meets the client's needs. [NOTE: Health care is provided by a team. It is quite acceptable to explain that you will seek the assistance of other members of the team to provide explanations.]

Coordination is an important aspect of team functioning (see Chapter 3). A common example in midwifery is a shared care model between midwives and general practitioners (GPs). It is important to discuss with the client, most often a pregnant woman when they commence on a shared care model, how the team works.

SCENARIO 1.4

Explaining the nature and purpose of communication across the team

Jasmine, 24, is 16 weeks pregnant for the first time. She has elected a shared care approach (between the GPs and midwives) as it seemed like a sensible way for Jasmine to manage her pregnancy as she is a low risk. This is the first visit to the midwife.

Jasmine asks Katherine, the midwife, 'Do I need to see my GP when I see you?'

Katherine explains, 'No, that is not necessary'.

Jasmine inquires further, 'So will I need to keep my GP informed about everything that I tell you?'

Katherine replies, 'You can share whatever information you wish with your GP. Just be aware that our discussions that are relevant to your continuing midwifery care will be documented and accessible to the GP. So, please do not be concerned if you can't remember to repeat everything to the GP that you have shared with me. Your GP will have the most recent information available'.

Reflection

- What questions do you think the midwife should be asking Jasmine?
- Do you think the questions would be the same or different that the GP asks Jasmine?
- As the emphasis might be different for each health professional, what is the best form of communication to assist with effective coordination?

Take home message

Become acquainted with the purposes of communication of the GP and midwife.

Code of conduct for health professionals

Accordingly, the expectations of professional communication are provided in the Code of Conduct for health professionals registered by Australian Health Professional Regulation Authority (AHPRA).

The following subsections of Section Three 'Working with patients' of the Code of Conduct for medicine, dentistry, medical radiation, occupation therapy, pharmacy and physiotherapy states:

3.1 Introduction

Relationships based on respect, trust and good communication will enable practitioners to work in partnership with patients or clients.

3.3 Effective communication

An important part of the practitioner–patient/client relationship is effective communication. This involves:

- 1 listening to patients or clients, asking for and respecting their views about their health and responding to their concerns and preferences
- 2 awareness of health literacy issues and taking health literacy into account and/or adjusting their communication in response (see Establish health literacy in Chapter 6)
- 3 encouraging patients or clients to tell a practitioner about their condition and how they are managing it, including any other health advice they have received, any prescription or other medications they have been prescribed and any other therapies they are using
- 4 informing patients or clients of the nature of and need for all aspects of their clinical care, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment (see Seeking informed consent for an invasive procedure in Chapter 6)
- 5 discussing with patients or clients their condition and the available healthcare options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist
- 6 endeavouring to confirm that a patient or client understands what a practitioner has said (see Understanding in Chapter 6)
- 7 ensuring that patients or clients are informed of the material risks associated with any part of a proposed management plan
- 8 responding to questions from patients or clients and keeping them informed about their clinical progress

- 9 making sure, whenever practical, that arrangements are made to meet the specific language, cultural and communication needs of patients or clients and being aware of how these needs affect understanding (see Chapters 2 and 4)
- 10 becoming familiar with, and using whenever necessary, qualified language interpreters or cultural interpreters to help meet the communication needs of patients or clients, including those who require assistance because of their English skills, or because they are speech or hearing impaired (wherever possible, practitioners should use trained translators and interpreters rather than family members or other staff)
- 11 when using interpreters:
 - taking reasonable steps to ensure that the interpreter is competent to work as an interpreter in the relevant context
 - taking reasonable steps to ensure that the interpreter is not in a relationship with the patient or client that may impair the interpreter's judgement
 - taking reasonable steps to ensure that the interpreter will keep confidential the existence and content of the service provided to the patient or client
 - taking reasonable steps to ensure that the interpreter is aware of any other relevant provisions of this code
 - obtaining informed consent from the patient or client to use the selected interpreter
- 12 using social media, e-health and personally controlled electronic health records appropriately, consistent with this code, and
- 13 communicating appropriately with and providing relevant information to other stakeholders, including other treating practitioners, in accordance with applicable privacy requirements (see Legislative requirement: Privacy in Chapter 3).

