CHAPTER 1

AN INTRODUCTION TO PROFESSIONAL AND THERAPEUTIC COMMUNICATION

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CHAPTER FOCUS

After reading this chapter and completing the activities, you will be able to:

- define the terms 'professional' and 'therapeutic' communication
- critically examine the need for the study of professional and therapeutic communication by students of the health professions
- examine factors that promote professional and therapeutic communication in differing contexts and at various life stages.

KEY TERMS

Client	Othering
Communication literacy	Patient
Consumer	Professional communication
Fourth Industrial Revolution	Therapeutic communication

Introduction

Communication is an activity we engage in almost every day. As it is such a significant part of everyday life, you might be asking, 'Why do I need to learn about it?'. While you will no doubt already be a communicator, are you an effective communicator? Will your existing communication skills serve you well in your role as a healthcare professional? In this chapter, we provide an overview of the essential elements presented in each part of this text. This first chapter also explores factors that impact on effective communication with individuals at different life stages. You can use this chapter to orientate (and where necessary, reorientate) yourself to the concepts presented throughout the text in the context of the relevant stage of your learning. As learning is a lifelong journey, we also encourage you to revisit this foundation chapter and its core communication concepts whenever you encounter a communication challenge.

What is professional and therapeutic communication?

Professional communication
The exchange of information in the context of inter- and intra-professional relationships with the aim of achieving positive outcomes for the recipients of healthcare services.

Therapeutic communication
The exchange of information between healthcare providers and patients, clients or consumers of healthcare services, with the aim of developing a relationship that benefits the well-being of the individual.

Henderson (2019) describes communication as a vital aspect of our personal, professional and social lives. But what exactly do we mean by 'professional' and 'therapeutic' communication? For healthcare professionals, are they the same thing? While professional and therapeutic communication are built on similar theoretical principles and rely on many of the same skills, each term is distinguished by the particular aim of the communication process.

We describe **professional communication** in healthcare as the exchange of information in the context of inter- and intra-professional relationships with the aim of achieving positive outcomes for the recipients of healthcare services.

Therapeutic communication, while having elements of professional communication, is the exchange of information between healthcare providers and patients, clients or consumers of healthcare services, with the aim of developing a relationship that benefits the well-being of the individual.

Reflect and apply

Think about the types of interactions you engage in on a day-to-day basis. Beyond the healthcare setting, what instances of professional communication might you engage in? Can you think of any examples of therapeutic communication that occur in your everyday life?

Why do we need to study professional and therapeutic communication?

Based on the definitions provided in the preceding section, it may be easy to assume that the distinction between professional and therapeutic communication is absolute. From a reductionist perspective, professional communication may be considered transactional and practical. Conversely, therapeutic communication may be viewed as inherent and an extension of natural human qualities such as empathy and compassion. While there may be some truth in these assertions, in practice it is not that simple. There is an unfathomable number of factors (individual, environmental, psychosocial, etc.) that influence every single exchange that occurs between ourselves and others. While it is not possible to fully control these factors, having an understanding of their possible influence enables us to manage their potential impact on a given situation.

The need to study communication

Christopher is a 38-year-old student who recently enrolled in a medical imaging degree. He has spent the past 20 years working in the hospitality industry and is looking for a change. Christopher has commenced his first year of study and is frustrated to find that he needs to complete a communication subject. He expresses this frustration during the tutorial activities and states that someone of his age and with his life experience should be exempt from studying concepts and principles of communication that he believes are 'common sense'.

1. Do you agree with Christopher's assertion that communication is 'common sense'? Why, or why not?
2. How would you respond to Christopher if you were a fellow student?
3. How might his life and professional experience be used to best effect in studying this subject?

Christopher's belief that his existing communication skills are adequate for his future role as a health professional is not uncommon. Students often feel overwhelmed by the intensity of study and may therefore rank subjects such as communication as being a lower priority than those requiring mastery of more concrete skills (Birks, Cant, Al-Motlaq & Jones 2011). Any reflective practising health professional can confirm, however, that technical skills are of limited value in the absence of effective communication.

