

Conflicts of Patient-Caregiver Communication and Some Workable Solutions

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Abstract

Health communication is a central topic in public health, especially due to the *Affordable Care Act* and subsequent changes in insurance policies which affect caregivers and healthcare systems. Poor communication skills in life leads to a myriad of issues, in healthcare it can lead to medical malpractice. This paper is a literature review based on the types of communication that takes place between doctors and their patients or healthcare-workers and their clients. It discusses a few common issues that arise in healthcare through an analysis of the distinct kinds of communication which takes place in many healthcare settings not partial to the hospital but includes nursing homes, the emergency room and in-home healthcare environments.

Healthcare Communication Patterns

It's relevant to recognize that there is a difference in the style of communication that patients and caregivers naturally use and try to resolve the conflict with input from both sides. Two concepts that outline this difference in communication patterns are the "Voice of Lifeworld" and the "Voice of Medicine" (du Pre, 2014, pg. 81). These concepts were created by Elliot Mishler to contrast the communication styles used by patients and their doctors or caregivers (Mishler, pg. 293).

Patients typically use the Voice of Lifeworld where their health and illnesses are connected to everyday life and meaningful personal experiences. The Voice of Medicine emphasizes technical knowledge and goal-orientation (Lo, 2010, pg.486). During a patient-caregiver interaction, the Voice of Lifeworld is usually suppressed or silenced by the doctor's use of the Voice of Medicine and it can have negative consequences such as patient dissatisfaction or worse.

Voice of Medicine vs. Voice of Lifeworld Challenges

The contrast between the Voice of Medicine and the Voice of Lifeworld can pose many interesting challenges for patients which can have negative consequences. Doctors are encouraged to be able to switch communication strategies to obtain better care for patients who sometimes feel like a nuisance to their doctors and later feel resentment because they cannot express themselves effectively (Barry, Stevenson, Britten, Barber & Bradley, 2001, pg. 487). Some patients lack the communication skills needed to explain an ailment to their doctors because of language barriers or health literacy. Patients can feel insignificant, passive and anxious.

Problems with health communication can be attributed to the rigorous and unfavorable characteristics of pursuing a healthcare education. Professional caregiver education and training programs can display a hidden curriculum that emphasizes elitist socialization which places emphasis on the Voice of Medicine. Healthcare career programs can be intense and demanding, interfering with communication style and relationships. While in school, increasing attention on the physiological details is considered more important than the personal and emotional aspects. Students fret about abuse from their instructors or superiors and doing degrading and menial tasks (du Pre, 2014, 102).

Physician Burn-Out

Numerous doctors complain about time constraints and the number of patients (Buckland, 2013, pg.2). One article notes that in worst cases, doctors reported turning to alcohol or suicide as they struggle to cope with work pressures. Medical doctors are suffering themselves at times, from “burn-out.” Physician burn-out has been defined in lots of texts. The definition suggested here says that burn-out is a combination of stress, anxiety, and exhaustion. In some cases, stressed-out caregivers take a leave from work because of concern for their patients (Buckland, L. 2013).

Organizations administering healthcare have the critical job of helping to relieve healthcare workers of stress. The healthcare administration system has been evermore indicated as the main culprit in claims to physician burnout. Surprisingly, only 16% of surveyed physicians felt that their organization was providing the support they need. Paperwork, administrative demands and too many hours of work are the top work-related factors causing stress or burnout (Rosenstein, 2012).

The one most repeated factor in physician stress is that they don't have enough time to relax or complete work-related tasks. Physician stress can surely contribute to bad communication in the work-place. Most medical students and healthcare workers are stressed and overworked. To reduce student stress, many schools are implementing programs that encourage time for relaxation and recuperation.

Doctors and students at all levels suffer, putting themselves and their patients at risk. The culture of medical schools and ultimately working as a doctor or nurse has been called abusive and superiors have been accused of performing “harsh rituals.” It's been noted that while in medical school, students lose empathy for patients. Medical students that are especially likely to experience loss of empathy are males who are not specializing in primary care (du Pre, 2014).

Discrimination and Socialization

A resounding problem with diversity is discrimination and the distrust which can be cultivated within a relationship that represents diverse cultural perceptions. People of color tend to be dissuaded away from medical care because of such instances in history like the Tuskegee Syphilis Study in Alabama where 600 African American men were subjected to a deadly medical experiment (du Pre, 2014, pg. 91). The roots of discriminated are interwoven throughout the very fabric of our culture. Prejudice is victorious in circumstances where the past is not confronted, and social structures, institutions and values aren't reexamined (Kerridge, 2001).

Doctors and healthcare workers inherently have added power in their occupation because of the extent of acquired knowledge and technical skills specialists must obtain to perform on the body. Additionally, media portrayals of doctors help shape a socialized, hierarchical perception on the audience. Media portrayals create an ideology that doctors are elite, a higher ranked authority, or dominant to their patients. A study done in Sweden researches the media's portrayals of doctors and the influence it has on female and male dominance in medical specialties (Johansson, Røjlar, Eriksson & Frisk, 2008).

The influence of media is focused in a society that represents and contrasts the life of a “doctor” versus a “non-doctor.” The study from Sweden found that in the 2 largest medical journals, men were portrayed in 72% of pictures in leading, demonstrating or speaking positions, while 53% of women pictured were in consultations or bedside activities. Healthcare workers may be the leading authority on the body and health, but patients should not feel insufficient or inferior. The media can place unrealistic expectations on patient-provider relationships comparatively to the gender specific expectations the media produces on sexuality.

Discrimination has had its part in shaping this nation and the phenomenon also found its way into shaping medicine. Even today, in Australia, there is evidence of discrimination on socioeconomic status, sexism, ageism, and racial disparities (Kerridge, 2001, pg. 541). Hospital and healthcare clinics provide services to all types of people. The diversity of this setting can pose issues to the provider and the patient when they're trying to understand one another.

Bridging the Gap

The *Healthcare and Education Reconciliation Act* was signed into law along with the *Affordable Care Act* to eliminate elitist socialization by reducing socioeconomic discrimination and making educational training cheaper. Such amendments want to alleviate the triggers that are so synchronous with attaining a medical education. These triggers (like an overload of administrative duties and working long hours) lead to disadvantageous treatment of patients and physician

burnout. With a 4 to 5 million person increase to the health-insured population in 2014, a rise in diverse patients will highlight a communication gap and professional education should employ a focus on battling cultural challenges (Becker, Dunn and Gamble, 2014).

Open disclosure of cultural aversions will benefit the patient-caregiver relationship and lead to an increase the discussion on policy issues from diverse perspectives. Clear communication patterns between patients and their caregivers is vital. Doctors should be responsive to patient concerns. When a person is sick and need care, they *have to* be able to convey their feelings about their condition. A patient must have things in mind that they want to say before visiting the doctor. Caregivers and doctors have communication responsibilities that include not being too cold, or harsh in tone, ensuring that they have done their research and know the patients' limits, if any, due to cultural values.

About the Author

Vanessa Collins is a public health researcher and graduate of University of Missouri-Kansas City.

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