

making a connection

Communication in the Therapeutic Relationship



Did you know that...

Good therapeutic communication is associated with:

- enhanced ability to obtain valid informed consent.
- positive clinical outcomes.¹
- higher levels of patient satisfaction.¹
- higher levels of patient compliance with treatment programs.¹
- lower levels of patient frustration/anger.²



Poor communication is a topic often cited by patients in complaints about health care professionals.

Most physical therapists agree that good communication is an essential part of the therapeutic relationship. Despite this recognition, experience has indicated that there can be a disconnect between what physical therapists intend to communicate to the patient, and what the patient actually understands. Effective communication skills will help maximize the therapeutic relationship.

Communication can include both verbal and non-verbal forms, and includes the ability to connect with and understand a person's state of mind and emotions.



verbal communication

Although health professionals often demonstrate competent technical skills, when it comes to effectively communicating with their patients they may not display a suitable “bedside manner”.

Verbal skills that promote communication in the therapeutic relationship:

- Greet patients appropriately, use their preferred name, and introduce yourself, including your title as a physical therapist.

“I was annoyed when the young physical therapist kept calling me ‘dear’ and ‘hon’ after I had already asked her to call me Mrs. Thompson.”

- Inform patients what to expect during their visit by using statements of orientation such as *“first I’ll conduct the assessment, then we can discuss together any questions you may have”*.²

- Explain the assessment procedure to reduce misunderstandings and put patients at ease. Keep in mind that what may be routine to physical therapists during a physical examination may be embarrassing or uncomfortable for some patients.

“The physical therapist was standing behind me and rolled down the waist band of my pants without any warning or explanation. To be honest, it felt inappropriate; I was so embarrassed I didn’t even know what to say. Why wasn’t I asked, or an explanation given?”

- Use professional and respectful language at all times. In many cases, informal language is perceived as a lack of professionalism or respect. It is always best to err on the side of formality; i.e., *“Hello Mrs. Thompson”*, even if the patient wishes to correct you by saying *“Please, call me Alice.”*
- Be cautious with the use of humour.
- Use plain language and avoid complex medical terms or abbreviations.

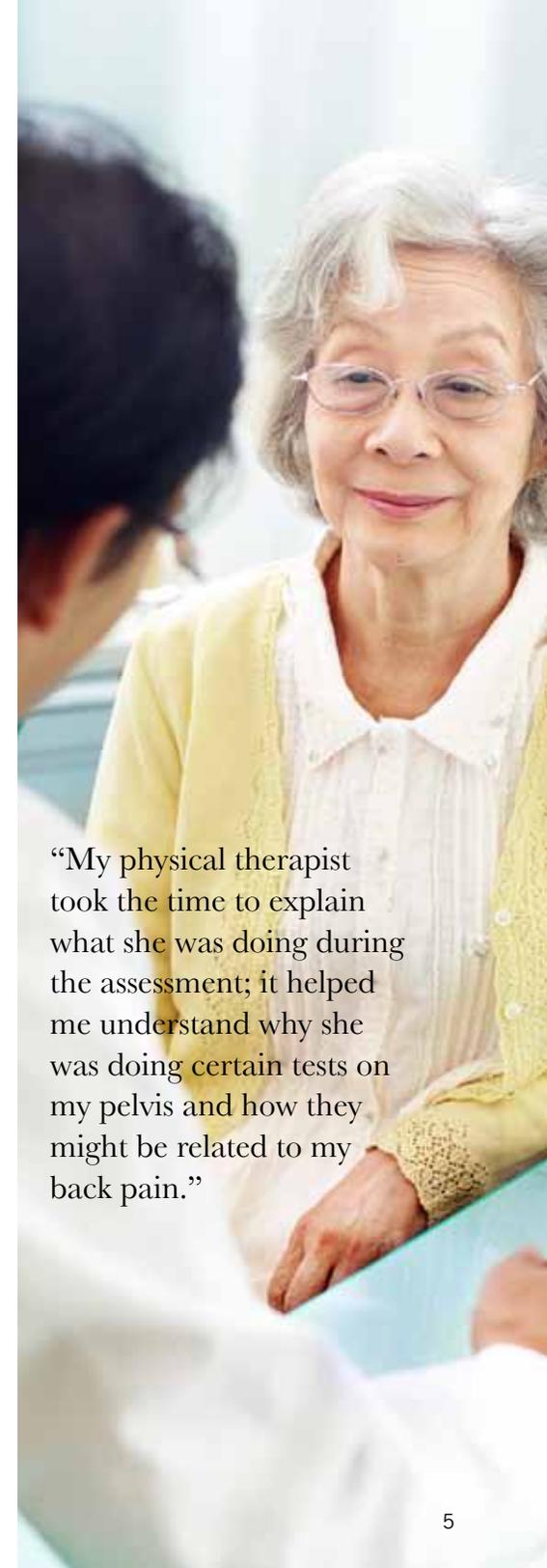
- Be prepared to spend extra time when assessing and treating patients who may have diminished senses; e.g., hearing, sight, comprehension and/or complex co-morbidities.
- Language barriers may exist between individuals who speak different, or even the same, languages (e.g., figures of speech, medical jargon, technical language, etc.). To successfully bridge some of these barriers, it is best to avoid using language such as idioms (e.g., “no pain, no gain”) which can be misunderstood. Remember to speak slowly and use simple language.³
- Use an interpreter when necessary.