The complete Code of Conducts can be obtained from the Board of each specific discipline via www.ahpra.gov.au

The nursing and midwifery professions codes of conduct have different wording. Section 3.3 of the Code of Conduct for nurses details the following:

3.3 Effective communication

Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, nurses must:

- a be aware of health literacy issues, and take health literacy into account when communicating with people (see Establish health literacy in Chapter 6)
- b make arrangements, whenever possible, to meet the specific language, cultural, and communication needs of people and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding (see in Chapters 2 and 4)
- c endeavour to confirm a person understands any information communicated to them (see Understanding in Chapter 6)
- d clearly and accurately communicate relevant and timely information about the person to colleagues, within the bounds of relevant privacy requirements, and (see Legislative requirement: Privacy in Chapter 3)
- e be non-judgemental and not refer to people in a non-professional manner verbally or in correspondence/records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

Section 3.3 of the Code of Conduct for midwives details the following:

3.3 Effective communication

Positive professional relationships are built on effective communication that is respectful, kind, compassionate and honest. To communicate effectively, midwives must:

- a be aware of health literacy issues, and take health literacy into account when communicating with women (see Establish health literacy in Chapter 6)
- b make arrangements, whenever possible, to meet the specific language, cultural, and communication needs of women and their families, through the utilisation of translating and interpreting services where necessary, and be aware of how these needs affect understanding (see Chapters 2 and 4)
- c endeavour to confirm the woman understands any information communicated to her (see Understanding in Chapter 6)
- d clearly and accurately communicate relevant and timely information about the woman to colleagues, within the bounds of relevant privacy requirements, and (see Legislative requirement: Privacy in Chapter 3)
- e be non-judgemental and not refer to women in a non-professional manner verbally or in correspondence/records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

The codes of conduct for the health professions remind us that effective communication is needed for productive working interactions within and across health care teams and their clients, families and significant others with whom they interact in order to achieve the agreed health care outcomes. The health care setting is a 'busy' environment. Efficient work depends on timely, targeted and worthwhile interactions and communication.

The benefits of good communication

For clients

Good communication within the context of health care delivery is associated with improved client outcomes. It includes the ability of health professionals to listen to client concerns and discuss with them possible causes, treatment options and lifestyle factors relevant to their health condition. Improved outcomes are attributable to a client being better able to understand health professional interventions and activities associated with their health diagnosis and condition, and also what they, the client, needs to be instructed to do regarding the management of their situation. Effective communication has many benefits including reduced anxiety, improved self-management and compliance, shorter recovery time, and increased satisfaction with received care. Good communication with clients that assists them to engage in decisions and helps them to self-manage has direct benefits to their overall experience (see Chapter 6).

For health professionals

Good communication between team members or individual health professionals who need to interact with each other in the provision of client care is also associated with positive outcomes. These enhance the quality of working relationships and assist care coordination that contributes to improved client outcomes and also results in increased job satisfaction for health professionals (see Chapter 7).

Structuring communication for the best outcomes

Health professionals need to effectively communicate with clients for a number of reasons. These include to assess their health status, obtain appropriate information to formulate a provisional diagnosis, develop a treatment or management plan in collaboration with the client, encourage participation from the client regarding a care plan and to monitor their progress according to the agreed outcomes. The manner in which this communication process is conducted is critical for client satisfaction.

Placing the client at the centre

Communication can be deemed successful when it is respectful, conducted in a manner that can be understood, considerate of a client's views and invites their participation. It needs to be accepted that a client may have different expectations and choose not to participate. When communication is respectful, considerate and understood by everyone involved, namely, the client, family and health professionals, then the effectiveness of health care treatments and interventions can be maximised. It is also suggested that good communication results in increased client satisfaction because the client feels that they have a 'voice', or a 'say', in their health care treatment. There is evidence (Hoffman et al. 2014) that optimum health care outcomes are associated with the client having the opportunity to participate in the planning and provision of health care, including treatment options and specific behaviours that they need to adopt. Furthermore, clients report greater satisfaction the more closely aligned their health progress and their care outcomes are with their expectations.

Clients appreciate when their individual needs are acknowledged, respected and accommodated. Consideration of these personal elements is akin to patient-centred care. The patient-centred approach to health care has gained strength across medical, nursing and allied health spheres over the last 20 years. It grew in both medical and nursing spheres of practice following increasing awareness that clients wanted their needs recognised when communicating with medical and nursing staff. Good communication that acknowledges and accepts a client's contribution to their health care is central to the effectiveness of 'patient-centred care'.

Patient-centred care

The Institute of Medicine (2001) defines patient-centred care as 'care that is respectful of and responsive to individual patient preferences, needs, and values'. This definition in the context of midwifery refers to 'care that is respectful of and responsive to childbearing families' preferences, needs, and values'.

