

## SIGNIFICANCE OF EFFECTIVE COMMUNICATION IN HEALTHCARE AND ITS IMPLICATIONS FOR EMP SYLLABUS DESIGN

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**Abstract.** *It seems that unprecedented attention is devoted to communication skills training in medical education nowadays. It has become one of the central components of undergraduate medical curricula as well as the focus of a range of medical communication skills courses outside the curriculum. Notably, the development of medical communication skills is also becoming one of the core elements of English for Medical Purposes (EMP) syllabuses today. The aim of this paper is to present a discussion of health communication, its significance in medical care and its relevance in the context of EMP training. It attempts to determine why effective communication skills are necessary in the practice of healthcare nowadays and why medical communication should be included in the medical English syllabus.*

**Keywords:** *English for Medical Purposes (EMP), syllabus, medical communication, healthcare communication, health communication, communication skills.*

**Introduction.** The significance of good communication skills in any healthcare context cannot be disputed. Effective doctor-patient communication is one of the key elements in the process of delivering medical care, as it is the essential tool referred to in order to relate to each other and mutually endeavour to define and reach therapeutic goals. Unsurprisingly, effective communication skills are required by most medical and nursing registration boards before licences to practise are bestowed. In the UK alone, the ability to communicate effectively is recognised as an integral component of healthcare practice. Communication is a core dimension in the National Health Service (NHS) Knowledge and Skills Framework [1] as well as in the Nursing and Midwifery Council (NMC) Code of Standards [2]. The General Medical Council (GMC) in their recommendations on undergraduate education from over a decade ago reinforced that graduates must be able to communicate successfully with patients and their families as well as other healthcare professionals [3].

As effective and accurate communication is an essential component of good clinical care, it is becoming an increasing part of medical education and a key part of the medi-

cal curriculum nowadays. Providing appropriate consultation skills training in undergraduate medical education is vital and therefore also needs to be included as an integral element of English for Medical Purposes instruction. Ensuring that future doctors develop the necessary skills in English to communicate effectively with patients and other key stakeholders in increasingly global working environments should be one of the primary objectives of EMP training, thus helping to equip medical students with the necessary skills required for their future working environments. The aim of this article is to present a discussion of health communication and to demonstrate why communication skills are necessary in the practice of healthcare and why they should be included in the medical English syllabus.

**Defining medical communication.** Communication skills training has become one of the central components of medical education nowadays. Therefore, it seems necessary to explicate the meaning of the term medical communication before further exploring the factors that contribute to its growing significance in medical training and practice.

Alternatively referred to as healthcare communication or health communication,

medical communication was recognised and defined as a field of study in the 1960s [4, p. 206]. As observed by Kreps et al., the concept has rapidly expanded since its inception and continues to be a very active research area. Significantly, it is also becoming highly relevant in the field of English for Medical Purposes training [5].

In very general terms, health communication encompasses different forms of interaction and dissemination of health-related information and is an essential component of efforts aimed at enhancing health outcomes, both at individual and public levels. It is 'the process of sharing, seeking, and making sense of health-related information' [4, p. 205] or, more concisely, 'how we seek, process, and share meanings regarding health and health information' [6, p. 2]. In a much more elaborate definitional attempt, Schiavo (2007) describes health communication as:

a multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes [7, p. 7].

Health communication is a multi-layered concept with manifold dimensions which may be explored in a variety of contexts. It encompasses a wide range of abilities used to accomplish different purposes, and it aligns with a number of disciplines that relate to the application of information to health care and promotion. As indicated by Harvey and Koteyko, it is 'essentially an inter- and multi-disciplinary field that goes beyond the core disciplines of communication and medicine', and it comprises 'such fields and sub-disciplines as media studies, sociology, philosophy, social psychology and informatics' [8].

