PROFESSIONAL AND THERAPEUTIC COMMUNICATION
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<tbody>
<tr>
<td>ABC</td>
<td>Australian Broadcasting Corporation</td>
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<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
</tr>
<tr>
<td>ACAT</td>
<td>Aged Care Assessment Team</td>
</tr>
<tr>
<td>ACCHS</td>
<td>Aboriginal Community Controlled Health Service</td>
</tr>
<tr>
<td>ACRRM</td>
<td>Australian College of Rural and Remote Medicine</td>
</tr>
<tr>
<td>ACSQHC</td>
<td>Australian Commission on Safety and Quality in Health Care</td>
</tr>
<tr>
<td>ADR</td>
<td>alternative dispute resolution</td>
</tr>
<tr>
<td>AE</td>
<td>adverse event</td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Authority</td>
</tr>
<tr>
<td>AHW</td>
<td>Aboriginal Health Worker</td>
</tr>
<tr>
<td>AIFS</td>
<td>Australian Institute of Family Studies</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<tr>
<td>AL</td>
<td>active listening</td>
</tr>
<tr>
<td>AMA</td>
<td>Australian Medical Association</td>
</tr>
<tr>
<td>ARC</td>
<td>Australian Research Council</td>
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<tr>
<td>ASOS</td>
<td>Asthma Spacers Ordering System</td>
</tr>
<tr>
<td>CALD</td>
<td>culturally and linguistically diverse</td>
</tr>
<tr>
<td>CIHC</td>
<td>Canadian Interprofessional Health Collaborative</td>
</tr>
<tr>
<td>CoA</td>
<td>Commonwealth of Australia</td>
</tr>
<tr>
<td>CPD</td>
<td>continuing professional development</td>
</tr>
<tr>
<td>DSS</td>
<td>Department of Social Services</td>
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<tr>
<td>EHR</td>
<td>electronic health record</td>
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<tr>
<td>EI</td>
<td>emotional intelligence</td>
</tr>
<tr>
<td>GLBTI</td>
<td>gay, lesbian, bisexual, transgender and intersex people</td>
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<tr>
<td>GP</td>
<td>general practitioner</td>
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<tr>
<td>HACC</td>
<td>Home and Community Care program</td>
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<td>HCP</td>
<td>healthcare professional</td>
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<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
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<tr>
<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<tr>
<td>IEC</td>
<td>Interprofessional Education Consortium</td>
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<tr>
<td>IECEP</td>
<td>Interprofessional Education Collaborative Expert Panel</td>
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<td>IPCP</td>
<td>interprofessional collaborative practice</td>
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<td>IPE</td>
<td>interprofessional education</td>
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<td>IPHCT</td>
<td>interprofessional healthcare team</td>
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<tr>
<td>IPP</td>
<td>interprofessional practice</td>
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<tr>
<td>IT</td>
<td>Information Technology</td>
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<td>JBI</td>
<td>Joanna Briggs Institute</td>
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<tr>
<td>MBA</td>
<td>Medical Board of Australia</td>
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<td>MBS</td>
<td>Medicare Benefits Schedule</td>
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<tr>
<td>MSP</td>
<td>Mayday Safety Procedure</td>
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<tr>
<td>NACCHO</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
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<tr>
<td>NGO</td>
<td>non-government organisation</td>
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<tr>
<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>NIMC</td>
<td>National Inpatient Medication Chart</td>
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<td>NMBA</td>
<td>Nursing and Midwifery Board of Australia</td>
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<tr>
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<tr>
<td>OECD</td>
<td>Organization for Economic Cooperation and Development</td>
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<td>PACES</td>
<td>Practical Application of Clinical Evidence System</td>
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<tr>
<td>PBS</td>
<td>Pharmaceutical Benefits Scheme</td>
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<tr>
<td>PDCA</td>
<td>Plan-Do-Check-Act cycle</td>
</tr>
<tr>
<td>PIAAC</td>
<td>Program for the International Assessment of Adult Competencies</td>
</tr>
<tr>
<td>PSTRE</td>
<td>problem-solving in technology rich environments</td>
</tr>
<tr>
<td>QUMAX</td>
<td>Quality Use of Medicines Maximised for Aboriginal peoples and Torres Strait Islanders</td>
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<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practice</td>
</tr>
<tr>
<td>RACP</td>
<td>Royal Australasian College of Physicians</td>
</tr>
<tr>
<td>SBAR</td>
<td>Situation, Background, Assessment and Recommendation</td>
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<tr>
<td>SNZ</td>
<td>Statistics New Zealand</td>
</tr>
<tr>
<td>SQAP</td>
<td>Subjective, Objective, Assessment and Plan</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>WHA</td>
<td>World Health Assembly</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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When we were first approached to write this text, we questioned the need for another book on communication. As experienced healthcare practitioners, researchers and educators, we had worked with a variety of resources throughout our careers and were aware of the numerous textbooks specific to our own and other disciplines, many of which emanated from the broader international context. On reviewing what was currently available, we realised that existing textbooks were targeted at specific disciplinary groups, qualification levels, contexts or purposes. In the contemporary healthcare environment, practice settings are becoming increasingly diverse and multidisciplinary. There was therefore a clear need for a text that filled the gap in the available resources.

