



Review Article

Communication as the Basis of Care for Patients with Chronic Diseases

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Abstract: Now that chronic illnesses are the main cause of death and disability worldwide, patients must be involved in healthcare process, contributing to almost every level of decision or action. Communication is a process that is dynamic and continuous and influenced by a number of factors, and in the field of health care is of particular importance. Communication of patients with healthcare professionals affects patients' outcomes, helps them learn to regulate their emotions, increases compliance and is correlated with patient confidence and satisfaction as well as quality of life. Health communication strategies should respond to the needs of the public so that it complies with its health recommendations.

Keywords: Communication, Therapeutic Communication, Chronic Disease

1. Introduction

When acute disease was the primary cause of illness patients were generally inexperienced and passive recipients of medical care. Today, however, that chronic disease has become the main medical problem the patient must become a partner in the medical care process, contributing at almost every decision or action level. This is not only due to the fact that patients deserve to be partners in their own health care, but also because health care can be delivered more effectively and efficiently if patients are full partners in the process [1]. Effective communication among clinicians, patients, and their families is essential to quality health care and plays an important role toward improving patient outcomes [2]. Doctors should be able to understand the perceptions of patients about illness and must be able to inform them about

findings, diagnoses and therapies [3]. Adequate, appropriate, and timely communication is essential to enhance self-management and compliance with medication, reduce physical and psychological morbidity, prevent unplanned readmission, inform decision making, and ultimately provide a good death [4]. In contrast, a disruption to Health care professional – patient relationship often manifests as unsatisfactory patient-doctor communication, the predominant issue in malpractice claims [5].

According to studies and based on clinical experience, the prerequisites demanded for the establishment of a qualitative communication between doctor and patient include [6]:

- a Trust in the specific doctor that the patients chose.
- b Once this confidence is present, the patient must be completely truthful with the doctor, and must also be compliant with his recommendations and instructions.

- c The patient must listen carefully to what the doctor tells him, as according to studies, most patients with no particular mental problem usually “hear” and mainly “remember” only about 60% to 70% of what the doctor said, choosing mainly to keep what they subconsciously wanted to hear and demoting all the rest.
- d The patient should ask “what can the doctor do for me?” as well as “how can I help the doctor solve my problem?”
- e The doctor must have the ability and the willingness to create a friendly atmosphere, to give the patient the freedom of communicating.
- f The doctor must be able to give information and instructions in simple language, suitable for each patient, with a clear, calm, and convincing voice, and also, after providing all the appropriate information for an adequately informed consent, he should always respect the patient's decisions that go against medical advice.
- g It is imperative for the doctor to have absolute control over problems that might be occupying him, as well as on his preferences or weaknesses.

2. Communication, Introductory Concepts

Communication is part of our lives and for living and working, as by practicing it one tries to create a community with others, through which information, representations, ideas, values and attitudes can be disseminated. However, communication is more than issuing sounds and words as it represents both thinking and knowing [7]. When we communicate we speak, listen, and observe, and the way we communicate is a learned style [8]. Communication may be intentional or unintentional, may involve conventional or unconventional signals, may take linguistic or non-linguistic forms, and may occur through spoken or other modes [9].

“Communication,” is etymologically related to the words “communion” and “community” and comes from the Latin *communicare*, which means “to make common” or “to share” [10]. Keyton, defines communication as “the process of transmitting information and common understanding from one person to another” [11], Berelson and Steiner as “the transmission of information, ideas, emotions, skills through the use of symbols, words, pictures, figures and graph” and Kar as “all those planned or unplanned processes through which one person influences behavior of others.”, while Rogers says that, “Communication is the process of transmitting ideas, information and attitudes from the source to a receiver for the purpose of influencing with intent” [12].

Communication process must be considered as a continuous and dynamic inter-action, both affecting and being affected by many variables. Communication process consists of seven major elements which are: sender, ideas, encoding, communication channel, receiver, decoding and feedback [13]. This process starts when the sender wants to transmit a fact, idea, opinion or other information to the receiver and ends with receiver’s feedback to the sender [14].

