Information is fundamental to choice and making informed decisions. Without information, there is no choice. Information helps knowledge and understanding. It gives patients the power and confidence to engage as partners with their health service.

(Department of Health, 2004, p. 2)

Communication is the means by which such information is imparted and shared with others. Put more formally, it is the transfer of information between a source and one or more receivers; a process of sharing meanings, using a set of common rules (Northouse and Northouse, 1998). We communicate information in many different ways. In humans, it is frequently done through spoken and/or written language, but non-verbal communication also plays a significant role in our interactions. Thus, our body posture, our expressions, and even the clothes we wear also contribute to the messages that we give out. We constantly communicate information, intentionally or unintentionally, about our perceptions, intentions and feelings, as well as about our very identity. People cannot not communicate. Even saying or doing nothing conveys a message. Not smiling or laughing at an appropriate time can send just as strong a signal as smiling or laughing. Novelist, Anita Brookner, epitomizes this in her award-winning Hotel du Lac, when the main male character says, ‘for someone who is not speaking you are giving away volumes of information’ (Brookner, 1984, p. 76).

Communication is central to our everyday functioning and can be the very essence of the human condition (Hargie and Dickson, 2004). As so aptly put by Hybels and Weaver (1998, p. 5), ‘To live is to communicate. To communicate is to enjoy life more fully’. Without the capacity for sophisticated channels for sharing our knowledge, both within and between generations, our advanced civilization would not exist (Hargie and Dixon, 2004).

At its simplest level, communication requires a sender, a message, a
receiver and a channel of communication. However, any communicative event is enormously complex; senders are often receivers, and multiple and contradictory messages may be being sent via different channels. We have all experienced situations where a person says one thing but their tone of voice or body language indicates that they actually believe something else. Communication is social in a variety of ways. It frequently involves relations between people and requires people to have a shared understanding of what particular sounds, words and gestures mean. It is the primary means by which people influence others and, in turn, are influenced by them. In such interpersonal settings, it is typically an ongoing and dynamic, or transactional, process. However, human communication may also occur in other settings. It is often necessary to impart information to the wider public in order to reach mass audiences, such as in public health campaigns. As we will see later in this book, effective health promotion campaigns require different communication skills and strategies from those involved in one-to-one or small-group interactions. Human communication does not always involve sharing information with others, however. It can involve communication that takes place solely within a person, through the use of processes such as reflection. Thus, in many everyday situations, we need to solve problems by thinking through alternative courses of action, or we need to monitor the results of our interactions with others.

This book is specifically concerned with health communication: it is about all aspects of human communication that relate to health. More formally, health communication has been defined as referring to ‘any type of human communication whose content is concerned with health’ (Rogers, 1996, p. 15), where the focus is on health-related transactions and the factors that influence these. Thus, this book will cover a wide range of topics, including the different forms of communication that humans have at their disposal, and the theories and models that have been formulated to account for these; the different types of communication between the various ‘players’ in the healthcare process, be they patients, carers, health professionals, or others; the issues raised by communicating with particular ‘populations’ or in difficult circumstances; the challenge of communicating with wider mass audiences in order to promote better health; and different ways of improving health communication skills.

The centrality of communication in health

As should already be becoming clear, effective communication is central to our ability to function as a member of society. It is a key aspect of all relationships, whether these occur in family, educational, work or social settings. Indeed, when such relationships break down or become stressful, the central complaint frequently relates to poor communication. How often do we hear phrases such as ‘I tried to explain but he just wouldn’t listen’ or
she keeps it all bottled up? The area of healthcare is no exception. As we will see, communication problems can occur at many different levels.

Effective communication is now generally acknowledged to be central to effective healthcare. It is no longer seen as an add-on extra; rather it is recognized by many as being at the heart of patient care – as playing a pivotal role. As Kreps et al. (1998) noted, communication is pervasive in creating, gathering and sharing health information. It is a central human process that enables individual and collective adaptation to health risks at many different levels (Kreps, 2003).

A significant event in relation to health communication in the UK was the publication of the Patients’ Charter (Department of Health, 1992), which informed patients that they had a right to be given a clear explanation of any treatment proposed, including any risks involved and alternatives to the recommended treatment. At a similar time, an international conference on health communication produced the ‘Toronto Consensus Statement’ on the relationship between communication practices and health outcomes (Simpson et al., 1991). The statement made eight key points:

1 Communication problems in medical practice are important and common.
2 Patient anxiety and dissatisfaction are related to uncertainty and lack of information, explanation and feedback.
3 Doctors often misperceive the amount and type of information that patients want to receive.
4 Improved quality of clinical communication is related to positive health outcomes.
5 Explaining and understanding patient concerns, even when they cannot be resolved, results in a fall in anxiety.
6 Greater participation by the patient in the encounter improves satisfaction, compliance and treatment outcomes.
7 The level of psychological distress in patients with serious illness is less when they perceive themselves to have received adequate information.
8 Beneficial clinical communication is routinely possible in clinical practice and can be achieved during normal clinical encounters, without unduly prolonging them, provided that the clinician has learned the relevant techniques.

