



Interpersonal Health Communication and Program Wrap-Up

Presented by:

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California-Nevada Public Health Training Center

- **Collaboration of:**
 - California State University Fullerton, Dept. of Health Science
 - Loma Linda U., School of Public Health
 - San Diego State U., Grad. School of Public Health (lead)
 - U. of Nevada Las Vegas, School of Community Health Sciences
- **Goal:**
 - Strengthen performance in the core functions and delivery of essential services among public health workers in CA and NV
- **Website:**
 - <http://www.ca-nvpublichealthtraining.org/>

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After this tutorial you will be able to...

1. Identify and describe major topics and issues in interpersonal aspects of health communication
2. Describe how health influences, and is affected by, communication among family members, friends, and health care professionals
3. Describe research-based recommendations for effective interpersonal communication skills (e.g., empathy) in health contexts

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Topics Covered

- Introduction to health communication (and interpersonal health communication)
- A few major topics in interpersonal health communication:
 - Identity and chronic illness
 - Social support and chronic illness
 - Patient-provider communication

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What is health communication?

- Topic #1

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Health Communication

- **Defining *Health Communication*:**
 - “The way we seek, process, and share health information” (Kreps & Thornton, 1992)
 - Some examples...





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11 Feedback

New York suspends mandatory flu shots

By Chris Matas, CNN
October 24, 2009 12:28 a.m. EDT



New York health care workers will no longer be required to be vaccinated against both the seasonal and H1N1 flu virus, state officials announced Thursday, prompted by a vaccine shortage.

A statement from Gov. David Paterson announced the policy change on behalf of State Health Commissioner Richard F. Daines.

Daines had originally said that public health workers must be vaccinated for the seasonal flu and the H1N1 virus, also known as swine flu, by November 30 or risk discipline.

The Public Employees Federation, New York's second-largest state employees union, sued over the requirement and was awaiting a state Supreme Court hearing scheduled for October 30.

The vaccine shortage has defused the conflict.

The federal government had told states that, by the end of October, an estimated 120 million doses of the H1N1 vaccine would be readily available, according to Paterson and Daines. But the Centers for Disease Control and Prevention will have only about 27.7 million.

STORY HIGHLIGHTS

- Vaccine shortage spurs New York to suspend mandatory flu shot requirement
- Health workers were told to be vaccinated by November 30 or face discipline
- Public Employees Federation filed lawsuit over requirement

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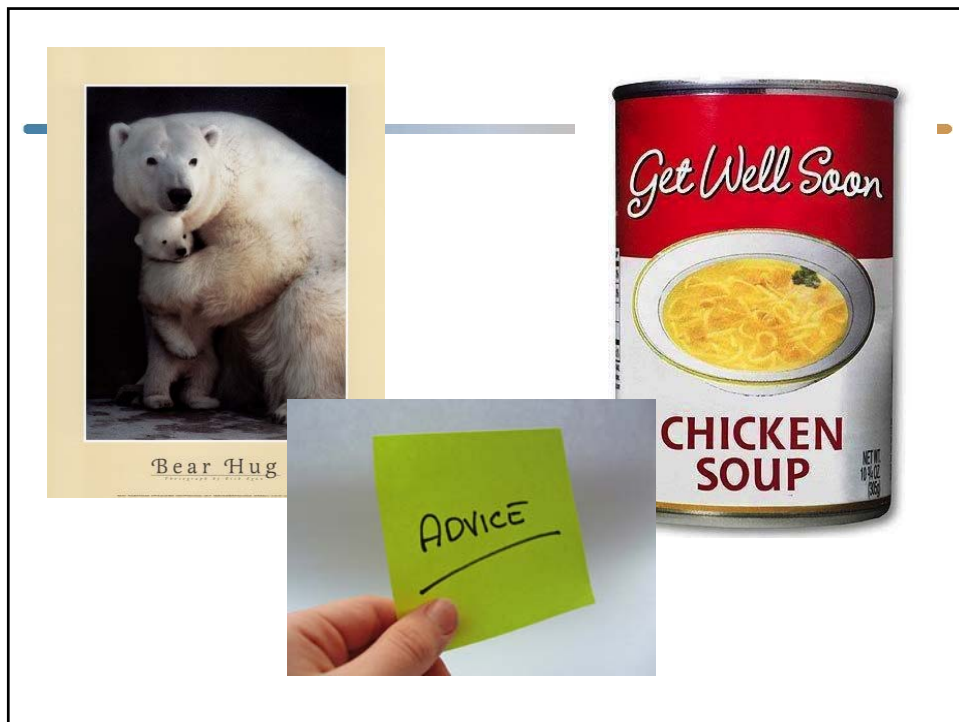
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Interpersonal Communication

- Defining *Interpersonal Communication*:

- Refers to the exchange of messages between two people (or several people)



Interpersonal Communication and Chronic Illness

- Nearly **1 out of 2** adults in the U.S. has at least one chronic illness (Centers for Disease Control & Prevention, 2012)
- Chronic illness may be accompanied by many psychosocial issues relevant to interpersonal health communication, including those related to:
 - Identity
 - Social support

Identity and chronic illness

- Topic #2

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Identity

- **Defining *Identity*:**
 - The “attributes, actions, and appraisals of self” (Charmaz, 1987)
- What is the link between communication and identity?

