

The importance of interpersonal communication in the process of rehabilitation. Review article

Znaczenie komunikacji interpersonalnej w procesie rehabilitacji. Artykuł poglądowy

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Key words

emotion, empathy, physiotherapist, patient, relationship

Abstract

In this paper the problem of interpersonal communication between the patient and the physiotherapist along with its implications for the process of physiotherapy are presented. The main goal of the present article is to transform theoretical knowledge about communication into clinical practice. In the first part of the article the author attempts to answer the question as to why interpersonal communication could be important for the physiotherapist. To encompass this aim a brief analysis of the scientific reports on the importance of communication between patient and therapist in the rehabilitation process has been conducted. In the second part of the article the practical ways of increasing the efficiency of communication between the physiotherapist and the patient have been shown. The text ends with a summary, in which the author presents a short resume of the current state of knowledge in the field of communication with the patient and outlines the opportunities and possibilities for further development in this field.

Słowa kluczowe

emocje, empatia, fizjoterapeuta, pacjent, relacja

Streszczenie

W niniejszym artykule przedstawiono zagadnienie komunikacji interpersonalnej pomiędzy pacjentem a fizjoterapeutą wraz z jego implikacjami dla procesu fizjoterapii. Głównym celem prezentowanego artykułu jest przełożenie w praktyczne wskazówki postępowania choć fragmentu dostępnej wiedzy teoretycznej z zakresu komunikacji. W pierwszej części starano się odpowiedzieć na pytanie, dlaczego komunikacja interpersonalna może być ważna dla fizjoterapeuty. Przedstawiono w tym celu analizę doniesień naukowych dotyczących znaczenia komunikacji pomiędzy pacjentem a fizjoterapeutą w procesie rehabilitacji. W drugiej części artykułu próbowano ukazać praktyczne, zaczerpnięte z literatury przedmiotu sposoby mogące posłużyć zwiększaniu efektywności komunikacji pomiędzy rehabilitantem a jego pacjentem. Tekst kończy podsumowanie, w którym starano się krótko scharakteryzować obecny stan wiedzy na temat komunikacji pomiędzy fizjoterapeutą a pacjentem oraz przedstawić możliwości dalszego rozwoju tej dziedziny nauki.

Why communication may have a significance for physiotherapy?

Communication is most generally speaking the process of conveying and receiving information through direct contact with another person¹. This process is so widespread that it is possible to forget about its existence. At the same time, as M. Potter writes^{2,3}, of importance in ensuring the high quality of physiotherapy may be supplying the patient with appropriate information on the course of

their treatment and therefore communicating with him. Patients in assessing their experiences of rehabilitation as positive have usually drawn attention to the fact that communication with the physiotherapist occurred in a pleasing manner^{2,3}.

Patient-centered physiotherapy

Cooper et al.⁴ have created a patient-centred model of effective physiotherapy (). The approach is also based on the subjective treatment of

a patient and the placing of him at the centre of the physiotherapist's interest. Here of significance is not only the final effect of the physiotherapeutic procedures but also their course, the creation of a mutual relation of respect and trust. Here are distinguished six areas which are of especial significance in physiotherapy: communication with a patient, individual care, decision-making, information on the patient, factors connected with the physiotherapist and the organisation of care (Figure 1).

The authors considered communication with a patient to be the most important. The mentioned researchers draw attention to the fact that the application of the model concentrated on the patient brought about therapeutic benefits in the test group of patients they treated for lower back pain.⁴

According to another researcher Maya⁵, the factors that to the greatest degree influence patient satisfaction within the course of rehabilitation are: professionalism and the communicative ability of the physiotherapist, the ability to adapt to patient needs, as also the obtainment by the physiotherapist of good results during treatment. It is therefore worth noting that the results of treatment are not the only aspect resulting in patient satisfaction. Equally important can be appropriate communication as well as its adaptation to patient needs. At the same time it may occur that physiotherapists in concentrating on obtaining the best possible results forget about the other important aspects in the therapy process.⁵

Another important matter from the point of view of patient communication is the question of emotions. Emotions often appear during the process of treatment and rehabilitation, however they are not often the subject of interest on the part of physiotherapists. As research shows, physiotherapists are aware of the existence of emotions lying at the basis of the therapeutic process, however they often ignore them, concentrating rather on the symptoms and an intellectualisation of the problem. While the identification and expression (communication) of the emotions experienced during a treatment situation may be helpful⁶. Often the very possibility to express emotion and to observe interest on the part of the therapist is an arousing one and something that results in a sense of satisfaction.

