

# MEDICAL PROFESSIONALS AS EFFECTIVE COMMUNICATORS

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## ABSTRACT

*This paper discusses some issues related to the rationale for studying health communication, especially the reasons why medical practitioners must master therapeutic communication which is often culture-bound. It is argued that in this era of globalization medical professionals need to have communication skills in order to treat patients from various cultures effectively. These communication skills, characterized by empathy, intimacy and intercultural competence will make medical professionals more successful in their careers.*

*Keywords: medical professionals, communication skills, therapeutic communication,*

## INTRODUCTION

Since birth all human beings, including medical professionals, have been communicating verbally and non-verbally. Communication skills, however, are not given. We do not inherit them from our parents. We must learn those skills and develop them. Effective communication needs not only theory but also practice. This is a never-ending process. Communication tactics and strategies considered effective in certain situations might not be viable in other situations as they depend on the place, time, interpersonal, and socio-cultural contexts.

In the health care context, more than three decades ago Fletcher (1973:8) observed that communication skills had to be seriously taught in medical schools and this is still relevant today. In his view, medical professionals in a clinic or crowded surgery tend to spend plenty of time examining symptoms and little time observing patients and listening to their spontaneous talk. Welch (2003:285) admits that today communication is recognized as

imperative in health care and health care promotion. She adds that health communication has become an important factor to promote health at the national level. In the course of what is termed “globalization,” health scholars are now getting more concerned with health promotion in various parts of the world (see for example Tones & Green, 2004; Scriven & Garman, 2005). Health promotion is and will be even more significant in ASEAN countries that will enter the era of ASEAN Economic Community in the end of 2015.

In the globalization era, medical professionals are expected to understand intercultural communication and have intercultural competence to succeed in their professions. Regardless of people’s skills and expertise in using communication technology, including the so called new (social) media, medical professionals must be able to adjust themselves easily to real life situations. Without such intercultural competence, they are more prone to face failures in their working activities.

There may be differences between medical doctors and patients not only in

defining what the patients suffer from, what caused the ailment and how to cure it, but also in perceiving what is the appropriate behavior to be displayed in their interaction, whether verbal or nonverbal. There may also be differences among them in defining ethical or unethical behaviors in their communication encounters. If the medical provider and the patient have no willingness to adjust themselves to communication encounters, misunderstandings between them may occur.

Medical doctors, nurses, and patients can be considered as separate groups of people, each of which has its distinctive culture and cognitive style affecting the way its members communicate verbally and nonverbally with others. The problems will become more complicated if they come from different social, ethnic, racial, or religious backgrounds, with different languages, worldviews, beliefs and values.

The optimal relationship between healthcare provider and patient is one of trust. This therapeutic relationship is dependent on the ability of the healthcare provider to communicate effectively with the patient. Research indicates that when medical professionals listen to patients, there is more compliance with medical regimens, patient satisfaction is increased, and physicians are less vulnerable to malpractice lawsuits (Davis et al., 2008:168).

As Glass (2010:6) points out, "Effective interpersonal communication becomes more important as health professionals have to negotiate work practices with the aim of ensuring work satisfaction. It is critical that health professionals are able to confront and creatively respond to workplace changes."

Medical professionals have to understand that while many countries still preserve their cultural values, many big cities all over the world, notably in Western

countries, such as New York, San Francisco, London, Amsterdam, Paris, and Sydney are now inhabited by various ethnic groups who have lived there for generations. According to Harris et al., nowadays only 10 % of the countries all over the world are racially and ethnically homogenous (Moodian, 2009:4). In hospitals and health care centers intercultural encounters have become more common among medical practitioners and between medical practitioners and patients. Globalization is still a myth rather than a reality. Often medical practitioners find that the (cultural) ways patients and their families define illness, causes and cures illness are different from their own (professional) definitions. For example,

[Vietnamese] words that translate "feeling hot" don't mean "fever." What they mean is "I don't feel well" and generalized malaise. And if you should ask your Vietnamese patients, "Have you ever had hepatitis?" the translator [may] translate that into "liver disease," and liver disease in Vietnam means itching .... Similarly, the kidney is the center of sexual potency to Indochinese and Vietnamese, and therefore "kidney trouble" may really mean decreased libido or other sexual difficulty (Fitzgerald, cited by Geist, 2000:350).