“My patient’s son is always around to interpret, but I’m not confident that he is translating accurately...she was shaking her head indicating ‘no’, and the son said ‘yes, she thinks that’s a good idea’. Now what?”

If you are concerned that the interpreter is not accurately translating the patient’s message, you will need to clarify your concerns and expectations: “I’m concerned that your mom doesn’t seem to be in agreement, based on her body language. I need you to translate her words exactly, even if you don’t agree with what she is saying.” Ultimately, if you are not satisfied that the translation is accurate, you will need to request a different translator.

- Listen actively and paraphrase patients’ words to ensure you have understood correctly.
- Use a positive tone of voice to put patients at ease.

“My physical therapist took the time to explain what she was doing during the assessment; it helped me understand why she was doing certain tests on my pelvis and how they might be related to my back pain.”



non verbal communication

confirming patient understanding

Confirming patient understanding isn't asking "What did I say?", but rather inquiring "What did you hear?". It has been suggested that patients recall or comprehend as little as 50% of what health care providers convey during an encounter.⁴

- Encourage patients to voice any concerns or need for clarification. Prompts such as "Does this sound ok?" or "Do you have any questions so far?" may be effective.
- Use probing questions as patients often answer 'yes' when asked "Do you understand?" even if they are not clear about what was said.

Consider this:

Ask questions that allow the patient to 'teach back' such as "What will you tell your spouse/friend about your condition?" or "I want to be sure I explained everything clearly, so can you please explain it back to me." These questions can be more effective than simply asking a patient "Did you understand?"^{4, 5}

Not all communication with patients is verbal. So much is conveyed within the therapeutic relationship without saying a word.

Take note:

It is believed that non-verbal communication is more influential than verbal communication. Research estimates that the non-verbal component comprises 55% to 97% of communication.⁶ When the non-verbal message conflicts with the verbal message, people probably will not believe what has been said.⁷



Non-verbal skills that promote communication in the therapeutic relationship:

- Be aware of how much non-verbal communication occurs with patients everyday. From the expression on your face to the frequent looks at the clock – you are constantly giving your patients non-verbal information.

The physical therapist arrived, and without making eye contact or properly greeting the patient, started taking the patient's history. The physical therapist glanced up to check the clock, and inadvertently let out a loud sigh.

Patient: "The physical therapist seemed rushed when he began the appointment. I was nervous because this was my first visit. With no greeting or introduction he began the assessment immediately. When he looked up at the clock and sighed, I felt as though I shouldn't have come – like I was wasting his time."

