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Recommended Citation

Clayton, M. F., & Scherr, C. L. (2021). Nursing and Health Communication: A Research Alliance to Improve Patient Outcomes. *Nursing Communication*, 1 (1). Retrieved from <https://repository.usfca.edu/nursingcommunication/vol1/iss1/10>

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Nursing and Health Communication: A Research Alliance to Improve Patient Outcomes

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Abstract

Today's research environment necessitates interdisciplinary research partnerships to optimize patient outcomes and facilitate behavior change. Collaboration is also necessary to meet goals and eligibility for research funding opportunities. Nursing and health communication scholars are well positioned to collaborate for many reasons including shared research interests and commonality of design, methods and theory. Skills from each discipline can enhance the richness of research questions and analyses of cooperative research studies. Working together, we have an opportunity to effectively improve patient care and enhance the translation of research findings into practice.

Keywords: research, collaboration, nursing, health communication

Nursing and Health Communication: A Good Research Partnership

Hippocrates wrote, "I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug" (Lasagna, 1964). Reflective of these words, the importance of patient-centered care is once again embraced with the relatively recent shift from a biomedical to biopsychosocial conceptualization of illness (Engel, 1977; Pehrson et al., 2016; Saha & Beach, 2011; Teal & Street, 2009). This shift has illuminated the importance of patient involvement in healthcare, and patient-centered communication in practice. Indeed, research has established correlations between effective patient-provider communication and improved patient and family health outcomes (Charlton, Dearing, Berry, & Johnson, 2008; Montori, 2004; Street, 2013; Street, Makoul, Arora, & Epstein, 2009). In response to such evidence, accredited nursing programs require communication skills training in nursing curricula, emphasizing effective communication, defined as communication that is empathetic, clear, and provides necessary information (American Association of Colleges of Nursing, 2008a, 2013). In addition, specialty nursing organizations have recognized the importance of communication, developing communication skills training modules (Dahlin & Wittenberg, 2015). A wide range of communication skills training programs are available for nurses in both inpatient and outpatient settings. Examples include the ELNEC program (End-of-Life Nursing Education Consortium) and VitalTalk, a program designed to help clinicians to communicate about serious illness empathetically and effectively in

a culturally sensitive manner (Markin et al., 2015; Nelson, 2008; Pehrson et al., 2016).

Nursing science has embraced patient outcomes and the critical analysis of factors and mechanisms that influence health, illness, and well-being. The American Association of Colleges of Nursing specifically notes that nursing science is enriched by contributions and knowledge from other disciplines (American Association of Colleges of Nursing, 2006, 2008b). Collaborative research is already underway between nurses and health communication scholars to develop and improve communication skills in practice (e.g., Coyle et al., 2015; Zaider et al., 2016).

Health communication is a relatively new field of study, which has experienced exponential growth over the past 45 years (Hannawa, Garcia-Jimenez, Candrian, Rossmann, & Schulz, 2015; Kreps, Bonaguro, & Query, 1998). Health communication is broad in scope including research on intrapersonal, interpersonal, group, and organizational communication (Kreps et al., 1998). Relevant to nursing scholarship and practice, health communication research on patient-provider interactions are driven by the desire to understand communication processes and/or patterns that directly or indirectly lead to improved patient/family outcomes (Epstein et al., 2005; Roter, 2004; Saha & Beach, 2011; Street, 2013; Street et al., 2009). However, most health communication scholars lack clinical training, and may be unaware of contextual nuances that affect practice. On the other hand, nursing scholars possess clinical training, but may lack in-depth understanding of communication processes, theory and analytic approaches. For example, illness management requires effortful sense-making by the patient (Mamykina, Smaldone, & Bakken, 2015; Vanderford, Jenks, & Sharf, 1997) and healthcare provider (Epstein & Street,

2011). Communication processes influence beliefs and experiences, existing culture and conceptual models, and understanding (e.g., health literacy) and can guide effortful sense-making activities of the patient, family, and provider. By forging new collaborative interdisciplinary research partnerships, a necessity reinforced by the National Institutes of Health (NIH) goals and research-funding requirements, it is possible to address these complex healthcare delivery challenges.

