

## Effective Communication Skills and Patient's Health

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### Abstract

Communication is the link between getting information and passing it to other people. The purpose of communication is broad; however, it could be limited to; get and give information, which is the most popular purpose. All living creatures communicate with each other; however, the methods differ. Even plants talk to each other either through the air by releasing odors or through the soils via some chemicals. It even communicates with different microorganisms and fungi or even with individual animals. In the medical field, the whole practice relies heavily on communication for, delivering messages, exchanging ideas, and passing information through signals, speech, or writings. Hence, effective communication is significant for any medical professional, enabling him/her to perform the essential care functions for their patients. However, doctors and paramedical health teams should be taught and trained on the skills of proper communication. For a successful consultation, physicians should master both the tongue and the body language while communicating with their patients. Without efficient communication, the whole health system would not function.

### Manuscript

According to the Oxford dictionary, “Communication” is the process of exchange of information. It is merely the act of transferring information from one place to another. However, how well this information can be transmitted and how well it is received is a measure of how excellent the communication skill is [1]. Through

communication, individuals share with one another's perspectives, practices, and understandings. The purpose of communication is broad; nonetheless, it could be limited to; get and give information, which is by far the most popular purpose. It could be to persuade others to change their beliefs or behaviors or to get an action to be done, as possession of information may not be useful unless it is reflected in real life.

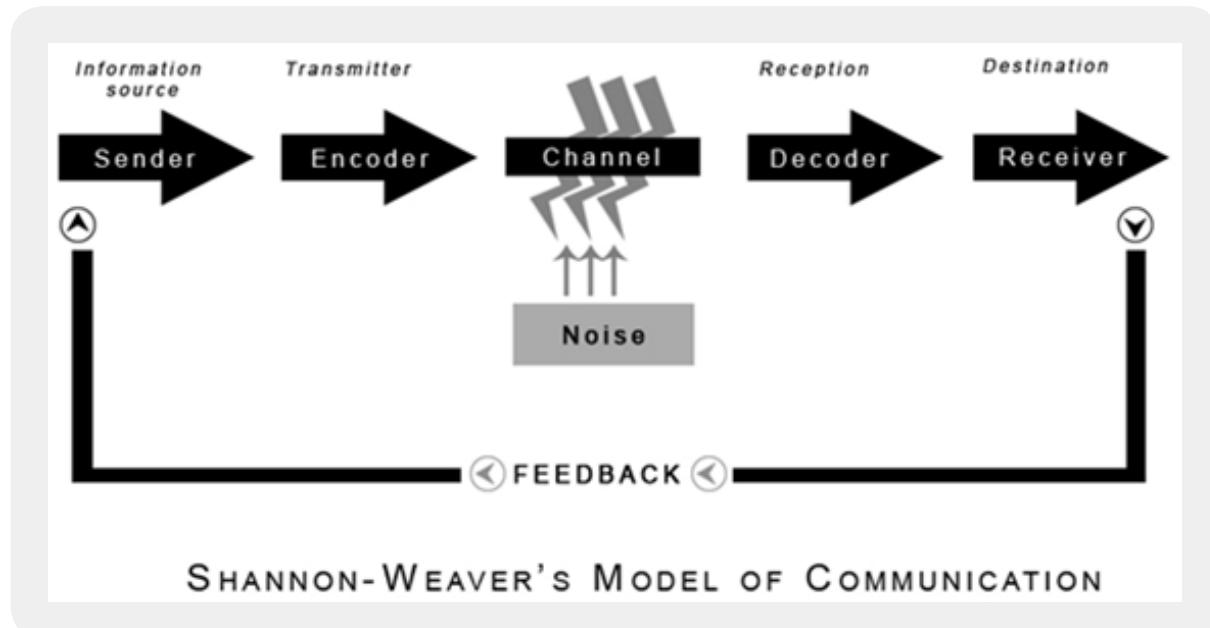
All living creatures communicate with each other; however, the methods differ. Even plants communicate either through the air by releasing odors or through the soils via some chemicals. It even could communicate with different microorganisms, fungi, or even with individual animals [2].

Excellent communication is essential in every field of life. In the business world and for the daily operation of any company, a well-organized dialogue is needed. Almost all sound decisions are often dependent upon the quality and quantity of the information received, in which, if inadequate or incomplete, the decision will often be incorrect. During their work, employees cannot perform well nor do a productive job unless they know what is required from them and where and when that is done through proper communication. Because Information and communication represent power in any organization, staff members who have such information often become centers of power [3]. A perfect managerial skill is required should the intention be to transfer the information accurately, clearly, and in a proper method. Never the-less, communication does not only pass information and knowledge but also brings a sense of relaxation and contentment to the sender and the receivers.