There is now a substantial body of evidence to show that healthcare providers who communicate well with patients are more likely to secure positive outcomes for patients, themselves and others. Thus, they are more likely to make more accurate and comprehensive diagnoses, to detect emotional distress in patients, to have patients who are more satisfied with their care and less anxious, and who agree with and follow the advice given (e.g. Lloyd and Bor, 1996). In addition, patients who are dealt with by professionals with good communication skills have been shown to have improved
4 Health communication

health indices and recovery rates (e.g. Davis and Fallowfield, 1994; Greenfield et al. 1985; Ong et al., 1995). Thus, in what is now cited as a classic series of studies by Greenfield et al. (1985), informing and involving patients in their cases led to significant reductions in blood pressure and improvements in diabetic control that were comparable with the introduction of a new drug. Similar findings have been reported in more recent studies (e.g. Dulmen and Bensing, 2001; Roter, 2000; Stewart, 1995; Williams et al., 1998). As Schofield (2004) noted, ‘effective communication was a drug that could be prescribed!’ (p. xix).

However, we also know that such positive outcomes are not always obtained. Whereas effective communication has been shown to have the above beneficial effects, ineffective communication can lead to a whole range of negative outcomes. These include, patients not engaging with the health service when they should, refusing to follow recommended health behaviours and undergo necessary treatment, failing to adhere to treatment regimens, or failing to cope with their own or another’s illness. In extreme cases, poor communication can lead to psychological damage, physical harm, litigation or, at worst, death (e.g. MacDonald, 2004). In a nutshell, as noted by Pettigrew and Logan (1987), communication promotes both health and illness in society, and makes the system run at optimal or marginal effectiveness.

The emphasis must therefore be on effective communication, rather than on communication per se. We need to impart the right information, to the right people, in the right way, at the right time. Simply providing more information per se cannot be a goal in itself. Communication needs to be patient centred and informative, and needs to promote trust and confidence. As MacDonald (2004) noted, good communication between patients and medical staff is important from the very first encounter, because it forms the basis of all future transactions. Thus, in line with this, the theme of ‘effective communication’, and the factors that are involved in this and how it might best be achieved, are central to this book and will run throughout the chapters that follow.

Different forms of communication and theories, and models to account for these

As mentioned earlier, many of our communications involve the use of language (either spoken or written). It is our capacity for these forms of language that distinguishes us from other animals. However, non-verbal communication also plays a powerful role in most interactive and some non-interactive settings. Indeed, it has been suggested that non-verbal elements account for over 80 per cent of the content or meaning that is conveyed in face-to-face interactions. In most situations, effective communication depends on the appropriate and simultaneous use of both verbal and
non-verbal channels. This is so natural that, even on the telephone, people tend automatically to use all sorts of gestures that cannot be seen by the person on the other end of the line. Chapter 2 of this book looks at different types and modes of communication, drawing on state-of-the-art knowledge in social psychology and communication studies. It distinguishes between intrapersonal (i.e. within person) and interpersonal (i.e. between person) communication, with the former being used for such activities as reflection, problem solving and self-evaluation, whereas the latter involves interacting with others. The chapter moves on to discuss factors relating to communication between two people, and among small groups and with larger audiences. Finally, it briefly considers communication using computers and other forms of advanced technology. These latter topics are covered more fully in Chapter 7.

A number of theories and models have been put forward to explain the way in which we communicate. Chapter 3 outlines the three main theoretical approaches within communication studies; namely, the process approach, semiotic analysis and cultural studies. It also covers other relevant models and approaches, such as Transactional Analysis, and models of health behaviour (the Health Belief Model and Theory of Planned Behaviour) and health communication. Finally, given that in many instances health communications involve trying to persuade a person or people to take a recommended course of action, the chapter overviews the two main theories of persuasion (the Elaboration Likelihood and Heuristic Systematic models). In each case, the key concepts underlying the various approaches, models and theories will be introduced and evaluated by drawing on empirical evidence, where this exists.

**Communication between different ‘players’ in the healthcare process**

In order to maximize the chances of effective communication, it is not only necessary to understand the relevant theoretical background, but it is also important to take account of current research in the area. Any attempts to improve communication practice must be grounded in sound empirical evidence. Chapter 4 reviews such evidence in relation to interactions between the different ‘players’ in the healthcare process, including healthcare providers, patients, family, friends, carers, and so on.

Many of the empirical studies that have examined the effects of communication skills on patient satisfaction and health behaviours and outcomes have involved looking at interactions between individual healthcare providers (most notably doctors) and individual patients. Accordingly, Chapter 4 reviews much of the recent research on health professional–patient communication. It looks at why effective communication is important, and what factors contribute to ‘good’ communication, as well as to ‘poor’
communication. It approaches the topic from the perspective of both health professionals and patients. The chapter also considers particular ‘patient communication’ issues that may arise for those working in health professions, such as nursing and pharmacy, who are now taking on new extended roles (such as extended and supplementary drug prescribing).

