

CHAPTER

01

Communication in the health sciences

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key topics

This chapter covers the following topics:

- what are the health sciences?
- what is communication?
- why is communication important in the health sciences?

key terms

HEALTH SCIENCES

COMMUNICATION

PROFESSIONALISM

Introduction

This is a book about the nature and importance of communication in the **health sciences**. Communication plays an important role in the daily activities of all these people and professions as they work with others. This book is also relevant for workers in the social sciences; for example in social work, psychology and welfare studies. Similarly, communication is a key aspect of the work of other service-related disciplines and professions, such as economics, law and veterinary science.

Why is communication important in the health sciences?

The key role played by writing, speaking and other communication skills in the work of health professionals is emphasised by a number of authors (see The Healthcare Communication Group, 2001). Quality client service requires good communication. A person-centred approach to health service requires practitioners to understand clients' needs and expectations in relation to their personal healthcare and wellbeing. Practitioners need to communicate clearly with clients and their families in setting up shared goals and priorities for healthcare. Good communication among health professionals is the basis of the effective teamwork necessary for efficient delivery of healthcare services. Also, sound communication skills are essential for meeting the legal requirements related to documenting encounters, assessments, investigations, management plans and treatment outcomes, and communicating about them with relevant team members.

Liptak, Leutenberg, Sippola and Brodsky (2008) stress the importance of learning to communicate and recognising that, in this learning process, people need to realise that they are making choices. These choices, they argue, need to be informed choices so that, like any other action, communication can encompass the possibility of change for the better, and for the enrichment of our lives and the lives of others.

Another key factor in learning to communicate well is to understand how the world (both the global community and local worlds such as workplaces and people's life-worlds) is constantly changing. O'Connell and Groom (2010) remind us of the importance of connecting, communicating and collaborating as we learn in this changing world.

Communication

To say that you have *communicated* means that a message has passed between you and another person or persons. **Communication** is effective when what people intended to say has been heard, and the people involved have reached a point of shared meaning. Effective communication (whether oral or textual) requires:

- an intention to share information
- a desire to reach common understanding
- active listening (or reading) by the receiver
- an understanding by both parties of the person they are communicating with (including relevant aspects of background and culture)

/ HEALTH SCIENCES /

The term health sciences refers to the variety of professional groups that provide healthcare services to people in community settings or healthcare facilities. These professions include medicine, dentistry, nursing, physiotherapy, occupational therapy, radiography, speech pathology, dietetics, emergency care work, podiatry, pharmacy, health education and public health.

/ COMMUNICATION /

Communication is conferring through speech, writing or non-verbal means (including body language) to create a shared meaning. It is a two-way process: whereas talking, listening, writing and reading can be one-sided; communicating involves two or more people sharing information.

- a commitment by the sender to use language that the receiver can understand and to communicate in a manner that is appropriate to the abilities and needs of the receiver (such as a client and family)
- a mutual willingness to understand the other person's point of view.

Types of communication

Health and social professionals need to be proficient at communicating in a variety of styles and across a range of media (such as oral, written and electronic forms). Later chapters in this book discuss these different types of communication in more detail.

Communication can also be categorised as either *formal* or *informal*.

Formal communication is often associated with systems and organisations in which information is distributed about the way the system operates (such as exam schedules, referral procedures, and institutional rules and regulations). People who receive such information use it to operate within that system (e.g. students read exam timetables and attend the right exams at the right time, and health professionals refer patients to the appropriate people). Such messages are explicit and 'official'. Presentations at conferences and in lectures of clinical and scientific work, generally supported by evidence, are also instances of formal communication. The language of such communication can be called formal, scholarly, scientific, academic or professional. Much of what is called communication in organisations or via mass communication is simply the one-way dissemination of information (such as mass electronic mail-outs, television and noticeboard bulletins). In these cases, information is indeed sent. But is it received and understood as intended?

Informal communication is more spontaneous; it occurs in groups, among friends and colleagues, and between practitioners and their clients during professional interactions. The language used is commonly more casual, informal and colloquial. People talking informally, or sending notes, SMS texts (short messages via phone) or emails often use incomplete sentences, commonly understood language or jargon, abbreviations and examples, rather than detailed evidence. In communicating with patients or clients, practitioners usually need to 'de-jargon' their messages and adapt their language to each client's circumstances (considering the client's language, culture, age, educational background, wellness and comprehension skills). When we speak of *effective* or *good* interpersonal communication, we are referring mainly to informal communication that considers the relevant circumstantial factors and addresses them effectively.

