Communication is at the core of all social interaction and is listed by the World Health Organisation as one of the ten core life skills. Bercow (2008) states that with the power of communication, the individual has the chance to engage and thrive. Without the power of communication the individual may face isolation and a struggle to survive. In this age of technology, communication becomes ever more complex. We need to be able to talk to others, to listen to others, to read and write and to use a plethora of electronic means of communication from the telephone to email to all manner of electronic systems that my children assure me I am too technically incompetent to cope with (the test for this appears to be that if one begins an encounter with an electronic device for communicating by reading the instruction book instead of switching it on, one is doomed to failure). So the communication demands on an individual are ever increasing.

This book addresses the issues of communication in the context of healthcare. We all access healthcare in some form or another; some of these encounters might be relatively ‘routine’ and stress free, for example – a trip to the clinic for immunisations before a holiday, an annual ’flu jab, or a routine monitoring appointment during a pregnancy where all is proceeding well. But often encounters with healthcare are more stressful. We usually seek help from a general practitioner when we have a problem. This may be relatively straightforward such as a sore throat or more complex; for example, involving mental health issues when a person is feeling that they can’t cope or that they are having suicidal thoughts. If such issues involve wider aspects of life such as financial difficulties or relationship problems, then the person may feel overwhelmed at the prospect of talking to someone else about all these issues and may resort
to just reporting a sore throat. Even in the first example, the sore throat that appears uncomplicated may indeed be a bacterial infection that can easily be remedied with an appropriate drug, or it may be a symptom of a wider problem. We have all heard harrowing stories in the press of young students who have seemed fine, then reported to friends being a bit tired with a sore throat only to be found days later with potentially fatal meningitis. What we can see from all these examples and scenarios is that communication is a vital component to the episode of healthcare, and that such encounters are invariably verbally mediated.

At a very basic level the patient has to talk to the practitioner. Similarly the practitioner has to engage with the person and gain the necessary information. We are all more likely to talk if the person we are talking to appears interested, seems to have time to talk to us and responds appropriately to what we say. However such skills cannot be taught to a formula as people differ in their communication abilities, and in the style that they prefer. Some people faced with discussing a painful or embarrassing subject such as sexual difficulties, would prefer an unsympathetic questioner who asks the necessary direct questions, gathers the necessary facts and gets the encounter over as soon as possible. Other people would respond better to a more open discussion with comment and reassurance on the part of the questioner. So issues of personal styles of communication and contextual issues around healthcare encounters are also involved.

Information is also very readily available in the modern world, particularly through the internet so that we can check up on our own symptom without recourse to a practitioner. This may be very helpful in providing us with useful information about our own health: are we overweight, consuming more alcohol than is recommended or taking the correct amount of exercise, or it can terrify us into thinking that a relatively minor problem is possibly a symptom of a much more serious condition. Similarly we can arm ourselves with facts and be ready with informed questions for the practitioner. Some practitioners welcome patients being better informed, while others find this a challenge to their traditional authority. If a patient withholds information (unintentionally or deliberately) or denies aspects of their illness, the practitioner may not make
the necessary connections to achieve a diagnosis or this process may take rather longer. The practitioner also has to gauge how much information to give the patient. Some people want to know exactly what a surgical procedure will involve, to see diagrams and to be absolutely clear about every possible outcome and all the risks; others may take a view that they do not want to know and if the practitioner insists on explanation they will ‘switch off’ to protect themselves from unwanted detail. Within a healthcare encounter, the amount and appropriateness of information therefore have to be managed.

Within the wider health system, communication takes place among professionals, for example when a patient is referred from one practitioner to another. This occurs increasingly between systems when, for example, electronic records are viewed by several parties. Enquiries into failures of health and social care, for example those arising when a young child is severely abused or when a person with a mental health condition such as schizophrenia unexpectedly and without warning fatally attacks another person seemingly at random, invariably point to failures of communication as a key area where care has broken down. These failures often include failures of communication between the victim and their carers (professional and family and friends), failure of practitioners to pass information on, vital information being missed or its importance unrecognised, and failure to act on information. Thus communication as a system is often judged to have broken down within such cases.

We are beginning to appreciate within the context of healthcare a complex, multifaceted and multilayered communication matrix. Added to this the populations seeking and providing healthcare are increasingly more diverse. The UK has a much more varied population that it had around fifty years ago when the National Health Service was founded, and the same would apply to most countries within the developed world. Similarly, population migration and professional shortages have led to practitioners moving from one country to another and to services actively recruiting from overseas when home manpower is insufficient. This introduces the possibility of language and cultural differences between those seeking healthcare and those providing it. Such differences are not all negative; for example, recruitment of nurses to care for older people
from countries such as the Philippines where older people are respected and revered may lead to managers questioning less respectful attitudes among indigenous staff.

