THE MEDICAL PATIENT AS LISTENER: EXPANDING THE HEALTH LITERACY MODEL

Andrew D. Wolvin
University of Maryland
awolvin@umd.edu

Given the emphasis on the collaborative medicine model in health care, a major issue in public health today is the state of the health literacy of Americans. Ratzan and Parker (2000) provide a widely-used definition of health literacy as "the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions" (p. 1). The National Health Council defines health literacy "to include not only an individual's reading level, but also additional factors such as cultural background, language, education level, and readiness to receive health information" (Weinberg, 2000, p. 9). Results of the National Assessment of Adult Literacy ("The Health Literacy of America's Adults," 2003) reveal that the majority of American adults have intermediate health literacy. Rima Rudd ("U.S. Adults Deficient in Health Literacy," 2006) of the Harvard School of Public Health interprets this finding: "Intermediate skills means that a majority of U.S. adults will have some difficulty using health-related materials with accuracy and consistency" (p. A4).

Consequently, health professionals are concerned about strategies to make health materials more readable: "Most patient education materials and consent forms can be read and comprehended independently by only about 20% of American adults" (Davis, 1997). Indeed, health literacy traditionally is centered on a patient's ability to read prescription literature (Ishikawa & Yano, 2008). "Health literacy–the ability to read, understand, and act on health information--"notes a leading pharmacologist, "is a critical component to successful medical care" (Giorgianni, 1998, p. 4).

To center health literacy on reading level, however, is far too narrow. Indeed, "no studies demonstrate that enhancing the readability of health information alone improves health outcomes" (DeWalt, Boone, & Pignone, 2007, p. S27). Most of all, patients need to know how to <u>listen</u> to their health care providers. They need to know how to ask questions and how to get the information they need from their physician and from their pharmacist. And they may have to interact with nurses and technicians in clinics and hospitals. All of this requires much more listening than reading.

To be fair, some have recognized that "Patients with poor health literacy not only have limitation in reading but also may have difficulties processing oral communication and conceptualizing risk" (Schillinger, Grumbach, Piette, Wang, Osmond, Daher, Palacios, Sullivan, & Bindman, 2002, p. 475). And Soafe (2000) stresses that "Health literacy does not just mean understanding words on a page. It includes the more important task–the ability to properly use health information" (p. 19).

The Institute of Medicine Committee on Health Literacy agrees that "print literacy has dominated the discussion in health literacy so far" (Nielsen-Bohlman, Panzer, & Kindig, 2004, p. 38). The committee recognizes that other communication modes are essential components of the health literacy model, including oral communication skills: "Listening and speaking skills are essential for public health communication, the commercial sector's advertising goals, and for practitioner-patient interactions, such as for the presentation of symptoms critically needed for diagnosis" (Nielsen-Bohlman, et al., pp. 37-38). Indeed, rule 4 of the ten rules for redesigning health care stipulates that "clinicians and patients should communicate effectively and share information"

(*Crossing the Quality Chasm*, 2001). This can only happen if the patient can listen and speak effectively in the health care setting. Given the importance of listening and speaking skills to health literacy, "the current measures of health literacy that are modeled on previous functional literacy assessment tools do not tap the full scope of health literacy" (Nielsen-Bohlman, et al., p. 50).

Medical educators have recognized the need for preparing physicians with communication competencies to better listen to their patients (Headly, 2007). Some research on listening in health care has centered on the physician as listener. To underscore the importance of listening to patients, Levinson, Dull, Roter, Mullooly, and Frankel (1997) determined that physicians who avoided malpractice suits spent an extra 3.3 minutes (18.3 rather than 15 minutes) with their patients, encouraging and facilitating them to talk about their problems. Arnold and Valentine (1989), for instance, determined that patients value clinicians' interpersonal skills as much as they do their technical competence. Frankel (1995) discovered that patients seek physicians who communicate with empathy, concern, active listening, and friendship. Arnold and Shirreffs (1998) concluded that patients prefer patient-centered physicians who are perceived as competent and who practice empathic listening. "Doctor's appointments need to be set up to last more than an average of twelve minutes," urges Harvard pediatrician Jody Heymann (1995), "so that physicians can learn that they can afford to listen and that their patients cannot afford for them not to listen" (pp. 250-251). A *Consumer Reports* survey (Get Better Care, 2007) of readers who gave their doctors high marks reported the communication behaviors they liked: treats me with respect; listens to me with patience and understanding; appears to care about my emotional well-being; encourages me to ask questions; makes an effort to get to know me as a person.