Issues and skills in communication

Each professional is expected to attain competence in a range of discipline-specific and generic areas of performance. Throughout this book, a number of key issues and competencies are examined in relation to the practical aspects of helping health students (and practitioners) to learn and use oral and written communication skills. These issues are shown in Figure 1.1, and are discussed in this chapter.

Being person-centred

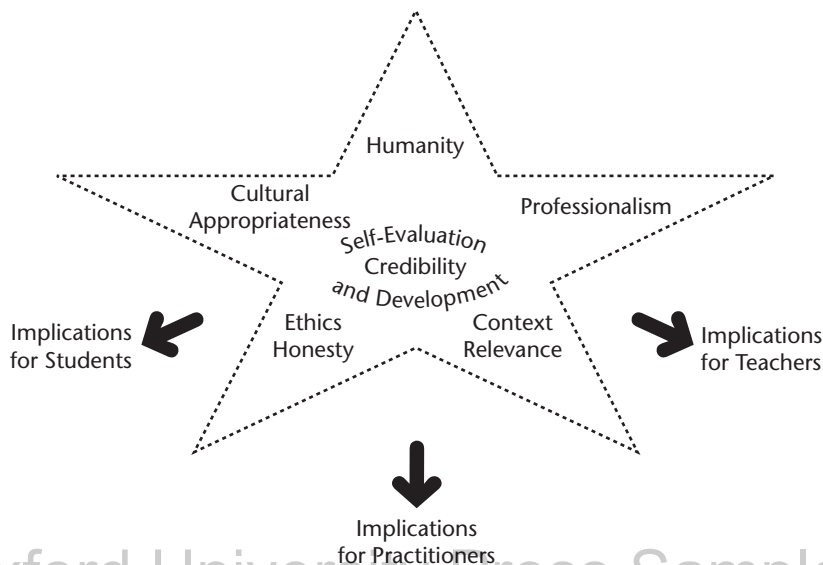
Communication should, first and foremost, be conducted in a spirit of humanity. As well as helping provide high-quality professional services for individuals and the community, interpersonal skills are important in demonstrating respect for all people, whether in the classroom or in professional practice.



BEING PERSON-CENTRED

Being person-centred rather than task-centred involves using skills such as active listening or reading, empathic understanding and cultural competence. The goal here is to genuinely hear and understand the sender's message and to acknowledge both the message and the person. ●

FIGURE 1.1 | ISSUES IN COMMUNICATION IN THE HEALTH SCIENCES



Active listening to oral communication and *active reading* of text (written or electronic) involves paying attention to the sender and to what he or she is trying to say or ask. It includes conveying interest, concern and attention, and demonstrating that you want to hear what the person has to say. In face-to-face oral communication, body language plays a large part in showing interest. In other verbal communication (such as telephoning), interest can be shown by your tone of voice. In interactive text communication (such as SMS, email or electronic bulletin boards), the style of language, the words used and the order of content of your message can show how well you are attending to the other person's messages. For instance, you can show interest by acknowledging or commenting on the other person's message before sending your own.

Empathy is 'the ability to enter the perceptual world of the other person, to see the world as they see it. It also suggests an ability to convey this perception to other people' (Burnard, 1997, p. 172). Empathy is not about feeling sorry for other people, but about demonstrating a willingness to explore their concerns and point of view, allowing and encouraging the other person to express him- or herself fully and to have communication needs met. Fundamentally, health professionals seek to foster the health and wellbeing of people and communities. This is achieved in part through supportive communication. Carlopio and colleagues (1997) detail eight attributes of supportive communication—see Handy Hint 1.2.



BEING SUPPORTIVE IN COMMUNICATION

Supportive communication is:

- problem-oriented, not person-oriented; asking 'How can we solve this problem?'
- congruent, not incongruent; communicating real effects, not pretending; for example, 'Your behaviour really upset me.'
- descriptive, not evaluative; describing, not blaming or criticising; for example, 'This is what I think happened and what I suggest we do.'
- validating, not invalidating; for example, 'I have some ideas, and I'd like to hear your suggestions too.'
- specific, not global; for example, 'You interrupted me three times just then', rather than 'You always take over the conversation.'
- conjunctive, not disjunctive; relating your input to what is being discussed; for example, 'In relation to that point, I'd like to suggest ...'
- owned, not disowned; for example, 'I would like to pick up your idea about this case because ...'
- supportive listening, not one-way listening; for example, 'What do you think would solve this problem?'