Even though we all engage with each other, the way it is completed and how plenty it impacts the response differs from one person to the other depending on many attributes such as; gender, age, social class, ethnicity, level of education, and type of occupation. Yet, as we grow older in age, we tend to gain a wealth of experience that affects how we communicate.

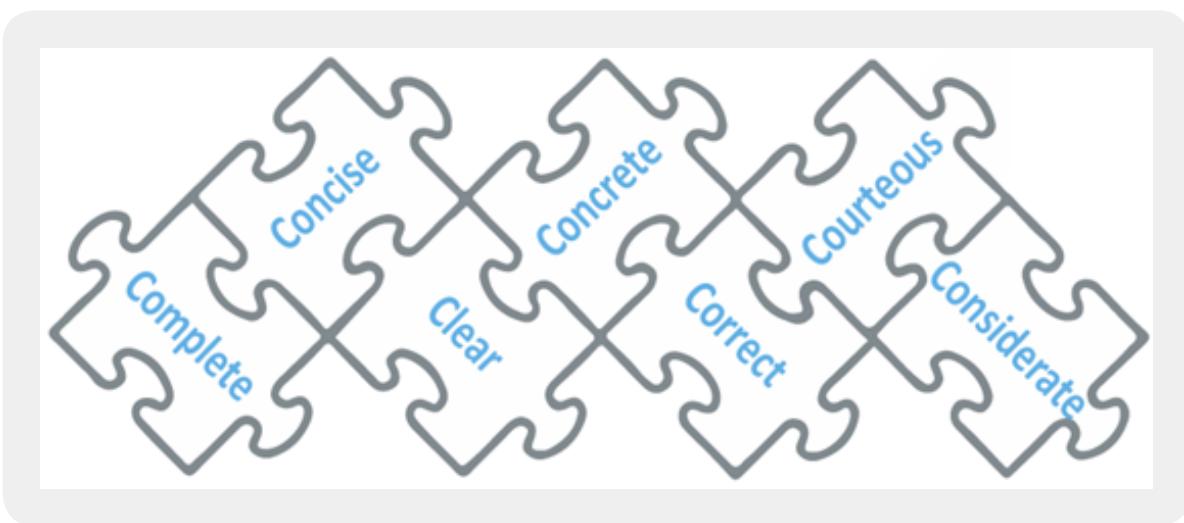
## Models of Communication

To deliver a message, human uses different communication tools, it could be their tongue and the used words, type of used verbs, voice tone, facial expression, body texture, and appearance. Five significant factors play a role in any appropriate and effectual communication method that has to be considered during any communication session. Apart from the sender and receiver, the medium, the feedback, and barriers are most influential. One of the earliest descriptions of how the communication process works is the action model called the Shannon-Weaver model of communication developed during 1948-1949 by Claude Shannon and Warren Weaver, who both were American mathematicians. This model entails that communication passes through seven stages which are (figure-1): The sender who is the source of communication. The encoding is the way the information is packaged for transmission. i.e., the language and the symbols used. The message refers to the portion of the information to be communicated. i.e., whether simple, complex, short, or long. The Channel referring to the medium used to transmit the message (face to face, telephone, email, newspaper, radio, etc...). The decode which is the way the message is unpackaged following transmission that depends on the receiver's knowledge and experience. The receive referring to the person or target people to whom the information is communicated. And finally, the noise referring to any interference made at any point during the process of communication [4,5].



**Figure 1:** Adopted from Communication Theory [5].

Furthermore, for any successful effective communication, seven essential principals (called the 7Cs) are needed which are (figure-2): Clarity, Conciseness, Completeness, Concreteness, Correctness, Consideration, and Courtesy. In other words, the delivered message ought to be clear with simple few words that could be understood by the receiver. It should cover the whole subject without any ambiguity and deliver specific information that must be appropriate. Moreover, while delivering the message, the senders have to be very courteous with the clients, especially if they are going to break the bad news [6,7].