Other research on health care has considered the role of the physician in enabling better patient listening. In a study of physician use of medical jargon with patients, Castro, Wilson, Wang, and Schillinger (2007) observe that clinicians need to listen to themselves and reduce the use of jargon when delivering health care. They also caution that asking the closed question, "Do you understand?" leads medical providers to overestimate patient understanding. In another study of health care providers, Schwartzberg, Cowett, VanGeest, and Wolf (2007) identified communication strategies frequently used with patients with low health literacy to ehance their listening: using simple language; providing printed materials; and speaking more slowly.

In recognition of the importance of listening in delivering effective health care, physicians today are under scrutiny as communicators. Step 3 of the medical certification board now includes a communication component. The Association of Medical Colleges has looked at incorporating a listening segment in the MCAT exam. These efforts may be well placed, especially as some research (Beckman & Frankel, 1984) would suggest that physicians interrupt patients after only 18 seconds after they begin to speak in a clinical diagnosis! Rita Charon, head of Columbia University's narrative medicine program, trains her medical students to listen more fully to their patients. Her method is to tell patients "I'm going to be your doctor and I need to know a lot about your health—and then I stop talking" (Tanner, 2005, p. 6).

While, clearly, physicians need to be effective listeners in the patient-physician partnership, what is missing from this emphasis on the physician as listener in the collaborative medicine model is the patient as listener. Purdy (2003) calls for this to be a dialogue to include the patient "among equals with all elements of the health care team working in collaboration" (p. 10). The United Health Foundation featured an ad headlined "Medical Studies Indicate Most People Suffer a 68% Hearing Loss When Naked" (2005) encouraging patients to tell their doctors everything and to ask questions. And the Agency for Healthcare Research and Quality has issued The Pocket Guide to Staying Healthy at 50+ (2003) in conjunction with the AARP. The guide offers advice on what to ask and what to tell one's doctors and nurses but not on how also to listen to the health care providers. Fitzpatrick, Burke, and Lee (2003), critical care nurses, provide lists of questions on more than 70 health care issues so that patients can "start a meaningful dialogue between you and your healthcare providers" in their book What to Ask the Doc: The Questions to Ask to Get the Answers.

It is not enough, however, to ask the questions. Patients have to be able to listen to the responses to their questions. ". . . [P]atients need to come forward and openly discuss their problems," notes the editor of a monthly newspaper for senior citizens (Rosenthal, 2005), "and—after being listened to—do their part by listening to their doctors" (p. 4). Brody (2007) offers guidelines for patients to take the initiative in communicating with their doctors: "If the doctor says something you do not understand, ask that it be repeated in simpler language. If you are given a new set of instructions, repeat them back to the doctor to confirm your understanding. If you are given a new device to use, demonstrate how you think you are to use it" (p.3) Jones, Kreps, and Phillips (1995) have argued that health care consumers should listen carefully to their providers in order to effectively weigh their options and recommendations to make effective health care decisions. Patients must be highly skilled listeners to understand the details and implications of treatment strategies.

The challenge to patients to be skilled listeners is complicated by a significant barrier: "One's motivation and cognitive ability to listen effectively are greatly challenged during times of medical distress" (Kreps, Bonaguro, & Query, 1997, p. 299). Indeed, Kreps, Bonaguro, and Query (1997) stress that "Effective listening is a critical communication strategy for gathering relevant health information. . . to make the best health care decision" (p. 301).

Communication research on effective listening began with a skills orientation (Nichols, 1948) that has pervaded the field to the present day. Wolvin and Coakley (1994), however, have argued that the process of listening is a matter of communication competency which accounts for affective and cognitive components as well as the skill sets: "Competence in listening. . . demands both knowing about listening and doing or engaging in appropriate listening behavior. . . competency in listening. . .also must include the attitudinal component–the willingness to engage as a communicating listener" (p. 151). Expanding the listening research agenda, some scholars (Halone, Cunconan, Coakley, & Wolvin, 1998) have explored the multidimensionality of listening in an effort to establish an empirical foundation for understanding listening affects and listening

cognitions as well as listening behaviors. It is important, then, to conceptualize listening in its broadest sense as central to health literacy.

The process of listening is complex (see Wolvin, 2009). The listener must receive and attend to the auditory, visual, and sensory messages and then cognitively assign meaning to those messages in his/her working memory. At every point in this process, any of a number of message, speaker, channel, environment, and listener variables (e.g. age, gender, culture, background) impact how the listener will respond. Depending upon what the listener has at stake in the communication at the time, the message will receive full central or, alternatively, peripheral processing (Chaiken, 1980). Consequently, the outcome of the communication may or may not reach a level of what Mulanex and Powers (2001) describe as "listening fidelity," the degree of congruency between the speaker's and the listener's cognitions.