More recently, the Australian Commission on Safety and Quality in Health Care in a discussion paper entitled 'Patient-centred Care' explained patient-centred care as 'an innovative approach to planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health providers, patients, and families' (Australian Commission on Safety and Quality in Health Care 2010).

One of the key components of client care is therefore listening and communicating with the client to ascertain their needs. Of utmost importance is respectfully listening to the client and appreciating their needs and understanding. Research into client satisfaction indicates they value 'client-centred care'. The literature consistently advises that most clients want their contribution to be valued and to be considered as individuals.

Client expectations

Clients want:

- to tell their story (i.e. for health professionals to listen to them and take them seriously)
- time to express themselves (i.e. verbalise their concerns, consideration of their health literacy and time to process)
- their associated emotional concerns to be acknowledged (i.e. how their condition may affect how they manage their everyday life)
- to be referred and have access to the most appropriate health professional who can best assist them
- continuity of care by their health provider (i.e. a continuing productive relationship that results in mutual understanding)
- to be invited as a partner in making decisions about their health care (i.e. arrive at a mutual agreement with the health professional or team of health professionals around a plan of management).

Acknowledging the client as an individual

During routine communication within the delivery of care, health professionals are well-positioned to explore with clients their specific needs. The expressed needs of clients can relate to their age, cultural background, education level, particular living arrangements and their previous experiences with health care. It is vital, therefore, that health professionals explore with clients their specific concerns in order that they can be addressed. Often, it is the concerns that are not recognised by the health care team that cause greater anxiety for the client than the actual health

condition for which the client is receiving treatment, for example, it is not unusual for a client to be very distressed on admission to a health facility if they have had or a close relative has had previous admissions that were painful or distressing even if the previous admissions are unrelated to the existing presentation.

SCENARIO 1.5

Managing a client's specific needs

Jim, a frail 79-year-old man, who worked as an accountant for 45 years, now has mild cognitive impairment. He has been admitted to the rehabilitation unit after a fall at home. He has bruising and swelling but no fractures, and therefore is admitted for the management of pain and to ensure his mobility, while the bruising and swelling subside.

Jim is quite distressed that he is in a different environment without his familiar items to orientate him.

Jim asks, 'Where am I? Why do I need to be here?'

Diana, the nurse attending to Jim's needs during the shift, explains, 'Jim, you are in hospital so that the team can assist you with mobilising and caring for yourself'.

Jim replies, 'I don't want to be here'.

Jim's daughter Melanie visits later that day. Diana asks Melanie to come to see her to have a talk about her father.

Diana asks Melanie, 'Is it possible to bring some of your father's familiar items to the rehabilitation unit?'

Melanie replies, 'Yes, definitely. My father has a clock that he relies on. I'll bring that in for him'.

Melanie brings the clock in the next day for her father.

Jim asks Melanie, 'How is Bluey (his dog) going? Are you feeding him?'

Melanie replies, 'Yes Dad, Bluey is doing fine. I've taken him for his walks'.

Jim still seems anxious, so Diana decides to have a further talk with Melanie. Diana realises that Bluey, the dog, is an important part of Jim's daily routine. Diana therefore organises with Melanie for her to bring Jim's dog to the facility each day.

Jim is more relaxed having Bluey visit every day. He also appears more willing to engage in the suggested rehabilitation activities.

Reflection

- Are there other possibilities for providing patient-centred care for Jim when he does not want to be in hospital?
- How would you go about exploring these with Jim and his daughter Melanie?

Take home message

Be willing to explore possibilities with clients to best meet their concerns. If you are not sure what is possible, then use caveats when communicating with your client, such as, 'I am not aware of that possibility; however, I will ask and get back to you'.

Poor communication: when key elements are missing

Poor communication is a common catch cry used by clients when reporting dissatisfaction. Unfortunately, there are many reported instances when health professionals do not use simple considered statements to reassure clients that their needs are acknowledged. Patient complaint data frequently identifies missed or miscommunication as a cause for clients to complain. Recent data supporting this is from the Parliamentary and Health Service Ombudsman, United Kingdom, where the Ombudsman service reported in November 2014 (from 2013–2014 data) that the top three reasons for complaints during hospitalisation were poor communication, errors in diagnosis and poor treatment. This summary was based on the 27000 complaints (Parliamentary and Health Service Ombudsman 2014). Aggregating complaints into categories and then ‘labelling’ the categories can be useful in alerting authorities to trends. As health professionals, we should heed these trends by actively responding to minimise their continued occurrence. Detailed analysis of the broad issue of ‘communication’ is worthy to gain insight into the exact concerns of clients.

