COMMUNICATION

CORE INTERPERSONAL SKILLS FOR HEALTHCARE PROFESSIONALS

5th edition

Gjyn O'Toole

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Communication

CORE INTERPERSONAL SKILLS FOR HEALTHCARE PROFESSIONALS

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Preface

Development of skills in communication is an ongoing journey for each person. It requires awareness of the needs of the "Person/s", awareness of personal biases and prejudice, awareness of the power of non-verbal aspects of communication, awareness of the effects of environments 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 healthcare 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 individual, but essential for any healthcare 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 healthcare professional. It indicates this awareness must be of "self", as well as the "Person" and the environment. Section 3 emphasises specific contexts, characteristics of and skills required for effective communication in the health professions.

Section 4 presents 66 scenarios, representing typical situations and people that a healthcare 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 understand and 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.

The overarching goal of communication for healthcare professionals:
Person-centred Care

Chapter objectives

Upon completing this chapter, readers should be able to:

- demonstrate understanding of the relevance of the World Health Organization (WHO) International Classification of Functioning, Disability and Health (ICF) model for communication with a Person/s in healthcare
- demonstrate understanding of the overarching purpose of communication for the healthcare professional
- reflect upon and discuss the importance of each step required to fulfil the purpose of communication in healthcare: Person/Family-centred Care
- demonstrate every component of each step of the model of Person/Family-centred Care in healthcare practice.

The purpose of communication in healthcare is ultimately to facilitate the delivery of an appropriate, satisfactory and relevant service. This, therefore, requires healthcare professionals to achieve mutual understanding by communicating to facilitate positive, safe and satisfying service delivery for all (Horan et al 2011; Kuipers et al 2019; O'Kane 2020; Rosen 2014; Rucker & Windemuth 2019; Vanderhooft 2021). Such Person-centred Care and resultant service delivery also requires collaboration with the relevant Person/s (den Boer 2017; van der Meer et al 2018) through Person-centred communication (O'Kane 2020). This chapter explores the means of achieving this goal of Person-centred Care, to ensure optimal outcomes and thus satisfaction, along with the health and wellbeing for all Person/s relating within (remember this includes colleagues) and to healthcare services. Achieving this goal is founded on effective communication.

An international World Health Organization classification demonstrating the importance of effective communication

The International Classification of Functioning, Disability and Health (ICF) (World Health Organization [WHO] 2001), shown in Fig. 2.1, is a biopsychosocial classification highlighting 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 interprofessional communication in healthcare. The ICF classifies the "components of health", placing health on a continuum indicating that any limitation in functioning can disrupt health and wellbeing.

In addition, the ICF describes the importance of **participation** in six interrelated domains or life situations (Ewert et al 2004; Weigl et al 2004) relevant to all healthcare professions:
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 classification encourages healthcare professionals to consider the factors affecting **function**, participation and a sense of wellbeing. It directs healthcare professionals to collaborate *with the Person* to overcome the challenges limiting participation in daily life. Why? Because participation positively affects health and wellbeing of both the Person/s and the healthcare professional (Jackson et al 2021; Kuipers et al, 2019; Mackenzie et al 2021; Sheppard & Broughton 2020; van der Meer 2018). The ICF directs healthcare professionals to develop holistic goals, not driven merely by assessment results, opinion or **physical** needs, but rather Person-centred and thus unique to the needs and goals of the unique individual (Trad 2013).

The ICF model indicates the importance of the domain of communication for facilitating participation and functioning in relevant activities and thereby significantly affecting health. It demonstrates that ineffective communication potentially limits intervention outcomes, thereby
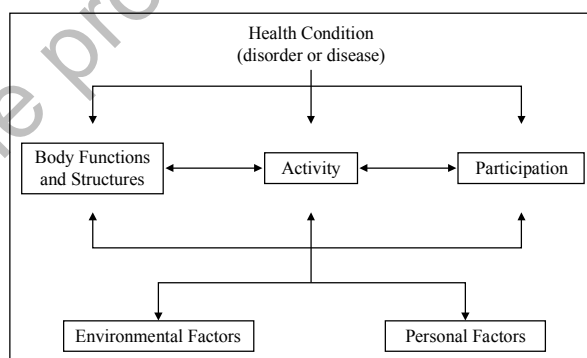
FIGURE 2.1
International Classification of Functioning, Disability and Health (ICF).
WHO 2001. Towards a common language for functioning, disability and health: ICF. The International Classification of Functioning, Disability and Health. WHO, Geneva, p. 9.

restricting functioning and disrupting health and wellbeing. It reminds healthcare professionals to acknowledge the importance of communication and a focus on the Person/s, for their satisfaction, health and a sense of wellbeing. It therefore encourages the healthcare professional to interact with each unique individual to encourage engagement in the act of communicating about their healthcare needs (Australian Commission on Safety and Quality in Health Care [ACSQHC] 2018; Klammer & Pöchhacker 2021; Larkins 2007; van der Meer et al 2018).