According to the Institute of Medicine Committee on Health Literacy, listening and speaking skills are essential for patients in public health communication (Nielsen-Bohlman, et. al, 2004, p.37-38). "The goal is to improve health through action based on understanding of the physician's instructions" (Giorgianni, 1998, p.10). As Gordon, Yoshida, Hikoyeda, and David (n.d.) describe in their *Patient Listening* study, health communication is a two-way process. As listeners, patients need strategic communication competence to understand a doctor's diagnosis and instructions and to be able to ask questions for clarification or repetition. In order to achieve such a goal, an awareness of the need for patients to listen to their healthcare provider should be publicly addressed. Therefore, a public information campaign designed to inform Americans of the importance of listening when communicating about healthcare is long overdue.

The National Health Council, December 2000, has stressed that in order to enable all consumers and patients to understand and follow health recommendations, the health community should create outreach programs and plan media and general public information campaigns (Smoak, 2002). This goal is consistent with the Healthy People 2010 goal of improving the health of each individual, each community, and the nation (Healthy People, 2007). To create a listening and health literacy campaign appropriate to this goal, the design of health messages and the reactions to those messages is crucial. Research (Umphrey, 2004) suggests that health-related messages must be consistent with a listener's health goals and his/her perceptions of their capability to perform the advocated behavior . Therefore, it is important that the message be designed to demonstrate to the health care consumer that listening plays an important role in health care, and that they have the ability to deal with their health issues through careful listening.

To convince Americans that they should be better listeners to their doctors, a public information campaign could focus on the need to listen and on how to be more effective as patient/listeners:

- **Prepare for your doctor's visit; make a checklist to identify important questions you might wish to discuss.**
- **Focus your attention fully on your doctor.**
- **Share your thoughts, ask questions, and talk openly.**
- **Take notes or get a friend or family member to take notes for you.**
- **Repeat what you hear in your own words to help prevent any misunderstandings.**
- **If you don't understand your doctor's responses, ask questions until you do understand.**
- **Clarify, ask for unfamiliar words to be repeated, defined, or written down for you including diagnosis, medications, or any medical terms you do not understand.**
- **If you want to know more, ask where and how you can get more information.**

A public information campaign can offer a tremendous opportunity to address an important issue: listening as a two-way process in providing health care to all Americans.

REFERENCES

Arnold, W. E. & Shirreffs, J.H. (1998). Patient perceptions of patient-physician communication with allopathic and naturopathic physicians. *International Journal of Listening,* 12, 1-11.

Arnold, W.E. & Valentine, C.A. (1989). Components of physicians' empathetic listening. *Florida Journal of Communication*, 4, 35-39.

Beckman, H.B. & Frankel, R.M. (1984). The effect of physician behavior on the collection of data. *Annals of International Medicine*, 115, 470-477.

Brody, J. (January 30, 2007). The importance of knowing what the doctor is talking about. *The New York Times*. http://www.nytimes.com/2007/01/30/health/30brody.html Retrieved 1/31/2007.

Castro, C.M., Wilson, C., Wang, F., & Schillinger, D. (2007). Babel babble: Physicians' use of unclarified medical jargon with patients. *American Journal of Health Behavior,* 31, S85-S95.

Chaiken, S. (1980). Heuristic versus systematic information processing and the use of source versus message cues in persuasion. *Journal of Personality and Social Psychology*, 39, 752-766.

Davis, T. (1997). *What is Health Care Literacy?* Paper Presented at Health Literacy: A National Conference, Washington, D.C.

DeWalt, D.A., Boone, R.S., & Pignone, M.P. (2007). Literacy and its relationship with self-efficacy, trust, and participation in medical decision making. *American Journal of Health Behavior*, 31, S27-S35.

Fitzpatrick, M., Burke, L., & Lee, D. (2003). *What to Ask the Doc: The Questions to Ask to Get the Answers*. Chicago, IL: N. Interactive.

Frankel, R.M. (1995). Emotion and the physician-patient relationship. *Motivation and Emotion,* 19, 163-173.

Get better care from your doctor. (February, 2007). *Consumer Reports*, 72, 32-36

Giorgianni, S.J. (1998). Reading, writing, and medicine. *The Pfizer Journal*, 2, 4-5.

Gordon, D., Yoshida, H., Hikoyeda, N, & David, D. (n.d.) *Patient Listening: Health Communication Needs of Older Immigrants*. Philadelphia: Temple University Center for Intergenerational Learning.

