



Communication in Health Psychology.

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Aims of the Lecture.



- ▶ To discuss the importance of Doctor Patient Communication.
- ▶ To Discuss the effect this communication has on Compliance.
- ▶ To examine the approaches to research the Doctor-Patient relationship.

Aims of the Lecture.



- ▶ Discuss Mass Media Communication in Changing behaviour.
- ▶ Discuss Recent trends of research.
- ▶ To explore the potential avenue of the internet as a form of health communication (Directed Reading/Seminar Task).

Doctor-Patient Communication.



- ▶ Why is it important?



Doctor-Patient Communication.

- ▶ Essential route to information about the patients physical and/or mental state.
- ▶ Vital for Early identification of symptoms.
- ▶ Doctor provides patient with critical information about necessary adjustments in lifestyle and treatments.
- ▶ Therapeutic in itself (Radley, 1994).

Compliance.



- ▶ “The extent to which the patient’s behaviour coincides with medical or health advice”.
(Haynes et al, 1979).
- ▶ Huge amount of clinical and academic research in patient compliance.

Compliance vs Adherence.



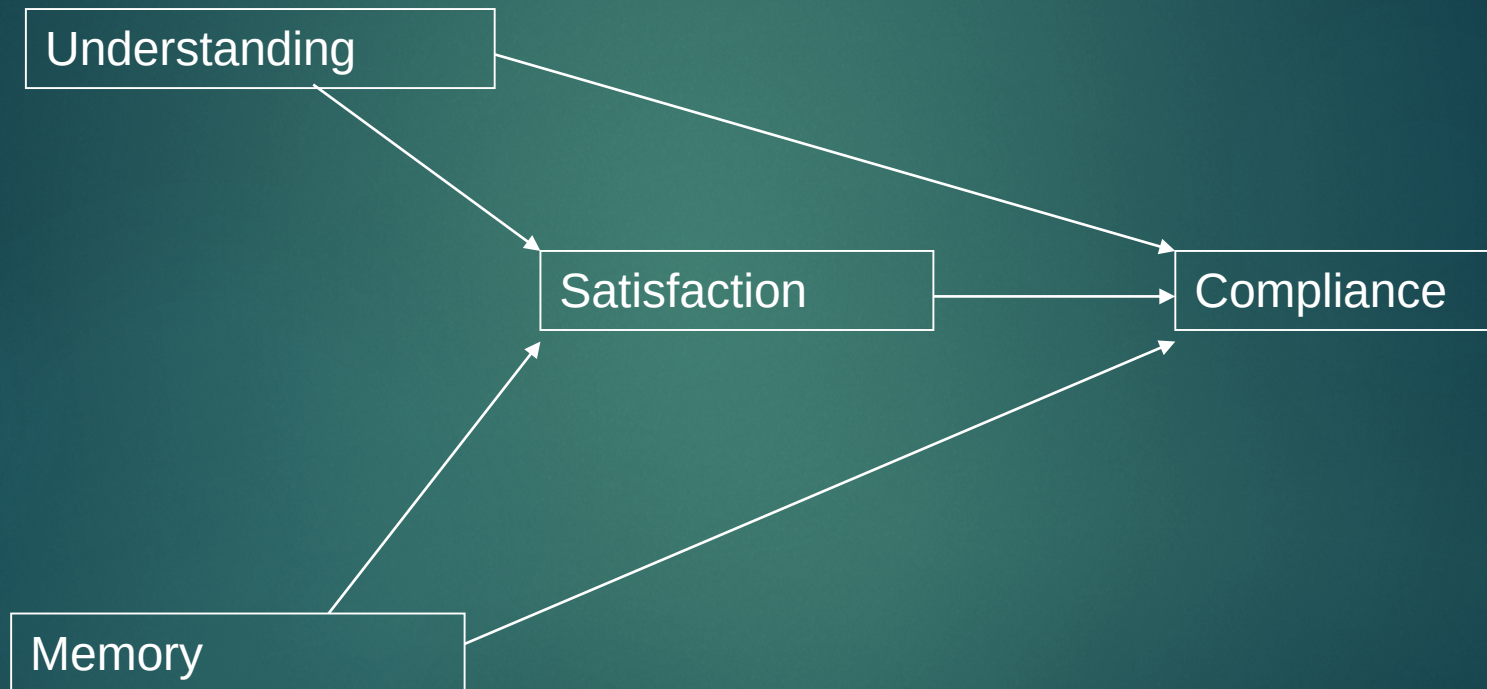
- ▶ Adherence = Persistence in a practice or tenet; steady observance or maintenance'
 - ▶ Does conjure up the tenacity that patients need to achieve in sticking to a therapeutic regimen Aronson (2007).
 - ▶ More appropriate term Aronson (2007).

Ley (1982).