It needs to be emphasised that medical communication constitutes one of the most essential parts of healthcare professionals' daily practices, where it primarily refers to, although is not limited to, medical provider-patient encounters and interprofessional collaboration. Ong et al. point out that in the

context of doctor-patient consultations it serves three distinct yet overlapping purposes: (1) building a good interpersonal relationship, (2) exchanging information, and (3) making decisions related to treatment [9, p. 903-4]. However, it seems reasonable to suggest that these purposes of healthcare communication extend beyond physician-patient encounters.

Creating trust-centred relationships, disseminating information, and making health-related decisions are also common objectives which can be identified in the context of interprofessional communication in healthcare. Being able to communicate successfully is critical within the healthcare team, as collaborative work has become an integral component of medical practice [8, p. 41], where 'each member works in ways so that the practice of one impacts upon and enhances the practices of another, jointly aimed at achieving optimal patient outcomes' [10, p. 155]. Moreover, as pointed out by Iedema, 'the quality of communications and interactions among the clinicians is to a large extent a determiner of the outcomes of their work for patients' [11, p. 2]. The ability to communicate accurately and effectively in multi-professional medical teams is particularly essential in the context of the increasing number of culturally diverse medical personnel working in healthcare settings nowadays.

Apart from delivering patient care and being able to operate in a variety of work-based scenarios, healthcare professionals frequently need to communicate successfully in a number of medical contexts outside work. Collaborating, networking, and decision-making with other professionals are frequently essential for individuals engaging in practices associated with medical research. Due to the fact that English is considered the academic lingua franca [12], and that the medical profession 'continues to evolve through advances in technology ... [and] educational opportunities' [10, p. 155], effective communication skills in English facilitate knowledge diffusion in medicine. Thus, they are required by professionals who seek to successfully access and disseminate information with other members of the healthcare community and to collaborate with researchers representing various medical disciplines.

Harvey and Koteyko indicate that ‘public communication’ is yet another component of medical communication nowadays. It encompasses ‘creating, tailoring and disseminating health promotion and disease prevention messages to the population as a whole’ [8, p. 121]. Thus, it includes the construction of public health messages and campaigns frequently aimed at very diverse audiences. It refers to the ability to share information in the form of health messages and documents produced for dissemination through different channels of mass communication, including television, radio, social media, and print.

Medical communication is, therefore, a vast concept which primarily comprises a variety of spoken and written exchanges and processes. It is applied in a number of contexts related to healthcare practice, provision and research. Furthermore, it plays a crucial role in the delivery of healthcare and treatment, mediating people’s experiences of, and beliefs about, health and illness. Effective and accurate health communication is essential for the delivery of quality healthcare and safe medical practice [13], as in its absence patient safety may be compromised for a number of reasons, including poor access to critical information, misinterpretation of data, ambiguous medical orders, or overlooked changes in patient status [14].

**Significance of effective communication skills in health care.** Apart from being a legal requirement in medical practice, quality communication skills benefit the healthcare system as a whole, as they facilitate more efficient care coordination and delivery. On the one hand, effective interpersonal communication influences the quality of care, patient safety, and consumer satisfaction with health service provision. On the other hand, it is reflected in good working relationships, reduced work stress, and increased job satisfaction. Hence, the effects of good communication may be seen as benefiting the patients, the doctors themselves, and the healthcare team as a whole. Based on a survey of the literature, this section presents an evidence-based list of positive health communication outcomes affecting the three groups accordingly.

Analysis of the literature reveals that successful medical communication is linked to enhanced patient satisfaction with the care that they receive [15; 16]. It results in individuals’ improved understanding of health-related problems, investigations, test results, and treatment options. It frequently helps to reduce patients’ distress and their vulnerability to anxiety during consultations. Furthermore, it also serves to reassure patients’ relatives and carers that their loved ones are receiving good quality care and treatment [17]. Conversely, ineffective communication experiences ‘can cause anger and resentment toward providers and the healthcare system itself’ [18, p. xv].