3. Health Care Professional – Patient Communication

3.1. Purposes and Outcomes

Communication lies at the heart of the patient-physician relationship and is necessary for patient-centered care, which is thought to significantly influence patient outcomes [15]. Health care professional – patient communication aims at creating a good interpersonal relationship, facilitating the exchange of information and patient participation in the decision-making process. Good Health care professional – patient communication has the potential to help regulate patients' feelings, facilitate understanding of medical information, and allow for better identification of patients' needs, perceptions and expectations of patients. Patients reporting good communication with their doctor, are more likely to be satisfied with their care and in particular information for accurate diagnosis of their problems, follow medical advice and are compliant with their prescribed treatment [16].

According to studies, patient-centered communication has been related to patient trust and satisfaction, better chronic disease management, disease-specific outcomes, and quality of life. One study showed that patient centered communication decreased feelings of hopelessness among breast cancer patients [15]. Other studies showed that increased physicians’ communication skills and patient centered communication are linked to less unnecessary prescription of antibiotics, better emotional health and fewer diagnostic tests and referrals. It was also found that poorer communication might lead to an underestimation of the disease severity because patients did not report important lifestyle issues [17].

Health care professional – patient communication is particularly important when it comes to life-threatening illnesses, such as cancer. Over the past two decades, various psycho-oncological studies have indicated that poor physician communication could lead to uncertainty and denial, anxiety and depression, non-compliance and problematic psychological adaptation to cancer [18].

3.2. Factors Affecting Health Care Professional – Patient Communication

Participants in the medical dialogue bring with them all of their personal characteristics, such as their personalities, social attitudes and values, race and ethnicity, social class, literacy, gender, sexual orientation, age, education, and physical and mental health. Those characteristics affect patient-provider communication [19]. In particular, the transmission of information relates to characteristics of the patients (sex, education, social class and prognosis), doctors (social class, income and perception of patients' desire for information) and the clinical situation [number of patients seen] [20].

Regarding sex, studies have shown that female doctors often adopt behavior that is more ‘patient-centered’, female

patients talk more about their feelings than men [21]. As regards culture, communication between minority patients and physicians is characterized by doctors' biased expectations, patients' perceptions of discrimination, linguistic asymmetry [22] differences in perspectives, values and beliefs about illness between doctors and patients of different national origins. In addition, many doctors feel unable to communicate and relate to patients belonging to minorities due to lack of adequate skills, language barriers or knowledge of communication with these patients. Also, ethnic minority patients are less verbally expressive and appear to be less assertive during the medical encounter compared to the ethnic majority patients [23].

Concerning the impact of components of physicians' behavior during consultation, both his verbal and non-verbal behavior appear to be positively correlated with patient satisfaction. Important factors for compliance are mainly the provision of more information, more positive discussion and empathy and an increased participatory style. Although satisfaction and compliance are important indicators, the most important when evaluating the effectiveness of Health care professional – patient communication is the overall health outcome. In this perspective, better communication (eg more questions from the doctor and the patient, more information giving, shared decision-making, etc.) seems to have a positive effect [24]. From the patients' point of view, the commonest complaint is that doctors do not listen to them. Patients need more and better information about their problem and the outcome, more openness about the side effects of treatment, relief of pain and emotional distress, and advice on what they can do for themselves. Also, studies have shown that doctors and patients have different views on what makes good and effective communication, and this may influence the quality of interactions between them, as well as compliance, patient education, and health outcomes [25].

Patient's state of health affects Health care professional – patient communication as it has been found that when the patient is more distressed, either physically or mentally, both the patient and the physician engage in less social and more psychosocial conversation, they make more emotionally concerned statements and pose more biomedical question, while sicker patients provide more biomedical information. Moreover, research shows that doctors report less satisfaction after visits with sicker patients, and they report liking them less than the healthier one, a finding that raises the question of whether doctors produce dissatisfaction in those patients by displaying negative behaviors toward them [19].

