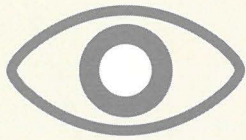
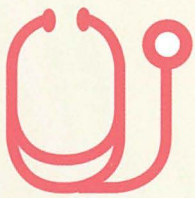


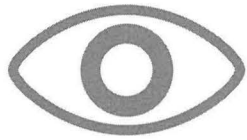
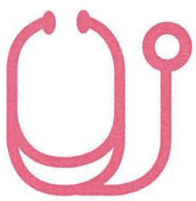
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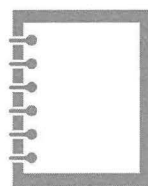
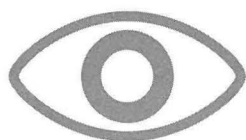
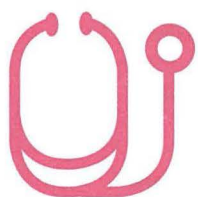
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MELANIE BIRKS  
YSANNE B CHAPMAN  
JENNY DAVIS





PROFESSIONAL  
AND THERAPEUTIC  
COMMUNICATION





# PROFESSIONAL AND THERAPEUTIC COMMUNICATION

EDITED BY  
MELANIE BIRKS,  
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## ABBREVIATIONS

ABC	Australian Broadcasting Corporation
ABS	Australian Bureau of Statistics
ACAT	Aged Care Assessment Team
ACCHS	Aboriginal Community Controlled Health Service
ACRRM	Australian College of Rural and Remote Medicine
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADR	alternative dispute resolution
AE	adverse event
AHPRA	Australian Health Practitioner Regulation Authority
AHW	Aboriginal Health Worker
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AL	active listening
AMA	Australian Medical Association
ARC	Australian Research Council
ASOS	Asthma Spacers Ordering System
CALD	culturally and linguistically diverse
CIHC	Canadian Interprofessional Health Collaborative
CoA	Commonwealth of Australia
CPD	continuing professional development
DSS	Department of Social Services
EHR	electronic health record
EI	emotional intelligence
GLBTI	gay, lesbian, bisexual, transgender and intersex people
GP	general practitioner
HACC	Home and Community Care program
HCP	healthcare professional
HIV	human immunodeficiency virus
ICF	International Classification of Functioning, Disability and Health
IEC	Interprofessional Education Consortium
IECEP	Interprofessional Education Collaborative Expert Panel
IPCP	interprofessional collaborative practice
IPE	interprofessional education
IPHCT	interprofessional healthcare team
IPP	interprofessional practice
IT	Information Technology
JBI	Joanna Briggs Institute
MBA	Medical Board of Australia
MBS	Medicare Benefits Schedule
MSP	Mayday Safety Procedure
NACCHO	National Aboriginal Community Controlled Health Organisation
NGO	non-government organisation
NHMRC	National Health and Medical Research Council
NIMC	National Inpatient Medication Chart
NMBA	Nursing and Midwifery Board of Australia

OECD	Organization for Economic Cooperation and Development
PACES	Practical Application of Clinical Evidence System
PBS	Pharmaceutical Benefits Scheme
PDCA	Plan-Do-Check-Act cycle
PIAAC	Program for the International Assessment of Adult Competencies
PSTRE	problem-solving in technology rich environments
QUMAX	Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders
RACGP	Royal Australian College of General Practice
RACP	Royal Australasian College of Physicians
SBAR	Situation, Background, Assessment and Recommendation
SNZ	Statistics New Zealand
SOAP	Subjective, Objective, Assessment and Plan
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization

## PREFACE

When we were first approached to write this text, we questioned the need for another book on communication. As experienced healthcare practitioners, researchers and educators, we had worked with a variety of resources throughout our careers and were aware of the numerous textbooks specific to our own and other disciplines, many of which emanated from the broader international context. On reviewing what was currently available, we realised that existing textbooks were targeted at specific disciplinary groups, qualification levels, contexts or purposes. In the contemporary healthcare environment, practice settings are becoming increasingly diverse and multidisciplinary. There was therefore a clear need for a text that filled the gap in the available resources.