It is natural that health communication and nursing scholars work collaboratively to achieve shared goals of translating research into practice, evaluating communication processes, outcomes and the efficiency of patient-provider-healthcare system communication interactions to ultimately improve patient and family outcomes. Although a multitude of potential collaborations exist, in this paper we focus on opportunities and existing research collaborations between nursing and health communication scholars in the context of patient care. Specifically, we highlight the compatibility of research questions, theory and outcomes, the use of social influence to facilitate change, decision-making and information seeking, and professional goals for career advancement.

Shared Focus on Research Questions and Outcomes

Nursing and health communication scholars have similar research goals to improve patient care, well-being, and quality of life. Effective communication skills (e.g., those that empathize, encourage patient-participation, and respect diversity and choice) are consistently linked to improved symptom management and well-being, treatment adherence, informed decision making, reduced uncertainty and distress, and cost of care, to name a few (Bernacki & Block, 2014; Clayton & Dudley, 2009; Clayton, Dingley, & Donaldson, 2017; Clayton et al., 2017; Clayton, Mishel, & Belyea, 2006; Ellington, Billitteri, Reblin, & Clayton, 2017; Fortin, 2002; Haynes-Lewis et al., 2018; Peterson et al., 2016; Street et al., 2009; Thorne, Bultz, & Baile, 2005). Nurse-patient communication across healthcare settings can provide a rich source of data for learning about health communication processes and practices.

Patient-centered communication research emphasizes the role of the patient, and more recently the family, throughout interactions with healthcare providers and the wider healthcare system. In particular, health communication research examines how communication can facilitate a patient-centered or partnership-centered approach in which: (a) patients' perspectives are elicited, (b) the patient is understood in their psychosocial context, (c) a shared understanding of the problem and treatment options are achieved and are concordant with the patient's values and (d) patients share power and responsibility through their determined involvement in decision making (Epstein et al., 2005; Ishikawa, Hashimoto, & Kiuchi, 2013). With disciplinary roots in psychology and sociology, health communication scholars frequently view

patient-centered communication through a social constructionist lens suggesting meaning about illness and health are co-created through interaction and knowledge sharing between the patient and provider (Lambert et al., 1997; Lupton, 2012). To these ends, health communication scholars are interested in both transactional and relational goals of health encounters (Duggan, 2006). Coding schemes, interactional analyses, and checklist rating scales have been used to assess various factors associated with patient-centered communication and health outcomes (Brown, Stewart, & Ryan, 2001; Clayton, Latimer, Dunn, & Haas, 2011; Krupat, Frankel, Stein, & Irish, 2006; Roter & Larson, 2002; Street & Millay, 2001). Continued development of measures and evaluation approaches for health-related communication interactions can facilitate intervention design to improve communication and facilitate optimal outcomes as well as building and/or maintaining the multiple interpersonal relationships involved in healthcare delivery (Sparks, 2014).

Nursing has long considered patient- and/or family-centered communication as important for the delivery of quality patient care (Brown, 1999; Clayton et al., 2011). Nurses interact with patients more than any other healthcare provider, thus nurses have the most frequent communicative encounters with patients and their families. As such nurses are intimately aware of patients' questions and concerns as they navigate the healthcare system, make sense of their symptoms and illness, and ultimately make individualized treatment decisions. Better understanding of the nuances in verbal and nonverbal messages that signal individualized patient needs and concerns is critical to nursing care delivery (Clayton, Reblin, Carlisle, & Ellington, 2014). Practicing nurses may be aware of patient verbal and nonverbal cues indicating illness, distress, and/or a change in health status, and by extension provide opportunities to engage in patient-centered communication about these issues. However, nurse scholars may be less familiar with how to reliably measure, quantify and evaluate the subtle clinical observations that prompted these discussions. Illustrating collaborative opportunities to extend the identification and evaluation of verbal and nonverbal cues, nursing scholars investigating communication during home hospice care found that patient and caregiver cues of distress were not always identified or addressed by hospice nurses (Clayton et al., 2014).