As pointed out by Kurtz, good communication also leads to increased compliance, as it facilitates comprehension of a doctor’s therapeutic instructions and aids accurate recall [19]. This results in better adherence to treatment instructions [20], which means that patients are more likely to accept the medical advice that they receive and follow their therapeutic regimens. Moreover, Sherbourne et al. indicate that patients exposed to quality communication also tend to comply with medical procedures more fully [21]. Additionally, healthcare consumers who understand their physicians are inclined to be more successful at acknowledging health problems, understanding their treatment options, modifying their health-related behaviour accordingly, and following their medication schedules [22].

Furthermore, effective communication is also linked to improved outcomes. Empirical evidence on the impact of quality communication on patient outcome measures suggests that they may extend beyond psychological aspects, e.g. enhanced satisfaction, and behavioural aspects, such as increased compliance. Outcomes affecting healthcare consumers may also be somatic and reflected in improved health indices and recovery rates [23; 9; 22]. The patient benefits linked to provider-patient communication may include improvements in physiological markers, including blood pressure, blood glucose levels, and functional status measures [24]. Furthermore, studies have also indicated correlations between effective communication skills and the

ability to tolerate pain, recovery from illness [25; 26; 27], promoting better emotional health, resolution of symptoms, and pain control [28].

Apart from enhanced patient satisfaction, successful communication in work settings is also associated with increased job satisfaction among physicians [29]. According to research conducted among healthcare workers, improved communication is indicated as one of the most important factors in improving clinical effectiveness and job satisfaction [30]. Moreover, good quality communication promotes relationship-centred care and results in reduced conflicts in healthcare environments [19].

Effective communication skills also contribute to reduced stress levels [31], as they have the potential to alleviate a significant proportion of the pressures that are inherent in physicians' emotionally demanding profession. Moreover, effective communication is commonly claimed to minimise the tension that results from dealing with high-stress situations doctors encounter in the workplace. Satisfied and well-informed patients are advantageous for doctors not only in terms of greater job satisfaction, but they also contribute to decreased work-related stress and reduced burnout [20]. Conversely, problematic communication with patients and other healthcare professionals is believed to be a contributing factor in emotional exhaustion, feelings of low personal accomplishment, or even high psychological morbidity [32].

Accurate health communication is also directly related to the efficiency of patient care. Apart from improving the doctor-patient relationship, patients' contribution to the consultation and their involvement in the decision-making process also enables physicians to seek and obtain the relevant information. This is helpful in delineating details to support the process of reaching the diagnosis and making decisions about treatment and care. Thus, successful communication may help doctors to identify patients' medical problems more accurately [18]. On the other hand, the inability to communicate effectively may have serious implications for patients' understanding of their prognosis, purpose of care, expectations, and involvement in treatment [33].

Thus, it may lead to negative consequences that might impact their health behaviours and have adverse effects on treatment outcomes.

Significantly, negative communication experiences, and the complaints that may follow as a direct consequence of them, are frequently indicated as the most critical factor in patient dissatisfaction [34]. Moreover, the USA Joint Commission indicates that communication failures are the leading root cause of medication errors, delays in treatment, and wrong-site surgeries [35]. Such instances present a clear need for healthcare professionals to demonstrate effective communication skills. Quality communication, on the other hand, is linked to a reduction in clinical error incidence, which may result in a reduction in incidences of complaints and malpractice claims. [34] Moreover, well-informed and satisfied patients are less likely to lodge formal complaints or initiate malpractice complaints [36].

As observed by Molyneux, interaction between medical professions is critical to team building and communication within healthcare in general [37]. Frequently referred to as interprofessional working, interacting with other medical professionals is an integral element of patient care in clinical settings and requires adequacy of communication in order to ensure continuity of patient care and effective treatment. Effective communication within the healthcare team also encourages collaboration [38]. It promotes partnership among medical personnel, thus increasing accuracy, efficiency, and supportiveness [19]. Consequently, Mitchell et al. emphasise that '[e]ffective communication should be considered an attribute and guiding principle of the team, not solely an individual behavior' [39, p. 6].