*Professional and therapeutic communication* focuses on all aspects of interpersonal interaction that are essential to safe, high-quality healthcare. The therapeutic nature of engagement with patients, clients and consumers of healthcare cannot be detached from the professional elements of communication. This text provides a practical approach to concepts fundamental to both the professional and therapeutic elements of the caring relationship in all its forms. Students and professionals from all health disciplines will find this text valuable in the development of skills that are foundational to practice in the complex and diverse contexts in which they study and work.

The contemporary and pragmatic approach of this text ensures its broad applicability and relevance. While written for Australian and New Zealand contexts, it nevertheless has relevance for students and practitioners of healthcare more broadly. Furthermore, this book is compiled from the contributions of authors from a wide representation of professional groups. These inclusions recognise the increasingly interprofessional nature of healthcare delivery today and ensure the relevance and applicability of this text across a broad range of settings.

The book features comprehensive consideration of all aspects of professional and therapeutic communication. Part 1 commences with an introduction to the unique nature of the healthcare environment. Frameworks for communication are then explored, followed by consideration of critical issues in respect of culture and life span. Part 2 of the text applies concepts of professional and therapeutic communication to interprofessional, organisational and community contexts. Part 3 focuses on ethical and supportive communication, commencing with the important and often overlooked concepts of safety and quality in communication, before examining confidentiality, advocacy and the management of conflict. Part 4 addresses communication literacy, including health literacy, with special attention given to the academic and electronic environments.

The pedagogical features employed in this text ensure that the reader is able to grasp and reflect on key concepts. Learning objectives are included in each chapter to guide the reader through the sections that follow. Key terms embedded

in the discussion ensure that the reader remains orientated as they read through each chapter. The use of features such as focus boxes, authentic case activities and opportunities to reflect on the application of content through 'Reflect and apply' and 'Apply your skills' activities, encourage the reader to relate concepts to practice. Summary points and critical thinking questions at the conclusion of each chapter serve to pull the content together and promote consolidated understanding. Referral to relevant weblinks further enhances the experience for the reader. The text also includes a glossary to promote understanding of unfamiliar concepts.

The contemporary content, supplemented by pedagogical features, ensure the relevance and application of key concepts of both professional and therapeutic communication for use by multidisciplinary healthcare practitioners in all clinical contexts. We trust that you will find this text of value and relevance in your professional career.

**Melanie Birks,  
Jenny Davis and  
Ysanne B Chapman**

## EDITORS

**Professor Melanie Birks** is an experienced academic with an extensive track record in research and publication, having authored numerous peer-reviewed journal articles as well as textbooks and book chapters. Her career in academia has spanned over two decades. Professor Birks currently occupies the position of Professor and Head of Nursing, Midwifery and Nutrition at James Cook University, Australia. She is passionate about learning and teaching, and believes that quality education can be a life-changing experience. Her research interests are in the areas of accessibility, innovation, relevance and quality in health professional education.

**Jenny Davis** is a nurse, midwife and health information manager with extensive experience in the Australian health and higher education sectors as clinician, manager, educator and researcher. Jenny has held several senior positions in academia and is near completion of a PhD at Monash University focusing on policy directions in health and aged care; she is working as Program Manager for the large Department of Social Services research grant examining innovation models which improve service access and health outcomes for older persons. Jenny has authored numerous peer-reviewed journal articles and book chapters and is passionate about system and clinical practice improvement through contemporary education, innovation in health information management and translational research. Jenny continues to be involved in clinical practice, education, policy analysis and research.

**Ysanne B Chapman** is a retired Professor of Nursing and has been in the profession for almost fifty years. She is retired, enjoying the wonders of beachside living in Victoria, she is still active in professional work, as she writes for publication, researches with colleagues, and facilitates higher-degree students. She has served on university committees on inclusive practice at various universities. She has held a variety of positions as a leader in nursing faculties and is focused on seeking fairness and equity for nurses worldwide. Ysanne believes that inclusive practice is central to effective and efficient healthcare.

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## GUIDED TOUR

### Building understanding of health care environments

At the beginning of each chapter, clearly outlined **learning objectives** help students to identify and follow the main messages of the chapter.

#### LEARNING OBJECTIVES

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

- discuss the historical foundations of healthcare in Australia and their impact on current healthcare provision
- describe the different frameworks for healthcare in Australia
- evaluate the political and policy drivers for healthcare provision in Australia
- critically examine the impact of socio-economics in relation to both accessing health services and the delivery of health services.

