BREAKING DOWN BARRIERS TO EFFECTIVE COMMUNICATION: A REFRESHER FOR NEW GRADUATES TO MORE EXPERIENCED CLINICIANS

In this edition of Activate we continue with our theme of best practice principles. While in the last edition we looked at best practise related to initial consultation, in this edition we will explore key components of effective practitioner–client communication. As always, the topics discussed here should be viewed as a guideline only and should be interpreted within the context of your expert clinical judgment on what is necessary and appropriate for your clients.

A CHANGING LANDSCAPE

Improvements in technology and the need to reform how we deliver healthcare services has resulted in the realisation that many clients can be managed effectively using electronic capabilities. Even within the last decade we have seen a big shift towards electronic communication and with a huge library of online resources, information, and support groups—we will likely continue to see a growth in electronic service delivery.

Regardless of the medium of delivery, communication is still core to effective practitioner–client relation and a key component of successful professional practice. Having advanced clinical and/or scientific knowledge is not enough, your message must be conveyed concisely, accurately and intelligibly to retain its meaning.

Communicating via the virtual world will undoubtedly bring about its own set of unique challenges and over the next few years we can expect to see increased focus on understanding those barriers. However, for this article we will just consider effective communication during face-to-face interactions.

CULTURAL BARRIERS TO COMMUNICATION

Given Australia’s rich cultural diversity, a level of intercultural competency is important for professional practice. Cultural competency requires exercise and sports science professionals to be sensitive to and aware of the varied beliefs and values different groups have about their health and wellness, as well as how those beliefs may interact with all aspects of information processing and communication.

It is important to note that cultural diversity is not limited to race and ethnicity, but also includes gender, sexual orientation, socioeconomic status, religion, profession, disability and age. For example, socially reinforced ideas that males should be self-reliant, restrict emotion, and exhibit ‘toughness’ has been identified as a key barrier to men seeking healthcare [1]. This is especially apparent in conditions such as depression that due to an ingrained social stigma are commonly seen as a sign of personal weakness [2]. The extreme prevalence of sexual and physical violence experienced by women in Australia (1 in 3 women have suffered some form of abuse) [3] means that it is likely that as a healthcare provider, AEPs will at some stage come into contact with an individual who has experienced, is currently experiencing or has been exposed to physical or sexual abuse. This can be challenging to both the practitioner and the client.

A tool and good starting point towards developing intercultural competency is the Seibert’s cultural sensitivity and awareness checklist [4]:

1. Identify the client’s preferred method of communication. Make necessary arrangements if translators are needed.
2. Identify potential language barriers (verbal and non-verbal). List possible compensations.
3. Identify the client’s culture.
4. Does the client and/or family comprehend the situation at hand?
5. Identify religious/spiritual beliefs. Make appropriate support contacts.
6. Does the client and/or family appear to trust the caregivers? Remember to watch for both verbal and non-verbal cues.
7. Does the client and/or family have misconceptions or unrealistic views about the caregivers, treatment, or recovery process? Make necessary adjustments.
8. Address culture-specific dietary considerations.
10. We have biases and prejudices. Examine and recognise yours.

Working through this checklist can help you assess your cultural awareness of and cultural sensitivity to the environment that you work in and may assist with reducing cultural barriers to effective communication.
LANGUAGE BARRIERS

Even when communicating in the same language, regional colloquialisms may be considered offensive by some. And lexical ambiguity—words or phrases that have developed to have more than one meaning—may cause the recipient to misinterpret your true message. For example, an instruction like "take your blood pressure regularly", could be interpreted by some as meaning "take your blood pressure periodically" (at regular intervals), or by others as meaning "take your blood pressure frequently" (often/many times). To avoid any misunderstanding when communicating with your client, try to limit your use of abbreviations, initials, acronyms and idioms, also be aware of lexical ambiguity. For example, referring to yourself by your ESSA initialism (e.g. AEP or ASP) without first establishing what it stands for will generally lead to confusion, as they are initialisms unique to our industry and not generally well recognised in the community.

HEALTH LITERACY

Supporting clients to make informed decisions regarding the services they receive is at the forefront of client-centred care. Within healthcare, health literacy is the term used to describe the degree to which individuals have the capacity to process, and understand health information. Poor health literacy can be a significant barrier to developing a client's decision-making ability and has been associated with:

- Increased rates of hospitalisation and greater use of emergency care.
- Poorer ability to demonstrate taking medications appropriately and poorer ability to interpret labels and health messages.
- Poorer knowledge among consumers of their own disease or condition.
- Poorer overall health status among older people.
- A higher risk of death among older people.

As approximately 60% of adult Australians have low health literacy\(^6\), it is important to consider strategies to counteract this when communicating with clients. Strategies may include:

- Avoiding jargon when communicating health information, instructions and choices.
- Sharing the decision-making process; use of shared decision-making is associated with improved independence, self-care, self-management and favourable health and wellness outcomes.
- Asking clients to recount the information you have given to them so you can check their understanding. Techniques such as the 'teach-back' method, 'ask-tell-ask' and 'teach to goal' can be used to check client understanding.

TO SUMMARISE

Good communication is a core component of professional practice as it directly relates to client understanding and the client experience. Language, culture and health literacy are some of the common barriers to effective practitioner–client relationships. Avoiding use of jargon, being aware of lexical ambiguity and cultural diversity, as well as engaging the client in communication and decision making are some strategies for effective communication with clients. While face-to-face communication is still central to service delivery, it is important to be aware of the influence of electronic information and virtual environment on service delivery, practitioner–client relationships and the client experience.

REFERENCES


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