**Figure 2:** Seven essential principals for any effective communication 7 Cs (Adopted from Seyens, 2016) [7]

## Tools of Communication

Tools of communication are not limited to one type but are many. It is mainly divided into three: verbal, written, and nonverbal. Though, all are equally important. The question that arises in this context is, whether we can communicate without words? The answer is, yes, we can send messages and learn through body language, voice tone, and other physical attributes. Touch is another powerful way of communication that has to be considered when there is a requirement to pass an energetic message. Yet, the facial expression is an important tool that provides much information about the insight and feelings of others. The communication process in itself has a series of experiences. It may start with hearing, seeing, smelling, touching, or even tasting. After all, it has to be noted that any communication is always transmitted through two main streams, the verbal and the nonverbal. According to James Borg, a psychologist and business consultant, only 7% of our communication is done via the verbal tools using the tongue with words to express messages [8]. While 93% of human communication comprises of body language, i.e., the nonverbal messages, which is the primary way that human beings communicate their emotions to others. It is the body language that is used much, in another word it is the body speaking to the eyes rather than tongue speaking to the ears. These types of communication (the nonverbal) are a group of actions supporting those verbs, such as the tone of voice by which those verbs stated, then what others see as body language including facial expression and the level of loudness of voice [9,10]. Accordingly, the communication equation dwells of:

- Seeing: Deliver 55% of the message. It is seen or felt and consists of facial expression, dress, grooming, posture, eye contact, touch, and gesture.
- Hearing: the heard voice that depends on the tone, vocal clarity, and verbal expressiveness. It delivers 38% of the message.
- The words by themselves delivering only 7% of the message.

Hearing as an imperative tool of communication ought not to be ignored as Peter Drucker, an American management consultant, stated that “the most important thing in communication is to hear what is being said.” [11] And to affirm that, Mark Twain, a famous American poet-writer, said, *“If we were supposed to talk more than listen, we would have been given two mouths and one ear.”* [12] Having stated that, it is crucial to know the differences between hearing and listening. Hearing is a physical process that is natural but passive. While listening is considered as an active physical and mental process, that is a learned skill. Although, listening is harder than hearing both are fundamental for effective communication. Ultimately, should the communication be competent and delivers its message appropriately, the senders have to believe in it fully so that their non-voluntary body expressions would support their feelings.

In the medical field, the whole practice of medicine relies heavily on communication. It is done for, swapping of ideas, delivering messages, and exchanging information through signals, speech, or writings. Health knowledge that physicians acquire is a powerful medium that requires competent communication for transformation into an accurate plan of action within the patient. Without communication, the whole health system that includes patients, medical professionals, and the nation’s health will suffer and would not be able to function accurately. Hence, efficient communication is significant for medical professionals, enabling them to perform patients’ essential care appropriately. As a consequence, the health organization

would tend to be vibrant and productive when communication is thorough, accurate, and timely. In many instances, patients are almost relieved after good communication made by the health team personnel. On the contrary, the health of many other patients deteriorates when communication was not so good or underprivileged.

Having stated that, the art of communication is not new. It has been the focus of the attention of our ancestors' physicians since ancient times. Al-Razi, Avicenna, Al-Rahawi, and others, have highlighted the importance of communication when dealing with patients and their family members. Avicenna states, "*Illusion is half the disease, and reassuring is half of the treatment, and patience is the first step to healing*" [13,14].

Doctors, while communicating with their patients, should master both the tongue and the body language. Usually, all forms of communication tools internally and externally are used while conducting a consultation. Since the instrumental task of healthcare providers is a strong doctor-patient relationship, it can only be achieved through vibrant verbal and nonverbal communication channels. It is without a doubt that the most important of all skills that any doctor has to learn is the ability to communicate effectively. Such skills help doctors to perform their jobs and responsibilities adequately, which will be reflected in patient satisfaction. Many researchers have continuously affirmed the connection between healing and human relationships [15]. The Institute for Healthcare Communication in highlighting the importance of communication stated "*A clinician may conduct as many as 150,000 patient interviews during a typical career. If viewed as a healthcare procedure, the patient interview is the most commonly used procedure that the clinician will employ*" [16]. Physicians generally devote more than 80% of their time in communicating either to patients and or their relatives or to their professional colleagues. Much of it spent on face to face communication. For that purpose, doctors ought to learn the skills of how to "Say it with body language". Because patients often measure the quality of care by how well the physician listens (as reflected by their nonverbal communications, in other words, their body language). And by how thoroughly the physician explains the diagnosis and treatment options, and lastly, by how well they will be involved in the decision-making about their condition [17-19].