Official expectations for effective communication and Person-centred Care

It is not only the WHO that requires effective communication (ACSQHC 2018). Registration requirements for most healthcare professions in Australia and New Zealand include skills in effective communication. See the Australian Health Practitioner Regulation Agency (AHPRA) home page and consult the registration requirements for relevant healthcare professions. The *New Zealand Health Practitioners Competence Assurance Act 2003* (New Zealand Legislation 2003) consistently refers to the need for healthcare practitioners/professionals to communicate effectively in practice. Rights for healthcare 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 overall purpose of communication for healthcare professions

Healthcare professions exist to provide specific services to individuals seeking their assistance. Regardless of the particular profession, communication is an essential requirement within their service. Mutual understanding between the individual seeking the service and the healthcare professional should be 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 healthcare professional. Developing this therapeutic relationship is the responsibility of the healthcare professional (Schwank et al 2018), therefore depending on demonstrations of respect and empathy (Kristensen et al 2022), and being worthy of trust, developing rapport and consistently listening effectively while collaborating to produce change. This therapeutic relationship should therefore ensure collaboration and the centrality of the individual or group needs and desires (van der Meer et al 2018) when formulating goals and interventions, thereby facilitating Person-centred, patient-centred, client-centred, Family-centred or community-centred Care (ACSQHC 2018; Broady 2014; Doherty & Thompson 2014; Haddad et al 2019; Harms 2015; Hebblethwaite 2013; Hoffman & Tooth 2017; Kuipers et al 2019; Mojta et al 2014; Parker & Sutherland, 2021; Rosen 2014; Stein-Parbury 2021; Trad 2013; WHO 2007) (see Fig 2.2).

The concept of **Person/Family-centred Care** as an underlying philosophy of healthcare (ACSQHC 2018; Liang et al 2023; WHO 2007) is globally the focus of discussion and publication in some healthcare professions. In other healthcare professions it is an assumed underlying philosophy rarely requiring discussion but guiding practice. Whereas in other professions 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 (Carvill & McLoughlin 2018). It is essential when working with children, but may
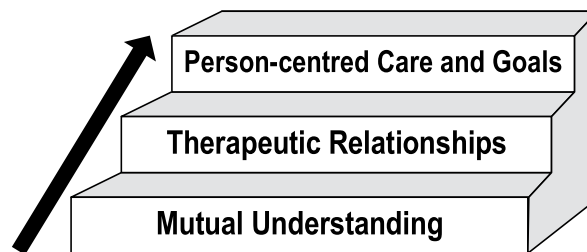
FIGURE 2.2
A model to guide Person/Family-centred Care.

significantly contribute to positive treatment outcomes in other practice contexts, depending on the desires of the Person and the dynamics of the family.

Person/Family-centred Care is a global expectation in health policy as a foundational requirement for healthcare (Grealish et al 2019). Therefore, always considering the unique needs of each healthcare consumer is respectful (Stoilkova-Hartman et al 2018). It requires a partnership between the healthcare professional and the Person/s seeking their services. This **collaborative partnership** exists to establish the needs and goals of the Person/s (Beesley et al 2017). It requires the healthcare professional to embed within the relationship relevant knowledge and skills, while allowing the Person to inform future interventions because of their unique needs and desires (Santana et al 2018; Stein-Parbury 2021). It enables the Person to achieve their goals with the assistance of the healthcare professional (Duncan 2021). Achievement of these goals **empowers** the individual to achieve positive outcomes, including meaningful participation and fulfilment in their daily lives.

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, refusing to be involved in any interventions or relate to anyone from the multidisciplinary team.

• How would you respond to Miss Brown?

First response: In response, many healthcare professionals 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 now, as everyone on the team was there to help her. One healthcare professional sympathetically said it must feel terrible suddenly finding yourself in hospital after 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 Miss Brown sob.
• Are these responses healthcare professional-centred or Person-centred? Explain why.