The therapeutic relation between the patient and the physiotherapist

It may be assumed that communication also plays a characteristic role in the creation of mutual relations be-

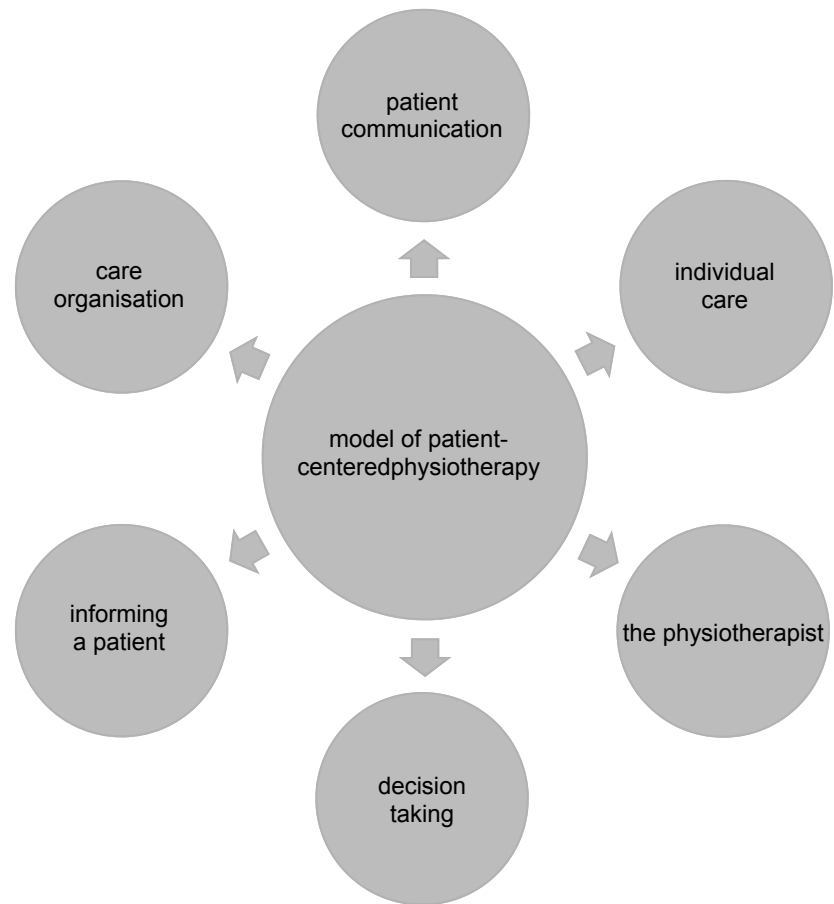


Figure 1
Six important elements in the process of effective patient-centered physiotherapy according to Cooper et al. (source: own research on the basis of Cooper et al.⁴)

tween the physiotherapist and the patient. Such a relationship is particularly important for the course of physiotherapy for it may equally influence the degree of pain, as well as the developing of a disability⁷. Mikolajewska⁸, in conducting a review of scientific literature on rehabilitation, claims that good relations between the physiotherapist and patient may result in a positive link to the results of the therapy itself. Also Hall⁹ in analysing 13 English-language articles has shown that physiotherapist-patient relations appear to have a significant meaning for the effectiveness of the rehabilitation process. Zaproudina et al.¹⁰ in applying their own scale for the measurement of rehabilitation satisfaction noticed a significant correlation between the abilities to communicate with a patient and the positive effects of physiotherapy. Besides it has been shown that the arousal of

positive emotions during contact with patients may result in improved patient satisfaction with the advice given¹¹.