Communication is the mechanism by which we connect with others. A failure to make such a connection can result in '**othering**', where we identify people as

Othering
The identification of people as being different from oneself and responding accordingly.

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being different from ourselves and interact with them accordingly. The process of othering is often based on bias and stereotypical beliefs. In the healthcare context, the application of such beliefs can negatively impact on relationships with both patients and other health professionals (Roberts & Schiavenato 2017).

Othering is often an unconscious process and one that can get in the way of how we engage with others. Failing to engage in a positive, meaningful way can prevent us from understanding the perspective of those with whom we interact.

How do we ensure communication is professional and therapeutic?

This book is structured around four main areas: communicating professionally and therapeutically; professional and therapeutic communication in context; ethical and supportive communication; and communication literacy. Each of these areas reinforces the need to consider the study of communication as a continuous process that is critical to quality outcomes in healthcare practice. We assert that effective communication is contingent on an understanding of these areas.

Communicating professionally and therapeutically

How do we know how to communicate? Where do we develop the skills needed to effectively convey a message to others? Like so many life skills, our approach to communication is the product of our biology, our history, our life experiences and our education. These influences usually provide us with fundamental skills that enable us to function in our everyday personal and professional lives. For some professional groups, however, the complexity of the interactions in which they engage make skills in professional and therapeutic communication critical to effective performance in their role.

Skills in practice

Communicating therapeutically

Christopher attends his first clinical experience placement where he is observing the work of a sonographer in a health service. The sonographer shows Christopher around the facility and explains that they have a very busy day ahead. The first patient the sonographer sees is a middle-aged woman who has been referred by her doctor following detection of a lump in her breast. Christopher is surprised that the sonographer spends quite some time with the woman reassuring her and gently

explaining the procedure. The woman, who was visibly anxious on arrival, becomes more at ease as the sonographer takes the time to speak with her ahead of the procedure. After the patient leaves, Christopher asks whether these procedures 'always take so long' given that there are a number of patients to see that day.

What's happening here?

The sonographer in this case understands the importance of assessing each individual's needs, and modifies their communication style accordingly. This health professional has the communication skills necessary to reduce the woman's anxiety and ensure the procedure is undertaken without causing her any unnecessary additional stress. In these circumstances, the outcomes are positive for both the patient and the health professional.

Healthcare professionals work with individuals of various life stages and with diverse experiential histories. Communication skills that may carry us through familiar day-to-day interactions are rarely adequate to deal with the complexity of experiences confronted by healthcare professionals in professional practice. People who seek out health services are often at their most vulnerable. At best they will find themselves in uncertain and often uncomfortable situations. An understanding of the principles of professional and therapeutic communication, as we will discover in the following chapters, provides a foundation on which skills can be further developed through practice in the clinical environment.

Of all the techniques available in the communication toolkit, perhaps none is more important than the use of self. Individual characteristics, both of the patient and healthcare professional, can act as barriers to effective communication in the clinical environment (Amoah et al. 2019). If we add uncertainty, pain and distress, among other variables to this fear, it is no surprise that miscommunication and consequential misinterpretation can occur. By using the self as an effective, therapeutic tool in the communication process, we can constantly develop as empathetic professional and therapeutic practitioners. Reflection is also an important tool in developing as a professional practitioner and, by extension, clinical supervisor. As with the study of communication generally, students may find concepts such as the use of self and reflection as abstract ideals that have no relevance in the real world. Usually with time and experience, however, even the most sceptical practitioner will come to realise that these practices are some of the most powerful tools available to support them in their practice. These concepts are explored in detail in Chapters 3 and 4.

Reflect and apply

The role of the self and the use of reflection are widely discussed in the literature. However, these practices can take many forms. What do you think of when you read these

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terms? Make a few notes to record your thoughts and revisit these when you have read through Chapters 3 and 4.