Second response: One healthcare professional on the team took a different approach, using the components of mutual understanding with Miss Brown. This healthcare 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 healthcare 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 healthcare professional-centred or Person-centred? Explain why and then explain the difference between the two responses.
- How do you think this healthcare professional established the cause of the distress for Miss Brown? What did the healthcare professional say or do to identify the cause?

Mutual understanding

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

Respect

A foundational factor contributing to mutual understanding, appropriate results and satisfaction in any healthcare profession is **respect** (Egan 2014; Egan & Reese 2019). Respect of self and other people is a fundamental and core value of healthcare professions (Auckland District Health Board 2016). In fact, some state it is an ethical requirement of healthcare (Sokol-Hessner et al 2018). It affects the beliefs that individuals have about themselves and others. It requires unconditional positive regard for self and other people, regardless of appearance, disability, weaknesses or failures, position or **status**, beliefs and values, cultural background, material possessions and/or socioeconomic level (Haddad et al 2019; Rogers 1967). Respect demonstrates that the healthcare professional values every individual (Beach et al 2017; Bridges et al 2021). It is the foundation of demonstrations of empathy or empathic reactions in a healthcare professional.

Empathy

As a healthcare professional, it is imperative to understand that every Person/s seeking care feels disconnected, disempowered and **vulnerable**. Many such individuals often feel unable to understand or manage the demands of their current situation (Butt 2021; Stein-Parbury 2021), possibly experiencing fear of the unknown elements of the situation. Plato, in ancient Greece, said:

> *"The highest form of knowledge is empathy, for it requires us to suspend our egos and live in another's world."*

Any vulnerable individual wants and needs to know that the healthcare professional desires to both appreciate and understand their life experiences and needs in order to provide meaningful assistance (Fitzpatrick et al 2014; Honeycutt & Milliken 2021; James 2023; Rosen 2014; Soto-Rubio & Sinclair 2018). Demonstration of this understanding in care will increase the ability of the Person/s to process any information (Householder & Wong 2011). It will also encourage commitment to and engagement in the intervention process (James, 2023; Rosen 2014). It is the responsibility of the healthcare professional to demonstrate this care and understand the helplessness and vulnerability of each individual. Direct, clear and accurate recognition of the *emotions* of the individual and expression of this understanding is known as **empathy** (Frankel 2017; Slade & Sergent 2022; Stein-Parbury 2021; Trad 2013) (see Chapter 13). 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 above scenario about Miss Brown.
- Write responses to Miss Brown in each column that demonstrate both sympathy and empathy.
- Suggest ways in which the healthcare professional expressed empathy to discover the cause of the emotions dominating Miss Brown.

Davis and Musolino (2016) and Morse and Volkman (2010) state that expressing empathy to the vulnerable individual enables both humane and productive communication. There is also evidence indicating its contribution to the development of a positive relationship (James 2023). This manner of communicating therefore has a positive effect (Healey 2018; Tamparo & Lindh 2017) upon the participation of the individual in all activities associated with healthcare interventions (Fig 2.3). It is important to understand that statements like "I understand" or "You are OK" or "It will be alright" do not demonstrate empathy and are rarely reassuring.

- If you are feeling helpless and vulnerable, how do you feel when someone indicates they are interested in what you are feeling and attempts to understand and validate your experiences and feelings?
- What actions and/or words demonstrate that someone is interested?
- How might expressing such interest and care affect communication?

Appropriate expressions of empathy require both personal and professional skill. Such skill necessitates honest reflection about self, practice in expressing empathy, making time to practise, commitment to the expression of empathy and, in many cases, self-control on the part of the healthcare professional (Rosen 2014). It requires awareness of and respect for the feelings of the individual;

FIGURE 2.3
The doctor is IN.
PEANUTS © 1968 Peanuts Worldwide LLC. Dist. By UNIVERSAL UCLICK. Reprinted with permission. All rights reserved.

being able to see and understand the world from their perspective and also respecting that perspective (Eriksen et al 2014). Appropriate expressions of empathy require the healthcare professional to make responsible choices about when, what and how they communicate. The healthcare professional also needs 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 Chapters 7 and 8). Appropriate expressions of empathy take little time or effort, potentially resulting in the individual believing they are the most important person for the healthcare professional at that moment. While expressions of empathy are beneficial in all areas of life, they are essential when practising as a healthcare professional (Egan 2014; Egan & Reese 2019; Foster & Yaseen 2020; Harms 2015; Honeycutt & Milliken 2021; Stein-Parbury 2021). They encourage the Person/s to have confidence in and trust the healthcare professional (Trad 2013). See Chapter 13 for a deeper exploration of expressing empathy.

