Chapter 1
Healthy Thanks to Communication:
A Model of Communication Competences to Optimize Health Literacy – Assertiveness, Clear Language, and Positivity

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ABSTRACT

This chapter focuses on the contribution of communication competences, used by healthcare professionals in the clinical relationship with patients, to improve therapeutic adherence through a better understanding of health instructions and, hence, higher competences in health literacy. It is a main and specific goal to construct a model of communication competences that includes the interdependent use of assertiveness, clear language, and positivity by the healthcare professional, validated by a focus group of specialists. The participants of focus group validate the model and most punctuate, in assertiveness, active behavior, ability to listen, and ability to openly speak; in clarity, the simple language, utilization of verbs; and in positivity, orientation to a positive behavior of the patient. The results confirm that the assertiveness, clear language, and positivity are pivotal and strategic elements to the optimization of health literacy and clinical practices, recognized in the literature and by the participants in the focus group.

INTRODUCTION

Communication is a *sine qua non* for human life and social order (Watzlawick, Beavin & Jackson, 1967) and all communication affects human behavior (Watzlawick et al., 1967), including health one.

Communication competences are vital to the optimization of the therapeutic relationship (e.g. Silverman, Krutz & Draper, 2013; Van't Jagt, de Winter, Reijneveld, Hoeks & Jansen, 2016) and of the health literacy due to better health results based on the ability to communicate with patients (e.g. Benson, 2014, p. S55). It is pertinent to study health literacy due to the importance of being correctly enlightened about the good health behaviours and decisions due to improved clinical practices and given the findings of statistical data. The therapeutic relationship is the interaction where health literacy can be nurtured and stimulated: enlightenment, empowerment, understanding, confidence, decision-making, and pro-activity of the patient can be motivated and optimized through the communication competences of the health professional. Studies show that the relationship between limited health literacy and poor health is due to poor communication quality within health care delivery organizations (e.g. Wynia & Osborn, 2010). In the Wynia and Osborn's study (2010), after communicational adjustment for patient demographic characteristics and health care organization type, patients with limited health literacy were 28-79% less likely than those with adequate health literacy to report their health care organization "always" provides patient-centered communication across seven communication items.

Limited health literacy (LHL) impacts negatively in the doctor–patient communication within the clinical encounter (e.g. Agency for Healthcare Research and Quality, 2010). Patients with LHL have greater difficulty understanding clinicians' verbal explanations of medical conditions and instructions about medication changes, and they report poor satisfaction with patient–physician communication (Baker et al., 1996; Schillinger et al., 2003; Schillinger, Bindman, Wang, Stewart & Piette, 2004). Therefore, the communication requirements with these patients must be doubled and communication should have specific features so that it can increase health literacy. There is a dependent relationship that needs to be explored and which is object of our research commitment.

The health context in terms of communication is both problematic and challenging: a) the Europeans have low levels of health literacy (HLS-EU, 2012); b) in current medical practice, the human communication is often poorly utilized (Kreps, 1996, p. 43); c) the research has identified that nurses overestimate their patients' health literacy (Johnson, 2014, p. 43), and that overestimation of a patient's health literacy by nurses may contribute to the widespread problem of poor health outcomes and hospital readmission rates and increased costs to the health system (Dickens, Lambert, Cromwell & Piano, 2013); d) it has been exposed that, even in non-stressful clinical encounters, patients are still reluctant to admit to any lack of understanding and feel compelled to follow the recommendations as they understand them, rather than ask for clarity (Baker et al., 1996; Dickens et al., 2013; Martin et al., 2011; Parikh, Parker, Nurss, Baker & Williams, 1996); e) the studies on communication/interaction and health literacy remain limited (e.g. Ishikawa & Kiuchi, 2010).

Detecting and fulfilling this gap and opportunity, this proposal aims to evaluate the contribution of communication competences, used by healthcare professionals in the clinical relationship with patients, to improve therapeutic adherence through a better understanding of health instructions and, hence, higher competences in health literacy. And at a more proactive level and in an attempt to solve the problem of fragile communication, with failures in patient understanding, it is a main goal to construct a model of communication competences that includes the interdependent use of assertiveness, plain language and positivity by the healthcare professional, to which we will designate "ACP model and technique".

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