

# TAUTIKANGA ORA SERIES



## How to communicate with health professionals

**This issue is about not if but HOW we communicate. We recognize that communication can be more or less effective depending upon several factors**

**Many people express concern about communicating with their doctors. Common examples are: “I feel rushed”. “I feel so ignorant, even after I get an explanation”. “I forgot what I wanted to say”.**

**This unit presents communication between patient and doctor, verbal and non-verbal communication, and non-assertive, aggressive, and assertive communication toward improving communication skills.**

## The Communication Model

What is communication? What is going on when we are communicating?

In communication there is a sender, a message, and a receiver. It is important to think of all three as we observe communication challenges and work toward effective communication.

The sender is also a receiver and the receiver also becomes a sender in any two-way communication.

## Communication Challenges

What are some communication challenges or problems that occur? Think of some problems in patient-doctor communication, where sending the message has been a problem; for example, unsure of message, inability to express ideas, embarrassment, fear of self, fear or dislike of receiver, forgetfulness, distraction.

Think of some problems in patient-doctor communication where the message itself has been a problem, for example: jargon, not concise, disorganised, vague, wrong words, body language says something different than words so the receiver gets two different messages.

Think of some problems in patient-doctor communication, where receiving the message has been a problem, for example, rushed, not listening, only hears part of the message, doesn't understand the message, distracted or preoccupied, doesn't want to hear message or wants to hear a different message, fear/dislike of sender/message.

## Patient – Doctor Communication

What happens when you, as a patient, communicate with your doctor? What factors are at work when you are communicating with your doctor?

- a. Trust:** “I trust your competency”. “I trust that you have a professional interested in providing my medical care and assisting in my health care.”  
“I like you” is NOT a necessary part of trusting your doctor. You may like your doctor or you may not. But either way it is not the issue.
- b. Realistic Expectations:** “I expect you to cure my sore throat” or any other “curable” illness. This is a realistic expectation. But, “I expect you to cure my epilepsy” is not a realistic expectation. A more realistic one might be “I expect you to work with me toward achieving control of my seizures”.
- c. Understanding of Needs:** “I need someone to diagnose my illness/disorder, prescribe treatment.” The physician can fill this need.  
“I need someone to give me information about my illness/disorder”. I can expect to get medical information from my doctor. The nurse may also have information.  
I can expect to get information about services from a social worker. If I want to spend more time getting information, I can use the public library for information materials.  
“I need someone to listen to me and to offer advice or counselling”. I can expect active resourceful listening and responses from counselling, therapy, or peer group support”.  
“I need someone to listen to my problems with a sympathetic ear and not feel the need to help solve them, just to listen supportively”. I can expect a close friend or family member to provide this type of support.

## Non-Assertive Communication

### **What is it?**

Non-assertive communication is behaviour which allows and even encourages other people to treat you, your thoughts and feelings in whatever way they want, without your challenging it.

It involves behaviour which is shy and over-apologetic, as though denying any personal rights or preferences.

### **What are its characteristics?**

It avoids confrontation, avoids problems (by simply not addressing them), establishes a pattern of others taking advantage of you, builds anger and resentment, builds high hopes (which usually remain as fantasies and are rarely realised).

***What are the results?***

It wastes time, both that of patient and physician by “beating around the bush”.

It wastes money. Whose money? How?

It causes frustration because needs are not being met and messages are not being conveyed.

It may be “hazardous to your health” – How? Inappropriate treatment may result from misunderstanding or incomplete information.

## Aggressive Communication

***What is it?***

Aggressive communication is behaviour in which you stand up for what you want in an attempt to achieve your own objective, regardless of the rights and feelings of others.

***What are its characteristics?***

It involves attacks on people rather than problems, it establishes a pattern of fear and avoidance of the aggressor, it encourages acting out of anger, and it is demanding.

***What are the results?***

There is temporary satisfaction on the part of the aggressive communicator, but the other person often gets defensive and responds to tone of voice, not to the words themselves.

Aggressive communication can interfere with the quality of care if needs are not being met.

## Assertive Communication

***What is it?***

Assertive communication is behaviour in which a person stands up for personal rights and expresses thoughts, feelings and beliefs in direct, honest and appropriate ways which respect the rights of other people.

***What are its characteristics?***

Assertive communication attacks problems not people, it establishes a pattern of respect for future dealings, and it deals with anger and addresses requests.

**What are the results?**

You take responsibility for your own statements. Statements become cues and let the doctor know where your understanding is, allowing for objective feedback.

Improved care results, as wants and needs are better met.

## Skills For Assertive Communication

**Prepare:** Think about what it is that you want to say or ask. Prepare an “ask the doctor” list; organise important things first; say it simply; rehearse.

**Deliver:** Say it simply. Your tone of voice, eye contact and posture should all indicate that you are sincere, honest and determined about your questions and/or comments.

**Persist:** If you are not sure that you are being understood, say it again until you get a satisfactory response and say it with reflecting phrases.

## Reflecting Phrases

Reflecting phrases allow you to put the message in your own words. They let the doctor know exactly how you interpret the message and they ensure that you understand what is being said. They let you rehearse for questions you may get asked at home or at work.

Examples of reflecting phrases are: “You mean that.....”, “Are you saying that.....”. “In other words.....” “Does that mean.....”.

## Overcoming Difficulties in Communication

**a. Partnership**

The doctor or other health care specialist is often viewed as the trusted, unquestioned authority, but it is important to realise also that you are always the expert observer concerning your own body and your own family. Your input is valuable. Your doctor is a human being too. Communication regarding your health care should be viewed as a partnership. You pay the bill for this service.

**b. Words**

Technical words or jargon may be used accidentally or may be used deliberately. If you don't know the meaning of a word, or aren't sure, ask.

**c. Time**

Be aware of the time allotted for your appointment and use it wisely. A hurried visit by your doctor may leave you feeling at loose ends.

Address the issue directly, “I need 15 minutes to discuss some questions I have”.

**d. Hot Topics**

Hot topics are those which are very uncomfortable to discuss such as feelings, costs or a second opinion. It may help to remember that a discussion may be a sharing of concerns rather than only a question and answer session.

**e. Set an Agenda**

Perhaps you not only have questions, but would also like the doctor to look at a rash that you noticed. Be sure to include these on your agenda.

- You will save time.
- You won't forget the key points.
- You won't be distracted by other things that come up.
- You'll feel better about accomplishment of your task first thing.
- Your mind will be open to what comes next, not being nagged by trying to remember.

## Summary

The communication model involves a sender, receiver and message.

Communication between patient and doctor depends on trust, realistic expectations and understanding of needs.

In assertive communication, you take responsibility for your own statements; you provide cues to your doctor; your statement helps the doctor know where your understanding is; you allow for feedback from your doctor.

Assertive communication is effective communication and results in improved health care.