According to Helman's 'folk model', during any consultation patients usually look for answers to the following main six questions: what has happened, why it has happened, why to me, why now, what would happen if nothing were done and what should be done about it [20,21] Therefore, doctors and the health care team should respond to those patient's expectations by using their skills of good communication to explain; the diagnosis, the investigation, and the treatment plan. But finding the right words is the most crucial element in such communication. In general, doctors are expected to: Have the skills to break any bad news properly. Be skilled to appropriately give health advice. Have the capacity to provide post-hospital discharge instructions. Have the ability to master effective communication skills with relatives. Be able to convince the patient to sign informed consent/clarification for any invasive procedure or obtain the consent from the close relatives for post-mortem measures. Furthermore, they ought to have the skills to communicate adequately with other health care professionals about the patient's condition if a second opinion or referral is needed.

Nonetheless, when giving information to the patient, it is essential that doctors know the patient's priority questions and tries to respond competently. They should also anticipate poor patient's recall so that they would reinforce the information with a written or an on-line material. Unfortunately, on many occasions,

communication could be one-way when the doctors give their patients the message, but do not accept a response from them. That is in contradiction to the preferred method of two-way communication when patients can also respond to the doctor or the health care team.

The medical and other healthcare personnel grew up with a set of communication skills that could be considered an instinctive behavior and or part of their personality. Not ignoring that some are obtained and learned from the environments, families, and friends. Additionally, the more the health care personnel are in practice; the more they master this skill. But, how well the communication skill is adopted depends on how well it was taught to the individual. Hence, it has to be known that the art of communication is a trainable practice that should be taught and learned. Furthermore, such skills should be part of the education curriculum in medical schools. It is fundamental to develop medical students' communication skills as early as possible to be a component of their personality and behavior on graduation [22] Later in practical life, the work experience and the number of consultations that they do would enhance such skills. Although it is not easy to change self, it is never too late to work on our communication skills to improve the quality of care provided to the patient.

Hence it could be confidently said that "The foundation of any clinical skills within the health profession is communication." Brian Tracy, a specialist in training individuals and organizations, stated that "*Communication is a skill you can learn. It is like riding a bicycle or typing. If you are willing to work at it, you can rapidly improve the quality of every part of your life*" [23].

The doctor's communication skills are variable and depend on the degree of strength of doctor-patient relationships. However, reports indicated many factors that are related to the physicians' attribute, attitude, behavior, or the environment that they are working-in could play a major role in improving the doctors' quality of communication skills. These include: Whether they are confident while dealing with the patients and their family members. If they are a good listener and learn how to think before speak. To be able to communicate with direct eye contact and have a comforting facial expression. If they pose appropriate body language. Have awareness and respect for the patient's boundaries (body space and proximity). Enhance touching the body on sites that give relieves and confidence to the patient such as the shoulder. Choose appropriate and suitable consultation time. Avoid fast consultation that will only indicate carelessness. Be empathetic with the patient's medical problem. Speak knowledgeably with a soft tone and simple no jargon words language that is clear, understandable. And, they must ensure that the receiver has understood it well. However, because time counts in health care, the quality of and not the quantity of doctor-patient interaction is most important.

## **Barriers to Communication**

Many factors act as barriers to effective communication. These barriers will lead to failure in message delivery ultimately hindering the main objective of communication. The barriers could be personal or environmental affecting four areas of the communication process which are the encoding barriers, transmitting barriers, decoding barriers, and responding barriers.

Communication barriers that are related to the medical field could include the followings:

- Distorted Relationships: If the doctor-patient relationship is disturbed or unhealthy, for sure, the communication will be barred, and the message cannot be delivered properly.
- Psychological problems: It is challenging to educate patients who are complaining of psychological problems. They will have a shut-off mind against any logical advice. Should the physician have such a problem he/she will also, lose interest in proper dialogue creating a barrier for successful communication.
- Unsuitable environment: The ideal environment for effective communication ought to be quiet, relaxing, comfortable, clean, appropriate climate conditions, and non-threatening situations.
- Variation in age: Doctors occasionally find difficulty in passing their message to specific age groups such as children and the elderly.
- Variation in gender: Dialogue in gender-related related conditions could sometimes be challenging.
- Educational level: The message given should fit the recipient's education level otherwise; there will be a communication failure.
- Confidentiality and confidence: Since doctor-patient relationships are built on trust, patients should develop the confidence that their doctors will maintain their confidentiality and be trustworthy in their words.
- Pain, Fear, Anxiety, and Anger: In such situations, patients are not ready to listen because they are overwhelmed with their feelings. Angry patients, especially from the health personnel, will have negative feelings towards the health team leading to a communication failure.
- Lack of interest: In the case where the patients are not interested in being educated.
- Lack of hope: Patients with terminal illnesses usually loose hope and are not interested in any discussion.
- A language is a vital tool for communication. Should both (doctor and patient) have a different language, for sure, they will not be able to understand each other, leading to a communication failure.
- Lack of time: When either the doctor or the patients are busy and have no time left for adequate exchange, such will lead to inadequate communication.
- Disease rather than a person-centered approach: For a successful consultation, it has to be always person-centered and not disease-oriented.
- One of the most significant barriers to communication is when one party (usually the doctor) has an immense sense of superiority. Such feeling blocks any message from being transferred to the receiver.
- Another barrier to communication occurs when there is no eye contact or personal touch