- ▶ Communication is the least satisfactory aspect of the doctor-patient encounter.
 - ▶ 1/3 of patients in the UK say they are dissatisfied.
- ▶ Patients understanding and memory is limited

Ley (1988) – Model of Compliance.



Patient Satisfaction



- ▶ Haynes et al (1979), Ley (1988) – Satisfaction of Patients.
 - ▶ Affective Aspects (emotional support).
 - ▶ Behavioural Aspects (explanations)
 - ▶ Perceived Competence.
- ▶ Ley (1989) – Content of the consultation important.
 - ▶ E.g. Cancer diagnosis.



Patient Satisfaction.

- ▶ Berry et al (2003).
- ▶ Medical Instructions – 2 groups.
 - ▶ Personalised.
 - ▶ Non Personalised.
- ▶ Findings.
 - ▶ Personalised style = greater satisfaction.
 - ▶ Lower perceived side effects.
 - ▶ Lower ratings to risk to health.

Sala et al (2002).



- ▶ Amount and Type of Humour.
- ▶ Relationship with Patient Satisfaction.
 - ▶ Light Humour.
 - ▶ To use humour when the patient is tense.
 - ▶ Positive function humour.

Patient Understanding.



- ▶ Boyle 1970 – Patient definition of different illnesses.
 - ▶ 85% arthritis.
 - ▶ 77% jaundice
 - ▶ 52% palpitations.
 - ▶ 80% bronchitis.



- ▶ Boyle (1970) – Location of vital organs.
 - ▶ 42% correctly located the heart.
 - ▶ 20% located the stomach.
 - ▶ 49% located the liver.

Patient Understanding – Roth (1979).



- ▶ Peptic Ulcers – What were they caused by?
 - ▶ Answers.....
 - ▶ Problems with teeth and gums.
 - ▶ Digestive Problems.
 - ▶ Excessive Stomach acid.



Patient's recall.

- ▶ Bain (1977).
 - ▶ 37% couldn't recall the name of the drug.
 - ▶ 23% couldn't recall the frequency.
 - ▶ 25% couldn't recall the duration.
- ▶ Crichton et al (1978).
 - ▶ 22% Forget the treatment regime recommended by the doctor.
- ▶ Ley (1989).
 - ▶ Anxiety, medical knowledge, intelligence, event importance
 - ▶ Age..... No!



Ley (1988) – Model of Compliance.



Approaches to the Study of Doctor-Patient Communication.



- ▶ The “deviant patient” perspective.
- ▶ Balint’s (1964) psychoanalytic approach – patients were masking their real problems.
- ▶ Doctor’s job to find out what was wrong.

The Authoritarian Doctor Perspective.



- ▶ Ways in which doctors use their authority.
- ▶ Byrne and Long (1979) – 6 logical phases to a consultation.
 - ▶ 1) The doctor establishes a relationship with the patient.
 - ▶ 2) The doctor attempts to discover or actually discovers the reasons for the patient's attendance.
 - ▶ 3) The doctor conducts a verbal or physical examination or both.
 - ▶ 4) The doctor and/or patient consider the condition.
 - ▶ 5) The doctor and patient agree and detail further treatment or investigation if necessary.
 - ▶ 6) The consultation is terminated (usually by the doctor).



Byrne and Long (1979).

- ▶ Noted that logical structure rarely appears in reality.
- ▶ Usually fell down at stage 2 and/or 4.
- ▶ They also studied a range of verbal behaviours doctors used when talking to patients.
 - ▶ Continuum.
 - ▶ Patient centred communication style.
 - ▶ Doctor-centred communication style.



Doctors traditional communicative style.

- ▶ Traditional (Doctor Centred style) heavily criticised.
- ▶ Patient centred approach recommended.
 - ▶ Increase patient adherence.
 - ▶ Increase patient satisfaction (Stewart, 1984).



The interactive dyad perspective.

- ▶ Doctor and Patient shaping the conversation.
- ▶ Coulter (1999) – Doctor knows best should have no place in health care.



The interactive dyad perspective.

- ▶ A focus on the “joint” communication can help us shed light on some reasons for communication failure.
- ▶ E.g. Misunderstandings when the Doctor takes comments at Face Value.
- ▶ Non Verbal Communication.

Communication and Improving Compliance.



- ▶ Mullen et al (1985) – Meta Analysis.
- ▶ Instructional and educational information.
- ▶ 64% more compliant when given that information.



Ley (1989)

- ▶ Communicative factors crucial for compliance include.
- ▶ Primacy effect.
- ▶ Stress importance of compliance.
- ▶ Simply the information.
- ▶ Repetition.
- ▶ Specific.
- ▶ Follow up consultations.

Written information and Compliance.



- ▶ Ley and Morris (1984).
- ▶ Written information about Medication.
 - ▶ Increased Knowledge in 90%
 - ▶ Increased Compliance in 60%
 - ▶ Improved Outcome in 57%.