Source: Based on Carlopio, Andrewartha, & Armstrong 1997, p. 224. ●

Cultural appropriateness

Professionals are expected to practise with integrity and personal tolerance, and to communicate effectively across language, cultural and situational barriers (see Warren & Fassett, 2011). Fitzgerald (2001, p. 153) defines *culture* as ‘the learned and shared patterns of perceiving and adapting or responding to the world [that is] characteristic of a society or population’. For example, culture is reflected in a society’s learned shared beliefs, values, attitudes and behaviours. Although culture is dynamic and ever-changing, it maintains a sense of coherence. *Intercultural communication* refers to interactions between peoples of different cultures who differ from each other in terms of shared knowledge or language. Such communication is a core part of interacting with people (patients, clients, colleagues and carers) in the health sciences. To be culturally competent requires going beyond token gestures in acknowledging another person’s culture, beyond the use of stereotypical images and responses to cultural differences. Cultural competence involves seeking a clearer understanding of what it means to belong to the culture of the person with whom you are interacting, and adapting your manner of interaction as well as your professional services to that person’s needs and background.

Professionalism

The notion of **professionalism** encompasses not only issues of standards, codes of behaviour and humanity, as listed above, but also includes appropriate manners and styles of behaviour. Relevant behaviours include showing respect for others, recognising the rights of others, demonstrating a duty of care, respecting the cultural backgrounds of others, and being responsible for the quality and appropriateness of one’s practice and behaviour. Professionalism in oral and written communications includes addressing the requirements of the task, demonstrating respect for individuals, meeting deadlines and understanding best practice.

Students and practitioners are bound by workplace and university rules, and the expectations that govern the performance of individuals and teams, and indicate the conduct expected of them. These expectations can include ‘unwritten rules’, formal established ward protocols, and institutional regulations and expectations. Underpinning all these workplace codes is the principle that health professionals are accountable for their practice. Members of different professions have codes of ethics that guide their behaviour. Related to ethical and workplace standards are the legal requirements of professional practice: written and oral communication must operate within requirements such as duty of care. Poor communication between clients and health professionals is a major source of complaints to ethics boards (Body & McAllister, 2009). Poor communication between health professionals is a major risk to client care and can lead to markedly adverse outcomes for clients (Australian Commission on Safety and Quality in Health Care, 2011).

/ PROFESSIONALISM /
 ‘Professional behaviour (or professionalism) comprises those actions, standards and considerations of ethical and humanistic conduct expected by society and by professional associations from members of professions’ (Higgs, Hummell, & Roe-Shaw, 2009, p. 58).

Chapter 4 highlights the issue of academic honesty as a central concern of communicating for university students. Academic honesty is particularly important in professional education, because the same honesty students learn to demonstrate is required of graduates throughout their professional practice, teaching and research.

The relevance of context

Students are learners and novice professionals, and they need to understand the context of each learning and professional practice task. What are the expectations of educators, patients, clients and colleagues? More and more, the community expects healthcare services to be individualised, relevant and timely. To achieve this, professionals must elicit and share information that helps them understand and address their clients' needs. Listening carefully to clients is critically important.

Moreover, students and professionals need to understand their audience to ensure that communication is appropriate. Different aspects of effective professional communication (such as formality of language, use of gestures or jargon, and strategies for negotiation and conflict resolution) should be tailored to the audience.



BEING PROFESSIONAL IN CONTEXT

Communicating professionally includes showing respect for people, providing sound evidence or arguments to support your proposed or actual actions, and working within the relevant ethical and legal parameters of professional healthcare practice. It also means choosing the appropriate mode of address and means of communication for the given context. For example, a speech pathology student communicating with a Principal at a school where she is working should not send an SMS message to the Principal, especially not one ending 'c u later'. Instead, she should send a more formally written email or letter. ●

Credibility

Whether people see you as a credible professional depends on how you address many of the above issues. Do people (fellow professionals as well as clients) think you demonstrate the professional practices and standards expected of your group? Are you responsive to your clients and colleagues? Do you consider and adapt to the age, background and culture of the people with whom you are communicating? Do you keep good records? (See Chapter 22.) Your standing as a professional depends also on whether you can credibly justify your professional behaviour.