## Advantage of Efficient Communication

Any successful medical encounter requires efficient communication between the patient and the physician. Many studies reported a positive effect of adequate communication on both the doctor and the patient. Good communication improves the doctor-patient interaction, boosts their relationship, develops good partnerships, and likewise enhances the cooperation between both [16]. Additionally, It eases the patient's education about the nature of their ailment, triggers them to adopt a preventive health behavior, and increase

their compliance with the medical recommendations. In general, it assists in better diagnosis and management of the problems, hence, improves the overall health outcome. Studies have found that more than 80% of the clinical diagnosis is made from just proper history taking, and most of the sound diagnostic decisions are reached due to it [24,25]. Others showed that the clinician's ability to explain, listen, and empathize can profoundly affect the biological and functional health outcomes of the patient. Besides, it boosts the patient's satisfaction level [16]. On the other hand, communication has as well, positive effects on the health care team, as it encourages better doctor's performance and job satisfaction. Anne Morrow Lindbergh, an American author, stated that "Good Communication is just as stimulating as black coffee and just as hard to sleep after." [26] Overall it will allow the patient to be more actively involved in the decision-making process about their condition and be aware of the expectations and goals of the management plan [27].

Thiedke CC believes that patients' satisfaction is improved if the following factors relating to them are addressed: [28]

- Expectations: Patients' expectations from the consultation are met.
- Communication: Patient satisfaction increased when members of the healthcare team took the problem seriously, explained information clearly, and tried to understand the patient's experience and provide viable options.
- Control and decision-making: When the patients are encouraged to express their ideas and concerns and are shared in the decision-making process.
- Time spent: Patients are more satisfied when the consultation time is increased.
- Clinical team: When the whole health team show concern.
- Referrals: On many occasions, patients become more satisfied when they are referred for a second opinion or further management.
- Continuity of care: Patients are happier if they perceive continuity of care reflected by consulting the same healthcare provider/s in each visit.
- Dignity: When their dignity and respect is being preserved.

On the contrary defective communication can lead to many drawbacks, of which the most important is the deterioration of the patients' health, injuries, or death [29] In a retrospective review of hospital deaths, it was found that errors in communication were considered to be the leading cause of death, twice as frequent as errors due to inadequate clinical skills. It was also found that about 50% of all adverse events detected in the primary health care were associated with communication difficulties [30]. A ten years study (between 1995-2005) reported that ineffective team communication is the root cause of nearly 66% of all medical errors [31]. In highlighting the outcome of lack of adequate communication, another study found that only less than half of the hospitalized patients knew their diagnoses or their medication(s) [32]. According to Huntington and Kuhn, the "root cause" of most malpractice is the breakdown in communication between physicians and patients [33].

In highlighting the importance of communication, Nelson Mandela stated, "If you talk to a man in a language he understands, that goes to his head. But, if you talk to him in his language, that goes to his heart" [34].

## Conclusion

Communication is a very important skill that all doctors and medical teams should master. No matter how knowledgeable a clinician might be, if he or she cannot open excellent communication with the patient, he or she will not be of help. Good communication helps in better diagnosis and management of illnesses and is the path to strengthen the doctor-patient relationship.