**Key terms** pinpoint important concepts that will be covered.

#### KEY TERMS

Frameworks for healthcare  
Liberal individualist  
Health policy  
Person-centred care

Social determinants of health  
Socio-economics  
Social gradient

Social liberal  
Universal healthcare

### Universal healthcare in Australia

Australia's current **universal healthcare** system is recent; however the history of its development and introduction is complex. Medicare, as we know it today, has only been in place since 1984, after being introduced by Labor Prime Minister Bob Hawke. The Hawke Government, although credited with the introduction of a long-term, stable universal healthcare system, cannot be credited with the inception of national universal healthcare in Australia. The movement towards national universal healthcare came almost 40 years before the introduction of Medicare.

**Universal healthcare**  
All citizens are provided with required healthcare services and protection from financial burden when accessing healthcare services.

Glossary **margin notes** alongside the text provide definitions to improve students' understanding of key terminology as they are reading.

**Focus boxes** feature factual, evidence-based content to help reinforce learning.

#### FOCUS BOX

#### Five principles of life-span health communication

There are five principles of life span health communication.

- 1 Change is inevitable.
- 2 No one point in the life span is more significant than any other point in the life span.
- 3 Gains and losses occur throughout the life span.
- 4 Family and friends play a significant yet changing role in our ability to maintain good health across the entire life span.
- 5 Medical education should incorporate a life-span perspective that emphasises the physical, psychological and communication changes that occur throughout the aging process.

Goldsmith et al. 2011; Nussbaum 2009

## Demonstrating how theory applies to practice

Throughout each chapter, **case activities** demonstrate the application of theory to practice. Where appropriate, the case activities follow particular characters through different stages of life and health to help students understand how to adapt their communication to an individual's changing needs.

### CASE ACTIVITY 4.1



#### ANNA IN CHILDHOOD

Anna is 11 years old, from a family with a history of obesity and diabetes. She is already menstruating, having started three months ago. These are all known risks for diabetes and lifelong health effects (AIHW 2014c; Epic Interact Study 2013; Gomes et al. 2015). Anna had an infection recently, and her school performance is adversely affected. Anna says she is being bullied because she is 'fat' and 'stupid', although her family don't see her that way. Her teacher notices Anna sometimes appears to be asleep with her head on the desk, and speaks to Anna's parents about her concerns. Anna's parents decide to have her checked by Dr Brown, the family doctor.

Descriptors of each OECD literacy level by text characteristics and reader skills required are shown in Table 12.1. Literacy assessment of the skills of adults with low levels of proficiency is covered by an assessment of reading components, including text vocabulary, sentence comprehension and passage fluency.

An adult at below Level 2 for literacy would be able to:

- recognise and understand basic vocabulary
- locate a single piece of information in a short piece of text
- enter personal information in a document
- read single words and up to a paragraph of simple text.

How would you tailor immunisation information for a parent with this level of literacy, compared to an adult with Level 3 literacy?

#### Apply your skills



In Part 4, **apply your skills** tasks give students the opportunity to apply skills they have learnt through practical activities.

## Encouraging critical reflection to foster best practice

**Reflect and apply** questions encourage students to examine their own attitudes and practices and think about their own communication needs.

Consider your own model of healthcare.

- What does health mean to you?
- What does healthcare provision mean to you?
- Consider how you established your understanding of health.
  - Where do your ideologies stem from?
  - Who influenced you?
  - What information influenced you?
- Now think about how other people (clients or patients) might see health or the provision of healthcare.
  - As a health professional, it is likely that your ideologies will differ from those of your clients or patients. How might this impact on your interaction with them?

#### Reflect and apply



### Critical thinking questions



- 1 The future of Medicare is constantly in the political spotlight. What are your views on current debates? Do you have a secret solution? How might your solution impact on vulnerable and affluent people in our society?
- 2 It is often said that Australians possess the best healthcare system in the world. Why might this attitude prevail? Reflect on your knowledge of healthcare in other countries and make the comparisons.

**Critical thinking questions** at the end of each chapter draw students back to the main points covered in the chapter and invite them to consider their own responses.

