

# Stories in Health Communication

Reflection • Inquiry • Action



Gjyn O'Toole



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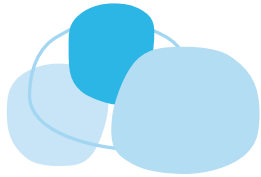
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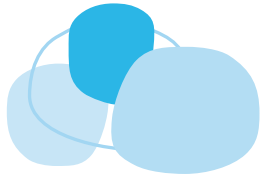


# About the author

**Gjyn O'Toole** has worked in Occupational Therapy, an important health profession for over 40 years. During that time she has provided care for Person/s of all ages, from a diverse number of cultures with various clinical needs, including Team Leadership in Aged Care, and care in Paediatrics, General Rehabilitation, Community Care, Burns, Stroke, Mental Health and Health & Wellbeing education to various age groups. She has also taught as a senior lecturer in various health programs at the University of Newcastle, Australia, for over 20 years.

She considers communication to be an essential and foundational skill for achieving effective and appropriate care and thus outcomes within healthcare. Gjyn also acknowledges the importance of Person/Family-centred Care when providing healthcare. She has researched and written a book focusing on communication in healthcare along with other articles and book chapters highlighting aspects of culturally responsive communication, the importance of considering the spiritual aspect of the Person in healthcare and analysis of everyday occupations and life activities. She has taught and lived in various countries including China, Iran and South Africa. Gjyn has also presented her research at conferences relating to health and education in Australia, Africa and Europe.





# About the resource

## Overview

This book has 12 chapters exploring typical aspects of communication in healthcare. These aspects do not cover all relevant aspects; however, in this book they include:

- effective introductions
- gathering information to inform decisions about relevant healthcare, often resulting in comforting or confronting the Person to achieve positive outcomes
- ensuring effective conclusions or closure of interactions or services
- the use of reflection to improve communication
- the use of exploration of personal assumptions and their effect on communication
- the importance of non-verbal aspects of communication
- the relevance of effective listening to inform appropriate healthcare
- the importance of considering the effects of different environments, particularly cultural ones
- the effects of considering the whole person when communicating in healthcare
- effectively managing misunderstandings and possible conflict
- the effective use of telehealth
- the need to consider the responsibility of a healthcare professional when communicating on social media.

These chapters, while exploring each aspect of communication, outline the particular stories of the Person/s receiving healthcare. The focus of the particular chapter provides examples of how a healthcare professional would execute the particular aspect of communication given the particular story of the Person. These interaction examples present stories typical of Person/s with differing needs and backgrounds. These chapters are designed to assist the reader to develop their skills in communication while providing healthcare. It provides a method of exploring and developing relevant communication skills when preparing to become an effective healthcare communicator.

## Using this resource

This book is designed to assist individuals to develop effective skills in communication for provision of healthcare. These individuals would typically be undertaking studies to qualify them as a healthcare professional or an assistant healthcare professional. This resource provides opportunities to explore and develop skills in effective communication for those individuals studying any role in healthcare.

The book can be beneficial as a teaching resource to increase awareness of the need for communication skills as well as actual development of those skills while providing healthcare. It can be used in tertiary programs as a self-directed method for developing that awareness and the required skills in communicating during healthcare interactions.

This book can be used online to enable the reader to observe and evaluate the effectiveness of the interactions in the relevant videos, while also considering how to adjust these interactions to achieve more effective communication and satisfying interactions. This has the potential to encourage the development and use of effective communication skills.

While the content of the interactions can be found in the transcripts in the hardcopy of the book, observing the interactions will more effectively inform the reader about the relevant aspect of communication.



## Structure of the resource

Stories can be an effective method of learning. Connecting these stories to the reality of the life of the Person has the potential to improve understanding and retention of this understanding about effective communication. It enables the reader to connect aspects of communication to the reality of healthcare communication and the role of the healthcare professional when communicating. This understanding and connection can increase the likelihood of the reader effectively developing their own communication skills. This can promote reflection, thereby enhancing their learning.