Health communication scholars have the skills to assess, analyze, and evaluate communication processes, presenting an area ripe for collaboration between themselves and nursing. As an example, collaboration could result in the identification and quantification of verbal and nonverbal communication behaviors that indicate hopelessness, frustration, anger, sadness, and social isolation. These factors can be indicative of a patients' risk for depression, a frequently underdiagnosed condition (Biala et al., 2014; Passik et al., 1998; Slevin,

Plant, Lynch, Drinkwater, & Gregory, 1988).

Furthermore, health communication scholars are increasingly interested in the function of emotion in messages. Thus, another example is found in the investigation of humor as a factor that can affect patient and family outcomes. Research grounded in communication contexts found that humor and laughter function as “cues” that informal caregivers were approaching topics that needed a “safety valve” to relieve the stress, tension, or embarrassment associated with the topic of discussion (Betha, Travis, & Pecchioni, 2000; Nabi, 2016; Sparks-Betha, 2001; Sparks, Travis, & Thompson, 2005). The use of humor during patient care also has been explored with respect to the nurse-patient relationship, and in palliative care and cancer care (Frohlich & Severe, 2015; Haydon & Riet, 2014; Haydon, van der Reit, & Browne, 2015; Tanay, Roberts, & Ream, 2013; Terrill et al., 2018).

Shared Theoretical Focus

Nursing and health communication scholars both use theory to identify constructs likely to promote health behavior change. Theory is the essential foundation that assists the researcher in both the design of a study and interpretation of outcomes. Practically speaking, when publishing research findings, both nursing and health communication journals often require scholars to describe the underlying theoretical framework that guided the study. Litwak's (1985) theoretical approach to formal and informal networks regarded as complementary structures in long-term caregiving situations is an approach used by both nursing and health communication scholars (Travis & Betha, 2001). Furthermore, both health communication and nurse scholars have implemented theories such as the health belief model (Glanz, Lewis, & Rimer, 1997; Hochbaum, 1958; Janz & Becker, 1984), the transtheoretical model of behavior change (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992; Velicer, Rossi, DiClemente, & Prochaska, 1996), theories related to uncertainty (Clayton, Dean, & Mishel, 2018), and social cognitive theory (Bandura, 1991, 1998, 2012) to promote patient uptake and adherence to health promotion behaviors. In addition, health communication scholars seek to identify moderators and mediators of such behavior change theories in order to predict the likelihood of the desired change. For example, recent work has identified dispositional worry as a potential moderator of health belief model constructs (Scherr, Jensen, & Christy, 2016).

Both nursing and health communication scholars have investigated information and illness management strategies. For instance, stemming from Mishel's Uncertainty in Illness theory (Mishel, 1988; 1990), perspectives relating to uncertainty appraisal, uncertainty

management, and information management are found in the health communication literature (Afifi & Weiner, 2004; Babrow, 2001; Babrow, Hines, & Kasch, 2000; Babrow, Kasch, & Ford, 1998; Brashers et al., 2003) and nursing research (Bailey, Wallace, & Mishel, 2007; Clayton et al., 2006; McCormick, Naimark, & Tate, 2006; Mishel et al., 2005; Wallace, 2005; Wonghongkul, Dechprom, Phumivichuvate, & Losawatkul, 2006). This theorizing and research and their application to healthcare have been widely used and translated globally, with the potential to unify how interdisciplinary research teams assess and predict communication processes, illness trajectories, and outcomes (Clayton et al., 2018).