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Professional and therapeutic communication in context

Consideration of the skills needed for professional and therapeutic communication cannot be undertaken without reference to the context in which communication occurs. Health professionals work in various diverse contexts—clinical environments, schools, workplaces and even people's private homes. The skills we use to communicate, and how we employ them, will vary considerably depending on the context. Even the language we use to describe the people we work with will vary, depending on the nature of the relationship we have with them, which in turn is shaped by context. Throughout this text we will use terms to describe recipients of healthcare as appropriate to the relationship between them and the health professional. Most commonly we think of the term **patient** in the context of healthcare. This term is appropriate for people receiving healthcare in a clinical environment, often to address a deviation from their usual state of wellness. The term **client** is more commonly used when referring to a person who is engaging with a health service for the purpose of maintaining or promoting health. The term **consumer** is used in some settings, particularly where an individual has a high level of engagement in decision making in respect of their own care.

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Reflect and apply

Review these definitions of patient, client and consumer. What connotations are associated with these terms? How might this terminology influence interactions between health professionals and recipients of healthcare?

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Patient
A person receiving healthcare, usually in a clinical environment.

Client
A person engaging with a health service, usually for the purpose of maintaining or promoting health.

Consumer
A person engaging with healthcare, usually with a high level of involvement and decision making in their own care.

   Clearly healthcare professionals do not just engage with the recipients of care. Whatever the contexts in which they work, healthcare professionals will invariably interact with other health professionals on a regular basis. The nature of the relationships that exist within an interdisciplinary team will ultimately affect the quality of communication (Lee & Doran 2017). Building positive relationships within the team is therefore essential if desired outcomes are to be achieved. This may be easier said than done, given the different philosophical perspectives of nurses, doctors and allied health professionals (Foronda, MacWilliams & McArthur 2016). As discussed in Chapter 5, an understanding of these perspectives is best achieved through mutual respect and a spirit of cooperation based on a commitment to shared professional goals.

An important consideration in respect of context is culture. In Chapter 6 we explore culture and communication in depth. In that chapter, culture is defined as 'a cluster of societal elements held in common by a particular group of people'. While we commonly consider the term 'culture' as being applicable to groups who share a racial or religious connection, this perspective is quite narrow. Societies are becoming increasingly diverse, and contemporary definitions of culture extend beyond more traditional understandings of diversity as synonymous with multiculturalism. Any group that commonly shares values, beliefs, language, symbolism, clothing, etc. can be considered as being representative of a culture. As an example, different disciplinary groups in the health professions can be considered as having their own culture, often sharing a uniform, specific terminology and customary practices. These elements contribute to the broader context and therefore impact on the effectiveness of communication in the healthcare organisation, or in the broader community in which healthcare services are delivered. For this reason, it is important to explore factors that influence effective communication within the organisation (Chapter 7) and the community (Chapters 8).

Ethical and supportive communication

As discussed earlier in this chapter, health professionals often work with people when they are most vulnerable. In such circumstances, there is a need to be conscious of the ethical elements of all communication exchanges. Furthermore, the interactions between healthcare professionals and the quality of their communication have direct implications for patient safety (Lee & Doran 2017). In Chapter 9 we look closely at these concepts. We discuss accountability for safety and quality when communicating in the clinical setting and examine ways to minimise risk that can arise in such a complex environment.

In the healthcare context, communication is often exchanged on the understanding that it will be held in confidence. In Chapter 10 we examine confidentiality and privacy in the context of healthcare communication. Given the significance of accurate information in ensuring appropriate plans of care are devised and implemented, those with whom we work must feel comfortable in disclosing information that may be deeply sensitive or personal.

The vulnerability inherent in the patient role means that we are often required to act as advocates on their behalf. This situation does not suggest a paternalistic approach to decision making for a patient. Rather, such advocacy aims to ensure that individuals, families, groups and communities retain their agency in respect of decision making about their care. We examine advocacy as an element of the health professional role in Chapter 11. Being able to work with others in such a capacity is a privilege, and it is essential that health professionals understand the responsibilities associated with such privilege.

