

# spectra

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## Communication in the healthcare sector

### 2 Why health literacy is important

How do I protect myself against illness? What helps to keep me healthy? When should I go to the doctor? Do I understand what the doctor is trying to tell me? “Health literacy” means knowing the answers to these questions. Proper communication between health professionals and the population is key.

### 3 Why the conversation is so important

The success of a therapy depends crucially on the quality of the doctor-patient conversation. This means that both sides have to listen to each other, they have to share a common goal and take a common path. A good relationship with the patient can achieve more than a drug can.

### 4 Why books tell their story

No-one can assess or describe a situation better than those who have experienced – or are currently experiencing – such a situation themselves. In the “Living Library” project, people suffering from dementia talk about their experience of this ailment.



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# Communication is an important tool for improving health literacy



A person-to-person discussion between patient and doctor forms the basis for successful treatment.

The FOPH has set itself the goal of improving health literacy and self-management of chronic disease among the general public. Communication can, at various levels, help achieve this goal.

Many people in Switzerland have difficulty accessing, understanding and applying health-related information. This is the conclusion drawn in a study of health literacy in the Swiss population conducted in 2015. Health literacy was found to be problematic or even insufficient, particularly among lower income groups and migrants. Good communication is an important constituent of efforts to improve health literacy. In particular, it includes

- raising public awareness in order to prevent diseases or addiction
- providing easily accessible and understandable health information, and
- promoting understanding between health professionals and patients.

The FOPH has set itself the goal of improving health literacy in the general public. The Swiss government's Health 2020 Strategy and its NCD Strategy 2017–2024 provide the basis for these efforts. To achieve its goal, the FOPH is deploying a range of communication measures such as public awareness campaigns (on HIV, organ donation, etc.). Rather than relying on one-sided transmission of information, it is focusing increasingly on dialogue, for instance using social media or apps that enable feedback and exchanges to take place.

Also on offer is the “migesplus” online platform, which is the portal for equitable health access run by the Swiss Red Cross and supported by the FOPH. This platform disseminates easily under-

standable health information in a number of different languages. It makes brochures, flyers and films available which originate from 80 different health organisations and are designed specifically for people with poor health literacy. Particularly in demand is the “Health Guide to Switzerland” brochure, which explains our healthcare system in an easy-to-understand way and is available free of charge in 18 different languages.

The current organ-donation campaign is another FOPH measure that demonstrates how important communication can be: any decision for or against donation of an organ needs to be made at an early enough stage because in an emergency the time or opportunity to think about it is often lacking. If this decision has to be made under emergency conditions, experience shows that uncertainty about what the patient really wants tends to nudge family members towards deciding against organ donation. Accordingly, the organ-donation campaign aims to persuade as many people as possible to make their wishes known to relatives in advance.

A further important area is communication between health professionals and patients (see interview with Sabina Hunziker, page 3). Health professionals need to be able to express themselves clearly and understandably – and also to create an atmosphere of trust around any discussion with patients.

## What is health literacy?

But what does the term “health literacy” actually mean? It denotes people's knowledge, motivation and skills with regard to accessing, understanding, appraising and applying health information. A health-literate individual is someone who is able to make decisions in day-to-day life that have a positive effect

on its health. This includes taking a critical approach to information: do I need to obtain a second opinion from a doctor? Do I really need this vaccination? Health literacy encompasses issues of disease prevention and health promotion as well as the ability to manage illness.

For patients, health literacy is a key factor in ensuring that treatment is successful and in improving patient safety. Studies show that individuals with a higher level of health literacy are associated with a lower number of hospital stays – for instance because they administer medicines correctly. Health-literate individuals are able to cope more effectively with their illness and the changes in their personal circumstances. Moreover, health literacy provides an important foundation for cooperative care between health profes-

