Effective clinician communication

Building trust and improving treatment outcomes in pain management

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It is widely recognised that clinicians' communication influences patients' satisfaction with care. It is less well recognised that the trustworthiness that clinicians communicate to patients through their verbal and nonverbal behaviour has the potential to influence patients' treatment outcomes.

Assessment checklists, diagnostic criteria and treatment protocols go a long way towards ensuring a high standard of care in chronic pain management but may not go far enough. It is through interpersonal communication with patients that health providers assess, diagnose and negotiate a treatment plan for the management of chronic pain. The ways in which clinicians relate to patients during their assessment and the manner in which they communicate with patients vary widely and may contribute to treatment outcomes in a number of ways.

One of the principal ways in which clinician communication influences treatment outcomes is by building (or breaking) trust.[1] Clinicians are largely aware that the way in which they communicate can influence a patient's trust and his or her satisfaction with care (Box 1). However, it is not often recognised that a clinician's communication behaviour is the basis of his or her perceived trustworthiness, which in turn is predictive of the patient's treatment outcomes.

This article identifies how clinicians' communication influences perceived trustworthiness and surveys the evidence for a relationship between clinician communication and pain-management outcomes. Key communication skills are highlighted and resources for developing clinicians' interpersonal communication with patients are recommended.

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Key points

- **Effectiveness of chronic pain management interventions is limited by the degree to which consulting clinicians can establish trust with patients.**
- **A patient makes inferences about a clinician's trustworthiness based on the clinician's communication of respect, empathy and competence.**
- **Respect, empathy and competence are conveyed through both verbal and nonverbal communication behaviours.**
- **A patient's evaluation of a clinician's trustworthiness influences the patient's willingness to disclose psychosocial or other barriers to treatment effectiveness, and his or her expectations of treatment efficacy and motivation to adhere to the treatment.**
- **In this way, trust-building communication behaviours are essential to the accurate diagnosis and effective treatment of chronic pain.**

1. Recommendations for communicating with patients

- Establish rapport: make a social connection with the patient. Patients are more likely to trust you and follow your advice if they get along with you
- Listen with genuine interest and concern. Respect, interest and care are reflected in the way you listen and respond to the information that patients give
- Do not underplay (or overplay) your competence: your confidence in the treatment you recommend is crucial to patients' expectations of success and adherence motivation. At the same time, admitting the limits of your technical knowledge does not undermine trust, it builds trust
- Know your communication weaknesses: no one is a perfect communicator. Take steps to ensure that your weaker interpersonal communication habits do not jeopardise patients' trust

Clinician behaviours that communicate trustworthiness

Clinicians' trustworthiness is, in general, evaluated by patients on the basis of perceived respect, empathy and competence.[1] Patients are unlikely to trust a clinician who they feel dislikes them or who may not provide them with the highest quality of care possible,[2] who is not sincere in their expression of concern,[3] or who does not have the skills or ability to achieve their treatment goals.[4] Patients usually have only a small window of opportunity to evaluate their clinician's trustworthiness. The way in which the clinician communicates with the patient during a 15- to 30-minute consultation is a significant predictor of patient trust.[4,5] Benefits for clinicians of establishing trust with the patient are outlined in Box 2.

The communication of respect

In the course of a 10-minute consultation, more than one-third of patients can accurately perceive their clinician's level of respect.[2] In general, perceived respect is associated with greater information sharing, forward leaning posture, close interpersonal distance, responsiveness to the patient's questions, frequency and duration of eye contact, listening and shared decision-making.[3,6,7] It is important to note, however, that the communication of respect may vary by culture, and hence it is important to take a patient-centred approach to all communication.

Interrupting, inappropriate use of medical jargon, time spent looking at notes or a computer and a lack of responsiveness to patients' concerns, on the other hand, are often interpreted by patients as signs of disrespect or 'medical professional dominance'.[8,9] However, perhaps the most revealing (and universal) sign of disrespect is a clinician's tone of voice when it 'leaks' traces of hostility, anger, contempt, impatience or dominance.[10] Not surprisingly, therefore, tone of voice is a reliable predictor of a clinician's malpractice litigation history.[11]

The communication of empathy

Although an angry, impatient or hostile tone of voice is detrimental to the development of patient trust, the expression of negative emotions is not necessarily problematic in this regard. Empathic concern is expressed to patients through emotional resonance or mirroring,[12,13] and when a clinician mirrors a patient's worry, anxiety and even frustration – if only for a moment – they implicitly demonstrate an understanding of the patient's emotional state. Emotional understanding may also be expressed verbally (e.g. 'I can see you are very afraid'; 'You seem to be very relieved'); however, verbal expressions of empathy should be accompanied by equally empathic nonverbal behaviour (such as a warm tone of voice, non-dominant posture, eye contact, pause in task-directed activity). Feigned empathy, indicated by incongruent words and behaviour, is seen as condescending.