The relations between the therapist and the patient may be understood after Bordin¹² and Horvath¹³ as a three-component construction (Figure 2). For the therapeutic relation comprises: bonds between the therapist and the patient, mutual agreement with regard to the goals of the therapy as well as an understanding in relation to the methods for achieving these goals (tasks). Here the bond constitutes a specific relation created between the patient and the physiotherapist who often come into contact with each other. If these relations are based on mutual sympathy and understanding then the result is that the contact is rather considered a pleasant one than an unpleasant one. In turn the mutual agreement as to the aims of the ther-

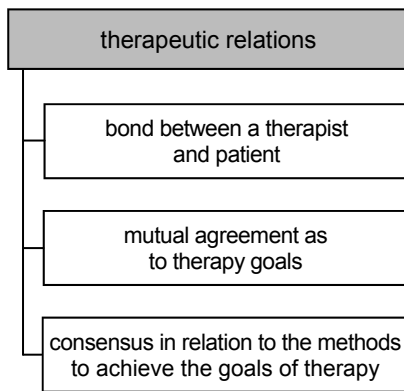


Figure 2

Three components of the therapeutic relations between therapist and patient according to Bordin¹² and Horvath¹³ (based on: Bordin¹² and Horvath¹³)

apy concerns an understanding between the patient and the therapist as to which aims of the therapy are the most important. This is an exceptionally important element, for in certain situations the aims in the eyes of the patient and therapist may be completely different. The final element – understanding in relation to the method applied in aim realisation, in referring to the way in which goals are to be realised relates to the mutual agreement between the therapist and patient on what must be achieved and how this is to be brought about so that the goals set are reached^{12,13}. In summing up, one may state that it is important that the patient and physiotherapist agree on the aims of therapy, its course and that they are sympathetic in their dealings with each other. It appears that there is no way to achieved the results without an adequate degree of interpersonal communication between the physiotherapist and the patient. What is more, the existing scientific research suggests that teaching physiotherapists the basic abilities in this field, is not merely desirable as essential¹⁴. It is therefore important to examine more closely the methods which may lead to an increased efficiency in communication between a patient and a physiotherapist.

Practical ways of increasing the effectiveness of patient communication

Professional and interpersonal competencies in work with patients

The competencies important to obtain patient confidence and trust as well as those needed to ensure the providing of professional help may be divided into two groups. The first group may be defined as ‘professional competencies’, these include: evaluation of a patient’s state as well as ensuring appropriate and effective treatment. The second group of competencies may be called ‘interpersonal competencies’. Here we may list: the ability to understand individual patient experiences, communicating in a clear and understandable way, the building up of a partnership relationship with the patient, the ability to exhibit care, honesty and respect in relation to the patient¹⁵. For the purpose of this article an attempt has been made to describe ‘interpersonal competencies’ drawing attention to the fact that they may have as much significance for the physiotherapist as ‘professional’ competencies and abilities.

Research into patient satisfaction with the course and effects of physiotherapy have shown that satisfaction correlates with the degree to which physiotherapists reply to patient questions, provide information about the illness and how much respect therapist shows to a patient. It has been ascertained that the most important factor conditioning satisfaction with rehabilitation procedures is the professional interaction between the patient and the therapist. A critically important element of this interaction is communication based on the patient being provided with important information by the physiotherapist¹⁶. An important link in the communication process is therefore the sharing with a patient of explanations as to why certain procedures are undertaken as well as informing them about their aim and significance. It is also important to ensure that a patient understands the purpose of all the activities in which they participate and that an

attempt is made to provide accessible answers to any questions the therapist may be asked. Such an approach reduces patient uncertainty as to what may occur in the course of rehabilitation¹⁷. What is important is that research shows how reduced patient uncertainty in a situation of illness and therapy can result in improved health outcomes¹⁸.

Empathy in relation to patients

Another important aspect in patient-physiotherapist relations, one in which communication may play a significant role, is that of mutual empathy. Kilszc and Trzeciak define it within a situation of contact between a doctor and a patient as: ‘in order to call a contact between a doctor and a patient as empathic, both partners in the interaction should experience the same emotions at the same place and at the same time. For one to consider thinking about the feelings experienced by a patient as an expression of empathy, there has to occur an approach to their mutual experiencing, with a preservation, though, of their own identity.’¹⁹. It seems that the person of the doctor may be replaced within this definition with the personage of a physiotherapist without any damage to its general meaning. A physiotherapist in his treatment of a patient often remains in closer contact than is the case with a doctor. Appropriate communication seems essential to show a patient that we are attempting to understand their specific situation.