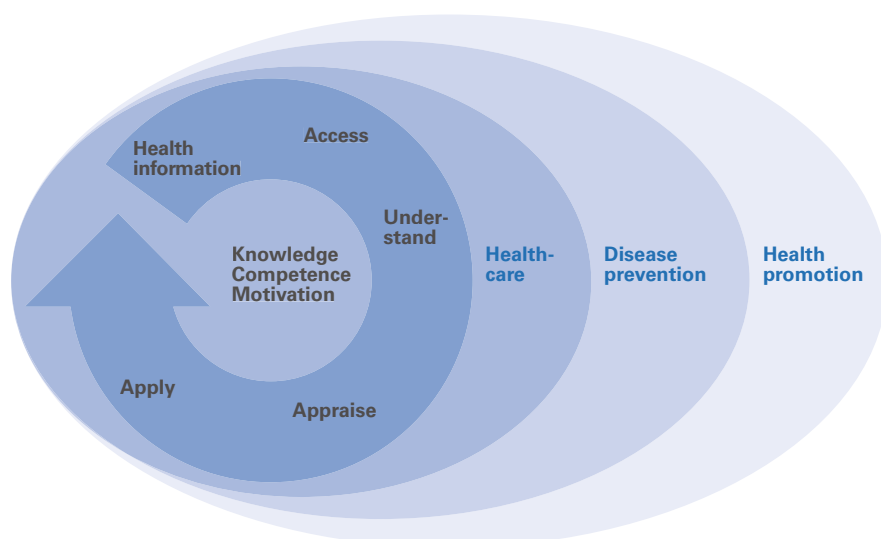
sionals and patients, and facilitates active, self-determined participation in the healthcare system in the first place. This approach to illness and health care is an element of health literacy and is referred to as “self-management”.

## Communication is a key factor

In Switzerland, there is considerable scope for improvement in the field of health literacy. Efforts to improve it among the general public will assign a key role to communication. There is a need for more awareness-raising activities aimed specifically at people with a low level of health literacy. Numerous options are available, for instance creating easy-to-understand texts and graphics or producing explanatory films on specific diseases. Health professionals can, for their part, apply techniques such as the “show-me method” to ensure that patients have really understood what has been explained to them. Private-sector health associations (“health leagues”) can also play an important role by developing and deploying easy-to-understand information material.

However, changes to the health system itself would also be worth considering. This is a relatively complex area at present, which means that a lot of responsibility remains with the individual. People with a low level of health literacy may feel overwhelmed by this complexity. Targeted communications at various levels plus clear and simple structures can help the population to find their way through the health system and make the decisions that are right for them.

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What does health literacy mean?

# “A good relationship with the patient can achieve more than a drug can”

Communication between health professionals and their patients is an important basis for successful treatment. Particularly in the field of health promotion and disease prevention, the right kind of communication can be a decisive factor in bringing about change.

Sabina Hunziker, Professor of Medical Communication at Basel's University Hospital, therefore attaches great importance to the initial and continuing training of professionals.

## What constitutes a good patient-doctor conversation?

The hallmarks of a good conversation are when both participants can make their points, pursue the same goal and ultimately adopt a common approach.

## What makes for a poor patient-doctor relationship?

When the participants talk at cross purposes, when there are misunderstandings and when anxieties and problems are not addressed. For instance, when the patient talks about their anxieties and the doctor only wants to communicate knowledge.

## What types of conversation are there?

There are, for instance, the doctor-centred and the patient-centred conversation. When, let's say, the patient complains of non-specific symptoms and the medical professional does not yet know what the problem is, it makes sense to conduct a patient-centred conversation. In other words, the professional lets the patient do the talking. They wait, and ask open-ended questions.

When it becomes clearer what the problem is, then the doctor-centred model is applied. The professional takes the lead in the conversation and tries to narrow down the problem with specific questions. Depending on the situation, it is possible to switch back and forth between the two types of conversation.

## How has communication in the healthcare sector changed over the last few years?

Above all, the roles have changed significantly in the last ten years. Nowadays, good health professionals not only need to have a great deal of knowledge, they must also be able to explain it to the patient in an understandable way. The significance of the patient conversation has grown and is now, in my view, just as important as specialist medical knowledge. A good relationship with the patient can achieve more than a drug. Trust increases personal responsibility and self-management in patients.

## What about the patient's role?

The role of the patient has also changed: above all, younger people have more self-confidence; they don't simply accept



Sabina Hunziker feels that patient dialogues are just as important as the doctor's medical expertise.

the professionals' judgement and are more likely to obtain a second opinion. Younger people are also more likely to seek information on the Internet before going to see a doctor, and so they come to the conversation with a degree of prior knowledge, which can also make it quite difficult for the doctor. Patients sometimes request a specific kind of treatment. The doctor cannot simply brush these wishes and prior knowledge aside. They have to address them first, and only then can they discuss alternatives.