Can you provide sound evidence to support your decisions? Do you keep your professional knowledge and skills up-to-date? Do you undertake research or evaluate the quality of your practice?

Self-reflection and self-evaluation

Finally, as a professional, you need to reflect upon and critically evaluate your professional performance, your knowledge and your skills. This evaluation also involves seeking feedback about your practice from supervisors, peers and colleagues. On the basis of your self-evaluation, you can develop and implement strategies to improve your performance (e.g. by independently studying certain topics, practising skills you need to master and participating in professional development activities). Developing the skill of honest self-evaluation as a student is an excellent preparation for professional life.

Learning to communicate

Understanding the topic or message to be communicated

Being an effective communicator involves learning about the topic you want to communicate and understanding it well. Sometimes this understanding comes during the communication process, such as in a dialogue with others. Understanding the topic often means being able to look at it from multiple perspectives; for instance, looking at the pros and cons, and looking at the issue from different angles.

Explaining well

Having understood your topic well, you must frame your message, identify the key points you need to explain and communicate them clearly to your co-communicator(s). When you are trying to explain something, it is often helpful to cover the following points: What do you want to communicate? Who is involved? Where and when is it occurring? How is it done or how does it work? Why is it important?

In written communication, such as patients' notes, student essays and journal papers, explaining can take the form of clearly documenting the client's history or treatment, setting out the rationale for a proposed treatment regime or education program, referring a client to another professional, presenting an argument or reporting on research. Such communication needs to be clear, relevant and appropriate in length, content and style. For example, medical prescriptions

and requests for investigations must be correct and unambiguous, and clinical notes need to contain clear and relevant information to facilitate communication between care providers and to meet legal and ethical standards.

Self-monitoring

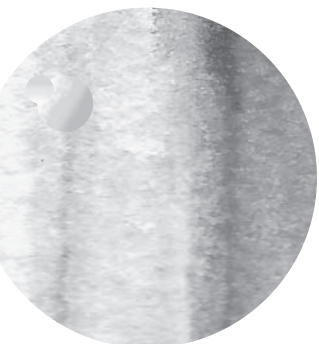
As with any complex skill, effective communication needs you to be aware of how and how well you are doing it. This involves learning to observe your own behaviour and its effects on other people, and developing strategies to see if others have understood your messages, as well as you understanding theirs. You could 'sum up' the key points made, check next steps or deadlines, or ask if the other person wants to add any points to the discussion. Being open to feedback from others is often a key to success in self-monitoring.

Communication and advances in technology

In the current digital age we have access to and are challenged by an ever-increasing range of information, communication technologies and situations. In choosing our spaces and tools for communication we need to consider the accessibility, cost (to purchase, use, and take time to learn) and suitability of these tools for our purpose. There are times when social networking communication, e-meetings, or video and teleconferences are ideal for our group communication purposes, when one-to-one (or group) communication can be enhanced through mobile communication devices (e.g. smart phones) and when individuals remotely accessing system information (e.g. web databases, university schedules and lectures) can greatly facilitate students' access to learning and enrolment information. Keppell, Souter and Riddle (2011) provide an in-depth look at how we can create a range of physical and virtual spaces for learning. Care needs to be taken in all communication; this is particularly so when professional communication occurs through email and social media, where the tone and intent of the communication may be open to misinterpretation.

conclusion

Professional communication in the health sciences is both challenging and rewarding. Effective communication is an essential aspect of sound professional practice. Professionals need to be adept at using a range of communication methods and adapting their communication to the context, culture and people involved. Our professionalism is judged in part on our competence as communicators. Communication competence



involves being able to achieve your goals in communication while allowing others in the communication process to achieve theirs, as well as supporting the relationship that frames the communication. Understanding and learning the skills for effective communication is an important part of your socialisation into the health professions. Communication can be enhanced through self-evaluation and practising the skills involved. In the chapters that follow, many aspects and skills of oral, embodied, written and electronic communication are examined, along with guidelines and handy hints to help you become a competent communicator.

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