Developing trust

Healthcare 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 & Musolino 2016)? While such choices require skill, healthcare professionals must take every appropriate opportunity to recognise negative emotions by expressing empathy with those around them. Acceptance and validation of the emotions associated with the experience develops **trust**.

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

Share these ideas with the entire/large group.

Acceptance and validation through expressions of empathy demonstrates respect. Respect is something all individuals appreciate. In combination with expressions of empathy it produces positive emotions, thereby facilitating the development of trust during an interaction (Bayne et al 2013). Effective communication encourages the development of trust. Trust is strengthened by particular behaviours. The behaviour of a healthcare professional worthy of trust will be open, humble, honest, predictable and reliable (O'Kane 2020). Interacting to engender trust is often an inherent requirement found in the codes of practice for particular healthcare professions (Mason & Morley 2009). Whether mandated or not, it is a characteristic of effective communication relevant to achieving mutual understanding. In combination, *respect, empathy* and *trust* are foundational for achieving the first step of Person/Family-centred Care and goals: *mutual understanding.*

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

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 healthcare 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 genuine connection can increase engagement in interventions (Crowden 2013), facilitate collaboration and motivate individuals to persevere in order to overcome their challenges, thereby potentially producing positive outcomes with the Person/s achieving their health-related goals (English et al 2022).

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 healthcare professional. There may be consideration of strong and deep emotions along with genuine distress within the Person, but this consideration is *always* focused on the needs of the Person not the needs of the healthcare professional (Haddad et al 2019). A therapeutic relationship does not foster manipulation, nor does it desire to manipulate. In a therapeutic relationship the healthcare professional desires to listen effectively, while sharing their knowledge, skill, and, where required, comforting and supporting 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 healthcare professionals in 700 BC!) said:

> *Go to the people* → *Work with them*
> *Learn from them* → *Respect them*
> *Start with what they know* → *Build with what they are*
> *And when the work is done, the task accomplished*
> *The people will say "We have done this ourselves".*

An essential component contributing to this therapeutic relationship is **effective listening** (see Chapter 11); listening that demonstrates focus on the needs/desires of the Person with respectful, compassionate consideration and, where possible, accommodation of those needs and desires. This will also contribute to a positive connection with the Person/s. Effective listening is an overarching aim of interpersonal communication in healthcare (Gehenne et al 2020; Golden et al 2020; Thistle & McNaughton 2015). The healthcare professional must invest the time to listen, validating and confirming understanding in every situation.

A therapeutic relationship, based on respect, using active listening, engenders trust and co-operation (Crowden 2013; Gehenne et al 2020), thereby encouraging a *collaborative partnership.* It does not control or dominate. A collaborative partnership is one in which the contribution of each individual (sharing of information) is essential to achieve a satisfactory and appropriate outcome. It facilitates involvement from an individual (the Person), who is intimately aware of his or her own needs, allowing their perspective to inform healthcare interventions. It does not assume the healthcare professional has all the required information to inform the relevant healthcare process. However, it does require contributions from the healthcare professional who has the knowledge, understanding and skill relevant to their profession to assist. It facilitates shared decision-making involving shared discussion of care plans (Golden et al 2020; Santana et al 2018). This *collaboration* provides the opportunity for the individual to be an agent of change in their own circumstances, ultimately enabling them to improve their health and increase their levels of function and participation in everyday life. It encourages the individual or family to face and overcome the relevant challenges (Murphy et al 2015) to achieve their goals.