As Begley and Ockey (2012:367) assert, "One person chooses herbs and plants, another prays, someone else consults a shaman, others take prescription drugs prescribed by a physician." They also point out that in some cultures a patient's nod does not necessarily mean a "yes" answer; rather, it could mean a sign of respect for the authority figure, although the patient does not understand the physician's explanation at all (2012:375). In collectivist (Eastern) societies human communication is more complex than in individualist (Western) societies. A Filipino nurse in USA was once asked by an American doctor to give a certain medicine to a patient. Although the nurse was aware

that the doctor had ordered the wrong medicine (that would be harmful to the patient), the nurse was forced to follow the doctor's directive without resistance (Brislin & Yoshida, 1994:53). The nurse's behavior is consistent with a collectivist value that nobody is supposed to criticize his or her superior openly that will make the superior lose face. Whenever possible, the actions of all team members are coordinated in a harmonious way to guarantee the stability of society.

Statistics indicate that almost 98,000 patients die every year due to preventable medical mistakes. Despite legal obligations, a majority of medical doctors either fail to disclose a mistake or disclose it in an incompetent manner, causing harmful outcomes (Hannawa, 2009:391). These medical mistakes are frequently referred to as a "hidden epidemic", as doctors, patients and hospital administrators remain silent about mistakes (Carmack, 2010:449).

In Indonesia, one of ASEAN countries, conflicts between medical doctors and patients have been commonplace as recorded in various media, both printed and electronic. There are strong indications that some of these medical malpractices have been caused by miscommunication between physicians and patients. It is noted that as of April 2005, there were 206 cases of malpractice waiting to be settled by the Institution of Legal Assistance (*Pikiran Rakyat*, April 30, 2005). There were 40 cases of malpractice in 2009 and 20 cases from January to July 2010 (*Surabaya.detik.com*, August 1, 2010). As of January 2013, 183 cases of malpractice were reported to the Medical Council of Indonesia ([www.dpr.go.id/...](http://www.dpr.go.id/.../))

It is worth noting that decisions made by health care providers must be based on messages provided by the clients, colleagues, and other members of the health care team. Their interpretation of the patient's condition and symptoms resulted

from blood test, X-rays or CAT-scan will be risky if it is misleading. In Indonesia, for example, there have been some cases where the misinterpretation of patients' symptoms by physicians led them to give inappropriate drugs that made the patients get worse or even die.

Some patients have endeavored to bring law suits against those physicians. However, due to the strong power of the Indonesian medical doctors association, and the difficulty to prove that the medical doctors were wrong, the majority of such law suits have failed. An exception is the Prita case that took place in Indonesia over four years (2008-2012). Prita Mulyasari finally won her legal battle, although she was initially jailed after she had sent her complaints to some of her friends through e-mail due to her dissatisfaction with the medical treatment she had received from a private hospital in Tangerang. Some experts considered that the charge by the hospital that Prita has distributed slanderous statements via e-mail is an instance of the failure of the Public Relations of the hospital. At the time when necessary information should be open to consumers and public, the hospital had committed Public Relations suicide.

In the case Dr. Ayu vs. Siska Makatey (2010-2013), the Minister of Health (who is a medical doctor) intervened the Supreme Court and conducted a press conference to foster a public opinion, while the Association of Indonesian Medical Doctors also supported Dr. Ayu, despite the fact that there was strong evidence that Dr. Ayu conducted medical malpractice leading to the death of her patient named Siska Makatey who had delivered a baby, while Dr. Ayu was released from jail. (<http://lifestyle.kompasiana.com/catatan/2013/12/08/seluruh-dokter-indonesia-idi-membela-dokter-ayu-siapa-membela-siska-makatey-616719.html>).

Miscommunication between medical providers and patients, in

intercultural contexts in particular, will still take place in the future, regardless of the advancements of public relations and media.

