Keeping the person at the centre of digital communication in health care

Here, Ellie Lindsay OBE explores why, with the increased use of virtual technology in health care, good communication skills are more vital than ever to ensure person-centred, holistic care.

The evolution of technology and electronic devices, such as smart phones, has greatly influenced the way we communicate today, improving the speed and ease of reaching out to others. But, the downside of the speed of, for example, a text messaging service, may be that individuals are no longer taking the time to converse in person and to be truly present — in mind and body.

In the field of health care, use of virtual care technologies is expanding. Automated text-messaging systems, in combination with widespread use of smart mobile devices, has the potential for wide-reaching use as an alternative to telephone calls, traditional mail, and emails. For example, text reminders are used to prompt patients ahead of their appointments. However, increasing reliance on evolving electronic devices and digital communication to cope with rising demands on the healthcare system may lead to inadvertent oversights, misunderstandings, and important messages being lost in translation, thereby posing a challenge to keeping the communication patient- or person-centred.

'... increasing reliance on evolving electronic devices and digital communication to cope with rising demands on the healthcare system may lead to inadvertent oversights, misunderstandings, and important messages being lost in translation.'

COMMUNICATING IN PERSON

Due to excessive weight loss and other health issues, a colleague of the author was informed by the general practitioner (GP) that a fast-track referral appointment to see a specialist had been arranged within two weeks. Understandably, the individual involved experienced an upsetting mixture of emotions, which can be isolating and daunting no matter how old, educated, or stoic one is. Over the coming weeks, the fast-track route involved numerous members of an extremely professional, multidisciplinary team (MDT) undertaking invasive procedures, including biopsies and computer tomography (CT) scans. Apart from the biopsies sent for histology, good information reviews were provided by the consultant at each consultation clinic/unit.

However, after a three-week wait for the CT results, the only communication received was a text message stating an appointment had been made by the MDT to attend another clinic for further investigations. No explanation was provided either by email or other means of communication. Naturally, to someone who had experienced multiple clinics within the healthcare system and was awaiting results, the need for good verbal communication skills was essential. Instead, there was stress and bewilderment at a text message communication with no explanation or feedback on the CT results — just an appointment received in an electronic format, with an unknown consultant and further procedures.

It is widely accepted that communication technology and successful interaction are essential components in health care, especially when an individual needs a triangulation pathway within a hospital/clinic environment. However, effective face-to-face communication is still needed in practice, as it can help reduce misunderstandings when diagnostic procedures and treatments are increasingly prearranged on an outpatient basis. Indeed, effective verbal communication is a means to impart sensitive information.

In the author's opinion, having a good communication pathway between healthcare professionals and individuals requiring assessment and/or procedures and results improves the overall clinical experience. Involving those in our care in good, informative communication can ensure that their views and experiences are central to the MDT's decision-making regarding appropriate referral pathways, treatment and care. The key is to provide positive psychological factors — such as hope, optimism and resilience — to enable better overall psychological health, increased treatment adherence, and improved healing speed.

DO WE COUNT AND DO WE MATTER?

Every sensation experienced during a healthcare journey from the initial GP visit to a specialist referral pathway provides an emotional reaction and,

Ellie Lindsay OBE, honorary professor, College of Phlebology, London; independent specialist practitioner visiting fellow, Queensland University of Technology, Australia; visiting senior fellow, University of Suffolk; associate lecturer CRICP, Thames Valley University, London

as practitioners, we should be able to recognise fear, embarrassment, confusion, vulnerability, and dread when someone is trying to make sense of what is happening to them. Communication can be extremely stressful, especially when lack of continuity means interactions with different clinical teams. Communication through verbal or written means is important throughout the navigation journey. Questions regarding treatment plans and making the best decision can be difficult for those without a medical background, illustrating why effective communication is important, as well as listening carefully to individuals regarding their understanding of the results of investigations.

The nursing role and computer informatics have broadened, with computers being used in the administrative areas of care delivery for fundamental tasks that were once done on paper. Today's person-centred care demands many disciplines and skills, and prime consideration should be given to address individual wants and feelings when planning care with MDTs.

Among the many skills required by every member of the MDT, one of the most frequently underestimated is the art of communication. In the author's opinion, communication requires skilled management, careful planning, good inter-personal skills, and realistic timescales and accountability. This means not only having to answer for an action when something goes wrong, but also a continuous process of monitoring how a MDT performs professionally. Responsibility will vary in different situations, but there is always a need to be aware that one is constantly responsible — and therefore constantly accountable — to ensure that effective communication between an individual requiring care and the healthcare professional is maintained.

The skill of giving appropriate information in a way that the individual can accept, understand, and remember cannot be minimised, and their adherence to information is clearly linked to satisfaction with, and recall of, the practitioner–patient interaction.

ARE WE GETTING TOO BUSY TO CARE?

With nursing skills becoming more complex and technical, it is important that we do not lose the nurturing and caring aspect of the profession. Nursing should embrace a person-centred approach involving a three-way relationship between the individual, their carer, and the nurse, in which people are encouraged to be equal partners (Lindsay, 2019). The patient's voice needs to be heard at every level of their care — a major challenge is how to create meaningful pathways for people when experiencing care. As healthcare professionals, we should provide patients and their families with sufficient information to enable them to play an active part in their care, with transparency in information-sharing facilitating patient input.

CONCLUSION

If we fail to communicate, we fail to advocate (Lindsay et al, 2017). This requires paying increasing attention to the human dimension of illness, investigations, procedures, as well as good communication skills. The core concept is looking at the whole person, which is achieved by considering the needs of the individual using a MDT approach. The value of person-centred care is the practice of caring for individuals (and their families) in ways that are meaningful and valuable.

A good relationship between the clinician, individual and family is at the heart of health care and is what those in our care value most. Part of this communication may be provided electronically — this might be what some patients prefer — but digital communication should have person-centred care and compassion at its core.

No single service should work in isolation within the healthcare system, specifically when individuals already feel helpless and powerless in the face of uncertainty and find experiencing and navigating clinic and hospital procedures complicated. It is also important to engage from the outset, addressing every stage of the therapeutic communication journey as opposed to becoming reliant on an automated message service. **JCN**

REFERENCES

Lindsay E, Talbot L (2019) Enhancing quality of life for individuals living with a PICC line in situ. *J Community Nurs* 33(5): 59–62

Lindsay E, Renyi R, Wilie P, Valle F, White W, Madia V, Edwards H, Foster D (2017) *Patient-centred care: a call to action for wound management*. WUWHS symposium patient advocacy