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When determining an appropriate approach to providing healthcare, conflict may result where two or more people disagree on the best way forward. Disputes, disagreements and simple differences of opinion may occur between healthcare professionals and even between healthcare professionals and patients or relatives. Conflict is inevitable in any environment where individuals are principled and passionate about an issue. While conflict need not be a bad thing, if poorly managed it can impact negatively on relationships, communication processes and, ultimately, patient outcomes. Chapter 12 discusses strategies for the management of conflict with particular reference to the healthcare setting. The very essence of ethical and supportive communication is respect; a factor that is discussed throughout Part 3 of the book.

Communication literacy

Communication literacy
The ability to understand and apply principles of communication in order to effectively convey meaning.

Communication literacy is the ability to understand and apply principles of communication in order to effectively convey meaning. Communication literacy in healthcare relies on healthcare professionals' ability to read, write and speak with clarity and accuracy. Depending on the role of the individuals involved in a communication exchange, there may be a need to adapt communication through the use of particular language, tools or symbols.

In the healthcare setting, decisions are made by patients and other health professionals on the basis of information available to them. Understanding and applying principles of effective communication is therefore the best way of promoting positive outcomes in all exchanges in the clinical setting. For consumers of healthcare services, the amount of information provided in a single interaction with a health professional may be overwhelming. In addition to this, while it may be convenient to assume a base level of understanding of information provided to those who engage with the healthcare service, the consequences of overestimating health literacy can be significant, even life-threatening. Health literacy is an essential element in healthcare, whether individuals seek to promote, maintain or restore their health. Any form of communication, in the absence of health literacy, cannot achieve the desired outcomes. In Chapter 13 we explore health literacy, its assessment and management.

While it is important to take account of the health literacy skills of those who engage with healthcare services, health professionals must also have a level of communication literacy that will enable them to adapt and function effectively in the workplace. Academic writing and communication skills are not simply the remit of academics—they apply to all health professionals, regardless of their role. A key feature of any professional group is their ability to contribute to the disciplinary evidence base. This contribution can only be achieved through skills in scholarly communication. In Chapter 14, skills in academic writing and communication are examined. Whether to make a case for a new procedure, to advocate for a patient, to interpret or present evidence, academic and scholarly communication skills are essential aspects of the health professional's role.

THE ROLE OF HEALTHCARE PROFESSIONALS IN GENERATING EVIDENCE

Health professionals often regard themselves as simply consumers of evidence (e.g. research, policy documents, discussion papers) that are produced by others. Clinicians are, however, often the best placed to identify and investigate issues of contemporary relevance to the healthcare environment. Conversely, often those with the skills to investigate problems of significance are not embedded in the clinical context and thus rely on clinicians to identify areas for potential investigation. Possessing basic skills in academic writing and communication positions clinicians to be part of a broader team where the resultant skills mix enhances the potential for success.

Finally, information technology literacy is no longer optional in the healthcare setting. As we enter the **Fourth Industrial Revolution**, skills in working with electronic forms of communication are essential. In the final chapter of this text, Chapter 15, we look at the numerous ways in which we communicate with each other in the technological age, and the specific application of electronic forms of communication in the healthcare environment. All aspects of care are mediated in the modern world through electronic communication and embracing technology in the workplace is essential.

Fourth Industrial Revolution
A period of societal disruption brought about by the advent and increasing use of digital technologies.

Reflect and apply

Consider the preceding discussion about communication literacy. Would you consider yourself to be 'literate' in respect of communication? Communication literacy has several dimensions. Which of these are you strongest in? Which do you feel need improvement?

Who are we communicating with?

Earlier in this chapter we discussed the impact of context and other factors that influence the communication process. These will be elaborated on as we work through this text. It is important to remember, however, that regardless of context the nature of our work will see us interacting with people of all ages and from diverse backgrounds. Often we are working with individuals who have an altered health status. Illness, pain and fear can cause a person to communicate in ways that are out of character or inconsistent with their background and developmental stage. Tailoring our approach to communication when working with these individuals

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requires comprehension of the myriad influential factors that may be in play at a given point in time.