Still, we should not forget the non-verbal communication, which is very important as it determines the patient's satisfaction with the medical care he receives, but is often neglected in communications. Surveys have shown that through non-verbal cues (eg, maintaining eye contact, tone of voice) patients get an indication of how much doctors are interested in their health and the value doctors place on the information given by patients. It is therefore vital for doctors to pay attention to non-verbal signs, both in giving and receiving. Non-verbal signals translate to higher patient

satisfaction towards physicians who are "sensitive enough to decode body posture." Consequently, physicians with greater sensitivity to non-verbal parameters tend to be more skilled at satisfying their patients' socioemotional needs, and patients are also able to sense if doctors are sensitive and mindful to their socio-emotional needs. This is particularly important as it affects the willingness of patients to share with their doctors and has an impact on symptom reporting in future consults [26].

3.3. Therapeutic Communication

The hospitalization process can be an unpleasant experience for the patients, as it is permeated by various factors such as technologies, invasive and painful procedures and by the use of technical language by healthcare practitioners. These factors may cause fear and anxiety in the patient, who is faced with numerous unknown actions, and often away from daily contact with their family and friends [27]. As previously mentioned, communication is of highest importance in healthcare and communication at the bedside is a therapeutic and professional communication. This is more important in patients with chronic diseases or those requiring long-term care. The term therapeutic communication refers to a useful communication with a positive impact, and this communication is formed from the first encounter of the patient with the health care team [28]. According to van Servellen therapeutic communication can be defined as an: "...interpersonal exchange, using verbal and non-verbal messages, that culminates in someone's being helped to overcome stress, anxiety, fear, or other emotional experiences that cause distress" [29], while according to Mosby's Medical Dictionary therapeutic communication can be defined as "a process in which the nurse consciously influences a client or helps the client to a better understanding through verbal or nonverbal communication. Therapeutic communication involves the use of specific strategies that encourage the patient to express feelings and ideas and that convey acceptance and respect". Farlex and Partners Medical Dictionary (2009) define therapeutic communication as "An interaction between a health care professional and a patient that aims to enhance the patient's comfort, safety, trust, or health and well-being" [30], and Sheppard indicated that, in the nurse–patient relationship, communication is more than the transmission of information, as it also involves transmitting feelings, recognizing them and letting the patient know that their feelings have been recognized. Also, it is suggested that communication is a basic part of nursing and that the development of a positive nurse–patient relationship is essential for the delivery of quality nursing care [31].

4. Patients with Chronic Diseases: Communication Needs

Chronic diseases are the major cause of death and disability worldwide, and their management often requires a long-term care plan [32]. The growing global burden of chronic disease

owing to the ageing population, deficiencies in the health care system related to lack of resources and costs of health care delivery has led to the WHO's prediction that, by the year 2020, chronic diseases will account for almost three-quarters of all deaths [33].

Adherence to chronic disease management and treatment plans is a critical facet of improving health outcomes, quality of life, and of achieving cost-effective health care. According to World Health Organization "increasing adherence may have a greater effect on health than improvements in specific medical therapy". With an average adherence rate of only 50% among patients with chronic diseases, non-adherence is a serious challenge to chronic disease management [32]. It is also widely recognized that the successful management of chronic disease depends on the active involvement of the patient. Self-management of chronic illness involves both the adoption of new behaviors and changes in existing behaviors. Evidence shows that achieving behavior change depends on several factors, including among others effective communication with health care professionals [34]. Moreover, people with chronic disease, such as diabetes, chronic obstructive pulmonary disease or cardiovascular disease, should make decisions every day in order to manage their own disease [35], while they may encounter specific difficulties which must be understood and addressed if the aims of a consultation are to be met. Acceptance of any chronic illness involves the adjustment of body image and expectations for the future. This process can be long-lasting and during this period many psychological and social problems can occur. Patients often become defensive or apathetic, behaviors that make communication difficult and need to be recognized [36].