Halone, K.K., Cunconan, T.M., Coakley, C.G., & Wolvin, A.D. (1998). Toward the establishment of general dimensions underlying the listening process. *International Journal of Listening,* 12, 12-28.

Headley, A. (2007). Communication skills: A call for teaching to the test. *American Journal of Medicine*, 120, 912-915.
Healthy People 2010. (2007). A systematic approach to health improvement. http:www.healthpeople.gov (Retrieved 11/2/2007).

Heymann, J. (1995). *Equal Partners.* New York: Little, Brown.

IOM. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, D.C.: National Academy Press.

Ishikawa, H. & Yano, E. (2008). Patient health literacy and participation in the health-care process. *Health Expectations*, 11, 113-122.

Jones, A., Kreps, G.L., & Phillips, G. (1995). *Communicating With Your Doctor.* Carbondale, IL: Southern Illinois University Press.

Kreps, G.L., Bonaguro, E.W., & Query, J.L.Jr. (1997). Listening: A crucial competency for effective health care delivery. *Listening in Everyday Life.* Lanham, MD: University Press of America.

Levinson, W., Roter, D., Mullooly, J., Dull, V., & Frankel, R. (1997). Doctor-patient communication: A critical link to malpractice in surgeons and primary care physicians. risk. *JAMA, 227, 553-559.*

Medical Studies Indicate Most People Suffer a 68% Hearing Loss When Naked. (July 10, 2005). Print Ad, United Health Foundation, *Parade*, p. 7.

Mulanax, A. & Powers, W. (2001). Listening fidelity development and relationship to receiver apprehension and locus of control. *International Journal of Listening*, 15, 69-78.

Nielsen-Bohlman, L., Panzer, A.M., & Kindig, D.A. (Eds.) (2004). *Health Literacy- A Prescription to End Confusion.* Washington D.C.: The National Academies Press.

Purdy, M. (2003). Communication and human life: A communication model for serving in healthcare/welfare. Paper presented to International Association for Health Communication Sciences Conference, Tokyo.

Ratzan, S.C. & Parker, R.M. (2000). Introduction. In Selden, C.R., Zorn, M., Ratzan, S.C., & Parker, R.M. (Eds.) *National Library of Medicine Current Bibliographies in Medicine: Health Literacy.* Bethesda, MD: National Institute of Health, U.S. Department of Health and Human Services.

Rosenblum, D. (1993). *A Time to Hear, a Time to Help.* New York: The Free Press.

Rosenthal, S. (June 2005). Two sides to this story. *Senior Beacon*, 4.

Schilling, D., Grumbach, K., Piette, J., Wang, F., Osmond, D.,Daher, C., Palacios, J., Sullivan, G.D., Bindman, A.B. (1997). Association of Health Literacy with Diabetes Outcomes. *JAMA*, 288, 475-482.

Schwartzberg, J.G., Cowett, A., VanGeest, J., & Wolf, M.S. (2007). Communication techniques for patients with low health literacy: A survey of physicians, nurses, and pharmacists. *American Journal of Health Behavior*, 31, S96-S104.

Smoak, R., S. (2002)*Health Literacy in America: What the Health Community Can Do Now.* National Health Council .

Sofaer, S. & Luciano, R.P., (2000). The future of health literacy. *Health Literacy: The Impact and Strategies for Moving Forward.* National Health Council

Tanner, L. (June 2005). Making doctor visits more useful, efficient. *Washington Senior Beacon*, 6.

"The Health Literacy of America's Adults: Results from the 2003 National Assessment of Adult Literacy." (2003). Washington, D.C. National Center for Education Statistics.

The Pocket Guide to Staying Healthy at 50+. (2003). Washington, D.C. Agency for Healthcare Research and Quality.

Umphrey, L.(2004). Message defensiveness, efficacy, and health-related behavioral intentions. *Communication Research Reports,* 21, 329-337.

"U.S. Adults Deficient in Health Literacy," (7 September, 2006), *The Washington Post,* p. A4.

Weinberg, M. (2000). *Making a Difference. Health Literacy: The Impact and Strategies for Moving Forward.* Symposium Proceedings. National Health Council.

Wolvin, A.D. (2009). Listening, understanding, and misunderstanding. In Eadie, W.E. (Ed.) *21st Century Communication A Reference Handbook.* Los Angeles: Sage.

Wolvin, A.D. & Coakley, C.G. (1994). Listening competency. *Journal of the International Listening Association*, 8, 148-160.