This book cannot possibly address all the issues alluded to above and indeed this is not an exhaustive list of communication issues relevant to healthcare. What the book aims to do is to provide insights into some of these communication issues, with experts providing information in an accessible way. It will be useful to practitioners, student practitioners, healthcare managers but also to a wider range of policy makers, healthcare commissioners and students of media communication and culture. The book starts with an explanation of how language is processed in the brain and nervous system. Łojek explains how advances in imaging technology have added to our knowledge of neural mechanisms. Łojek also considers the many aspects of language and cognition that are needed to achieve functional communication and introduces the reader to examples of how damage to some parts of these systems can affect a person’s ability to communicate. However, it seems that the more we learn about language processing in the brain the more we become aware of what we don’t understand about language processing. In the next chapter Maxim examines the effects of ageing on language processing. We are all ageing whether we like to admit it or not and anyone reading this introduction will be very slightly older when they finish reading it than when they started. Traditional views of ageing were negative and assumed gradual loss of skills, but more recent studies with more sophisticated methodologies have shown that older people in the course of normal ageing maintain their communication well, and thus it is important to distinguish normal ageing from pathological processes that may be associated with older age such as dementing processes. However, it must be noted that such diseases can be contracted in younger age groups. These chapters also illustrate that what is happening in the brain can to some extent be mediated by compensatory mechanisms arising from treatments for brain injury and from everyday compensations. These of course occur naturally; how many of us who would not in any way consider ourselves to have a brain impairment, nevertheless perceive a need to write down anything we wish to remember?
The next chapter examines how children and young people achieve oral language competence and how failure to achieve this can lead to vulnerabilities for literacy and education, employment prospects and mental health. Snow suggests that failure to achieve full oral language competency contributes to socioeconomic disadvantage and suggests that oral language competence should be viewed as a challenge for public health in the developed world. Cowie and Jennifer examine how young children, who have not yet achieved full language competency, can be included in research studies. Such an approach challenges traditional assumptions that children would not be able to give informed consent to be involved in research and therefore should be represented in an indirect way via views of parents or teachers. The chapter illustrates successful involvement of children in research projects and provides a valuable guide for researchers on appropriately adapting methodologies to make them accessible to children.

The theme of engaging people in communication about healthcare continues with an examination of inclusion of people who have specific communication disorders in consultations about healthcare. It is considered good practice to consult widely on matters such as hospital closures, new services, and changes to service delivery, and to seek more open consultations on what patients and carers want from service providers. Information therefore needs to be accessible and consultation processes need to be understandable to a wide range of people. Penman and Cruice examine research on including people with communication difficulties in such consultations. Much of the good practice that they illustrate can be regarded as beneficial for the whole population. If processes are effective, everyone, including those with communication difficulties, can be involved in consultations about healthcare.

The next three chapters discuss aspects of practitioner communication. Horton examines the effects of practitioner communication on delivery of healthcare and the interaction of factors such as the environment, and the availability of private space on communication practices. Khutan examines the need to ensure that education and training for healthcare practitioners includes measures to enable them to communicate effectively with patients and with other professionals. Innovative
methodologies for teaching communication skills are outlined. Allan and Smith then report on overseas nurses’ experiences of working in healthcare systems in the UK, the communication issues that arise within a culturally diverse workforce and the emotions that communication issues engender. Some of the finds are negative, but the authors suggest that addressing communication issues may be a first step in sensitive management of a multicultural workforce.

The final two chapters examine situations where there may be communication challenges caused by a person’s situation, for example being a refugee or an asylum seeker who does not speak the language of the new country or has a mental illness such as a psychosis that may disrupt communication with family members and with professionals. In both cases, alleviating these problems requires specific treatments which are verbally mediated i.e., a ‘talking’ therapy. The chapters describe what is involved in such processes and how carefully communication processes must be managed. Onwumere and Kuipers provide valuable insight into how family communication systems can assist or deter support for people with psychosis and then review how family interventions can improve communication, negotiation and problem solving for people with psychosis. Robbins illustrates the centrality of communication in enabling asylum seekers and refugees to cope in a new country and the need for specific treatment processes to address past trauma for a subset of these people. Robbins describes how talking through traumatic experiences can be used by a skilled and qualified practitioner to help people to recover from the psychological effects of such traumas, and provides valuable insights on the challenge of working in partnership with an interpreter where the patient has insufficient language skills.

I hope that everyone reading the book will find at least one aspect of communication interesting and that they will perhaps question an aspect of their own communication. Communication in healthcare is a complex and multifaceted area and it may seem daunting to try and understand and to be aware of all the complexities and issues. However, the book provides many very positive examples of how communication can be facilitated and improved, even in circumstances that are far from ideal.
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