Rapport, effective listening and *collaboration* are important components of therapeutic relationships, the second step in *Person/Family-centred Care and goals.*
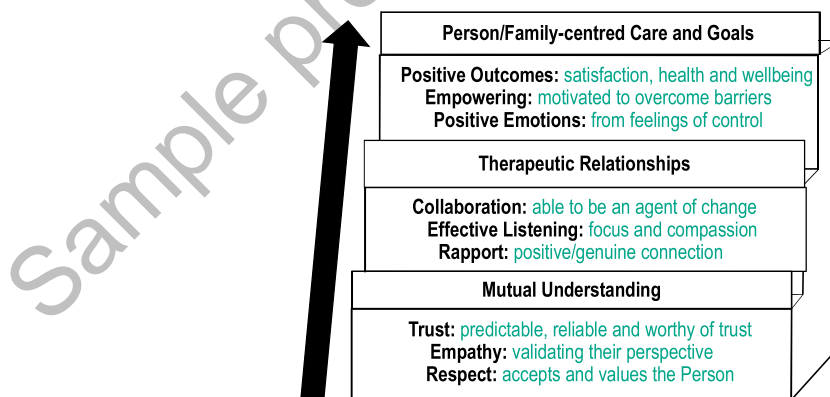
Person/Family-centred Care and goals

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 (Ross et al 2015; van de Meer et al 2018). The characteristic of each step mandates that the healthcare professional should not place their own desires or values consciously or unconsciously upon the Person/s. Instead, these steps require investigation of the abilities, understanding, feelings, needs and desires of the Person/s, in order to establish and prioritise their personal goals for participation in their life. Each step has particular characteristics and skills, contributing to the achievement of the third step.

The previous steps will potentially provide the individual with feelings of **control** and thus increase *positive emotional responses*. These will empower an individual to continue to face and overcome sometimes seemingly overwhelming challenges restricting participation and function, thereby affecting their health and wellbeing. These *empowering* feelings will provide the motivation, support and strength to establish and achieve meaningful goals, thereby assisting in maintaining levels of motivation, effort and satisfaction within the Person/s (Riding et al 2017; Rosen, 2014). These communication events contribute to and increase *positive outcomes* (Lawn et al 2014) and satisfaction for both the Person/s and the healthcare professional (van der Meer et al 2018).

While the ultimate purpose of communication in healthcare may be to deliver a service or intervention, implementing this model can create experiences that facilitate function, empowering the Person/s to participate, thereby positively affecting their health and wellbeing. It potentially makes the delivery of any healthcare service a satisfying and positive experience for all (ACSQHC 2018).

Fig. 2.4 summarises the discussion in this chapter about the overall goal of communication for healthcare professionals and a model of Person/Family-centred Care.

FIGURE 2.4
The components of a model to guide Person/Family-centred Care.

In small groups:
- Choose and read a scenario from Section 4. Discuss how to demonstrate respect, empathy and trust while developing rapport 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 Person/Family-centred Care and goals with the "Person" from the scenario.
- Discuss the effectiveness of this interaction, considering the components of the model of Person/Family-centred Care.

Chapter summary

Person/Family-centred Care is mandated by governments and registration bodies around the world. When practising as a healthcare professional, Person/Family-centred Care is built upon mutual understanding, requiring respect, expressions of empathy and development of trust. It also requires therapeutic relationships, involving development of rapport, effective listening and collaboration with the Person/s. It has particular definite results, which not only empower, but also produce positive results and emotions. The model presented in this chapter can guide health-care. If the healthcare 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 healthcare professionals: Person/Family-centred Care.

USEFUL WEBSITES

Communication, Person-centred Care and Person Rights in Healthcare
Australia
Australian Charter of Healthcare Rights: catalogue.nla.gov.au/Record/5249757
Australian Commission on Safety and Quality in Health Care: www.safetyandquality.gov.au
Australian Safety and Quality Framework for Health Care:
www.safetyandquality.gov.au/sites/default/files/migrated/Australian-SandQ-Framework1.pdf
For policy makers:
www.safetyandquality.gov.au/sites/default/files/migrated/ASQFHC-Guide-Policymakers.pdf
10 Tips for Safer Health Care:
www.safetyandquality.gov.au/sites/default/files/migrated/Tips-for-Safer-Health-Care-PDF-302KB.pdf
Top Tips for Safe Health Care:
www.safetyandquality.gov.au/publications-and-resources/resource-library/top-tips-safe-health-care
New Zealand
New Zealand Code of Health and Disability Consumer Rights:
www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/
The Code and your rights: www.hdc.org.nz/your-rights/the-code-and-your-rights/
Impact of communication failure:
www.hdc.org.nz/media/5144/the-impact-of-communication-failures-march-2019.pdf
New Zealand Health Strategy Roadmap of Actions 2016:
www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-roadmapofactions-
    2016-apr16.pdf