Media Clip: *Biggest Loser*

Identity (cont'd)

- **What is the link between communication and identity?**
 - People negotiate and present identities during social interaction (via communication)
- **Dynamic nature of certain aspects**

Identity Challenges Experienced by People with Chronic Illness

- Example #1 from specific illness context:
 - Parkinson's disease
 - Being seen as the disease rather than as an individual

That's a frustrating point for the whole disease, I think, is when people look at you and think you're feeble. That kind of gets me in danger. I start doing things that I probably shouldn't do. I saw another friend that I hadn't seen in a while. . . . My brother and I stopped in to see her because we happened to be in the neighborhood, and we hadn't seen their new house. My brother said, "Could we get a quick tour?" and she said yeah. He said, "Should we take our shoes off?" She said, "Well, you don't really have to. *Jack, I know that might be really difficult for you.*" I was like, "No, it's not; I have *no* trouble." I stood there on one leg and took my shoes off just to show her I could do it. And then I got a little wobbly. [laughs] But, I was like, "I've got it; I did it. There you go!"

Identity Challenges Experienced by People with Chronic Illness

- Example #2 from specific illness context:
 - Parkinson's disease
 - Changing relational roles

They need to rephrase all that. It made me feel bad because I feel like I'm putting such a burden on my husband. [We watched the video together] and it makes you feel bad because I don't want him to be a caretaker. I want him to help me when I need it, but—When he asks me to do something for him, I do it. Is that not being a caretaker? I want to know where they get that [label of “caregiver”] from, and why they have to use that.

Identity Challenges Experienced by People with Chronic Illness

- Example #3 from specific illness context:
 - Parkinson's disease
 - Receiving unsolicited social support

I have a friend who cuts my meat up for me. She doesn't ask me—she just cuts it up. You feel so helpless with people doing that kind of stuff for you.

Social support and chronic illness

- Topic #3

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Social Support

- **Defining *Social Support*:**

- “What individuals say and do to help one another” (Goldsmith, 2004)
- Has been associated with health benefits (e.g., less depression, a longer life span)
- Has also been linked to negative outcomes (e.g., increased stress)

Exercise #1

- **Get into pairs or small groups and discuss:**

- Have you ever given or received support that was meant to be helpful but wasn't?
 - If so, describe the situation. *Why* wasn't it helpful?
 - Feel free to use a hypothetical situation.
- What seems to make some supportive attempts more helpful than others?

Media Clip: *Murderball*

Question

- *Why are some supportive attempts perceived as better or worse than others?*

Social Support (cont'd)

- **Normative theory of support** (Goldsmith, 2004):
 - Support is effective to the extent that multiple goals are balanced
 - **Task goal**: focus of the interaction (ex: offering help into car)
 - **Identity goal**: related to individuals' desired identities (ex: capable, independent)
 - **Relational goal**: individuals' roles relative to one another (ex: kind stranger)
 - When these goals collide → dilemmas

Dilemmas of Support for Couples Coping with Chronic Illness

- Example #1 from specific illness context:
 - Parkinson's disease
 - Assistance as helpful versus identity-threatening

Sometimes, when I try to help, he'll come back with, "What, you think I can't do this?" Like driving, especially. We drove back last Sunday from [a hiking spot two hours away]. I was exhausted, and I'm thinking, "If I'm exhausted, he must be *exhausted*." But a lot of times when I do offer help, it's like, in his mind, I'm saying, "You can't do this, but I can." I've been trying to work through that.

Dilemmas of Support for Couples Coping with Chronic Illness

- Example #2 from specific illness context:
 - Parkinson's disease
 - Advice can be viewed as caring as well as controlling

He has never been an “exerciser” the way I am. . . I try to set an example. Right after he was diagnosed, I went online and wrote out an exercise plan for him—you know, not running or anything, but physical therapy sort of movements. Of course, does he do them? Well, no. [And do you remind him to?] No. No, no, no. It’s hard because I want to help him, but I don’t want to be this nagging wife.