Good communication can also enhance professionals' awareness of different professional settings and expand profession-specific language, thus resulting in better understanding of working environments and more coherent work practices. This is particularly important in the light of the fact that although the majority of healthcare professionals are aware of the complexity of healthcare delivery and their own role in the context of medical care or a particular healthcare institution,

they may lack understanding of others' scope of practice, responsibilities, or contribution to the efforts of the interdisciplinary healthcare team [40].

Finally, as practising in healthcare frequently involves the responsibility to disseminate medical knowledge or educate others [41], whether medical students, residents, or practising clinicians, good communication skills are crucial to ensure improved transmission of knowledge in the healthcare context. They facilitate mentoring and guidance across all three levels of medical education (i.e. undergraduate, residency and continuing medical education) and improve collaborative problem solving. This implies that, apart from the one-to-one oral communication required in patient consultations, physicians also require the communication skills needed to educate, publish research, supervise or guide.

**Conclusion.** Taking into consideration the positive health communication outcomes outlined above, it seems reasonable to conclude that the development of health communication skills needs to be included as an integral component of effective EMP training. As quality communication skills are crucial in building a therapeutic physician-patient relationship which benefits both patients and doctors in the delivery of healthcare, providing appropriate consultation skills training within EMP instruction is vital. Unlike any other area, excluding perhaps aviation, medicine is a high-reliability domain, which means that accurate and effective communication in healthcare contexts is critical for safe practice. This is related to the fact that such settings are characterised by an exceptional degree of high-risk and high-consequence activities, where miscommunication may result in failure to convey relevant medical information. Ineffective communication may, in effect, increase the potential for minor errors

or even malpractice. The need for developing communication skills in the medical English classroom becomes even more evident in the light of the cultural challenges of a multicultural team of doctors working with the vast range of cultures and languages represented by today's patients. The high-stakes work environment and emphasis placed on the therapeutic nature of medicine mean that, possibly more than any other learner group, non-native learners of medical English need to be trained to communicate effectively.

As medical communication is a vast concept and includes an array of abilities used to accomplish different purposes related to healthcare delivery and promotion, all decisions concerning EMP syllabus design and content selection need to be directed by learners' specific communication goals and objectives. Medical English course designers need to be aware of the fact that communicating in healthcare settings is neither confined to doctor-patient encounters nor to face-to-face interactions. Conversely, depending on their professional contexts, physicians may also need to be able to communicate with other healthcare members, patients' families, carers, visitors, researchers, members of the public, or the media. Moreover, they may be required to use authentic documentation, communicate in writing, electronically, through third parties (including interpreters and translators), or communication aids (e.g. pictures or charts). Hence, it needs to be emphasised that the list of areas to be included in EMP instruction is very extensive. Depending on the teaching context, a need to focus on different aspects of medical communication in the EMP syllabus may arise. This means that the design of the medical English syllabus, similarly to any specialist language training, needs to be shaped by the analysis of learners' needs.

#### Reference

1. Department of Health. (2004). The NHS Knowledge and Skills Framework (NHS KSF) and the development review process. Appendix 2: core dimension 1: communication. London: Department of Health Publications.
2. Nursing and Midwifery Council (2008). The Code: standards of conduct, performance and ethics for nurses and midwives. London: Nursing and Midwifery Council.
3. General Medical Council. (2009). Tomorrow's doctors: recommendations on undergraduate medical education. London: HMSO.

