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The value of tailored communication for person-centred outcomes

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ABSTRACT

Rationale When entering a consulting room a person becomes a patient with double needs, that is, the need to feel known and understood and the need to know and understand, also referred to as affective and instrumental needs, respectively. The fulfilment of these needs highly depends on the communication skills of both doctor and patient, which help to bridge the inherent distance that exists between these two persons. There is ample evidence that this bridge becomes stronger the more the communication is tailored to the person behind the patient. Besides, such tailored communication may also prove to be effective for reaching favourable health outcomes.

Methods Descriptive study focusing on the value of tailored communication in promoting person-centred instrumental and affective health outcomes.

Results Research shows that tailored communication contributes to health outcomes known to be crucial for recovery and quality of life, that is, information recall, medication adherence, reassurance and need fulfilment.

Conclusion There is empirical evidence for the value of tailored communication for person-centred outcomes. Communicating in a purposeful way while at the same time respecting patients' values and feelings should therefore become the standard in health care practice.

INTRODUCTION

When seeking health care a person becomes a patient with double needs, that is, the need to feel known and understood and the need to know and understand, also referred to as an affective and an instrumental need, respectively [1,2]. The fulfilment of these needs highly depends on the communication skills of both doctor and patient; a doctor's adequate, patient-centred communication style contributes to signal and identify a patient's needs. Likewise, a patient's open and clear presentation of his reason for visit adds to an effective and efficient encounter by which a patient feels helped, empowered and cared for. Clearly, both doctor and patient can be held responsible for the process and outcome of a health care. By recognizing each other's valuable role and input, the doctor and the patient together help to bridge the inherent distance that exists between them. There is ample evidence that the doctor-patient bridge becomes stronger the more the doctor's communication is adapted to the person behind the patient, that is, to the person with his idiosyncratic way of reasoning, understanding, feeling and behaving. As a consequence of the differences in background and expertise, patient's perspectives often clash with the perspectives of the doctor [3]. Interpersonal communication, which takes into account these differences in life world and personal circumstances as well as the patient's individual level of comprehension, coping skills, informational needs and emotional needs, increases the chance of being heard and of reaching desired health outcomes. Such a patient-centred approach can therefore be understood as being prerequisite for tailored communication. According to Kreuter et al.[4] tailored information is intended to reach one specific person and is based on

individual characteristics related to the outcome of interest, derived from an individual assessment. Individually tailored information is often confused with targeted or personalized messages. An intervention is targeted when it is intended to reach some specific subgroup of the general population, usually based on one or more demographic characteristics shared by its members. Information is considered personalized when it is adjusted only to population-based demographic data, for example, the respondent's name [4]. On the basis of the Elaboration Likelihood Model [5], tailored messages can be expected to yield more favourable health outcomes. Making a message more personally relevant by tailoring, stimulates motivation for thoughtful consideration, which leads to more stable attitudes [6]. This is supported by EEG research showing that tailored information increases attention rates [7]. The present short paper aims to provide examples of recent empirical studies underlining the value of tailored communication for specific person-centred health outcomes.

METHODS

Descriptive study focusing on the value of tailored communication in promoting person-centred instrumental and affective health outcomes known to be crucial for recovery and quality of life, that is, increased information recall, medication adherence, need fulfilment and reassurance

OUTCOMES OF TAILORED COMMUNICATION

Research suggests that tailored communication influences person-related outcome in the following ways.

Information recall

Doctors often need to provide large amounts of information. Research in patient education about chemotherapy shows that oncology patients receive information and advices about 82 different topics [8]. These patients appear to be able to recall less than one quarter of these advices correctly [8]. As a consequence, many oncology patients do not know how to cope with the severe side effects of the treatment that need immediate medical attention and health professionals spend a lot of time without achieving their goal of educating and empowering patients to become responsible for their own well-being. Fortunately, it appears possible to teach health professionals how to provide information in a more person-centred and tailored way by restricting the amount of information to the main topics and by providing more detailed information only about the topics that patients indicate to be of value to them [9].

Medication adherence

Many patients do not use their medication as prescribed. An often reported reason is that they lack the knowledge about the necessity and fear side effects [10]. A recent observation study in general practice patients with depression, hypertension and asthma/chronic obstructive pulmonary diseases shows that doctors discuss (non-)adherence in only 20% of their visits [11]. To increase adherence, an open and honest talk about what hinders and facilitates proper use is needed. To this purpose, a person-centred approach is crucial because an adherent patient may have become non-adherent the next day and reasons for non-adherence differ between patients [12]. To find out if a patient has difficulties taking medication, a person-centred doctor shows interest, listens carefully, takes the patient seriously and asks goal-directed questions in an environment without any shame and guilt. This is expected to yield up to a 19% decrease in non-adherence [13,14].

Need fulfilment

Overall, doctors are quite good in fulfilling patients' needs [15]. Still, talking about psychosocial issues seems difficult. Familiarity between a doctor and a patient – a proxy measure for personal continuity – is expected to 'open up the communication' for more psychological and social topics [16]. However, research shows that familiarity – applied in 394 general practice visits – does not influence the content of the communication in terms of medical issues, psychological themes or topics relating to the social environment. Doctors should therefore be aware of the pitfall that being acquainted with a patient for a long time does not automatically guarantee person-centred communication or correct perceptions of a patient's informational and affective needs. For clinical practice this implies that exploring cues and checking mutual understanding remain crucial even in long-established doctor-patient relationships.

Reassurance

Positive communication between a doctor and a patient might influence patient outcomes, especially in patients with minor ailments. Research analysing 524 general practice visits indeed shows that reassurance

is related to patients' better overall health [17]. In addition, this study also shows that providing a favourable prognosis is linked to patients feeling better and giving a clear explanation is related to patients feeling better and less anxious. However, these relationships disappear when patients report a low mood pre-visit. This suggests that a doctor should be keen on exploring a patient's emotional well-being. This is no simple task, because an observational study in 97 everyday general practice visits indicates that many patients only express their emotional concerns in an implicit way [18] and doctors explore patients' emotional cues most often in a medical way only [19]. Doctor-patient communication is likely to become more person-centred by being conscious of a patient's implicit way of communication and by exerting self-reflection on one's one-sided medical approaches.

CONCLUSION

Person-centred communication asks from a health care professional to be alert on:

- Changing circumstances. Also if a patient has known a health care professional for a long time, circumstances may change resulting in more unhealthy behaviour in your patients, such as medication non-adherence.
- Too much information. Many patients can only recall part of what you tell them, so you better restrict the amount of information to what patients need to know and want to know.
- Hidden emotional cues. Many cues are being missed while research indicates that negative emotions may hinder a patient to feel reassured and to trust in a positive outcome. This makes it highly relevant to watch out for emotional distress in your patients.

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