

# Better Communication will improve Health Care

Health Matters Column: Nelson Mail

**Elizabeth Wood**

process communication model can be utilised in so many different areas of life. in motivation, in conflict resolution, in learning how second by second, interaction by interaction an employee, colleague, family member or friend can be motivated to be the very best they can possibly be.  
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# Better communication will improve healthcare

Health Matters is a fortnightly column contributed by Nelson medical professionals and advocates. Today, **Elizabeth Wood** considers the importance of good communication.

First patient; I smile, she smiles, we talk, agree on stuff, laugh and she leaves looking happy. I am left in the consulting room typing my notes and feeling contented.

Next patient; I smile, he looks at me without smiling. I smile more and he looks bemused, perhaps even a little pained. So I smile frantically and now he is staring at me as if I have arrived from outer space.

The consultation is strained,

difficult; I feel as if I am talking in Welsh, I am flustered and unclear. He thinks I am an idiot. This consultation is not going well. Poor man he leaves, probably not coming back and I am left feeling unsettled with no idea what went wrong.

That was in the past. Well the other week anyway, because this week I have been learning more about communication, which is already one of my favourite subjects. Like anything, the more

you learn the more there is to learn and I am embarrassed about my performances in the past like the one above.

Looking a long way back to first starting out in medicine I can remember thinking that getting on with folks would be easy. As long as I was a nice person, friendly and helpful, everything would be OK.

But after the first week I was not so sure, this recipe didn't seem to work all the time. I just assumed that some people were

odd and so made "difficult patients".

Luckily for me, some people were not content to make such an assumption and to put up with unsuccessful communication. So some good work has been done on how and why it goes wrong.

In medicine and in many industries such as aviation there are good reasons to work out why communication is sometimes not successful. The majority of cases of medical and aviation mishap include communication problems as a contributing factor and so this is something that is responsible for hundreds of deaths worldwide. It makes it a subject worthy of study rather than something warm and fuzzy but not essential.

So what have I learned? Well, that we are all different and that

we do communicate through different channels, but luckily there are only a small number of major differences. I have learnt that it is possible to work out which channel is preferred and that if I use the correct one it will put the person at ease and allow them to relax and communicate more easily.

I have learned about distress behaviours which are the ones that make us say bad stuff to each other or do strange out of character things and I have learned how to defuse the distress. Basically it is necessary to listen to the type of words used, the tone of voice, the gestures and facial expressions but crucially not the content of the speech.

My response if appropriate will reduce the other person's

discomfort and hopefully allow for us to have a sensible conversation and reach agreement, having listened to each other's point of view. That would be a pretty good consultation I think! In fact, that would be a pretty good conversation as well.

Obviously it pays to be sensible. If the person who is in distress is also brandishing a machete then it is definitely not words that are needed but good running away skills. This is an example of when there is no point wasting time on responding to the contents of the words the person is saying. Action is what is needed here.

So right now I am feeling very grateful to all those people who have come to see me as a patient over the years who don't happen to communicate in the same

channel as me. People like the man at the beginning who has come for some information and advice. He and many others like him did not come and see me for a smiling competition.

I hope to work more on this skill and have the chance to spread it widely within the health system. If successful it would mean that almost everyone in contact with health providers would feel comfortable, be able to gather all the relevant information, enjoy the experience, get the action they need and so be able to make the best possible healthcare decisions in true partnership with their health carer.

■ Dr Elizabeth Wood is a doctor in Mapua and is on the executive leadership team of Nelson Marlborough District Health Board.