## How are decisions between health professionals and patients made today?

Here, too, a great deal has changed. It used to be the doctor who decided what was good for the patient. There was less of a discussion. Nowadays, patients are often more involved in the decisions, for



### Sabina Hunziker

Sabina Hunziker is Professor and Deputy Chief Physician for Psychosomatic Medicine and Medical Communication at the University of Basel. She works in the fields of teaching, research and clinical activities. Born in Basel in 1973, Professor Hunziker studied medicine at the University of Basel and obtained her doctorate in 2005. Following a spell as assistant physician, she worked as a senior physician in internal medicine and intensive care. Graduating with a Master of Public Health after a two-year course of study at Harvard Medical School in Boston (USA), she subsequently pursued studies in psychosomatic and psychosocial medicine. She qualified as senior lecturer in 2012. Sabina Hunziker is married with a son and daughter.

instance in situations in which more than one treatment option is available, where there is a state of “equipoise”. In such cases, the doctor informs the patient about the different treatment options and explains their pros and cons. Then a decision is reached jointly. Communication research shows that this model results in more successful treatment in such cases.

There are situations in which joint decision-making is very important, for instance when decisions have to be taken at the end of a patient's life or when treatment has to be broken off. Here, family members often have to be drawn into the decision-making process, functioning as “surrogate deciders” in helping to implement the will of the patient. But these conversations are also very important for the family members themselves and can have a considerable influence on how they cope with the event at the psychosocial level.

## How important is joint decision-making in the area of disease prevention and health promotion?

It's also very important in this area. Take, for example, a patient with “mild” hypertension. The doctor can discuss two options with the patient: a change in lifestyle, which is often not easy to achieve, or regular medication, which can have adverse reactions. The doctor and patient make a joint decision on the preferred option. Here the doctor functions more as an advisor, presenting the pros and cons. A joint decision significantly increases the chances of the patient actually taking the medicine or changing his lifestyle. But it's also obvious that high blood pressure cannot be eliminated with a single conversation.

## Are there other ways of persuading people to adopt a healthier lifestyle?

Another approach is that of “motivational interviewing”. This approach is adopted, for instance, with patients who have higher levels of tobacco and alcohol con-

Continued on page 4

## At first hand

### Communicating credibly

Communication in the healthcare sector covers a wide spectrum of activities, ranging from the doctor-patient conversation to public health prevention campaigns. But one rule is common to all: successful communication relies on the existence of trust. Research shows that a trust-based relationship has a positive effect on motivating patients to go along with therapy as well as on the course and efficacy of such therapy. It is not just a question of involving patients in decisions regarding their health. They should also be empowered to make their own decisions on questions that may really affect them, but without feeling out of their depth.

### Providing high-quality information

How is trust created? By communicating credibly. This also applies to the FOPH. We can successfully put across our messages to the public only by persuading it that the FOPH disseminates reliable, high-quality information. Its various public health campaigns are an important element of such healthcare communication: they include information on preventing infection with HIV and other sexually transmitted diseases, recommendations on how to avoid non-communicable diseases or information on which population groups should be vaccinated against flu. Here, too, it is a question of communicating credibly and of providing people with a basis for making their own decisions.

If one is to trust somebody, one has to be able to understand the information they provide and to assess it critically, whether it be a public health campaign or a conversation with a chief physician. The FOPH therefore aims to ensure that the general public possesses a high level of health literacy and that everybody knows what is good for their health and how they stay healthy in the long term. Good health literacy creates trust in oneself and one's own skills.



Gregor Lüthy, Head of Communication and Campaigns

sumption. It's a not exactly easy technique that aims to find out where the patient stands. Have they tried many different approaches to quit smoking? And if so, which ones? Which ones have worked? What resources does the patient have? Where is their motivation for change? It's important that the doctor and patient can speak to each other on a basis of trust and develop a joint strategy. The health professional must engage very specifically with the patient, listening closely to what they have to say and trying to promote motivation and confidence. What "door" opens up in the course of the conversation? When a "door" opens for a treatment approach, the health professional can latch on to it and draw up a joint plan for achieving change.

**All these techniques require sound education and regular training. What sort of training do today's health professionals receive in this area?**

At the University of Basel we have what is known as a "longitudinal curriculum" for medical communication. This means that, throughout their entire studies, students attend a structured series of appropriate courses and lectures during which both practical and theoretical knowledge is imparted. The programme comprises tutorials, courses and small

work groups. We also work with videos and simulation patients.

The patient simulator is an important training tool: for instance, it enables students to use a manikin on which to practise the right steps for resuscitating patients in cardiac arrest and to improve their teamwork. This approach has demonstrated the great importance of leadership communication in the team when performing resuscitation.

