3rd Edition

PSYCHOLOGY for Physiotherapists

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Forewords
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Contents

23

CHAPTER

Communication in Health

Health communication is the study and practice of communication of health information and education between doctor and patient. This influences personal health choices by improving awareness. An effective health communication and refined communication strategies may enhance health. Interactions between an individual and their healthcare provider (e.g., physician, therapist) and an individual's social support system (family, friends and community) can positively influence the individual's decision to make healthy choices.

Health communication may be useful to:

- Increase audience knowledge and awareness of a health issue.
- Influence behaviors and attitudes towards a health issue.
- Demonstrate healthy practices and the benefits of behavior changes.
- Advocate a position on a health issue or policy.
- Increase demand or support for health services.
- Argue against misconceptions about health.

"One of the things the average doctor does not have time to do is catch up with the things he did not learn in school. If medicine is a mystery to the average man, nearly everything else is a mystery to the average doctor."

—Milton Mayer

BASICS OF COMMUNICATION

Communication is derived from the latin word "communico" which means to share. It is a complex, cumulative process not ended by merely transmitting the information from one person to another

person even continues after the accomplishment of the event in the form of thinking or "interpretation".

CHARACTERISTICS

- It uses language, postures, gestures, facial expressions and eye contact as tools of communication.
- It enhances social interaction and very useful in day-to-day affairs.

TYPES OF COMMUNICATION

- **Vertical communication:** Upward or downward (hierarchical)
- **Horizontal communication:** Among the group of same status members
- **One-way communication:** One speaks
- **Two-way communication:** Exchange of the thoughts.

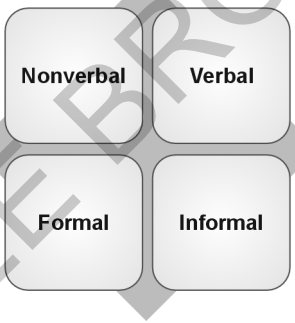


Fig. 23.1: Types of communication.

Speaking–Listening

In this type of communication, there is face-to-face interaction. There are occasions when the listener can share the feelings of the source in the same way as in the case of eye-to-eye contact, e.g., lecture.

Visualizing–Observing

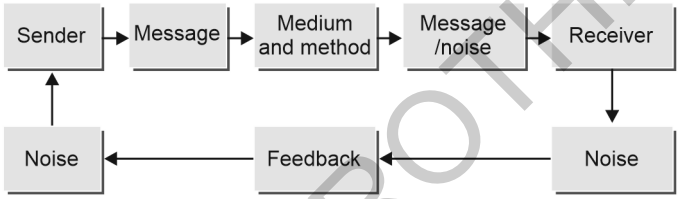
When the sender and the receiver are separated from each other, but share the ideas by sharing or visualizing signs or symbols and the receiver receive it through observing. The observer is physically separated from its producer and yet is able to feel the impact of the ideas conveyed as in motion film or television.

Writing–Reading

Here this special type of experience, the decoder is physically separated from the encoder are the time and yet the decoder is able to enjoy and appreciate the feeling of the author. The signal is sent by the sender in a written from and receive it by reading.

COMMUNICATION PROCESS (SHANNON & WEAVER, 1949)

The communication process is the steps taken to achieve a successful communication.



Sender—the one who sends information
Receiver—the one who listens it
Medium—through which the information is sent
Frame of reference—it is a favorable environment for the communication
Noise—barriers of communication process

Fig. 23.2: Process of communication.

COMMUNICATION BARRIERS

These are the factors responsible for the defective transmission of the message and produces unfruitful results. They are:

- Individual (physical and psychological) barriers
  - Lack of attention, interest or motivation and distractions or inattention
  - Differences in perception and viewpoint, i.e., individual difference
  - Physical illness
  - Psychophysical factors like daydreaming, confusion, mistrust, prejudice, poor attention, fatigue, etc.
  - The use of jargon
  - Mistrust between sender and receiver
  - Premature evaluation
  - Different perceptions of reality.

- Environmental barriers
  - Redundancy
  - Poor aids used for communication
  - Semantic difficulties
  - Poor social context/absence of common frame of reference
  - Poor encoding of the message
  - Time/place/temperature
  - Defective transmission methods
  - Vagueness and misinterpretation
  - Selection of wrong variety of language.

PRINCIPLE OF COMMUNICATION

All communication has a context; communication happens for a reason. Communication can fail because one or more of the participants overlook the context. The following are the principles of effective context or frame of communication.

TIMING

Timing and suitable time is fundamental to successful communication. To hold a conversation you should make sure that there is enough time to cover all that is needed, including time to clarify and negotiate.

LOCATION

It should be fairly obvious that communication is going to be less effective if it is conducted in a noisy, uncomfortable or busy place. Such places have many distractions and often a lack of privacy.

MISCONCEPTIONS

When communicating we may assume that—all parties know what we are talking about; we know the other person's views and opinions of the situation.

COMMUNICATION IN HEALTH

When healthcare professionals are not communicating effectively, the patient safety may be at risk. Lack of communication creates situations where medical errors can occur and cause severe injury

or unexpected patient death. Failure to communicate is a pervasive problem in today's healthcare practice.