The communication of competence

Perhaps surprisingly, perceptions of clinicians' competence are not based on the accuracy of the medical information relayed to patients or the objective skill with which the clinician conducts medical assessments or interviews. Rather, a patient draws inferences about a

2. Trust-building communication: benefits for the clinician

- Empathic and respectful communication does not increase the duration of consultations
- Genuine expressions of empathy are associated with less clinician stress and burnout
- Conflict and misunderstanding is the most common cause of delay
- Patient satisfaction predicts patients' likelihood of making a follow-up appointment and willingness to recommend the clinician to friends and family

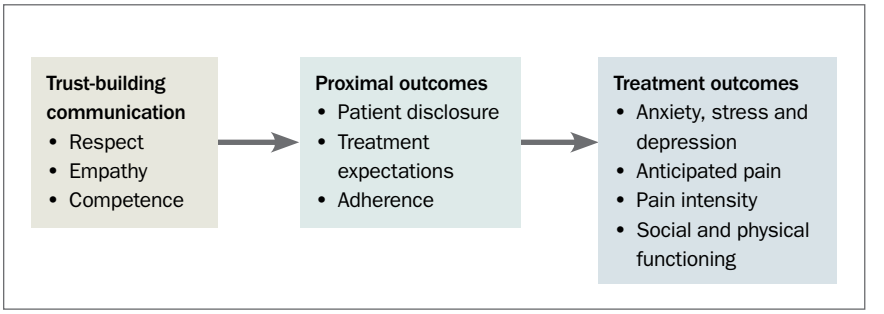

Figure. Paths by which clinician communication may influence treatment outcomes in chronic pain management.

clinician's competence from a variety of communication cues, including the amount of information provided,[4] the clarity with which medical diagnoses and treatment plans or procedures are explained[14,15] and the confidence and emotional stability of the clinician's demeanour.[15] In addition, a patient's perception of a clinician's competence may be shaped by behavioural cues such as efficiency (e.g. punctuality),[16,17] physical attributes such as attire (white coat *vs* a suit *vs* casual dress)[18] and nonverbal cues such as patient-directed gaze and posture (open *vs* closed).[19,20] The perceived competence of a clinician is a critical predictor of trust, and communicating competence provides even more effective reassurance to patients than expressions of empathic concern.[21,22]

Clinician communication predicts treatment outcomes in pain management

By shaping patient trust, clinicians' communication behaviour has the potential to influence patients' adjustment to chronic pain, pain intensity, quality of life, stress, anxiety, depression, fear avoidance and self-efficacy (Figure).

Clinician respect and pain management outcomes

Communication behaviours that we associate with respect are predictive of patients' increased engagement in activities of daily living (less fear avoidance),[3] reduced anxiety and depression,[23,24] higher perceived quality of life,[25] greater self-efficacy[26] and less pain. A randomised controlled trial of the impact of shared decision-making on chronic pain treatment outcomes showed that patients of physicians who were trained in shared decision-making were less distressed and had fewer tender joints one year after treatment compared with patients of physicians who were not assigned to the communication intervention.[27] Another study found that patients of clinicians who had received training in shared decision-making reported a greater improvement in osteoarthritic pain and stiffness and better overall functioning after two weeks of treatment.[28]

Clinician empathy and pain management outcomes

Perhaps surprisingly, evidence for the relationship between empathic communication and pain-related treatment outcomes is mixed.[21,22] A number of factors appear to moderate this relationship, including the patient's cultural background, similarity between the patient and the clinician and the patient's perceptions of the clinician's sincerity and genuineness.[29] Further, patients' expressions of pain, disability and distress function in part to elicit empathic concern.[30] Hence, in some ways it should not be surprising when greater clinician empathy is associated with worse patient outcomes.

A randomised controlled trial of the impact of interview skills training on patients' emotional distress found that patients of physicians who were trained in 'problem-defining' (i.e. information-giving) skills and 'emotional handling' (i.e. empathic concern) skills reported a reduction in emotional distress for as long as six months after their assessment.[31] Although these results indicate that communication that conveys both competence and empathy influences a patient's distress level, it is still not clear that the communication of empathy can reduce distress independent of the communication of competence.