Conclusions Regarding Identity and Social Support

- *How* we communicate in illness contexts matters
 - Communication plays a crucial role in presenting and shaping a person’s identity
 - Support can be **more or less** helpful depending upon how it is communicated

Recommendations for Communicating Social Support to a Person with a Chronic Illness

- Be mindful of possible identity concerns.
 - Example of *framing support recipient as equal*: “I just said, ‘You know, sweetheart, you’ve been so busy; you’ve been doing so much in the yard lately. Would you mind if I just did the checkbook this month?’ ”
- Take cues from the recipient
- Use nonverbal cues effectively
- Be sensitive to labels

Patient-provider communication

- Topic #4

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Ben noticed a lump in his breast just after his 58th birthday. Embarrassed about the problem, he avoided mentioning it to his wife for several months, thinking it would probably go away on its own. When she learned about it, his wife encouraged, then begged, Ben to see a doctor. In the next few months other family members joined her entreaties.

Finally, Ben made a doctor's appointment. On the day of the appointment the family was anxious to hear what the doctor said. Imagine their surprise when Ben returned and said the visit went "just fine," but he did not tell the doctor about the lump. When the shocked family asked why, Ben shrugged and said, "He didn't ask."

(du Pre, 2010, p. 47)

Why Study Patient-Provider Communication?

- Medical interviewing can be challenging for both providers and patients
- Some situations are especially complicated

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Why Study Patient-Provider Communication?

- **Patient-provider communication is linked to patient outcomes such as:**
 - Health outcomes
 - How much information the patient shares
 - Patient satisfaction
 - Patient adherence

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Why Study Patient-Provider Communication?

- **Communication and Adherence**
 - Why is adherence a communication problem?
 - Technical language
 - Difficulty understanding and remembering instructions
 - Motivation

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Why Study Patient-Provider Communication?

- **Communication and Medical Malpractice**
 - Doctors are less likely to be sued for malpractice if they communicate effectively with patients
 - Physicians who have never been sued are observed to:
 - Use more statements of orientation
 - Use more humor
 - Use more facilitation
 - Take more time with patients

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Why Study Patient-Provider Communication?

- **Communication and Burnout**
 - Health care providers who perceive that they have communication deficits are more likely to burn out than others

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Physician-Centered Communication

- Traditionally, health professionals do most of the talking, choose topics, and begin and end conversations
- Characteristics:
 - Assertive behavior
 - Questions and directives
 - Blocking

Assertive Behavior

- Physicians more assertive than patients
- Questions and Directives
 - Doctors use talk time to ask questions and issue directives

Blocking

- **Defining *Blocking*:**
 - Steering talk away from certain subjects in patient-provider communication
 - Done via topic shifts or questions



Difficulties of Physician-Centered Communication

- May leave patients unsatisfied because they want to be more involved in their own health care
- Physician-dominated communication is sometimes considered to be counterproductive

Recommendations for Providers

“Getting the most out of the clinical encounter” (Frankel & Stein, 1999)

1. Invest in the beginning
2. Elicit the patient’s perspective
3. Demonstrate empathy
4. Invest in the end

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1. Invest in the Beginning

- **Skills:**
 - Create rapport quickly
 - Elicit patient's concerns
 - Plan the visit with the patient

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Exercise #2a

- Using the worksheet for "The Four Habits Model," take a few minutes to brainstorm and jot down techniques/examples and payoffs for the skills relevant to the habit "Invest in the beginning" and then we'll discuss. (Feel free to work with a partner.)

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2. Elicit the Patient's Perspective

- **Skills:**
 - Ask for patient's ideas
 - Elicit specific requests
 - Explore the impact on the patient's life

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Exercise #2b

- Using the worksheet for "The Four Habits Model," take a few minutes to brainstorm and jot down techniques/examples and payoffs for the skills relevant to the habit "Elicit the patient's perspective" and then we'll discuss. (Feel free to work with a partner.)

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3. Demonstrate Empathy

- **Skills:**

- Be open to patient's emotions
- Make at least one empathic statement
- Convey empathy nonverbally
- Be aware of your own reactions

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Exercise #2c

- Using the worksheet for "The Four Habits Model," take a few minutes to brainstorm and jot down techniques/examples and payoffs for the skills relevant to the habit "Demonstrate empathy" and then we'll discuss. (Feel free to work with a partner.)

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4. Invest in the End

- **Skills:**
 - Deliver diagnostic information
 - Provide education
 - Involve patient in making decisions
 - Complete the visit

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Exercise #2d

- Using the worksheet for “The Four Habits Model,” take a few minutes to brainstorm and jot down techniques/examples and payoffs for the skills relevant to the habit “Invest in the end” and then we’ll discuss. (Feel free to work with a partner.)

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Recap: How is Interpersonal Communication Related to Health?

- **Through interpersonal communication...**
 - We present and negotiate identity, which can be challenged by health issues
 - We convey social support, the consequences (including health implications) of which may depend on how effectively we communicate the support
 - Patients and providers interact with varying health outcomes

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