**What about the error management culture?**

When medical errors occur, there is usually also a connection with communication. As yet, however, little scientific work has been carried out on this topic. There are therefore few figures available to suggest how often medical errors actually represent a communication problem. The focus here is on two questions in particular. How can we avoid errors? And what happens when an error occurs? With regard to the first question, we need, for instance, more people to "speak up", i.e. people who feel confident enough to raise the subject of mistakes. In many cases, someone may notice that an intervention is not being conducted entirely properly or that one swab is missing after an operation. But they do not feel confident enough to draw attention to these errors. Nevertheless, it is important that they speak out. This can also be done in a friendly way. "Speaking up" can be trained and practised. Im-

proving the error management culture is important because of the need to ensure patient safety.

**Some patients remember things said to them by health professionals for the rest of their lives.**

Checklists can also help to reduce errors. But a checklist alone is not enough. It very much depends on someone knowing how to use the checklist. This is particularly important in stress situations.

**What happens when an error occurs?**

Of course, there needs to be communication with the person affected. It is important that the mistake be discussed and the person concerned informed without delay, and that questions and/or reproaches are addressed. But communication with the doctors is also important, because they have made a mistake and they have to handle it. This is not usually dealt with in a standardised fashion. The strategies for handling errors vary according to the hospital or department involved.

**How important is non-verbal communication?**

It's certainly important, but unfortunately there have been few good studies that

investigated its efficacy. What a health professional says and how they underpin it with non-verbal gestures are important indicators for the patient. For example, a patient is waiting to hear a diagnosis, expecting it to be bad. The doctor enters the waiting-room with a morose facial expression, as under stress. The patient is immediately certain of bad news coming up. Other inappropriate behaviour includes laughing gaily with the patient or making cheerful conversation about unimportant things before then announcing bad news. Eye contact is a very important part of non-verbal communication. When the doctor has, for instance, to communicate bad news to a patient, the initial shock always causes the patient to look away. Only once the patient resumes eye contact with the doctor can they take in additional information.

**Health professionals have a great deal of responsibility in this area.**

Absolutely. What they say can remain engraved in the memory for a very long time. Some patients remember things said to them by health professionals for the rest of their lives. The health professionals themselves can therefore be expected to give some thought as to how these things are best said.

Read the whole interview: [spectra-online.ch](http://spectra-online.ch)

## "Living Books" tell the stories of their dementia

There are currently an estimated 148,000 people in Switzerland with dementia. Among the main focal areas of Switzerland's National Dementia Strategy 2014–2019 are efforts to improve public awareness of the group of diseases associated with dementia and of destigmatisation and the eradication of prejudices and inhibition thresholds for social participation. To this end, the Swiss Alzheimer Association together with the foundation Science et Cité and the FOPH are organising three special pilot events.

A Living Library is an event in which people can be "borrowed" for conversations on particular topics, for instance someone affected by burnout, or a refugee, or a vision-impaired person – or, as in the present instance, someone with dementia. These are all people who have to struggle against prejudice or social exclusion. Under the Living Library concept, someone suffering from the condition, members of their family and professional experts make themselves available for personal conversations, for instance in the framework of an organised event.

The Swiss Alzheimer Association, the foundation Science et Cité and the FOPH are organising three Living Library events on the topic of "Demenz im Gespräch" (Talking about Dementia), to



In the Living Library events, people suffering from dementia talk about their experience and their dwindling memories.

be held between autumn 2018 and spring 2019. These pilot events are aimed at empowering a broad public to engage with individuals with dementia and to break down anxieties about contact with them, thereby promoting understanding of the disease and those who suffer from it.

The unique Living Library format enables an unusual, low-threshold exchange to take place in a public setting in which people with dementia, family members and professionals can swap experiences

and stories. These highly personal conversations give the "readers" an opportunity to imagine themselves in the situation of the Living Book and thus learn more about dementia.

The men and women who make themselves available as Living Books for these pilot events possess a great deal of knowledge of dementia drawn from practical experience, and this knowledge is both complemented and enriched. Other people with varied experience and professional expertise are selected for each of the three events. But the focus is primarily on people with early-stage dementia and on their family members. The organisers attach great importance to creating an atmosphere that is conducive to people with dementia, enabling these to engage with their role as experts on questions about living with dementia – yet without putting them under excessive pressure. Staff from the Swiss

Alzheimer Association and their regional sections play an active part in these events.

The pilot project is monitored and evaluated by Science et Cité. The findings will be taken into account in the creation of an event manual by the Swiss Alzheimer Association, which will serve as a practical guide for other such events. The first event was held in Berne in September 2018. An event will also be organised in Ticino by the end of the year. The series will be concluded by a pilot event in French-speaking Switzerland early in 2019.

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