## Bibliography

1. Oxford English Dictionary.
2. Witzany, G. (2006). Plant Communication from Biosemiotic Perspective Differences in Abiotic and Biotic Signal Perception Determine Content Arrangement of Response Behavior. Context Determines Meaning of Meta-, Inter- and Intraorganismic Plant Signaling. *Plant Signal Behav.*, 1(4), 169-178.
3. The Significance of Communication. Cliffs Notes. Houghton Mifflin Harcourt.
4. Simons-Morton, B., Mcleory, K. R. & Wendel, M. L. (2012). *Behavior Theory in health promotion practice and research*. (1<sup>st</sup> Edition). Jones & Bartlett Learning, 278-282.
5. Communication Theory. All About Theories for Communication. Shannon and Weaver Model of Communication.
6. Sureka, B., Garg, P. & Khera, P. S. (2018). Seven C's of Effective Communication. *Am J Roentgenol.*, 210(5), W243.
7. Seyens (2016). The 7 C's of Effective Communication Applied to Science, 9.
8. Borg, J. (2008). Body Language: 7 Easy Lessons to Master the Silent Language. Pearson Education, Inc. Upper Saddles River. New Jersey 07458
9. Yaffe, P. (2011). The 7% Rule Fact, Fiction, or Misunderstanding. *Ubiquity*, 2011, 1-5.
10. Serlin, E. (2016). The Communication Equation: A How to Guide for Outstanding Communication Paperback.
11. Brainy Quote. Top 10 Peter Drucker Quotes.
12. Mark Twain.
13. Ishaq Bin Ali Alrahawi. Adab Altabeeb.

14. Abu Ali Alhussain Ibn Sina (Avicenna). The Canon of Medicine. Edited by Laleh Bakhtiar.
15. Dyche, L. (2007). Interpersonal Skill in Medicine: The Essential Partner of Verbal Communication. *J Gen Intern Med.*, 22(7), 1035-1039.
16. Institute for healthcare communication. Impact of Communication in Healthcare.
17. Schattner, A. (2009). The silent dimension: expressing humanism in each medical encounter. *Arch Intern Med.*, 169(12), 1095-1099.
18. Tongue, J., Epps, H. & Forese, L. (2005). Communication Skills For Patient-Centered Care; research-based, easily learned techniques for medical interviews that benefit orthopaedic surgeons and their patients. *J Bone Joint Surg.*, 87A(3), 652-658.
19. Chen, J. G., Zou, B. & Shuster, J. (2017). Relationship Between Patient Satisfaction And Physician Characteristics. *J Patient Exp.*, 4(4), 177-184.
20. Helman, C. G. (1981). Diseases versus illness in general practice. *British J Gen Pract.*, 31(230), 548-552.
21. Hellman, C. G. (2007). Culture, Health and Illness (5<sup>th</sup>ed.). London: Hodder Arnold.
22. Mahboobi, H., Khorgoei, T., Jahanshahi, K. A. & Sharif, N. (2011). Attitudes and communication skills. *Asian J Transfus Sci.*, 5(2), 190-191.
23. Brian Tracy. Quotes.
24. Peterson, M. C., Holbrook, J., Von Hales, D., Smith, N. L. & Staker, L. V. (1992). Contributions of the history, physical examination and laboratory investigation in making medical diagnoses. *Western Journal of Medicine*, 156, 163-165.
25. Hampton, J. R., Harrison, M. J. G. & Mitchell, J. R. A. (1975). Relative contributions of history-taking, physical examination and laboratory investigation to diagnosis and management of medical outpatients. *BMJ.*, 2(5969), 486-489.
26. Brainy Quote.
27. D'Ambrosia, R. (1999). Orthopedics in the New Millennium, A new patient-physician partnership. *J Bone Joint Surg.*, 81, 447-451.
28. Thiedke, C. C. (2007). What do we really know about patient satisfaction? *Family Practice Management*, 14(1), 33-36.

29. O'Daniel, M. & Rosenstein, A. H. (2008). Professional Communication and Team Collaboration. Hughes, R. G. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Chapter 33. Agency for Healthcare Research and Quality U.S. Department of Health and Human Services 540 Gaither Road Rockville, MD 20850
30. Coiera, E. (2006). Communication Systems in Healthcare. *Clin Biochem Rev.*, 27(2), 89-98.
31. Team strategies and tools to enhance performance and patient safety (Team STEPPS), Department of Defense and Agency for Healthcare Research and Quality.
32. Makaryus, A. N. & Friedman, E. A. (2005). Patients' understanding of their treatment plans and diagnosis at discharge. *Mayo Clinic Proceedings*, 80(8), 991-994.
33. Huntington, B. & Kuhn, N. (2003). Communication gaffes: a root cause of malpractice claims. *Proc (Bayl Univ Med Cent.)*, 16(2), 157-161.
34. Laka, I. (2014). Mandela was right: the Foreign Language Effect. Mapping Ignorance.