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Health Professionals' Communication Competences as a Light on the Patient Pathway:

The Assertiveness, Clarity, and Positivity (ACP) Model

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ABSTRACT

This article proposes a three-factor model of communication competencies inspired in literature review and evaluated and completed by Portuguese health specialists with expertise on health literacy, who were organized into four focus groups (n=25). The study includes a response to the lack of consensus in the literature as to what specific and operative competencies the health professional should perform in clinical encounters with the patients. All the participants in the focus group agreed and reinforced that an aggregated and interdependent model, which is composed of assertiveness, clarity of language, and positivity (ACP model), can be an effective health communication model.

KEYWORDS

Communication Competences, Health Communication Model, Health Literacy, Health Outcomes, Health Professional, Patient's Health, Scripts, Therapeutic Relationship

INTRODUCTION

Health professional communication competences are light on the patient pathway. The practice of good communication competences in health professions influences a significant and trustworthy relationship between practitioners and patients (Ranjan, Kumari & Chakrawarty, 2015, p. 1) and communication is assumed to be the "need of the hour" (p. 1) and the "key to a healthier tomorrow" (Ratzan, 1994). The literature tends to emphasize communication as a catalyst for results (Levinson, Roter, Mullooly, Dull & Frankel, 1997; Ong, de Haes, Hoos & Lammes, 1995, p. 903; Stewart, 1995) and that skilled physician communication is a key component of patient experience (Boissy et al., 2016), since it is an effective bridge for the construction of the therapeutic relationship (Ha & Longnecker, 2010). Ha and Longnecker (2010), reinforcing this association, refers that effective doctor-patient communication is a central clinical function in building the therapeutic relationship, "which is the heart and art of medicine".

The *diagnosis* of communication within the context of health is problematic and challenging: a) the (many) barriers to good communication in the medical relationship, including patients' anxiety and fear, doctors' burden of work, fear of litigation, fear of physical or verbal abuse, unrealistic patient expectations, deterioration of doctors' communication skills, nondisclosure of information,

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doctors' avoidance behaviour, discouragement of collaboration, resistance by patients (Ha & Longnecker, 2010); b) Only 12% of U.S. adults have a high level of health literacy, i.e., nearly nine of ten adults lack the skills needed to fully manage their health care and prevent disease (Kutner, Greenberg, Jin & Paulsen, 2006) and also Europeans have low levels of health literacy (HLS-EU, 2012); c) in today's medical practice, human communication is often misused (Kreps, 1996, p. 43); d) nurses, for example, overestimate the health literacy of their patients (Johnson, 2014, p. 43) and this overestimation may contribute to the widespread problem of poor health outcomes and hospital readmission rates (Dickens, Lambert, Cromwell & Piano, 2013); e) it was pointed out that, even in non-stressful clinical encounters, patients are still reluctant to admit any lack of understanding and feel compelled to follow the recommendations as they see it, instead of asking for clarification (Baker et al., 1996; Dickens et al., 2013; Martin et al., 2011; Parikh, Parker, Nursers, Baker & Williams, 1996); f) studies on communication / interaction and health literacy remain limited (e.g., Ishikawa & Kiuchi, 2010) and large-scale studies of exposure to communication skills training and its impact on patient satisfaction have not been conducted (Boissy et al., 2016). Consultation is an unequal, non-voluntary and emotive act that deals with vital issues (Ong et al., 1995, p. 903) and health communication-patient communication skills are critical for engaging a patient, to improve therapeutic compliance, and to overall patient satisfaction and quality health care (Beck, Daughtridge & Sloane, 2002; Epstein et al., 2005; Evans, Stanley & Burrows, 1992, p. 155; Han et al., 2017, p. 1). Ranjan, Kumari and Chakrawarty (2015) recommend the inclusion of formal training in communication competences in the medical curriculum and practice.

Despite being an important aspect, the doctor-patient communication relation is often ignored (Shukla, Yadav & Kasturt, 2010) and there is no standard or consensual core in the health professions regarding the nature of communication competences (Spitzberg, 2013). Additionally, most complaints about doctors depend on the communication issues instead of the clinical competence (Clack, Allen, Cooper & Head, 2004; Tongue, Epps & Forese, 2005) and doctors with better communication and interpersonal skills are able to detect problems earlier, can prevent medical crises and expensive intervention, and provide better support to their patients (Ha & Longnecker, 2010). By detecting this lack, this study undertakes to propose a model of communication competences based on a literature review and evaluated and completed by health professionals with expertise on health literacy through four focus groups. One operational question was raised to fulfil the commitment of this research*: How effective are the health professional communication competences for the improvement of the therapeutic relationship with the patient?*

LITERATURE REVIEW

Aspegren and Lønberg-Madsen (2005) firmly believe that education in communication skills must begin "at the bottom of the ladder" with training in interviewing and giving information, emphasizing process skills and patient rapport. They said "because, without these skills, one cannot go on to the higher order of communication tasks" (p. 543). Agreeing, Street, Makoul, Arora and Epstein (2009) mention that clinicians and patients should maximize the therapeutic effects of communication by explicitly orienting communication to achieve intermediate outcomes.

Boissy et al. (2016), through an observational study, aim to examine the impact of experiential relationship-centered physician communication skills training on patient satisfaction and physician experience. The authors conclude that system-wide relationship-centered communication skills training improved patient satisfaction scores, improved physician empathy, self-efficacy, and reduced physician burnout. In this line, Stein, Frankel and Krupat (2005), conducting a longitudinal case study and aiming to enhance the clinical communication and relationship skills of the Kaiser Permanente (KP)'s clinicians, describe an unifying clinician-patient communication framework for teaching and research called the "Four Habits Model": invest in the beginning, elicit the patent's perspective, demonstrate empathy and invest in the end (p. 7). Among the skills required, there are: create rapport

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