Bradley and Edinberg disclosed several pointers as to how to obtain a state of empathy²⁰. They suggested that it is important to remain with the patient in the same place and at the same time as well as to show an interest through one’s words and gestures. A patient should feel interest on the part of the physiotherapist, while often they experience a sense of the therapist wandering in his thoughts somewhere far beyond the clinic, or hospital. Here helpful may be placing oneself in the patient’s position and asking oneself the questions they ask. Reflection over what answers may be

^A Kliszcz J., Trzeciak B.: Komunikacja w Relacji Lekarz – Pacjent. Materiały pomocnicze dla studentów. Katedra i Zakład Medycyny Rodzinnej Akademii Medycznej w Gdańsku. Gdańsk 1998, p. 49

desired can aid in such communication with a patient, answers that will contain not only tangible information but which will also convey to the patient an understanding of their situation²⁰.

In analysing the question of empathy it follows to draw special attention to the fact that the arousal of empathy is not necessary in all situations. In such common situations within health care such as rapid and effective intervention, the main aim is the diminishing of pain or the eventual removal of a threat to life. Empathy increases in importance with the elongation in time of an illness and the increase in the intensity of mutual contacts between a patient and a therapist.

Supportive communication

Communication with a patient has as its aim the conveying to the said that, despite limitations in physical ability, the patient remains a valued individual, and that their disability does not have to influence other spheres of their life. Here of help may be communication implying that a given dysfunction in no way destroys a patient's entire self, but merely influences their functioning within a specific sphere. It is worth accentuating that dysfunction is limited in scope. In response to the hypothetical patient utterance: 'this illness means I'm no good for anything', which as we can note transfers the 'illness' to the entirety of the patient, one may reply that 'it is true that the illness means that you have difficulties in moving but that in no way means that you are good for nothing, (drawing attention to the limited scope), you can still cook brilliantly (drawing attention to a sphere within which the patient still is competent regardless of the illness)'. The illustrating example is extremely general and banal, yet it attempts to show the general principle in approach. Helpful may be emphasising in talks with the patient the fact that despite a shortfall in competencies in certain areas of activity, there still remain fields in which the patient will manage well.²¹

Another researcher, Funnell²², equally draws attention to the fact that the

way one communicates with a patient is exceptionally important for the process of rehabilitation. She has noted that sometimes medical specialists find it difficult to accept that a patient may be the expert in the field of his life and should have the possibility to discuss and choose the means of physiotherapy. This is especially important in the situation of chronic illnesses, requiring long-term rehabilitation, often conducted independently by the patient at home. In such a situation essential is patient activeness and involvement. Funnell notes that this may be obtained through an attempt at discussion with the patient about their problems, rather than simply giving pointers and advice. The author gives the following two examples of chats with patients:

Patient: I can't stand these exercises.

Therapist 1: Why don't you go on a en-minute walk every evening with your husband then.

Therapist 2: What can't you stand? What would help you do them better?

Therapist 1 presents here the traditional, according to Funnell, way of talking to patients. The therapist as an expert in the field of rehabilitation gives advice as to what should be done in his opinion given that the exercises don't suit the patient. We can see here that the patient's opinion is not taken into consideration, many patients would not question the recommendations of a therapist, although they may not suit them, the result of which is probably going to be that they are not performed regularly.

Therapist 2 presents a way of communicating defined as the 'new model'. He turns to the patient not with a ready prepared piece of advice but with a request for an explanation. He tries to find out why the exercises are inappropriate. He collects information as to what upsets the patient in the given exercises as well as asking what activity could be considered in the place of the 'hated' exercises. Only when supported by a knowledge of the patient's situation does he use his expertise to choose a new set of exercises or an activity devoid of the shortcomings of the previous one. There is a high likelihood that the patient will themselves, during the

course of the conversation, suggest an activity that suits and that the therapist will agree that this is a suitable course of action. Then the patient instead of feeling that the physiotherapist has 'forced' him to walk may be of the opinion that they themselves chose an appropriate type of activity. This is important as it leads to a patient taking responsibility for their treatment.²²