An important consideration when communicating with others is the development stage of that person. An in-depth examination of the physical, cognitive, emotional and social changes that occur across the lifespan, and that can affect the communication process, is beyond the scope of this text. There are, however, some key considerations for communicating with individuals at various stages of life that should be kept in mind when developing and applying the principles and skills discussed in the chapters that follow. The following sections present examples of these considerations as they relate to broad categories of development.

Communicating with children

Individuals at different ends of the developmental continuum are often those who are most vulnerable. Children are often unable to understand the complexity of situations that bring them in contact with healthcare professionals. When caring for a child, we usually communicate with the parent or guardian responsible for their care. Remember that in such circumstances it is still possible, indeed optimal, to include the child in the discussion as much as possible. Whatever the circumstances, keep in mind that children are experts in picking up non-verbal cues, so whether or not they are spoken to directly, they can read our body language (O'Toole 2016). It is therefore important to moderate verbal and non-verbal language using the techniques discussed throughout this text.

As children grow, so do their abilities to understand more complex language and ideas. An important development from Great Ormond Street Children's Hospital in London is the Me first communication model that allows healthcare professionals to learn about how to communicate with children and young people (Naunton, Martin & Reid 2017). The model, which has been developed with children, is the first of its kind. The authors suggest that the impetus for its development was frequent complaints from children about feeling left out of healthcare conversations. The step-by-step model takes us through what young people want from conversations with healthcare professionals. The site also gives feedback from children and tips from a range of healthcare professionals on various aspects of conversation.

Reflect and Apply

Access the Me first website at www.mefirst.org.uk and view the Me first communication model. The model has five main questions that stimulate activities and conversation. Work through the package, engage with some of the resources and make notes about what you have found to be important in this communication process.

Communicating with adolescents

Adolescence is a complex developmental stage associated with numerous physiological, social and emotional changes. At this age confidentiality is paramount as adolescents grapple with sensitive issues such as bodily changes, sexual behaviours and gender identity (English & Ford 2018). Communicating with adolescents has been examined with particular emphasis on confidentiality (Edwards et al. 2018; Gilbert et al. 2018). Gilbert et al. (2018) purport that the adolescent needs to know that all information will be treated confidentially and this needs to be stated up front in all consultations so that the adolescent feels comfortable in disclosing sensitive information. Although there are laws that protect the rights of confidentiality for adolescents and disclosure of healthcare issues, laws do not necessarily result in open and frank discussions; an environment of trust needs to be achieved. These issues are explored in Case activity 1.2.

Adolescence and confidentiality

Winter and Rose met three months ago at a therapy meeting held at their local Headspace rooms. They have been cohabiting since. Winter is 18 and Rose is 17 and they both have fractured relationships with their immediate family. They both feel they have each other and really do not need other family members in their life—they seem reasonably happy with their lot in life and are attending Headspace therapy sessions to help with their addictive behaviours. At the last Headspace session, Rose announced that she and Winter are expecting their first child in six months. They appear quite delighted with the prospect of becoming parents.

As the worker facilitating the group session, you remind all group members of the confidentiality of information shared in the group. However, at the next therapy meeting Rose arrives very distressed as her parents found out that she was pregnant. They have chastised her for allowing the pregnancy to happen and not telling them her news. One of the other group members, who was excited for Winter and Rose, admits to sharing the information with her own parents and thinks they might have mentioned the pregnancy to Rose's parents.

1. What will you say and/or do in the therapy session?
2. How will you regroup and re-establish the issue of confidentiality with Winter and Rose?

Communicating with young adults

Trust and autonomy are crucial factors in facilitating good communication with young adults (Kim & White 2017). Kim and White (2017) reported that some topics were taboo for young people to discuss with healthcare professionals who were relative strangers. These include sex, childhood abuse and mood issues. Talking

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about private matters such as emotions and psychological struggles also prove to be troublesome, with some young people suggesting they feared being misinterpreted, demeaned or judged (Binder et al. 2011). These difficult conversations could more easily be initiated following an informal conversation to ease any tensions or awkwardness (Kim & White 2017).