More Recent Trends in the Research.



Gender Differences in Doctor-Patient Communication.



- ▶ Sleath and Rubin (2002) – Depression and Anxiety.
- ▶ 383 – Patients primary health care visits.
- ▶ Depression brought up during 25% of health visits.

Sleath and Rubin (2002).



- ▶ Female and Educated patients most likely to initiate the discussion in this area.
- ▶ Anxiety most likely brought up during family practice visits.
- ▶ Physicians more likely to ask Male patients about anxiety.

Sleath and Rubin (2002).



- ▶ Female physicians more likely to attempt to counsel patients complaining of anxiety and depression.

Family Practice vs General Practice.



- ▶ General Practitioner (GP) – Provide primary care to the patients.
- ▶ Family Practitioner (FP) – As qualified as a GP, but the focus is more on the family.
 - ▶ Longer term relationship (often going back generations).



Peer Mentor / Expert Patient.

- ▶ Becoming an increasingly popular mechanism used by Health Practitioners.
- ▶ Expert Patient / Peer Mentor is someone who can share his/her experiences with a peer to offer emotional support and practical advice.
- ▶ Used in a number of different ways.
 - ▶ Face to Face, Telephone, Internet.

Peer Mentoring and Communication.



- ▶ Rini et al (2007).
- ▶ Cancer Patients.
- ▶ Particularly useful to help them prepare for Transplantation.
- ▶ Individual Differences (perceived as a good thing).
 - ▶ Range of potential coping strategies / outcomes.

Rini et al (2007).



- ▶ Individual Differences also an negative issue.
- ▶ Other sources of information frequently used.
 - ▶ Internet accounts, forums, newspaper articles.
- ▶ Social Comparisons.
- ▶ Feelings of Isolations reduced.
- ▶ However.....

Rini et al (2007).



- ▶ Negative aspects.
- ▶ Distressing stories
 - ▶ Consistently Negative.
 - ▶ Operations going wrong etc.
- ▶ Messages seemingly to discourage adherence.

Peer Mentoring in the Community.



- ▶ Hibbard et al (2002).
- ▶ Traumatic Brain Injury.
- ▶ Peer Mentoring in the Community resulted in an increase in adherence.
- ▶ Coping Mechanism for patients and family members.



Other forms of Communication in Health.

- ▶ Australia campaign for quitting smoking.
- ▶ <https://www.youtube.com/watch?v=QUJETzycRx0>
- ▶ Recent NHS campaign to stop smoking.
- ▶ <http://www.youtube.com/watch?v=HccVUazOb-M>



Other forms of communication in Health.

- ▶ 1980's Aids Commercial.
- ▶ <http://www.youtube.com/watch?v=TMnb536WuC0>
- ▶ Healthy Eating.
- ▶ <https://www.youtube.com/watch?v=CzB3pB4DBbk>

Mass Media Campaigns.



- ▶ Powerful tool in treatment adherence?
- ▶ Used by the Government and NHS gets lots of funding to launch such campaigns.



NATIONAL PANDEMIC FLU SERVICE
www.direct.gov.uk/pandemicflu
INFORMATION 0800 1 513 513
TREATMENT 0800 1 513 100

If you have a fever or a high temperature (over 38°C/100.4°F) and any two of the following, you may have swine flu:

- tiredness
- headache
- runny nose
- sore throat
- shortness of breath
- cough
- loss of appetite
- aching muscles
- diarrhoea
- vomiting

Germs. Out in a second, around for hours.

When you cough or sneeze, your germs go everywhere. Fast. And once they've hit a surface, they can survive for hours. Covering your mouth and nose with your hand won't stop them. But a tissue will. Catch the sneeze, then bin the tissue and wash your hands with soap and water as soon as possible to kill the germs. The current swine flu alert increases the importance of this.

Catch it. Bin it. Kill it.

calls to this number are free from UK landlines and most mobiles.

Media



- ▶ Seeing someone affected by a particular condition more powerful than a neutral person or even an expert.
- ▶ E.g. Scollay et al (1992).
 - ▶ Lecture about the risk of unsafe sex by a HIV positive speaker.

Do such campaigns raise adherence?



- ▶ What do you think???



Do such campaigns raise adherence?

- ▶ Sherr (1987) – No evidence that HIV/AIDS or smoking media campaigns in the UK actually influenced behaviour.
- ▶ Walking Campaign Scotland (Wimbush et al, 1998) – 70% aware of campaign, no impact on behaviour.



Do such campaigns raise adherence?

- ▶ Cumulative effect – Drink and Drive (Stevenson et al 2001).
- ▶ Whilst no study has directly reported that a specific campaign has altered behaviour, changes in the attitudes regarding drinking and driving is noted.

Seminar Task.



- ▶ Read the Paper provided (link on Moodle) for a group discussion on the role of the Internet on Health Communication.