Shared Focus on Social Influence

Another collaborative research opportunity between nursing and health communication scholars involves the use of persuasion. In practice, nurses use social influence strategies to facilitate positive patient health outcomes such as smoking cessation, weight loss, and medication adherence, yet nurses receive little formal education about the relative use and merits of differing approaches such as fear, threat, or encouragement. Communication scholars have a vast wealth of information and experience developing and testing theoretically-driven messages. As an example, messages are used to promote health-protective behavior or discourage harmful behaviors based on fear (Witte, 1992, 1994; Witte, Berkowitz, Cameron, & McKeon, 1998), message framing (O'Keefe & Jensen, 2007, 2009), and tailoring (Kreuter & Wray, 2003). Shared understanding of how various communication approaches may contribute to different patient outcomes and how to design and tailor an approach to an individual patient's circumstances would help practicing nurses interact with patients and facilitate positive patient outcomes (Sparks, 2014).

Shared Focus on Decision Making and Information Seeking

Decision-making is another example of a communication-based patient care event of interest to both nursing and health communication scholars. Nurses are intimately involved with patient decision-making. Patients frequently ask a nurse with whom they have achieved a relationship for advice on what they should do, or what the nurse would do if he/she were in the patient's position (Clayton, 1996, 2006). Nursing scholars seek better approaches to educate patients about their treatment options and assisting patients to sort through risks and benefits, including enrollment in clinical trials. Similarly, health communication scholars are interested in identifying and modeling communication that facilitates shared decision-making (Makoul & Clayman, 2006; Thorne, Oliffe, & Stajduhar, 2013),

effectively communicates risks and benefits (Donovan, Brown, & Crook, 2015; Peters, Hibbard, Slovic, & Dieckmann, 2007), and promotes understanding among patients from different cultures (Morgan, Mouton, Occa, & Potter, 2016; Scherr, Ramesh, Marshall-Fricker, & Perera, 2019). Nursing and health communication scholars can jointly continue to investigate the process of decision-making, as opposed to simply addressing the outcomes of decision-making, creating rich areas for intervention studies.

Professional Advantages of Collaboration

Many nurse scholars are familiar with writing extramural funding proposals, an area health communication scholars are beginning to emphasize. However, while both health communication scholars and nursing scholars are familiar with research design, nursing scholars are familiar with implementing research studies in a healthcare setting. Nursing scholars can often provide clinical access and are adept at navigating clinical gatekeepers and stakeholders. Moreover, nursing scholars recognize the importance of communication as an independent variable and are aware of patient issues and concerns but, in turn, may lack knowledge of reliable measurement of communication processes and variables. For example, health communication scholars working with other disciplines often find that communication variables are defined and operationalized in less sophisticated ways than as is common within the communication discipline. Thus, communication scholars can provide more interesting and nuanced variables of interest, while nursing collaborators can provide easier access to, and greater understanding of the issues faced by patient populations. Further, both nursing and health communication scholars are used to working in teams, an integral part of multidisciplinary research.

Finally, there is precedent for nursing scholars and health communication scholars to publish outside their discipline-related journals (Brashers, Neidig, Reynolds, & Haas, 1998; Brashers et al., 2003; Clayton, Dudley, & Musters, 2008; Clayton et al., 2011; Hay et al., 2009; Reblin, Clayton, John, & Ellington, 2016; Scherr, Christie, & Vadaparampil, 2016). Publishing outside an investigator's discipline (i.e., beyond those who already "buy into" the importance of the research findings) demonstrates the impact of a study to patient care and facilitates enhanced dissemination of research findings.

Conclusion

Nursing and health communication scholars are uniquely suited for collaboration due to the compatibility of a shared focus on research questions, theoretical models, patient outcomes, and professional

goals for career advancement. Jointly, each discipline has skills that can enhance the richness of research questions and analyses of a given proposal. Working together we have an opportunity to effectively improve patient care and further understanding of factors that impact patient outcomes as well as enhance the translation of findings into practice.

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