- Be aware of how our own biases can come across non-verbally (e.g., reaction to poor personal hygiene, to a morbidly obese patient, or to an unorthodox personal appearance) and that our body language and facial expression can speak loudly to patients.
- Act on the non-verbal cues you get from patients. They often give non-verbal information about their pain level by the way they hold themselves, grimace or wince with movement. In many ways, we rely on these cues during assessment and treatment, especially for patients with language and verbal communication barriers. Does the patient appear cold, confused, nervous or uncomfortable? Don't assume that patients will feel comfortable or safe enough to speak up. Be responsive to patients' non-verbal cues, and be sure to check in regularly with them.

"You look cold; would you like a gown?" or "You don't look entirely comfortable with what I'm suggesting; do you have questions?"





communication skills for managing conflict



In moments of conflict, remember:

- Use active listening skills.
- Use clear, calm communication.
- Take time to think – to avoid an emotional response.

The time to develop skills to effectively manage conflict is **BEFORE** they are needed.

This will enable you to calmly process challenging situations ‘in the moment’, and move towards a resolution that maintains both the therapeutic relationship and your professional reputation.

The most important thing a physical therapist can do when a patient is unhappy is to LISTEN.⁸

Listening to unsatisfied patients’ concerns, empathizing with their experience, and keeping the lines of communication open are often effective ways to resolve difficult situations. Taking the time to listen, and ask what can be done to address their concerns lets patients know that you are taking their concerns seriously. In some cases, it is helpful for physical therapists to tell their patients that they will consider the situation and get back to them with solutions.⁸

“I don’t know what to do; one of my patients is furious. She implied that I didn’t conduct a thorough assessment and that I cut her treatment short so that I could get on to the next patient. I was insulted by her comments and it was all I could do not to lose my patience.”

We can’t control what patients say, but we can control how we respond. If emotions are running high in an encounter, step away and regain a professional demeanor before continuing the conversation. As this challenging exchange is occurring within the context of a therapeutic relationship, the expectation is that we, as physical therapists, will communicate calmly, clearly and professionally – even when it may be tempting to give an emotional response. Avoid making rash comments, or sending an immediate written response that might be regretted later.

Be particularly careful of electronic communication which tends to be less formal, and contributes to language not typically used in other forms of professional communication.

POTENTIAL SOURCES OF CONFLICT:

- Patient goals and expectations that differ from those of the physical therapist.
- Blurring between professional and personal relationships/boundaries.
- Differing personalities, styles and value systems.

PREVENTION OF CONFLICT:

- Communicate goals and expectations clearly – both in verbal and in written forms, if appropriate.
- Be respectful at all times – by listening attentively and speaking respectfully.
- Identify potential areas of conflict/disagreement and address them early on.

MANAGEMENT OF CONFLICT:

- Find an appropriate time and place to address the challenging situation that will allow emotions of anger, fear or defensiveness to subside before beginning a conversation with the patient.
- Put aside preconceptions about the patient or situation in order to engage in a respectful discussion of how to resolve the problem.
- Renegotiate the terms of the therapeutic relationship – document solutions and/or plans agreed upon where appropriate.
- When a resolution cannot be reached, plan a smooth transition out of the situation which ensures that the patient’s need for ongoing safe and effective treatment is not compromised.

DOCUMENTATION:

- Where patient care is impacted in any way, clear and complete documentation is essential: the facts of the situation, the actions taken to resolve the problem, and the solutions or agreements reached.



communication styles, preferences and cultural behaviours

Different communication styles can lead to confusion and frustration, either because of a failure to understand the content, or because of the emotional discomfort we experience when we face patterns of behaviour that are unfamiliar or disturbing to us. These negative responses are more likely to occur during interactions with patients who have contrasting expectations, values or cultural preferences in terms of communication style.³

The more we develop awareness of our own behavioural preferences, and consider our reactions to behaviours which challenge those preferences, the greater our understanding will be of the role of culture in communication, and the less likely we are to feel annoyed or frustrated when we encounter differences.³

Sometimes it is necessary to put our own values aside in order to work respectfully with patients who have different values and beliefs.

Communication behaviours are often rooted in cultural customs that are different from our own, and may reflect proper or respectful behaviour within that other culture. It can be challenging to suspend judgment and respectfully manage the communication to ensure that a therapeutic relationship can develop.

