Complex Health Communication: a LASP perspective

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There are significant changes occurring in health care globally: new technology and new practices are constantly being developed, and people are living longer and hence having more interactions with health professionals. Consequently the health care system is dealing with more chronic illness and complex illnesses. Alongside these facts, many countries are managing increasingly diverse populations. There has been a rise in the specialisation of health care professionals, while at the same time increasing use of multidisciplinary teams in health delivery. Finally, in many countries there has been an increase in litigation, with an accompanying concern for patient safety. We argue that in responding to these diverse changes and demands communication is a critical factor and thus there has been a broadening in the scope of health communication (Thompson, Robinson, Anderson, & Federowicz, 2008). Healthcare involves communication across all care aspects including effective policy formulation, public health campaigns, individuals seeking health information, e-health, patient-health practitioner communication and communication between health practitioners, both within and across professional and sub-specialty boundaries.

Because of the importance of communication in healthcare, in October 2006 the International Association of Language and Social Psychology (IALSP) established a health communication taskforce, the fourth taskforce established by the Association.

The aims of the taskforce were to:

- (1) Examine what is effective communication in the health context
- (2) Delineate the problems currently existing in health communication and the potential impact of these problems.
- (3) Outline measures by which communication in the health context may be improved.

(4) Look at conceptual and methodological innovations in the study of health communication.

The papers that form this Special Issue on health communication were selected as exemplars of the work being undertaken by members of the taskforce. Each addresses one or more of the aims described above. There are five papers in the Special Issue. The first, by Hewett, Watson, Gallois, Ward and Leggett, examines interspecialty communication between doctors in a hospital context using written patient records. The second, by Iedema, Jorm, Wakefield and Ryan, presents an analysis of a corpus of interviews examining the impact of Open Disclosure about adverse events on clinicians' practices. Iedema et al. examine the emotional labor associated with such disclosure. The next paper, by Kalbfleisch, describes the challenges associated with communication with Native Americans and Hawaiians in the health context and then posits some strategies for managing these challenges. The fourth paper, by Young and Manthorp, examines the difficulties of effective health communication with people with dementia and describes the development of a Code of Practice for communication between health professionals, people with dementia and their families. The final paper in this special issue is by Nussbaum and Fisher. Their paper proposes a model for effective health communication with older adults that looks at the interrelationships between patients and their families, health professionals and the organizational systems.

The papers in this Special Issue acknowledge the importance of a language and social psychological approach to improving our understanding of communication in the health context. A social psychological approach to health communication aims to elucidate the interpersonal and intergroup perceptions, motivations, norms and contextual factors that influence interactants in the communication process. Such an

approach involves an assumption of an intergroup context. The papers in this Special Issue all implicitly or explicitly acknowledge the importance of the intergroup context in understanding health communication, whereby health professionals and patients alike are communicating as both group members and individuals. Hewett et al.'s examines intergroup rivalries between doctors from different specialties, highlighting how doctors can use medical records to express their group identity and manage intergroup conflict. The remaining papers focus on interactions between health professionals and clients and family. Kalbflesch additionally examines the challenges of intercultural communication in the health context. Young and Manthorp focus on dementia and age as dual intergroup factors, while Nussbaum and Fisher also examine age and the different perspectives and roles of health professionals, family, and different health care organisations. All these papers address the challenge of negative attitudes leading to negative or problematic communication in this intergroup context, for example, ageism in geriatric medicine or ethnocentrism in intercultural interactions, and propose approaches for dealing with negative attitudes.

The social psychological approach more generally acknowledges that an important determinant in health communication is the characteristics of the patient, e.g., cultural identity, chronic vs acute illnesses, age. Much of the research and training in health communication between health professionals and patients treats patients as a homogeneous group. The papers by Kalbfleisch, Young and Manthorp and Nussbaum and Fisher all elucidate the importance of health professionals adapting their communication to the unique characteristics of particular social groups.

Watson and Gallois (2007) contend that over the past decade there has been a shift toward emphasizing the contribution of patients in encounters between patients

and health professionals. The papers by Kalbfleisch, Nussbaum and Fisher, and Young and Manthorp all give voice to the patient perspective. Moreover, the papers by Nussbaum and Fisher and Young and Manthorp also emphasise the importance of acknowledging the role of family/carers in health communication. Each of these papers also argues that health practitioners need to go beyond simply giving patients a voice to facilitating patients so that they become competent communicators.

There is also a need for models of communication that take account of the complexity of health communication that involves multiple systems, such as multiple organizations being involved in a patient's care, different professions and specialties within a health care system and family systems. Nussbaum and Fisher, in particular, argue for the need "for health professionals to collectively engage in competent communication within their system, with the patient, and also amongst their diverse organizations, working together to reinforce messages". They propose a communication model to facilitate this communication process. Young and Manthorp propose a Code of Practice as a potentially useful approach to improving communication between health professionals, carers, and people with dementia.

More generally, the papers grapple with describing or defining what is effective communication in the health context. These papers reinforce that competent communication in a health context necessitates adaptation of communication to the context- the characteristics of the patient (culture, age, disability), the nature of the communication (open disclosure or medical records) and the broader systems, as well as a recognition of the tensions that exist for health practitioners in difficult health contexts. Moreover, competent communication in the health context is more than the exchange of information and must address patient concerns (Wright, Sparks, & O'Hair, 2008). For example, Iedema et al. argue the insufficiency of current

approaches to health communication which focus on the exchange of sufficient and appropriate information, ignoring the centrality of the relationship in open disclosure situations. Kalbfleisch describes the negative effects when health practitioners can't or don't take the time to build a relationship with Native American patients.

Finally, the papers in this Special Issue discuss the implications of their findings, or proposed models, for training in health communication, arguing that we need not only new approaches to communication but also to communication skills training to meet the challenges of the changing health care system. For example, Iedema et al. state that Open Disclosure is “a policy reform initiative that interrupts the communicative habits and professional identities of clinicians; it redefines clinicians' obligations to patients, and it alters the interpersonal and interactive complexion of hospital communication around adverse events”, thus necessitating changes to current communication skills training for health professionals that focuses on the amount and type of information exchanged.

We feel these papers offer new direction for understanding health communication issues. The authors have all invoked a language and social psychology approach to address the complex healthcare problems currently faced around the world, as well as to look to providing solutions. This perspective complements current traditional communication research and training, which we argue is by itself insufficient to meet new and increasing healthcare demands. We hope to see more work taking this approach, which has the potential to extend the understanding of practitioners about not only their patients' needs but also their own colleagues' needs.

References

- Thompson, T.L., Robinson, J.D., Anderson, D.J., & Federowicz, M. (2008). Health communication: Where have we been and where can we go? In K.B. Wright & S.D. Moore (Eds.), *Applied health communication*, (pp. 3-34). Cresskill, NJ: Hampton Press.
- Watson, B.M., & Gallois, C. (2007). Language, discourse, and communication about health and illness: Intergroup relations, role, and emotional support. In A. Weatherall, B. Watson, & C. Gallois (Eds), *Language, discourse, and social psychology* (pp. 108-130). Basingstoke, Hants.: Palgrave Macmillan.
- Wright, K.B., Sparks, L., & O'Hair, H.D. (2008). *Health communication in the 21st century*. Oxford, UK: Blackwell Publishing.

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