The importance of communication extends beyond these healthcare provider–patient relationships. Effective communication is also necessary in interactions between different healthcare providers, between health service administrators and patients, between healthcare providers and carers or family members, between patients and family members, and so on. Chapter 4 also considers the role that communication plays in some of these other relationships. Finally, it looks at communication in small group settings, such as case meetings.

Communicating with particular audiences and in difficult circumstances

Clearly, the same type of communication skills and behaviours will not be best suited to all types of interaction and in all settings. Interacting with certain types of patient and interested parties may require particular skills and raise particular challenges. Chapter 5 considers some of the issues raised when communicating with particular audiences, including older people, children and adolescents, those with low IQ or other forms of mental impairment, parents and other carers, and different ethnic groups, as well as with those termed ‘uncommunicative’ people.

In addition to having to communicate with these different audiences, the need to communicate certain types of information can create particular challenges. Chapter 6 begins by looking at some of the issues raised when trying to communicate information about risk and uncertainty, which is central to many healthcare interactions, and has been shown to be a particular challenge. Discussion of risk and uncertainty is often central to healthcare settings such as genetic counselling, where critical decisions may need to be made and ongoing counselling may be required. One relatively common, and particularly difficult, form of information that has to be imparted in healthcare settings is ‘bad news’. This can cover a whole range of stressful situations, such as having to tell a patient that they have a terminal illness, or having to inform close relatives of a patient’s unexpected death. The chapter therefore also deals with many of the challenges raised by having to communicate such ‘bad news’. Finally, Chapter 6 considers many of the important ethical issues that are raised by these demanding circumstances.
Communication on a wider scale

The importance of effective communication is not just relevant to interactions that relate to patients in healthcare settings, such as general practitioner (GP) practices, hospitals and clinics, but is also fundamental at the wider public health level. Indeed, it has been argued that the most significant determinant of health is social and economic circumstance, and that the least important is individual health behaviour (e.g. French and Adams, 2002). Thus, it is suggested that we should be focusing more effort on broader public health education campaigns than on trying to influence behaviour at the individual level, as the former is likely to be the most cost-effective approach to health promotion (Bennett and Murphy, 1997). Chapter 7 focuses on communicating with the wider public in order to promote better health. It considers the different approaches and strategies that have been taken, and evaluates their effectiveness. Following this, it looks at a number of the communication channels that have been used to disseminate information to the wider public. Over the past 20 years we have seen a vast increase in the number and availability of written Patient Information Leaflets. The chapter therefore assesses the development and effectiveness of this method of disseminating health information to the public. Another way of reaching mass audiences is to use the media, Internet and other modes of communication. Again, in recent years, there has been a dramatic increase in the use of these channels to spread health-related information. However, such communication channels are often used by ‘non-official sources’ to disseminate health information, and the reliability of some of this has been called into question. Given the massive explosion in the public’s engagement with such media to access health-related information, the chapter also considers the benefits and disadvantages of communication via these channels.

Improving communication skills

The possession of good communication or social skills pays more dividends in people’s lives (Segrin and Flora, 2000, p. 490). Those with higher levels of skill have been found to cope more readily with stress, to adapt and adjust better to major life transitions and to be less likely to suffer from depression, loneliness or anxiety (Hargie and Dickson, 2004). In healthcare, the importance of health professionals having good communication skills is being increasingly recognized. Di Blasi et al. (2001) carried out a large systematic review across a number of countries and found that good practitioners’ interpersonal skills made a significant difference to patients’ well-being. They concluded that ‘practitioners who attempted to form a warm and friendly relationship with their patients and reassured them that they would soon be better, were found to be more effective than practitioners who kept their consultations impersonal, formal or uncertain’ (p. 760).
In the UK, the Health Services Commissioner’s Annual Report (1993) identified poor or inadequate communication between patients and health professionals as the source of the majority of grievances that it dealt with. The Report went on to state that a major cause of the problems was inadequate training. Similarly, the International Medical Benefit/Risk Foundation (1993) concluded that ‘insufficient attention has been given to the training of communication skills of healthcare professionals, and retuning these skills in continuing education programmes’ (p. 14). Thus, a significant advance in the field of health communication has been the growing realization and acknowledgement that effective communication can be taught and learned. This realization led to the inclusion of communication skills as a key recommendation in the UK General Medical Council’s guidance for medical schools, Tomorrow’s Doctors (GMC, 1993). Unfortunately, however, the teaching of communication skills has largely remained outside the mainstream of clinical practice rather than being a fully integrated component (e.g. Hargie et al., 1998). This has led some medical students to undervalue the importance of this part of their training. The final chapter of this book focuses on how to improve communication skills by what is known as communication skills training. It reviews current empirical research in this area, and provides some practical guidelines and advice for health professionals in relation to such things as asking questions, listening effectively, and responding and providing feedback, particularly when faced with difficult or challenging circumstances such as those considered in Chapter 6.