As with adolescents, young adults also value a sense of trust and emotional safety; they need to feel respected, and they need humanistic engagement. Young adults want to develop their own autonomy and gain a sense of ownership of their healthcare (van Staa 2011). This search for autonomy is often shrouded in tension as the young person moves from being in a dynamic situation with their parent(s) to being self-sufficient. This area of tension is also felt by the healthcare professional, with van Staa (2011) suggesting the situation can be described as 'tricky'. For the young adult, being included in decisions about their own health is paramount (Kim & White 2017).

Communicating with adults

As adults, most healthcare professionals are experienced in communicating with other adults in workplace and social situations. When communicating with adults in a professional and therapeutic role, basic principles of communication apply. It is important to be aware, however, that people entering the healthcare setting often have limited experience of that environment and their ability to receive and respond to messages may be altered.

As has been reinforced throughout this chapter, context is a critical factor that will impact on the effectiveness of communication. Whether communicating therapeutically with adults who are the recipients of healthcare, or engaging professionally with colleagues, a 'one-size-fits-all' approach cannot be applied. Respectfully communicating with others as individuals requires empathy and self-awareness, as discussed in Chapter 3.

Communicating with older people

Communicating with the older person can be challenging due to the complications of age-related deficiencies (Noordman et al. 2019), including comorbidity, memory loss, hearing and visual problems and loss of social network. This group of individuals often relate that they forgot to ask the healthcare professional an important question, or they just did not understand what was being said to them, and rather than be a burden to others, they refrained from seeking clarification. As we will read in Chapter 2, active listening is important for effective communication, especially with this vulnerable age group.

Not only does communication with the older person need to be individualised, communication between healthcare professionals also needs to reflect what the older person wants. Communication should not be allowed to disintegrate into a one-way, linear type of communication (Hansson et al. 2018). Rather, for

communication to remain open, the healthcare team should be committed to keeping communication channels interactive and respectful, involving the patient and in some instances their immediate family and/or carer.

Regardless of the nature of the exchange or the uniqueness of the people we are communicating with, there is a temptation to lapse into viewing the person in a stereotypical way. This can be particularly the case with older people, so we need to avoid making assumptions about the capability of a person to engage in decisions about their care and ensure that we employ ethical and supportive approaches to communication, as discussed in Part 3 of this text.

Conclusion

This introductory chapter provided an overview of the concepts discussed throughout the text and considerations for communicating professionally and therapeutically with people of all ages and stages of life. Each chapter in this text encourages you to develop your skills in communication, taking into account the context in which you work. The quality of your professional practice is contingent on your own communication literacy and specific skills in your communication toolkit. Investing in developing these skills will ensure that you practise to the best of your ability for the benefit of those with whom you work and, more importantly, those for whom you provide care.

SUMMARY POINTS

- Skills in professional and therapeutic communication are essential to the establishment of positive relationships that benefit the recipients of care.
- Skills used in day-to-day communication are generally not sufficient for professional and therapeutic purposes.
- Professional and therapeutic communication is contingent on the therapeutic use of self, an understanding of the context in which it occurs, an ethical and supportive approach, and strong communication literacy.
- Regardless of the purpose or form of communication, the health status, background, age and life stage of the individual needs to be taken into account.

CRITICAL THINKING QUESTIONS

Think about your own health profession.

1. How important are high-quality communication skills for this role?
2. Are there any specific communication skills that are important for this professional discipline?
3. Do your existing skills align with these requirements? Which areas in particular do you need to develop?

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Group activity

Studying communication

In your study groups or via your subject discussion site, discuss how you feel about studying communication. Undertake a reverse brainstorming activity where you compile a list of the consequences of poorly developed communication skills in your professional discipline. Does this change your perspective on the importance of developing your knowledge, skills and attitudes in respect to professional and therapeutic communication?

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WEBLINKS

Communication in healthcare

Institute for Healthcare Communication:

https://healthcarecomm.org/about-us/impact-of-communication-in-healthcare

University of Melbourne, Healthcare Communication:

https://medicine.unimelb.edu.au/research-groups/medical-education-research/healthcare-communication

University of Otago, ARCH: Applied Research on Communication in Health Group:

www.otago.ac.nz/wellington/research/arch/index.html

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