*Professional and therapeutic communication* focuses on all aspects of interpersonal interaction that are essential to safe, high-quality healthcare. The therapeutic nature of engagement with patients, clients and consumers of healthcare cannot be detached from the professional elements of communication. This text provides a practical approach to concepts fundamental to both the professional and therapeutic elements of the caring relationship in all its forms. Students and professionals from all health disciplines will find this text valuable in the development of skills that are foundational to practice in the complex and diverse contexts in which they study and work.

The contemporary and pragmatic approach of this text ensures its broad applicability and relevance. While written for Australian and New Zealand contexts, it nevertheless has relevance for students and practitioners of healthcare more broadly. Furthermore, this book is compiled from the contributions of authors from a wide representation of professional groups. These inclusions recognise the increasingly interprofessional nature of healthcare delivery today and ensure the relevance and applicability of this text across a broad range of settings.

The book features comprehensive consideration of all aspects of professional and therapeutic communication. Part 1 commences with an introduction to the unique nature of the healthcare environment. Frameworks for communication are then explored, followed by consideration of critical issues in respect of culture and life span. Part 2 of the text applies concepts of professional and therapeutic communication to interprofessional, organisational and community contexts. Part 3 focuses on ethical and supportive communication, commencing with the important and often overlooked concepts of safety and quality in communication, before examining confidentiality, advocacy and the management of conflict. Part 4 addresses communication literacy, including health literacy, with special attention given to the academic and electronic environments.

The pedagogical features employed in this text ensure that the reader is able to grasp and reflect on key concepts. Learning objectives are included in each chapter to guide the reader through the sections that follow. Key terms embedded
in the discussion ensure that the reader remains orientated as they read through each chapter. The use of features such as focus boxes, authentic case activities and opportunities to reflect on the application of content through ‘Reflect and apply’ and ‘Apply your skills’ activities, encourage the reader to relate concepts to practice. Summary points and critical thinking questions at the conclusion of each chapter serve to pull the content together and promote consolidated understanding. Referral to relevant weblinks further enhances the experience for the reader. The text also includes a glossary to promote understanding of unfamiliar concepts.

The contemporary content, supplemented by pedagogical features, ensure the relevance and application of key concepts of both professional and therapeutic communication for use by multidisciplinary healthcare practitioners in all clinical contexts. We trust that you will find this text of value and relevance in your professional career.

Melanie Birks, Jenny Davis and Ysanne B Chapman
EDITORS

Professor Melanie Birks is an experienced academic with an extensive track record in research and publication, having authored numerous peer-reviewed journal articles as well as textbooks and book chapters. Her career in academia has spanned over two decades. Professor Birks currently occupies the position of Professor and Head of Nursing, Midwifery and Nutrition at James Cook University, Australia. She is passionate about learning and teaching, and believes that quality education can be a life-changing experience. Her research interests are in the areas of accessibility, innovation, relevance and quality in health professional education.