4. du Pré, A. (2014). Communication, basic concepts of. In T. L. Thompson and J. G. Golson (Eds.), *Encyclopedia of health communication* (pp. 205-208). Thousand Oaks, CA: Sage Publications.
5. Kreps, G.L., E.W. Bonaguro, and J.L. Query. (1998). In L.D. Jackson and B.K. Duffy (Eds.), *Health communication research: A guide to development and directions* (pp. 1-15). Westport, CT: Greenwood Press.
6. Kreps, G.L., and B.C. Thornton. (1992). *Health communication: Theory and practice* (2nd ed.). Prospect Heights, IL: Waveland Press.
7. Schiavo, R. (2007). *Health communication: from theory to practice*. San Francisco: Jossey-Bass.
8. Harvey, K. and N. Koteyko. (2013). *Exploring Health Communication: Language in Action*. London: Routledge.
9. Ong L., J. de Haes, A. Hoos, and F. Lammes. (1995) Doctor-patient communication: a review of the literature. *Social Science and Medicine*, 40: 903-18.
10. Candlin, S., and P. Roger. (2013). *Communication and professional relationships in healthcare practice*. Sheffield, UK: Equinox.
11. Iedema, R. (2007). Communicating hospital work. In: R. Iedema (Ed.), *Discourses of Hospital Communication* (pp. 1-17). Basingstoke: Palgrave-Macmillan.
12. Mauranen, A, and Ranta, E. (2008). English as an academic lingua franca – The ELFA project. *Nordic Journal of English Studies*, 7 (3): 199–202.
13. Hawken, S.J. (2005). Good communication skills: benefits for doctors and patients. *New-Zealand Family Physicians*, 32(3): 186-189.
14. O’Daniel, M. and A. Rosenstein. (2008). Professional communication and team collaboration. In: R.G. Hughes (Ed.), *Patient Safety and Quality: An Evidence-Based Handbook for Nurses* (Vol. 2, pp.2-271 – 2.284). Rockville, MD: Agency for Healthcare Research and Quality.
15. Silverman J, S. Kurtz, and J. Draper. (2005). *Skills for communicating with patients* (2nd ed.). Oxford: Radcliffe Publishing.
16. Lewis, J. (1994). Patient views on quality care in general practice: literature review. *Social Science and Medicine*, 39: 655-70.
17. McCabe, C. and F. Timmins. (2006). *Communication Skills for Nursing Practice*. Palgrave: MacMillan.
18. van Servellen, G. (2009). *Communication for the Health Care Professional* (2nd ed.). Sudbury, MA: Jones and Bartlett.
19. Kurtz, S. (2002). Doctor-patient communication: Principles and practices. *Canadian Journal of Neurological Science*, 29 (Supplement 2): S23-S29.
20. Maguire, P. and C. Pitceathly. (2002). Key communication skills and how to acquire them. *British Medical Journal*, 325: 697-700.
21. Sherbourne, C., R. Hays, L. Ordway, M. DiMatteo, and L. Kravitz. (1992) Antecedents of adherence to medical recommendations: results from the medical outcomes study. *Journal of Behavioural Medicine*, 15: 447-468.
22. Stewart, M. (1995). Effective physician-patient communication and health outcomes: A review. *Canadian Medical Association Journal*, 152: 1423-1433.
23. Ley, P. (1988). *Communicating with Patients*. London: Chapman and Hall.
24. Hall, J., Roter D., and N. Katz. (1988). Correlates of provider behavior: a meta-analysis. *Medical Care*, 26:657-675.
25. Roter, D.L. (1983). Physician/patient communication: transmission of information and patient effects. *Maryland State Medical Journal*, 32(4): 260–265.
26. Greenfield S., S.H. Kaplan, and J.E. Jr. Ware, (1985). Expanding patient involvement in care. Effects on patient outcomes. *Annals of Internal Medicine*, 102(4): 520–528.
27. Greenfield S., S.H. Kaplan, J.E. Jr. Ware, E.M. Yano, and H.J. Frank. (1988). Patients’ participation in medical care: effects on blood sugar control and quality of life in diabetes. *Journal of General Internal Medicine*, 3(5): 448–457.

