Chapter 5
Eureka:
A Proposal of a Health Communication Model Based on Communication Competences of the Health Professional! The Assertiveness, Clarity, and Positivity Model

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ABSTRACT

The health communication model—assertiveness, clarity, and positivity, which in a more synthetic way is called "ACP Model"—allows in an aggregated and interdependent way the use of communication skills in the health relationship, which allow, throughout the consultation, the establishment of a relationship of greater proximity, trust, openness, balanced and with results for health, even after the interaction ends. Among the results obtained in nine focus groups, consisting of 55 participants, of which 25 are specialists in health literacy and the remaining 30 have not previously experienced the ACP model, all are unanimous in the importance of developing communication skills in the therapeutic relationship through assertiveness, clarity, and positivity as a cognitive script of previous skills. It is also confirmed that this aggregate and interdependent group of communication skills increases the level of knowledge and understanding of the patient's health, thus promoting better health outcomes.

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INTRODUCTION: THE THERAPEUTIC RELATIONSHIP

The therapeutic relationship is developed in a complex microsystem of relationships between professional and patient, in an environment (family, friends, community), with an immediate scenario where this person is integrated (for example, office, home, school, workplace, etc. (Bronfenbrenner, 1977, p. 514).

Having general communication skills is not enough for effective communication in health. It needs models and techniques in order to achieve the best outcomes (Belim & Vaz de Almeida, 2017). Therapeutic communication is concerned with the identification of dyadic communication (and its characteristics) that lead to therapeutic results (Kreps, 1988, p. 345).

Ledingham, Bruning, Thomlison and Lesko in 1997 in a literature review on interpersonal relationships and other disciplines such as marketing, "discovered 18 relational attributes" (Ledindham, 2008, p. 245): investment, commitment, trust, comfort with relational dialectics, cooperation, mutual objectives, interdependence, balance of power, performance satisfaction, comparison of the level of alternatives, adaptation, investment, shared technology, constructions, structural ties, social ties, intimacy and passion. With the debate in small groups, this list of 18 was reduced to five attributes: 1) trust, 2) openness, 3) involvement, 4) investment and 5) commitment (Ledingham, 2009, p. 245) related in a cluster, in a personal, professional and community level (p. 247). Trust refers to what an organization "does what it says it does"; the opening was operationalized in "sharing the organization's plans for the future" with the public; "involvement" refers to "being involved in the well-being of the community"; the investment "extends to the" well-being of the community "and the" organization's commitment to the well-being of the community "(Ledingham, 2009, p. 245).

The therapeutic relationship, rich in multivariate factors related to cognition, emotion, behaviors, social, environmental, economic, and often political factors (regimes influence the way public health is seen), requires that the health professional is endowed of specific communication skills (previous scripts) so that the results of quality in health are even more effective (Vaz de Almeida, 2018; Nutbeam, 1998; Sørensen et al, 2012).