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Dr Maria Carbines is a registered nurse who works in operating rooms at Auckland City Hospital and Starship Children’s Health. She is also a part-time lecturer at Unitec Institute of Technology, Auckland, in the Faculty of Social and Health Sciences, where she has taught for many years across a wide variety of health-related subjects. In particular, Maria has a passion for teaching topics related to the sociology of health and the diverse ways in which people view and manage their health. Maria’s research interests are in the transition to parenthood and the establishment of early parenting. Social constructivist grounded theory is a research approach Maria has used in a number of studies over recent years.

Jennifer Chamberlain-Salaun has recently completed a PhD using grounded theory to explore the processes of interaction between consumers and health professionals. In her role as a research assistant in the Centre for Nursing and Midwifery Research at James Cook University, Jennifer works on a wide range of studies, including in the following areas: disaster management, teaching and learning, mental health nursing, and clinical practice. Jennifer’s research interests are qualitative research and consumers’ perspectives of health.
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Professor Karen Francis is currently Professor of Nursing in a jointly funded clinical chair position between Australian Catholic University and St John of God Health Care. She is an experienced nurse academic and researcher, with qualifications in nursing, primary healthcare and education. Her research program targets rural health, chronic and complex illness and health workforce. She has significant publications and research reflecting her expertise in rural nursing and midwifery. She is a fellow of Australian College of Nursing and Joanna Briggs Institute for Evidenced Based Practice.

Associate Professor Susan Gordon worked as a clinical physiotherapist for more than 20 years, mostly in rural and remote South Australia. She moved to James Cook University, Townsville, in 2006 to contribute to the development and delivery of a new physiotherapy program. She has led the Physiotherapy program since 2009 and is the Deputy Dean of the College of Healthcare Sciences. She initiated and facilitated the development of an innovative, interprofessional health clinic in partnership with non-government and government organisations. This clinic has increased interprofessional clinical education opportunities for students, and provided new and expanded health services in Townsville.

Sue Lim, QSM, is the manager of Asian Health Support Services in Waitemata DHB. Sue has spearheaded the development of a range of Asian culture-specific services and worked with experts in the field to develop a range of eCALD™ courses and cultural-specific toolkits that are now available and hosted on the eCALD.com website. Sue has systematically addressed the learning needs of the New Zealand health workforce in terms of how to work more effectively with CALD patients and families from Asian, Middle Eastern and African backgrounds, and how to work or interact more effectively in a culturally diverse workplace.

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places in which we live and the network of people and pets that share those places with us. Her focus on the application of research-based practice directly reflects the changing and trending nature of the global community in which we live and the cultural, social and geographic environment through which human services are delivered.

**Professor Jane Mills** is the Director of James Cook University’s Centre for Nursing and Midwifery Research and Deputy Dean of the James Cook University Graduate Research School, and is an internationally recognised grounded theorist and expert in nursing education, rural and remote nursing, leadership and mentoring. She has over 100 publications to her name, including journal articles, book chapters and books, and co-authored *Qualitative methodology: A practical guide* and *Grounded theory: A practical guide*.

**Associate Professor Clint Moloney** is a doctoral qualified registered nurse with a masters of health research. Clint is an affiliate of the Joanna Briggs Institute for Evidence-based practice. He has experience with the conduct of systematic reviews as the previous Associate Director of the Australian Centre for Rural and Remote Practice, Queensland Health. His post-doctoral research has targeted research utilisation practices within acute care and aged care organisations. He is often sought after to assist clinicians in the application of evidence to practice, and is the primary author of the ‘Spillway Model’, a controlled, integrated risk-management approach to research utilisation.

**Dr Annette Mortensen** is a registered nurse who has worked for the last 15 years to improve the health of newcomers to New Zealand from ethnically diverse backgrounds. From 2000 to 2007, she worked as the Refugee Health Coordinator for the Auckland Regional Public Health Service. In 2007, Annette received the Supreme Harmony Award for her contributions to Muslim relations in New Zealand by the Federation of Islamic Associations of New Zealand (FIANZ). In 2008, Annette received a doctorate from Massey University, New Zealand. Since 2007, Annette has worked as the Asian, refugee and migrant health program manager for the Northern Regional Alliance on behalf of the Auckland region District Health Boards.