Solomon has developed an interesting approach to the process of communication²³. Firstly, he has drawn attention to the fact that therapists often concentrate on the first symptom mentioned by a patient, although this is not always the symptom that concerns the main problem. Secondly, they limit conversation to physical symptoms and their treatment avoiding the psycho-social consequences of the disturbance important for the patient. In order to improve the effectiveness of communication it is worth giving a patient time to find the appropriate words to express their thoughts and feelings. Here important may be the asking of open questions, that is those which enable a development of the response beyond the level of mere 'yes' and 'no' answers. It is also good to ask the patient about the social consequences of their disturbances and also about the significance of these. This allows for a better defining of the areas in which the physiotherapist's help is the most urgently sought. It is worth summing up what a patient has said in order to provide him with the reverse information as to how their words have been understood.²³

Defining the aims of therapy

Another aspect of the process of physiotherapy in which communication plays a key role is the defining of the aims of a given course of therapy. As Cott and Finch write²⁴ these aims should be specific, measurable, of an appropriate level of difficulty, and acceptable to the patient themselves, as well as being connected with feedback information. The active participation of the patient in establishing these aims appears to be exceptionally important. Specific aims are those

which may be clearly defined, whereby a specific goal may be 'to improve movement' and not 'better health'. Measurable aims are, in turn, those which may undergo objective measurement, for example: 'to improve movement scope by 10° by the end of the month'. Measurable goals have at their core the possibility of saying whether they have been achieved or not. It is also important that the aims be adapted to real patient possibility and that they are accepted by the patient themselves. Here communication is vital and confirmation as to whether the selected aims are satisfactory for the patient²⁴. Here one may apply a known scaling method involving a patient being asked on a given scale of, for example, 1 to 10 whether they would be satisfied if the aim agreed on earlier was achieved. If a patient replies with a low rating they may then be asked what would have to be changed in the chosen goal for there to be a higher score. Such an approach allows one to a greater degree to explore a patient's needs without arousing in them a sense of incompetence.²⁵

In turn Parry²⁶ draws attention to the fact that the process of designating aims may be exceptionally time-consuming and exerting. He showed that in the majority of cases it is the therapists who determine what is the most important for a patient and what the aims to be achieved in the immediate future are to be. The patient's input is often limited to answering the therapist's questions as well as expressing agreement to his propositions. What is interesting, therapists who have tried to activate patients so that they, the patients, establish aims for themselves have met with many difficulties. However, it seems that patient involvement in the process of aim designation could bring about advantages for the therapy process itself²⁶. For if a patient takes part themselves in the process of designating the aims there is a greater chance that the chosen goals will be considered by them to be actually important and that they will apply themselves in their realisation. Therefore of immense importance for a therapist is communicating with a patient so as to

promote patient input in the designating of aims. This may be achieved through drawing the patient's attention to the fact that their point of view is important and will be taken into consideration during physiotherapy. Helpful may also be making the patient aware that they also are responsible for the course and outcome of treatment; as often the chosen goals are unobtainable without the systematic and independent input of the patient themselves²⁷.

Summary

On the basis of the reports presented one may state that communication plays a significant role in the process of rehabilitation. Good communication between a patient and therapist allows for the expression of emotions, a solution to problems that occur and the creation of relations based on mutual respect and trust. The claim that communication with a patient may be an important element in the therapeutic process appears justified: an element that may have a connection with the course and result of treatment. It is worth remembering, however, that professional knowledge still remains the most important factor conditioning effective rehabilitation. It also is important to note that in certain therapeutic situations, communication may play a secondary role particularly in cases involving sudden and decisive intervention. One may assume though that the matter of patient communication will take on an increasingly greater significance. This may be brought about by the increasing competition within the medical market, which has been accompanied by increased patient awareness. Increasingly often those who exist within the state system as patients become 'clients' within the framework of private medicine. It appears that patients increasingly expect not only positive results from medical intervention but also that the whole process of treatment be of a high quality. Together with the increase in the number of commercial clinics and surgeries a physiotherapist will have to manage with a state of affairs in which someone coming for treatment and help

will have definite expectations as to the quality of the services to be provided. It appears as if these expectations can to a degree be met through an effective display of respect and understanding in patient communication. The process of communicating with a patient is, however, a huge calling. For it is difficult, based on the present-day state of knowledge, to develop an unequivocal scheme for behaviour, or methods for the most effective forms of communication which would lead to therapeutic success. Therefore it seems that contemporary psychology has much to offer in providing pointers as to procedure. Thus it is all the more important to follow critically the further development of the social and medical sciences with regard to interpersonal communication and to treat seriously those theories which have obtained empirical confirmation.

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