### **The Importance of Communication Skills for Medical Professionals**

There are a lot of uncertainties about illness. Communicating about illness often deals with these uncertainties. A basic tenet in therapeutic communication is that a competent doctor must also be a competent communicator who has clear understanding about the uncertainties experienced by patients and their families (Babrow & Dinn, 2005:35). Medical professionals who rely too much on their medical expertise by ignoring the importance of communication with their clients are considered as arrogant but at the same time they also endanger the lives of their clients as well as their own careers. Ironically, experts in most fields such as linguists, lawyers, theologians, teachers and physicians, are not equipped with the skills to communicate the most important aspects of their fields to laymen (Shuy, 1993:18). That a disease must be understood in terms of how it is communicated is clear in Babrow and Mattson's contention (2003:40):

Communication about a sickness or physical disease can take various forms, from a pointed cry of pain to grumbling, complaints and spoken information, and from diagnosis seeking to support seeking. In turn, these communications, acts and processes influence bodily states (e.g. relief, generalized or specific distress ...)

Bensing and Verhaak (2004:261) maintain that communication is the core instrument in medical encounters. While many other medical professionals may assume that good communication is important in medical services and is simply the art of medicine (as opposed to the science of medicine), Bensing and Verhaak argue that this long thought art of medicine can be turned into science based on

empirical research in the last several decades. Bensing and Verhaak (2004:261-262) cogently argue about the importance of communication for physicians:

Changes in patient morbidity, in the power balance between doctors and patients, and in the amount and availability of medical information for laymen have had profound influences on the doctor-patient relationship. These social changes have fed and are fed by a paradigm shift in medicine: from supply-induced care to demand-induced care, from doctor-centered medicine to patient-centered medicine, from clinical decisions to shared decision-making. Each of these developments demands a reevaluation of communication as a relevant tool in medicine ... This relationship is changing over time and between cultures as well. Patient groups and individual patients may have a variety of needs, expectations and preferences, which require tailored communication by physicians ... the shift from doctor-centered to patient-centered medicine also implies a shift in focus from the physician's to the patient's role in medical encounters, with explicit attention to patients' illness representations and self-regulation in disease management.

In general other people judge better who we are, what we look like, and what capacities we have. Relying on medical capabilities alone, health care providers may not be aware that they are being judged by others and that they have weaknesses in their communication. They may be aloof, insensitive, or too boastful or bossy in the eyes of others, although these medical professionals may not be aware of their shortcomings. On the other hand, they may not be assertive or expressive enough in telling the patient what they have found and which options might be best to deal with the illness.

Long before we were aware of the role of health care providers' role in communicating effectively with patients, Hippocrates realized the relationship between doctors' good communication and the greater probability of the patient's healing. He wrote in 400 BC, "The patient, though conscious that his condition is perilous, may recover his health simply through his contentment with the goodness of the physician." This was also reinforced by Michael Balint over a half century ago that the most effective drug in medical practice was the doctor himself (Bensing & Verhaak, 2004:262).

In their article, Bensing and Verhaak (2004) have reviewed empirical evidence that what was initially considered as simply the placebo effect related to communication between doctor or nurse and patient actually turned out to be scientific. For instance, the study of Galer et al.(1997) on the effect of a physician's expectation on the alleviation of pain in 46 pain patients indicated that the more the physicians expect a patient's pain to be cured, the more this pain is alleviated, while Wirth's study (1995) found that the expectations of the physician have greater effects on the patient's health than the expectation of the patient. Other studies have shown that health care providers' concern and empathy toward patients effectively induce patients to express their emotions and their worries and that a physician's attention reduces their anxiety, pain and blood pressure and improves their wellbeing and recuperation in general. All these studies point to the conclusion that the quality of communication contributes significantly to patients' health. That the doctor's caring behavior contributes considerably to the patient's healing is explained by Moerman and Wayne (2002):

... most so- called placebo effects are in fact meaningful responses ... most elements of medicine are meaningful, even if practitioners do not intend them to be so. The physician's costume (the white coat with stethoscope hanging out of the

pocket), manner (enthusiastic or not), style (therapeutic or experimental) and language are all meaningful and can be shown to affect the outcome. The successes of the sham surgery can be explained by the fact that surgery is particularly meaningful: surgeons are among the elite of medical practitioners; the shedding of blood is inevitably meaningful in and of itself. In addition, surgical procedures usually have compelling rational explanations, which drug treatments often do not. The logic of arthroscopic surgery ('we will clean up the messy joint') is much more sensible and understandable (especially for people in a culture rich in machines and tools), than is the logic of nonsteroidal anti-inflammatory drugs (which 'inhibit the production of prostaglandins which are involved in the inflammatory process', something no one would ever tell a patient) (Bensing & Verhaak, 2004:265).