FOR GOOD DOCTOR–PATIENT RELATIONSHIP

There is a necessity for a health practitioner to maintain a good relationship with patients in order to maintain the professional reputation and their own personal image in the society. The following are the important characteristics of a health professional to achieve this:

- Mutual trust
- Honesty
- Devotion
- Social orientation
- Nonjudgmental attitude
- Friendliness
- Empathy
- Desire to help
- Compliments
- Making inoffensive remarks
- Making jokes
- Physician-centered + patient-centered approach.

INFORMATION SHARING MODELS

The following information sharing models should be understood in detail with their advantages and disadvantages for their effectiveness in communication.

- Paternalistic model
- Partnership model
- Informed decision-making model
- Guidance cooperation model.

RAPPORT BUILDING

Developing a relationship with a patient enables the healthcare practitioner to elicit pertinent information from patients and successful outcome of treatment. For effective rapport building:

- Treat people differently
- Reinforce relationship

- Look for reciprocity
- Find similarities
- Repeat interaction
- Be attractive
- Give items of interest
- Be smarter
- Show sense of humor
- Be sincere, not phoney.

TRANSACTIONAL ANALYSIS

The ego states of the individuals (doctor–patient) and type of transaction is vital for effective and successful communication process.

Transactions types in communication	*Ego states of individuals*
Complementary	The child
Crossed	The parent
Covert	The adult

PERSUASION

Persuasion is a process aimed at changing a person's or a group's attitude or behavior towards some event, idea, object, or other person.

Elements of Persuasion

- Ethos—character
- Logos—logic
- Pathos—passion/emotion.

COMMUNICATION AND LEADERSHIP

Leadership styles may play a vital role in establishing the aims of communication. The three types of leadership styles are:

1. Autocratic
2. Democratic
3. Laissez-faire.

COMMUNICATION AND ASSERTIVE BEHAVIOR

- Say 'yes' or 'no'
- Explain objectively
- Express their emotional feelings
- Empathize with their problems
- Indicate the consequences
- Integrate verbal and nonverbal components in your interaction.

APPROACHES IN HEALTH COMMUNICATION

Tailoring a health message is one strategy for persuasive health communication. For messages of health communication to reach selected audiences accurately and quickly, health communication professionals must assemble a collection of superior and audience appropriate information that target population segments. Understanding the audience for the information is critical to effective delivery. Once the information has been collected, professionals can choose from a variety of methods and strategies of communication that they believe would best convey their message. The approaches are:

- Individual approach
- Group approach
- Mass approach.

Individual	*Group*	*Mass*
Interviews	Lectures	TV
Counseling	Demonstrations	Radio
Teaching	Group discussions	Newspaper
Home visits	Panel discussions	Internet
	Symposium	Mails
	Workshop	Posters
	Role playing	Billboards
	Seminars	Exhibition
	Conferences	Folk media

PSYCHOLOGY for Physiotherapists

Salient Features

This psychology textbook highlights the following content:

- *Foundations of Psychology:* Comprehensive exploration of core psychological concepts, including sensation, perception, learning, memory, and intelligence, essential for understanding human behavior.
- *Psychology in Physiotherapy:* In-depth focus on how psychological principles directly apply to physiotherapy practice, emphasizing the role of motivation, pain management, and cognitive–behavioral therapy in patient care.
- *Emotional and Social Dynamics:* Detailed insights into emotions, stress, frustration, defense mechanisms, personality, and social psychology, helping students address the mental and emotional aspects of patient rehabilitation.
- *Therapies and Interventions:* Overview of various psychotherapies, relaxation techniques, and cognitive–behavioral methods designed to support patients with chronic illnesses, psychological disorders, and terminal conditions.
- *Practical Tools and Assessments:* Guidance on psychological testing, research methods, health communication, and the application of psychophysiotherapy, equipping students with skills for effective psychological assessments in clinical settings.

Thangamani Ramalingam A BPT MSc (Psychology) PGDRM is a dedicated senior faculty and physiotherapist with over 25 years of experience. He is widely recognized for his significant contributions to the field, which include translating Cochrane summaries and Pedro's home page into Tamil and publishing over 60 research articles in journals, including those indexed in Scopus and Web of Science. He was honored with the Distinguished Service Award from the Indian Association of Physiotherapists in March 2018. His authored works include notable titles such as *Sociology for Physiotherapists, Essentials of Research Methodology for Physiotherapy and Allied Health Students*, and *Principles of Physiotherapy in General Medical and Surgical Conditions*. Currently, he is pursuing his PhD as a scholar at PP Savani University, Surat, Gujarat, India.

Dibyendunarayan Bid MPT PGDSPT a distinguished leader in physiotherapy with 28 years of experience, has significantly advanced education and research since 2002. He holds a PhD and multiple postgraduate diplomas and has published over 40 research papers. As the author of textbooks like *Sociology for Physiotherapists,* he was honored with the Significant Contribution Award 2014 at the Indian Association of Physiotherapists' 52nd Annual Conference, recognizing his outstanding impact on the field. He actively mentors students, contributing to academic growth and development in physiotherapy.

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