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28. Meryn, S. (1998). Improving doctor-patient communication. *British Medical Journal*, 316: 1922-1930.
29. Levinson W., D.L. Roter, J.P. Mullooly, V.T. Dull, and R.M. Frankel. (1997). Physician-patient communication. The relationship with malpractice claims among primary care physicians and surgeons. *Journal of the American Medical Association*, 277: 553-9.
30. Flin R., G. Fletcher, P. McGeorge, et al. (2003). Anaesthetists' attitudes to teamwork and safety. *Anaesthesia* 58(3): 233-42.
31. Bre'dart A, C. Bouleuc, and S. Dolbeault S. (2005). Doctor-patient communication and satisfaction with care in oncology. *Current Opinion in Oncology*, 17(14): 351-354.
32. Feinmann, J. (2002). Brushing up on doctors' communication skills. *The Lancet*. 360: 1572.
33. Baile W. F., R. Buckman, R. Lenzi., G. Glober, E.A. Beale, and A.P. Kudelka. (2000). SPIKES - a six-step protocol for delivering bad news: application to the patient with cancer. *Oncologist*, 5(4): 302-311.
34. Hawken, S.J. (2005). Good communication skills: benefits for doctors and patients. *New-Zealand Family Physicians*, 32(3): 186-189.
35. Joint Commission on Accreditation of Healthcare Organizations. (2005). *The Joint Commission guide to improving staff communication*. Oakbrook Terrace, IL: Joint Commission Resources.
36. Brinkman W.B., S.R. Geraghty, Lanphear B.P., et al. (2007). Effect of multisource feedback on resident communication skills and professionalism: a randomized controlled trial. *Archives of Pediatrics and Adolescent Medicine*, 161(1): 44-49.
37. Molyneux, J. (2001). Interprofessional teamworking: what makes teams work well? *Journal of Interprofessional Care*, 15: 29-35.
38. O'Daniel, M. and A. Rosenstein. (2008). Professional communication and team collaboration. In: R.G. Hughes (Ed.), *Patient Safety and Quality: An Evidence-Based Handbook for Nurses* (Vol. 2, pp.2-271 - 2.284). Rockville, MD: Agency for Healthcare Research and Quality.
40. Mitchell, P., M. Wynia, R. Golden, et al. (2012). Core principles and values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. Accessed 31 July, 2015. <http://www.iom.edu/tbc>
41. Flicek, C. L. (2012). Communication: A Dynamic Between Nurses and Physicians. *MEDSURG Nursing*, 21(6): 385-386.
42. Abidi, S.S.R. (2006). Healthcare knowledge sharing: purpose, practices and prospects. In: Bali, R.K. and A. Dwivedi (Eds.), *Healthcare knowledge management: issues, advances and successes*. Heidelberg: Springer; 65-86.

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## ЗНАЧЕНИЕ ЭФФЕКТИВНОЙ КОММУНИКАЦИИ В ЗДРАВООХРАНЕНИИ И ЕЕ РОЛЬ ПРИ РАЗРАБОТКЕ УЧЕБНОЙ ПРОГРАММЫ ЕМР

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*Аннотация.* Как представляется, сегодня в медицинском образовании уделяется беспрецедентное внимание обучению коммуникативным навыкам. Этот процесс стал одним из центральных компонентов медицинских учебных программ бакалавриата, а также находится в центре внимания целого ряда курсов по навыкам медицинского общения, выходящих за рамки учебной программы. Примечательно, что развитие медицинских коммуникативных навыков также становится одним из основных элементов учебных программ «Английский для медицинских целей» (ЕМР) сегодня. Цель данной статьи - обсудить роль коммуникации в здравоохранении, ее значение при оказании медицинской помощи и актуальность в контексте обучения ЕМР. В статье делается попытка определить, для чего необходимы эффективные коммуникативные навыки в практике здравоохранения в настоящее время и почему медицинское общение должно быть включено в программу медицинского английского.

**Ключевые слова:** английский для медицинских целей (ЕМР), учебная программа, общение в медицине, общение в здравоохранении, коммуникативные навыки.