**Dr Nicholas Ralph** is an early career researcher at University of Southern Queensland. He has a strong track record in educational research focused on the quality of pre-registration nursing curricula. Since his entry to academia in 2011, Dr Ralph has published 30 peer-reviewed journal articles; authored seven book chapters, and won five competitive grants. He was awarded Australian Nurse of the Year 2012 (Innovation) as recognition for his professional contributions to nursing. He has a keen interest in addressing the challenges faced in nursing education through system-wide initiatives that improve the quality of nursing graduates entering the profession.
Dr Suzanne Robertson-Malt is a doctoral-prepared Nurse Executive, with over 20 years’ progressive development of leadership capacity in complex operations and healthcare systems. She has a proven ability to lead people of diverse backgrounds and motivate inter-professional teams to achieve strategic goals and objectives relative to the provision of excellent patient care.

Professor Lee Stewart is currently Dean of the College of Healthcare Sciences at James Cook University. Professor Stewart completed a Master of Dispute Resolution degree in 2002. Her PhD, completed in 2008, concerned clinical governance and health industry leadership in a developing country. Professor Stewart has presented ‘lessons about leadership’, including managing conflict and negotiation skills, both nationally and internationally to a wide range of audiences.

Dr Jessica H. Stone is an author, marketing consultant, and long-distance sailor. She holds a Ph.D. in Communication from the University of Washington, where she enjoyed a lengthy career teaching Marketing, Strategic Planning and Business Communications. She served as the Director of Columbia College in Washington State and as the Executive Director of Academic Product Development at NSTS in Malta. As a sought-after public speaker, she has presented to businesses and schools throughout Europe, the United States and Australia. Her programs focus on marketing, sailing and the writing life.

Dr John Solas lectures in Ethics and Human Rights at the University of Southern Queensland. While Coordinator of Social Work and Welfare Studies at Charles Darwin University, John was a representative on the Northern Land Council, and his research and advocacy were instrumental in improving the delivery of primary healthcare services to Indigenous communities in central and northern regions of Australia. John has published widely on social justice and is a reviewer for Australian and British Journal of Social Work.

Gary Williams is an Occupational Therapist and Lecturer for the College of Public Health, Medical and Veterinary Sciences at James Cook University, Townsville. He has Bachelor’s Degrees in Human Movement Science and Occupational Therapy, and has worked in injury management and strength and conditioning roles. For the past 10 years he has specialised in occupational health and wellbeing, population health statistics and the health environment, with a special interest in the way in which health services are delivered.

Associate Professor Louise Young is Associate Professor in Rural Medical Education in the College of Medicine and Dentistry at James Cook University, Townsville. This role encompasses Postgraduate Education Co-ordinator for a suite of health professional education courses and clinical education preceptor support. Research and publication interests include innovations in teaching and
learning, development of clinical teacher skills, mentoring, at-risk students and rural recruitment and retention. Louise has been awarded a Fellowship by Health Workforce Australia for the Clinical Supervision Support Program. She was a member of a team that won a Carrick Award for programs that enhance learning, as well as the recipient of numerous university learning and teaching awards and grants.
ACKNOWLEDGMENTS

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GUIDED TOUR

Building understanding of health care environments

At the beginning of each chapter, clearly outlined learning objectives help students to identify and follow the main messages of the chapter.

Key terms pinpoint important concepts that will be covered.

Universal healthcare in Australia

Australia’s current universal healthcare system is recent; however, the history of its development and introduction is complex. Medicare, as we know it today, has only been in place since 1984, after being introduced by Labor Prime Minister Bob Hawke. The Hawke Government, although credited with the introduction of a long-term, stable universal healthcare system, cannot be credited with the inception of national universal healthcare in Australia. The movement towards national universal healthcare came almost 40 years before the introduction of Medicare.

Focus boxes feature factual, evidence-based content to help reinforce learning.