Clinician competence and pain management outcomes

Clinician communication behaviours that convey competence have consistently been shown to predict treatment outcomes. Informational clarity and informativeness ('cognitive reassurance') is associated with reduced psychological distress[31] and post-operative and chronic pain,[32,33] appears to mitigate the onset of depression in chronic conditions[34] and is predictive of reduced healthcare utilisation.[5,21]

The impact of clinician informativeness on chronic pain-related outcomes has been tested in a randomised controlled trial. Patients seen by consultants who had received training in explaining symptoms to the patient in a physical, tangible manner reported greater improvements in bodily pain, mental health and social and physical functioning than patients who were seen by consultants who had not received the training.[35] It is notable that patients may also perceive informativeness as a sign of sincerity or genuine care.[36] Hence, it may be that a positive relationship between perceived clinician empathy and patient outcomes depends on the way in which empathic concern is communicated; that is, through a combination of problem-focused

information gathering and empathic communication behaviours.

Paths by which trust-building communication may influence patient outcomes

There is an abundance of research reporting associations between communication behaviours and patients' treatment outcomes but little evidence for a direct relationship between trust-building communication behaviours and treatment outcomes. It is possible, for instance, that clinician communication is not itself modulating treatment outcomes, but rather that patient attributes associated with worse treatment outcomes (e.g. non-compliance, low readiness to change, depression, psychosocial conditions or poor self-efficacy) bias the way in which clinicians communicate with patients.[37] In view of limited evidence for a causal relationship between clinician communication and patient outcomes, it is useful to look at why clinician communication might be expected to modulate treatment outcomes in chronic pain management.

Trust increases patient disclosure

Comprehensive treatment of chronic pain relies on accurate assessment of a patient's emotional state (anxiety, depression), how the patient makes sense of his or her pain, the quality of the patient's social support and psychosocial or other obstacles to treatment adherence. These emotional disclosures are inherently difficult for patients as they leave them open to judgement, decrease their relative interpersonal power and increase their overall vulnerability.

Trust-building communication behaviours influence patients' disclosure of information that is essential to accurate diagnosis and the formulation of an effective, patient-centred treatment plan.[38] Moreover, emotional disclosure may in itself be instrumental in the reduction of pain and distress. Patients' level of emotional disclosure to their clinicians has been shown to be associated with less pain severity and greater health and wellbeing at a three-week follow-up session.[39] Hence, by eliciting greater patient disclosure, trust-building communication behaviour has the potential to increase accuracy of diagnosis as well as reduce pain and discomfort.

Trust improves treatment expectations

Patients' perceptions of clinicians' trustworthiness directly influence their expectations of treatment effectiveness, which in turn influence responsiveness to treatment (similar to a placebo effect[40]). Positive expectations of treatment outcomes facilitate positive treatment outcomes via several psychobiological and neuroendocrinoimmunological processes.[41] For example, positive expectations may induce a decrease in self-defeating thoughts,[42] can increase motivation to adhere to treatment[41] and may involve several brain mechanisms that reduce anxiety and activate endogenous opioids.[43]

Consistent evidence for the crucial role of treatment expectations in treatment efficacy has come from studies showing that the analgesic treatments given covertly is significantly less than the effect of analgesic treatments given openly.[44] Hence, by influencing patient expectations, clinician communication may be a 'silent healer'.[45]

Trust predicts treatment adherence

Patient adherence is essential to the effectiveness of multidisciplinary pain-management strategies.[46] Patients can be noncompliant for various reasons, many of which are influenced by clinicians' communication.

For example, the clarity with which a clinician explains a treatment plan influences their patient's ability to follow it;[47] the level of empathic concern displayed by a clinician contributes to a patient's perception of the seriousness of their condition and motivation to adhere to treatment;[48,49] and a clinician's attitude towards a patient as expressed through their tone of voice and their ability to listen without interrupting is predictive of the patient's acceptance of treatment advice and his or her willingness to follow through on referrals.[7,50] Adherence is also associated with patients' expectations of treatment success and the disclosure of physical, psychological or social barriers to adherence – both of which are influenced by clinicians' perceived trustworthiness.[51]

3. Resources for professional development of communication skills

- Pain Management Research Institute professional development workshops. http://sydney.edu.au/medicine/pmri/education/continuing/webinar-communications.php
- Australian Commission on Safety and Quality in Health Care. Patient and consumer centred care. 2011. www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care
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Communication skills training

Several resources for communication skills training that may be useful professional development tools for GPs are listed in Box 3.

Conclusion

Scepticism about treatment efficacy and a mistrust of clinicians would be an unsurprising response when medical professionals prove unable to explain or relieve a patient's pain. Chronic pain specialists in particular may need to be adept in trust-building communication in order to shift patients' treatment expectations and motivate them to adhere to evidence-based pain-management strategies.

The importance of developing trust-building communication skills for interactions with patients presenting with chronic pain must not be underestimated, and it is worth noting that practising trust-building communication benefits clinicians as well as patients. **PMT**

References

A list of references is included in the website version of this article (www.painmanagementtoday.com.au).

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