In short, as Taylor (1999:295) suggests, "When the provider-patient relationship is based on effective communication, placebo effects will be stronger." The studies above do not mean to underestimate that modern laboratories, high standard sophisticated medical tools, and pharmaceutical products are not important. Rather they are more important as long as they are facilitated with warm relationships between medical practitioners and patients. How medical professionals' effective communication will lead to the betterment of the patients is again emphasized by Bensing and Verhaak (2004:267).

... by applying adequate communication techniques, physicians and nurses can help patients to articulate their expectations, reveal the influence of previous experience with health care, disclose emotions such as anxieties and worries, and express their information needs, all of which seems to have important health benefits, directly, and/or indirectly, by enhancing patients' control and self-efficacy

For medical specialists, communication skills are no less important. Grunberg (2012:10) asserts, for instance, "Provider-patient communication is essential to minimize and prevent symptoms of nausea and vomiting associated with moderately and highly emetogenic chemotherapy."

Sadly, many health care providers are not aware of the important role of communication in their work. Many physicians in Indonesia have such attitudes. It is assumed that one of the main reasons why 600.000 Indonesians travel overseas to get medical treatments, especially to Singapore and Malaysia, is because the clinical service in both countries are more hospitable and more accurate.

Among the few medical professionals who have made extra effort to learn communication to complement their medical expertise was Dr. Jack Ryan, the former chair of an association of hospitals in USA. He said that doctors often had poor communication skills, so they could not speak to patients. He added that he had strived to be a good speaker because effective communication made him an effective doctor (Mulyana, 1996:xi).

One unfavorable habit of physicians that erodes communication between them and patients is their inability or their reluctance to listen to them. Thus, Taylor (1999:275) reported,

In a study of the physician's initial response to patient-initiated visits, Beckman and Frankel (1984) studied office visits. In only 23 % of the cases did the patient have the opportunity to finish his or her explanation of concerns. In 69 % of the visits, the physician interrupted, directing the patient toward a particular disorder. Moreover, on an average, physicians interrupted after their patients had spoken for only 18 seconds. The authors argue that the consequence of this controlling effort to manage the interaction not only prevented patients from discussing their concerns but

may also have led to potential loss of important information. Because physicians knew their communication behavior was being recorded during the office visits, the study may actually underestimate the extent of this problem.

Medical professionals must treat their patients not as clients in business terms; rather, they must treat them with empathy and compassion. There are some doctors who have such attitude, one of which was Russel B. Shields who writes:

Looking back after 30 years of practice, I can truthfully say that my greatest joy was in serving my patients. As a physician, especially a family physician, one learns the true meaning of compassion. Early in my practice I learned to value my patients as much more than patients, and they became my friends, literally thousands of them (1999:7).

Apart from medical professionals who are assertive and talkative, there are others who are too passive, especially nurses. They are reluctant or unable to be assertive or to give complete information needed by their clients. Citing results of some research (Morrow & Hargie, 1987; McCarta & Hargie, 1990), Guirdham (1999:87) reports that

Studies have indicated that pharmacists rated assertion skills as the most important yet the most difficult to put into practice, especially when dealing with other professionals and with ancillary workers. Nurses experience particular difficulty in being assertive, perhaps because they are supposed to be friendly and humble. It is particularly difficult for them to be assertive to seriously ill patients and their relatives, with physically or mentally handicapped people or elderly, also with people of higher power or status (superiors or doctors).

Some female doctors might show tough or masculine verbal and nonverbal communication considered congruent with their higher education and power. However, research indicated that patients expected female doctors to use less aggressive styles in their verbal communication and speculated that male doctors might raise compliance through non-aggressive communication (Burgoon et al.,1991; Guirdham, 1999:205). All in all, communication is so vital in the relationships between medical health providers and patients.

### Concluding Remarks

As delineated throughout this article, in today's world, there is no doubt

that medical professionals must be capable of understanding and practicing effective communication in their working environment, especially with their patients, to ensure their success. In brief, of all kinds of medicines and medical treatments, effective communication is the best one.

The point here is that when health care providers have effective communication skills, these skills will not only enhance their medical careers, but they will also make the medical cost more efficient and will prolong the lives of their patients. This will in turn make the medical providers more content with their own lives personally and socially.

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