It's amazing that after so many years of studying medicine, we are finally realizing the importance of communication between healthcare providers and their patients.

Let’s Talk

by Deborah Shuck, MA

For over 40 years, I have been a consumer of medical services, and, probably just like you, I have had both good and bad experiences. I now realize that most of the bad experiences were caused by a definite lack of communication between everyone involved. When there was an inability to communicate, nothing was accomplished; in short, we were all wasting our time.

“She will never walk!” a doctor informed my parents about me when I was just a baby. This strong statement—which turned out to be incorrect—is all that my parents remember about that visit. Later, when I was 16, I was diagnosed with diabetes and hospitalized. The doctor who saw me informed me that “most diabetics go blind.” Again, this is about all I remember of our discussion. Although both of these doctors gave my parents and me other important information, we could not process it because the negative statements overwhelmed us. Ineffective communication had become a barrier between us and the information we needed.

Both of these incidents came at the start of life-altering experiences and could have dramatically changed my life if my parents and I had not stepped back and examined the situations. Having learned from the mistakes made with these doctors, we went on to seek further advice. There was a possibility that we would get the same opinion and react the same as before, but we persisted until we found a doctor who could meet our needs—one we could “talk with.” You know the ones. Perhaps you had one a long time ago when time wasn’t as much of an issue—when doctors allowed more than seven minutes for a visit and did not rush in and out. Yes, one of those doctors who takes the time to ask how you are, waits for your answer and responds accordingly. You remember.

One of the key advances in medicine today is the opportunity for patients and their healthcare providers to develop a collaborative plan for the patients’ healthcare management. According to a study reported in Diabetes Care (2001) by Russell Glasgow et al, “Improved patient-provider communication and increased involvement of patients in decision-making are associated with improved behavioral, biological and quality of life outcomes.” In other words, if patients communicate their thoughts effectively, if their healthcare providers listen to them and communicate effectively, and if they both try to better understand each other’s issues, it will increase the chance for positive results.

According to another study reported in Diabetes Care (1993) by R.L. Street et al, “Attempts to exert considerable control during consultations . . . may be counterproductive and contribute to poorer outcomes.” How many times have you heard a prosthetist, doctor, nurse or other healthcare provider tell you how or where you “hurt”? Were they listening to you or telling you what they wanted you to hear and feel? This approach is totally counterproductive; it just does not work.

We, the patients, are now taking control of our bodies and becoming responsible for the outcome of our actions. My favorite
Does she shake your hand when you meet? How does she shake your hand? Does he slouch in the chair or does he sit upright? Does she write while she is speaking to you without seeming to listen? All of these are clues about his or her skill in communicating. If he doesn’t look into your eyes, he may not be interested in you and what you have to say. If he sits upright in the chair, he appears at least to be listening to you. If she is writing, how can she be listening to you fully?

Secondly, there is an issue of the relationship between the healthcare provider and the patient. Is it a relationship of “equality” or does one command more respect than the other like the relationship between a parent and a child. How differently do you communicate on that level? We need to communicate on an equal basis and with mutual respect when it comes to our healthcare. Both patients and healthcare professionals should be listened to and deemed to have valid points.

Verbal communication is a far more complicated issue. We must be clear and precise when we are speaking to healthcare professionals. They may not see things the way we see them, and if they have to interpret what we are saying, there may be a greater margin for error. We have to be sure that we all perceive the same problem. If we complain about a minor issue, but the healthcare provider thinks it is a major concern, he or she might place too much emphasis on the wrong issue. If we are in pain, we must explain it in words that cannot be misinterpreted. We should organize our thoughts before going to the office, and, if necessary, we might even make a list or draw a diagram. At the very least, we should write down what questions we want to have answered.

Listening is where it can all go wrong. According to The Dynamics of Human Communication: A Laboratory Approach, by Gail E. Myers and Michele T. Myers, there are two types of listening: deliberative listening, where you hear only the content of the message and empathic listening, where you understand the feelings behind what is being said as well as the content. Do you feel that your healthcare providers are listening empathically when you are explaining something to them? They might not be able to understand your feelings behind a...
problem, but they can imagine themselves in the same situation and try to understand how they might feel. As patients, we should not let our healthcare providers ignore what we feel emotionally. To us, what we feel is real and just as important as our physical pain.

Feedback refers to that aspect of communication that pays attention to the effect of a message so that a person knows what to do next. If you say to your doctor, "I like to go fishing on the weekends, but I don't feel good about walking the mile to the lake," and your doctor’s response is "Chicken!" do you feel that this is a comment on your lack of confidence or that he or she is ordering lunch? I would hope that it is a lunch order. At the least, it is really bad feedback because we have to guess what he or she means. Healthcare providers must be able to listen to and provide feedback that can benefit the patient. If the feedback is unclear, how can we guess what the person means? How can we act in a way that is beneficial if we don’t understand the message?

According to an article in Diabetes Care (1983), by S.A. Mazzuca et al, three types of statements by clinicians are found to predict higher comprehension by patients: “demonstrating respect, sharing current clinical data and acknowledging patient statements.” That is, they have information, they can give you the information in such a way that you understand what is being said, and they understand who you are and what you are saying.

Once we learn to communicate more effectively with our healthcare providers, things should change for the better. We should not settle for misunderstanding. After all, proper understanding could be the difference between good care and bad care, between good health and poor health. And when it comes to medical care, don’t we all deserve the best? □

About the Author
Deborah Shuck has a Master’s Degree in Communications and Human Relations. She has applied to a PhD program and hopes to focus on interpersonal communications within the families of those with disabilities.