Common complaints made by clients regarding hospital care

Common client complaints about their hospital stay include:

- 1 when clients present at the hospital, if they do not look severely unwell, then their health complaint may not be taken seriously
- 2 when clients are in-patients, if the nurses or other health professionals are busy or do not determine that the client requires assistance, then communication may not be forthcoming
- 3 during the provision of health care, clients feel that they are often given insufficient information, or they are not given options regarding care/treatment
- 4 when clients are being discharged, if the health care team feel they have completed their tasks, they may not deem it necessary to communicate further although the client may require more information.

With regard to these examples of complaints it is essential for the health professional team to recognise that the client is an individual for whom the acute health care system is often unknown. At all points along the care trajectory, the client benefits from affirmation of who they are, and what they are feeling and experiencing, so they can be involved in their health care management.

Assuring maintenance of good communication

The Alma-Ata Declaration of 1978 emerged as a major milestone of the twentieth century in the field of public health. While it emerged from the public health sector,

the Declaration is relevant across all spheres of health care. Of particular importance for communication is the statement that ‘people have the right and duty to participate individually and collectively in the planning and implementation of their health care’ (Alma-Ata Declaration 1978). Since then, policies have been developed that promote the rights and responsibilities of consumers within the health care system. Concomitantly, there has been an increasing focus on consumer participation and collaboration in the planning, design, delivery and evaluation of health care. There has been a slow but steady shift towards the recognition that health care providers, health services and consumers are all partners in the health care system.

Clients’ views about what is important to them have not been a dominant feature in the client–health professional communication process (Henderson & Henderson 2010). Clients will often be complicit in the traditional paternal systems where they receive care. Historical studies into doctor–patient interactions identified that patients did not have a ‘voice’; namely, patients were not consulted regarding their opinions nor was their contribution valued (Roth 1963; Strong 1979). Early research studies into doctor–patient communication found that interactions were directed by the doctor as, traditionally, they were responsible for informing patients about their diagnosis and telling them about treatment options. Exchanges were mostly one-way (Aronowitz 1998; Waitzkin 1991). This paternalism has prevailed across many acute care contexts that can result in clients feeling that they ‘are not listened to’ and therefore they do not feel they can contribute to the planning of their health care.

Recognition of human integrity and the contribution of the individual necessitates a shift from traditional health care practices. These traditional approaches have changed with the increasing acknowledgement that communication with clients and significant others can enhance their understanding, encourage their participation and lead to improved experiences. When clients are involved, they are more likely to have a realistic understanding of their health condition and plan of care. Increased understanding and realistic expectations directly impact on increased satisfaction and also improved health care outcomes (Adams 2010). Many advocacy groups are raising awareness of consumer rights, linking potential consumers with the relevant information that is freely available on websites, and encouraging health care consumers to actively engage with their health care. Patient charters are fundamental to promoting human integrity through progressing client interest and participation in their health care.

Patient charters

Patient charters list patients/clients’ rights when receiving health care, including the many important facets of how clinicians should interact with patients/clients. In Australia, it is called the Australian Charter of Healthcare Rights (Australian Commission on Safety and Quality in Health Care 2008). Similarly, in the United Kingdom and Europe health authorities seek to advance client dignity through encouraging understanding and participation in the delivery of health care. The white paper ‘Our Healthier Nation’, from the United Kingdom, states: ‘people can make individual decisions about their and their families’ health which can make a difference’ (Department of Health 1999).

The Australian Charter of Healthcare Rights

Clients seeking or receiving care in the Australian health system have certain rights according to the Australian Charter of Healthcare Rights (Australian Commission on Safety and Quality in Healthcare 2008). Many of the rights included in the Charter are addressed through appropriate health professional communication, for example, how health professionals are expected to interact with clients. The rights address the elements of respect, communication, participation, and the opportunity for clients to comment.

TIP

Core communication elements of the Australian Charter of Healthcare Rights advocate respect, clear communication, participation, and the opportunity for clients to comment.

Challenges to client satisfaction despite respect and participation

While intended communication is structured to respect the client's individual needs and encourage their participation in care, this may not always be successful. Clients can still feel they have not been sufficiently consulted or they misunderstood what was communicated to them. When communicating with clients, many different approaches are advised to maximise the client's understanding. It is becoming increasingly commonplace for health professionals to ask the client to explain what they plan to do and the reason for the steps they will take. This can highlight 'gaps' or areas where the client may have a different understanding from the meaning intended by the health professional (see Chapter 6).