LEARNING OBJECTIVES
After reading this chapter and completing the activities, you will be able to:

- discuss the historical foundations of healthcare in Australia and their impact on current healthcare provision
- describe the different frameworks for healthcare in Australia
- evaluate the political and policy drivers for healthcare provision in Australia
- critically examine the impact of socio-economics in relation to both accessing health services and the delivery of health services.

KEY TERMS
Frameworks for healthcare
Liberal individualist
Health policy
Person-centred care

Social determinants of health
Socio-economics
Social gradient

Social liberal
Universal healthcare

Glossary margin notes alongside the text provide definitions to improve students’ understanding of key terminology as they are reading.

FOCUS BOX
Five principles of life-span health communication

There are five principles of life-span health communication.

1. Change is inevitable.
2. No one point in the life span is more significant than any other point in the life span.
3. Gains and losses occur throughout the life span.
4. Family and friends play a significant yet changing role in our ability to maintain good health across the entire life span.
5. Medical education should incorporate a life-span perspective that emphasises the physical, psychological and communication changes that occur throughout the aging process.

Goldsmith et al. 2011; Nussbaum 2009
Demonstrating how theory applies to practice

Throughout each chapter, case activities demonstrate the application of theory to practice. Where appropriate, the case activities follow particular characters through different stages of life and health to help students understand how to adapt their communication to an individual’s changing needs.

CASE ACTIVITY 4.1

ANNA IN CHILDHOOD

Anna is 11 years old, from a family with a history of obesity and diabetes. She is already menstruating, having started three months ago. These are all known risks for diabetes and lifelong health effects (AjHW 2014c; Epic Interact Study 2013; Gomes et al. 2015). Anna had an infection recently, and her school performance is adversely affected. Anna says she is being bullied because she is ‘fat’ and ‘stupid’, although her family don’t see her that way. Her teacher notices Anna sometimes appears to be asleep with her head on the desk, and speaks to Anna’s parents about her concerns. Anna’s parents decide to have her checked by Dr Brown, the family doctor.

Descriptors of each OECD literacy level by text characteristics and reader skills required are shown in Table 12.1. Literacy assessment of the skills of adults with low levels of proficiency is covered by an assessment of reading components, including text vocabulary, sentence comprehension and passage fluency.

An adult at below Level 2 for literacy would be able to:
- recognise and understand basic vocabulary
- locate a single piece of information in a short piece of text
- enter personal information in a document
- read single words and up to a paragraph of simple text.

How would you tailor immunisation information for a parent with this level of literacy, compared to an adult with Level 3 literacy?

Encouraging critical reflection to foster best practice

Reflect and apply questions encourage students to examine their own attitudes and practices and think about their own communication needs.

Consider your own model of healthcare.
- What does health mean to you?
- What does healthcare provision mean to you?
- Consider how you established your understanding of health.
  - Where do your ideologies stem from?
  - Who influenced you?
  - What information influenced you?
- Now think about how other people (clients or patients) might see health or the provision of healthcare.
  - As a health professional, it is likely that your ideologies will differ from those of your clients or patients. How might this impact on your interaction with them?
Critical thinking questions

1. The future of Medicare is constantly in the political spotlight. What are your views on current debates? Do you have a secret solution? How might your solution impact on vulnerable and affluent people in our society?
2. It is often said that Australians possess the best healthcare system in the world. Why might this attitude prevail? Reflect on your knowledge of healthcare in other countries and make the comparisons.

Consolidating the learning and inviting further investigation

Each chapter ends with summary points that clearly link the content covered back to the opening learning objectives.

A consolidated glossary at the end of the book provides a quick reference to help students with unfamiliar terms and concepts.

Critical thinking questions at the end of each chapter draw students back to the main points covered in the chapter and invite them to consider their own responses.

Annotated weblinks, and references at the end of each chapter direct students to additional relevant resources that may be of interest.

References


DEBT

A mnemonic outlining the framework that improves communication between clinicians and recipients of care: A = Acknowledge, I = Introduce, D = Duration, E = Explanation, T = Thank.

Guided Tour