Patients with chronic diseases tend to experience more healthcare challenges and incur higher cost. Those issues, according to a report from the Commonwealth Fund, can be mediated with strong patient-provider communication and more convenient access to care. For high-need patients, being able to receive a same-day answer to a medical question and a good relationship with their regular physician through patient-centered communication are associated with lower rates of non-urgent emergency department visits for conditions that could have been handled by a regular doctor if one had been available [37].

5. Improving Communication Between Health Care Workers and Patients

Scholars in Health care professional – patient communication have developed different approaches as the basis for clinical training and research, which cannot be applied universally due to transcultural differences. Health care workers, need to receive both biomedical and psychosocial information and priorities must be set regarding both assessment and management of these information. Goals should follow the SMART principle, i.e., goals should be S (Specific), M (Measurable), A (Achievable), R (Relevant) and T (Time-related). Transcultural awareness also plays an

important role in effective Health care professional – patient communication. Appropriateness of eye contact, of hand gestures, physical contact between sexes (e.g., shaking hands), and cultural beliefs surrounding the illness, are certain important aspects which should be taken into account [38].

Caring for patients with chronic conditions requires effective communication and collaboration among the members of healthcare team and with the patient and his informal carers. Patient-centered communication is considered to contribute to the effectiveness of communication as it has been considered to serve the following six functions [39]:

- a the promotion of healing relationships through the development of trust, mutual understanding and empathy
- b the exchange of information, with the necessary sensitivity to the patients' information needs, issues of literacy, numeracy, and culture
- c responding to feelings by recognizing and providing support for patients' emotional reactions during illness, treatment, and recovery
- d helping patients and their families to manage uncertainty related to disease, treatment efficacy, and prognosis
- e Involving patients in the decision-making process through open exchange of information
- f Activating patient self-management by helping them navigate the healthcare system, by acknowledging community resources, and by encouraging their autonomy, self-efficacy, and self-care outside of the clinical encounter.

Health communication strategies should suit the needs of the audience in order for the audience to comply with the health recommendations [40].

In a National Cancer Institute monograph, it was suggested that doctor-patient communication can contribute to better health through at minimum seven different ways, which are: access to needed health care services, increased patient knowledge and shared understanding, increasing therapeutic alliances, increasing emotional self-management, activating social support and advocacy resources, increasing the quality of medical decisions (e.g., informed, compatible with patient values, and mutually endorsed), and enabling patient self-efficacy and empowerment. Although these ways were investigated with respect to cancer care, they are surely applicable to other health conditions too [41].

Therapeutic communication techniques, such as active listening, silence, focusing, using open ended questions, clarification, exploring, paraphrasing, reflecting, restating, providing leads, summarizing, acknowledgment, and the offering of self, should also be used for the provision of patient support. Also, we must have in mind that the therapeutic nurse-client, and generally healthcare professionals relationship with a patient begins with the establishment of trust, which is initiated within this relationship with honesty, openness, caring, compassion, and respect [42].

6. Conclusions

Communication in healthcare is shaped by relational dynamics similar to personal relationships, but with additional goals of diagnosing and treating a patient's presenting biomedical and illness concerns. In addition to building relationship and addressing illness concerns, doctor–patient communication is also shaped by a host of factors that together shape communication processes [43]. The present review suggests that the quality of the interaction and communication between patients and health care professionals is an important determinant of the quality of health care. There is also a significant relation between this communication and patient satisfaction and compliance. Therapeutic communication is influenced by many factors, related to the personal characteristics of the participants in the medical dialogue. A more effective communication could be established by both healthcare providers/professionals and patients through awareness of factors influencing effective therapeutic communication, especially for patients with chronic disease. This is important in the delivery of high-quality health care.

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