**SCENARIO
1.6**

Inviting a client to make a decision about their health situation

Rosie, a 69-year-old woman, had to take early retirement from the workforce as an administration officer due to poor health associated with renal failure. Rosie had been informed of different continuing management pathways for her renal failure. She was also aware of her rights to choose a pathway for the continuing management of her renal failure. This relied on her ability to understand her rights and her specific situation. She received comprehensive information about the different forms of dialysis, namely, haemodialysis and peritoneal dialysis, and the various options that accompanied these different modes of management. Rosie's choice was to not have to regularly attend an out-patient facility. Therefore, Rosie chose peritoneal dialysis; this decision meant that she could manage at home, which provided her with some flexibility. She further learnt while making her decision that the suggestions by the nursing staff were sensible and were not to be taken at face value.

For example, Rosie heard the doctors and nurses tell her 'it is best to lose weight'. She eventually realised that 'weight' was a very serious issue when you have extra kilograms of weight in your abdomen with the dialysis fluid. While she had elected to manage herself at home, she discovered as she was relatively petite, 5 foot 2 inches, it was very difficult for her to move around when she had the dialysis fluid 'on board'; and she routinely felt pain in her back. Rosie believed that understanding her future predicament would have been improved if the nurses had attached extra weight to her body so she could have actually experienced what it felt like. She believed this strategy might be a more effective way to communicate about the serious nature of what 'reducing your weight will make it easier for you' actually meant; and accordingly, the implications for making a decision about peritoneal dialysis.

Reflection

- When did Rosie understand what the health care team were trying to communicate?
- How could the health care team try to improve understanding of future messages for Rosie?

Take home message

Do not assume that a client understands the significance or importance of the messages.

Summary

In this chapter, we have looked at the important elements of communication that contribute to maintaining client integrity. This includes:

- Health professionals constantly communicate with clients, their families and significant others, not only in the words they use but also through how they approach clients, their body language, behaviour and modes of speech.
- Information should be concise and simple; however, sufficient details are needed to convey to the client, family and significant others what is expected and how they can follow up on questions or issues.
- Listening, through allowing time, privacy and a 'calm' approach, is fundamental for learning about the client's health problems and understanding how these affect their relationships with family and significant others in their life.
- Health professionals can acknowledge a client's situation through exploring ways with them and other significant people in their lives to help accommodate their needs.
- Health professionals have a responsibility to communicate with each other about a client's expressed needs.
- Statements and policy documents that explain how to uphold good communication in the health care context.

CONSOLIDATE YOUR LEARNING

Access the Code of Conduct for your profession from www.ahpra.gov.au if the profession is registered with AHPRA, or alternatively seek professional standards from your profession's regulating body. Consider the implication of the code/standards for how you communicate.

Clear and respectful communication

When next visiting a health facility, either as a client or student, observe and document the routine activities in a health facility.

- Do the communications and interactions you observe in the facility indicate that everyone is aware of and understand how they are communicating?
- What specific communication behaviours suggest that clinicians and other operational staff are receptive or not receptive to client needs?
- What do you perceive are the consequences of this?
- Did you observe any behaviours that you believe were the result of how the communication that you observed was conducted?

Patient charters

In Australia, all health care facilities should have a Patient Charter or information outlining patient rights. It should be based on the charter available from www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights.

On your next visit to a clinical facility, seek out documents or any available literature that outlines or explains clients' rights.

- What clients' rights are specified in the documents that you have sourced?
- How accessible are these documents?
- Are clients aware of these documents?
- How can we best respect clients, consider their individual needs and address their rights?

Explore opportunities available in a health care facility that assist clients to explore what different treatment options mean for lifestyle; for example, what type of information is presented, how is the information presented, are there any opportunities for clients to speak to other clients who have had a similar experience.

FURTHER READING

PATIENT-CENTRED CARE:

Improving quality and safety by focusing care on patients and consumers – discussion paper, Australian Commission on Safety and Quality in Health Care, www.safetyandquality.gov.au

PATIENTS AS PARTNERS:

Building collaborative relationships among professionals, patients, carers and communities, www.kingsfund.org.uk/publications/patients-partners

MORE ABOUT PATIENT CHARTERS:

www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights

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