“I was assessing a patient from a different cultural background than my own for symptoms of hip pain. After a short history, I began my physical assessment, but she seemed uncomfortable when I asked her to put on a gown, and then she didn't come back for her next appointment.”

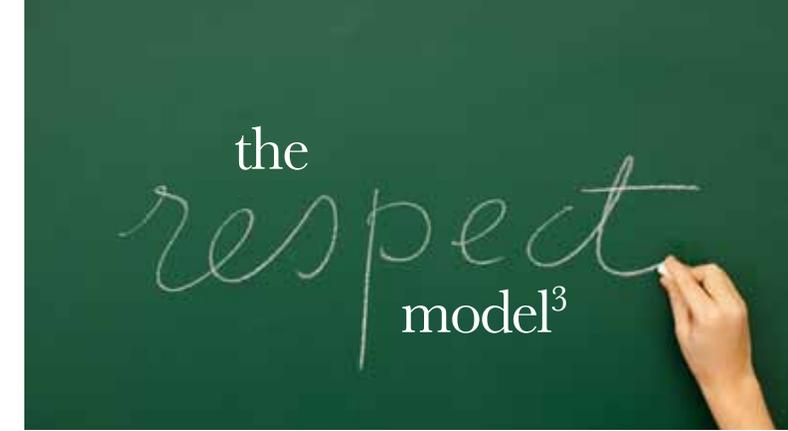


Communication behaviors that may be confusing or frustrating include³:

- Smiling or laughing when nothing is humorous (may be a sign of nervousness).
- Giving a soft, limp handshake.
- Standing very close while talking.
- Speaking with a heavy accent or limited English.
- Making small talk and not getting to the point.
- Not providing necessary information.
- Not taking the initiative to ask questions.
- Calling/not calling you by your first name.
- Asking personal questions.

cultural attitudes towards health

Culture is passed through generations without being articulated, however, it profoundly affects attitudes connected to health and illness.⁹ It is a culture's specific blend of ethnic and religious beliefs which influences its definition of health and illness, maintaining health and wellness and causes of illness.¹⁰ Canadian physical therapists and their patients come from a variety of backgrounds and cultures. As members of a multicultural society, it is important to pause and consider our own biases and attitudes towards health, and understand that our own cultural background also plays a role in how we communicate.¹⁰



RAPPORT

See the patient's point of view, consciously attempt to suspend judgment, and avoid making assumptions.

EMPATHY

Understand the patient's rationale and acknowledge the patient's feelings.

SUPPORT

Try to understand barriers to care and compliance, and involve family members if appropriate.

PARTNERSHIP

Stress that you will be working together with the patient to address physical therapy concerns.

EXPLANATIONS

Check often to ensure understanding.

CULTURAL COMPETENCE

Respect patients and their culture and beliefs while being aware of your own biases and preconceptions.

TRUST

Self-disclosure may be difficult for some patients, so take the necessary time and consciously work to establish trust.



final thoughts

In order to develop a successful therapeutic relationship, we need to be effective communicators, and respond appropriately to what our patients are telling us – both verbally and non-verbally. We also need to be prepared to deal effectively with situations of conflict, and appreciate the role that culture plays in communication.

When patients reflect on their physical therapy visits, it is often the rapport and communication style that they remember or comment on, not necessarily the technical skill of the physical therapist. Perhaps that is why communication is so frequently cited in formal complaints from patients. It is important to not underestimate the value of having a good “bedside manner” and its impact on patient outcomes.

Invest the time to ensure that good communication becomes common practice.



key points to remember

1 Watch for **verbal** and **non-verbal** cues from patients that could indicate discomfort or misunderstanding.

2 Make a habit of **explaining your assessment** to patients as a way of improving communication.

3 When in doubt, **use more formal communication styles** with patients.

4 Check in with patients regularly to **ensure** their **complete understanding**.

5 In situations of conflict, **step back and take a moment** to let emotions settle, and then be prepared to respond in a professional manner.

6 Be aware that communication practices vary from culture to culture, and **suspend judgment or preconceptions** when assessing and treating patients from another culture.



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