## Consolidating the learning and inviting further investigation

Each chapter ends with **summary points** that clearly link the content covered back to the opening learning objectives.

### SUMMARY POINTS

- Providing high-quality safe and effective healthcare in a culturally diverse environment depends on effective communication between employers and employees, employees and their colleagues, and between health service providers and consumers.
- Cultures comprise mutually understood, learned behaviours and meanings that are socially transferred among groups of people who have shared characteristics. Culture is a dynamic process and social rules within various groups continue to change.
- Cultural diversity can apply to a group of any size, ranging from a committee or a multi-disciplinary healthcare team through to a residential community, corporation or an entire nation.
- Identifying our own internalised beliefs and biases helps us understand how these might impact on cross-cultural communication and interrelationships between clients and colleagues.
- Perspective refers to seeing and interpreting the world from a particular standpoint.
- The sociological imagination is a tool that can assist health professionals to understand how culturally diverse clients and colleagues view and interpret the social aspects of daily life.
- The rules that govern communication styles reflect the importance societies give to hierarchies, rank and social class. Communication rules vary between cultures.
- Organisations enable good cross-cultural communication when policies and resources are available to foster a culturally competent workforce. Cultural competency training can assist health professionals to develop the skills, attitudes and behaviours needed to communicate effectively across cultures.

### WEBLINKS



[www.health.qld.gov.au/metrosouth/engagement/docs/caps-notes-a.pdf](http://www.health.qld.gov.au/metrosouth/engagement/docs/caps-notes-a.pdf)  
Queensland Health: communication and patient safety clinical governance unit.  
[http://www.health.vic.gov.au/qualitycouncil/safety\\_module/page22.htm](http://www.health.vic.gov.au/qualitycouncil/safety_module/page22.htm)  
Victorian Government health information: Introduction to safety and quality principles.  
<http://www.who.int/patientsafety/solutions/patientsafety/PS-Solution3.pdf>  
WHO: Communication during patient handovers.

### REFERENCES

- Australian Commission on Safety and Quality in Health Care. (2014). *National Inpatient Medication Chart User Guide*. ACSQHC: Sydney. Retrieved from: <http://www.safetyandquality.gov.au/wp-content/uploads/2014/07/NIMC-User-Guide.pdf>
- Beckett, C. D., & Kipnis, G. (2009). Collaborative communication: Integrating SBAR to improve quality/patient safety outcomes. *Journal for Healthcare Quality*, 31(5), 19–28. doi: 10.1111/j.1945-1474.2009.00043.x
- Dattilo, E., & Constantino, R. E. (2006). Root cause analysis and nursing management responsibilities in wrong-site surgery. *Dimensions of Critical Care Nursing*, 23(5), 221–225.
- De Meester, K., Verspuy, M., Monsieurs, K. G., & Van Bogaert, P. (2013). SBAR improves nurse-physician communication and reduces unexpected death: A pre and post intervention study. *Resuscitation*, 84(9), 1192–1196.
- DeVos, J. E., Wallace, L. S., & Fryer Jr, G. E. (2009). Measuring patients' perceptions of communication

**Annotated weblinks, and references** at the end of each chapter direct students to additional relevant resources that may be of interest.

A consolidated **glossary** at the end of the book provides a quick reference to help students with unfamiliar terms and concepts.

### GLOSSARY

#### Academic/Scholarly writing

Written communication designed for scholarly audiences, with the primary purpose of education and furthering knowledge.

#### Active listening

An intentional attending skill designed to understand the other.

#### Advocacy

The combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program' (WHO 1998).

#### AIDET

A mnemonic outlining the framework that improves communication between clinicians and recipients of care: A = Acknowledge, I = Introduce, D = Duration, E = Explanation, T = Thank.

#### Augmentative strategies

Methods that enhance communication and help children, young or elderly people comprehend complex ideas; sometimes used to replace speech, writing or activities.

#### CALD

Culturally and linguistically diverse.

#### Code of conduct

Set of principles that govern how an individual, group or organisation should behave and practise.

#### Code of ethics

Set of guidelines prepared by an organisation or professional body to inform its members how they should conduct themselves to meet certain ethical and integrity standards.

#### Communication

The process of transferring information from one person or place to another, using verbal, written or visual methods.