As mentioned above, each chapter focuses on an aspect of communication. Within each chapter the provided heading guides the reader to explore and develop an understanding of the focus of the chapter.

### REFLECTION

These questions encourage the reader to explore the content of the video and the chapter and then reflect about the content. The questions encourage and potentially guide reflective thinking.

### INQUIRY

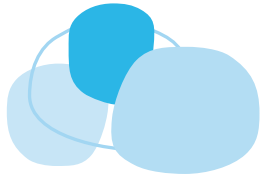
These questions encourage the reader to explore the effectiveness of this aspect of communication and possible ways to improve the aspect focused upon in the interaction to effectively achieve this aspect of communication.

### ACTION

These questions encourage the reader to apply their knowledge and understanding of the particular aspect of communication during all interactions when providing healthcare.

### ADDITIONAL ACTIVITIES

These activities are designed to provide an opportunity to explore resources relating to the relevant aspect of effective communication. They also provide ways of practising and evaluating communication skills to enhance these skills during practice.



# Acknowledgements

The content of this book results from the many Person/s – women, men, children, families, students and colleagues – with whom I have collaborated over the years to ensure ongoing functioning, health and wellbeing in their everyday life. The combination of these many interactions and collaborative relationships have contributed to the stories of each chapter in this book.

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## CHAPTER 5

# Personal assumptions affecting communication



### INTRODUCTION

Personal assumptions (also known as stereotyping) about others are typically used at the beginning of interactions. They can be based on the appearance of an individual; for example, how they are dressed, their jewellery or tattoos; or a particular behaviour; for example, always arriving late or smoking; or the job they have – for example, a cleaner, a corporate manager or a truck driver; and sometimes on the tone of voice and associated actions. Assumptions, however, do not always create an appropriate understanding of the other individual. A healthcare professional assuming particular things about Person/s (potentially stereotyping them) has the potential to negatively affect interactions with the Person/s. These can produce ongoing challenges when interacting with the Person/s. Such assumptions can also result in misunderstandings and often incorrect information, producing inappropriate care. These affect the possibility of demonstrating all elements of Person/Family-centred Care, indicating the need for a healthcare professional to always relate to those around them with positive attitudes without assumption, prejudice or stereotyping.



### Frank's story



View Frank's story or read the transcript.

### The Person: Mr Frank Bennet

In this story, the Person, Frank, attends a health service for the first time, because of an injured dominant left hand. On this occasion, he is dressed in

ragged and obviously grubby clothing. He is quite forceful and obviously unhappy. While Frank appears determined, he also seems flustered and stressed. Upon seeing the healthcare professional, Michael, they speak loudly and inappropriately about the possible age and competence of Michael. Frank is not happy to learn this healthcare professional is the one he will be seeing. He does not respond well to Michael or to his assumptions about Frank.

When a friend, Alex, another healthcare professional, comes to see him during the session with Michael, Frank relaxes, indicating pleasure at the arrival of Alex. He interacts with Alex indicating pleasure, while admitting his family made this appointment for him and for an assessment of his dominant left hand.

## The healthcare professional 1: Michael Wang

This healthcare professional, Michael, has been working at this service for five years, despite appearing the age of a school student. He explains this to the Person, Frank, while also suggesting he could see a different healthcare professional if he was willing to wait for possibly more than an hour for this. He has assumed Frank does not take adequate care of himself because of his appearance and, according to the referral, he has injured his left hand. Michael automatically assumes Frank has not injured his dominant hand, as most people are right-handed.

Michael is relieved when a different healthcare professional from the service, Alex, comes to see Frank. Michael listens to the conversation, admitting the error of his assumption about the dominant hand of Frank. As a result of the conversation between Frank and Alex, Michael begins the interaction with Frank again with a completely different attitude. He apologises for his assumptions and begins the interaction with a more positive attitude. This different attitude allows Michael to identify why Frank was so stressed when arriving at the service.

## The healthcare professional 2: Alex Jones

This healthcare professional, Alex, is a friend of Frank and upon learning he had an appointment today, Alex told Michael he would come to briefly see Frank. His knowledge and conversation with Frank identifies the reason for his appearance, while also highlighting that the injury was to his dominant hand, despite it being the left hand.

## The setting

**Location:** Initially in a waiting area of an outpatient health service. Then moving to a quiet private room with chairs and a table in the room. Michael and Frank sit a comfortable distance from each other, while also facing each other.

**The context:** An outpatient service, initially a waiting area and then a private space. Frank is attending for the first time.

**Physical setting:** Initially, the waiting room of an outpatient service and then a quiet space.

## Reflection

1. What do you usually base your ideas (assumptions or judgments) about a Person on?
2. Have these assumptions caused misunderstandings in the past? How have you overcome them?
3. What stereotypical judgments do you typically make about other people?
4. How do you overcome the tendency to make assumptions or stereotype people you do not know, who are different to you?
5. How do you feel when others make assumptions about you or stereotype you, whether or not they are accurate?

## Inquiry

1. How did Frank's assumptions affect the interaction?
2. How did Michael's assumptions affect the interaction?
3. What caused the interaction to improve for Frank?
4. What enabled Michael to overcome his assumptions about Frank?
5. How might you change aspects of this interaction to avoid making assumptions and stereotypical judgments?

## Action

1. List the possible ways to overcome personal assumptions and the tendency to stereotype others.
2. Consider and identify how you would consistently avoid making assumptions in practice.

3. Decide how you would respond when others make assumptions about you, in practice, that are hurtful or produce pain for you.
  4. Suggest how to overcome the effects of someone assuming things about you or stereotyping you in practice.
  5. Consider how making assumptions and stereotypes might affect the achievement of effective communication and Person/Family-centred Care.
3. Suggest how to ensure consistent unconditional positive regard for Person/s in practice who have a lifestyle you find difficult to accept or a life situation you feel is inappropriate but a result of their own decisions and behaviour.
  4. Suggest how to continue aiming to consistently achieve all aspects of the first step of Person/Family-centred Care – Mutual Understanding, when experiencing negative personal assumptions and/or stereotyping in practice.
  5. Suggest how to develop rapport and listen actively when the Person is assuming things about you or stereotyping you inappropriately.

## Additional activities

Refer to Chapters 6, 7 and 8 of O'Toole, *Communication: Core interpersonal skills for healthcare professionals*, 5th ed, to complete the following in groups or pairs.

1. Suggest how to ensure achievement of effective communication when experiencing assumptions or stereotyping.
2. Suggest how to maintain unconditional positive regard for those who make negative assumptions about you in practice.

## Text links

Chapter 6, 'Awareness of and the need for reflective practice in healthcare communication'; Chapter 7, 'Awareness of self to enhance healthcare communication' and Chapter 8, 'Awareness of how personal assumptions affect healthcare communication'. In O'Toole, G. (2024). *Communication: Core interpersonal skills for healthcare professionals* (5th ed.). Elsevier.

## A FINAL WORD

Personal assumptions are a reality in life. However, they do not always have positive results. They are typically based on the beliefs and values of the individual making the assumptions. These tendencies are best avoided when practising as a healthcare professional. They have the potential to produce not only uncomfortable interactions, but also a negative reputation for the assuming healthcare professional. Any Person requiring assistance from a healthcare professional will feel vulnerable. These feelings of vulnerability may produce strong negative emotions and application of assumptions about the healthcare professional. It is essential for all healthcare professionals to avoid responding negatively to such assumptions as well as avoiding making assumptions themselves. Practising without making assumptions or stereotyping has the potential to produce not only Person/Family-centred care, but also effective communication and, thus, quality healthcare.

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