



Interpersonal Communication Message Types: Ranking of Importance by Kinesiology Undergraduates

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Abstract

Effective practitioner-patient communication is important for the physical and psychological aspects of sport injury and recovery. Research indicates that patients desire better communication with health care providers. Although interpersonal communication message types play an essential part in provider-patient interaction, undergraduate kinesiology students are not privy to the literature or trained in the design of the messages inherent and essential to their future professions (e.g., physical therapy & athletic training). The purpose of this study was to assess the perceived importance of interpersonal message types for health care providers in a sample of undergraduate kinesiology students (n=153). Participants ranked-ordered nine foundational interpersonal message types, and message rankings were fairly consistent across participant year and sex. Results indicate that instructions and explaining illness dominated the rankings.

Keywords: Interaction; Explanation; Education

Introduction

Communication is one of the most important aspects of healthcare that providers need to grasp, and this includes both verbal and nonverbal communication. Effective communication is crucial to any potential patient, and can impact the patient both physically and mentally. Furthermore, athletes reported wanting more education from their health care providers, including physicians, athletic trainers and physical therapists. Specifically, they reported wanting more information about the injury, rehabilitation, and return-to-play guidelines. This lack of understanding was of concern and created apprehension in athletes [1].

Physical therapists have been reported to spend one-quarter of their time talking to patients [2]. This “talking” (i.e.,

interpersonal communication) is considered to be the skill of most importance and essential to master for healthcare professionals and, in the present case, physical therapists [3]. Previous research found that out of 187 physical therapists, the majority perceived the patient-practitioner relationship to be more important to treatment success than the actual treatment itself [3]. Similarly, the majority of novice PT’s interviewed identified communication as the most important clinical skill [4,5]. When ranking the most important skills for physical therapists, *Indeed*, the largest online job search site in America puts “communication skills” on the top of list, followed by physical stamina, and rounding out the top three . . . “interpersonal skills” [1,6].

The effects of interpersonal communication skills in the rehabilitation setting are directly linked to patients

chatting openly with their physical therapist as well as experiencing reduced pain, reduced disability, higher treatment satisfaction [7]. Designing and delivering effective interpersonal messages can also reduce legal conflict. That is, communication has been shown to be beneficial in preventing legal action for medical negligence. Roberts and Bucksey (2007) found that of the 227 patients and relatives in the process of taking legal action for medical negligence, the most frequently cited action that prevented litigation was explanation and apology. Consequently, it has been claimed that 80% of patient complaints are the result of a breakdown in communication [3,7]. Moreover, it is the health care provider's (e.g., physician, athletic trainer, physical therapist), ability to design effective instructions, explanations, bad news messages, reassurance, advice, adherence to therapy regimen, and motivational attempts that are the messages at the core of patient interaction [7-11]. Of these, instructions relative to injury, rehabilitation, and return-to-play and explaining illness appear to be of greatest message importance to physical therapists and athletes [1,12,13]. However, revealed through interviews, novice physical therapists during their first year of practice struggled to effectively communicate with patients, which increased their feelings of stress and insecurity and indicate that there is a discrepancy between being in the classroom and actually having to interact with patients [14]. After years of experience, several PT's across multiple studies credited their increase in confidence solely to their improved communication skills [4].

In a previous review paper investigating patient-centered communication factors linked to a therapeutic partnership revealed several constructs that were present in attaining this partnership including rapport, trust, communicative success and agreement. The way in which practitioners interacted also impacted this partnership. When practitioners engaged more with patients by listening to their patients, asking questions and showing sensitivity to any emotions arising there was a strong correlation with attaining therapeutic partnership [15]. Enhancing a therapeutic partnership often leads to more rehabilitation adherence and patient satisfaction. Findings from previous research indicate having an understanding of communication needs and preferences is crucial in overall success as a healthcare provider.

Despite this seemingly universal view that communication is an extremely important aspect of kinesiology-related careers, the curriculum in undergraduate and graduate programs continues to exclude the teaching of communication and interpersonal skills [16,17]. In fact, a previous study found that students who were taught interviewing skills expressed their appreciation for the training they received and indicated the importance of receiving this training earlier in their

program [18]. Unfortunately, many future practitioners are left uneducated and ill-prepared about this major aspect of their career.

As the aforementioned details, interpersonal communication message types play a foundational and essential part in provider-patient interaction, yet students of kinesiology, whom often seek professions such as athletic training or physical therapy, are not trained in the design of the messages inherent and essential to their profession [2,3]. As such, an essential initial step in rectifying this situation is to ask kinesiology majors what they perceive will be the most important types of interpersonal messages, by rank order, they anticipate to be important in the future as a healthcare professional [19]. Thus, the purpose of this study was to assess the following message types: explaining illness, communicating about pain, reassurance messages, instructions, bad news messages, providing advice, comforting messages, persuasion/adherence messages, and risk messages (explaining risk).

Methods

Participants

Participants (n=153, female=100, male=53; Freshman=31 [female=22, male=9], Sophomore=27 [female=17, male=10], Junior=49 [female=33, male=16], Senior=46 [female=28, male=18]) were undergraduate kinesiology students at a small private university in the western United States. Participants were recruited through kinesiology classes and participation in this study was voluntary and responses anonymous. All respondents were thanked for their participation and allowed to terminate their participation in the study at any time without penalty. The protocol for this investigation was deemed as exempt and approved by university institutional research board (IRB).

Instrument and Procedures

Participants were given a brief description of the purpose for the study, which was to help determine the most important communication skills needed to become better healthcare professions. In the description participants were also told that skills as communicators greatly impact job performance of healthcare providers as well as the health of patients. Participants were asked to rank order (1=most important - to - 9=least important) the following message types: explaining illness, communicating about pain, reassurance messages, instructions, bad news messages, providing advice, comforting messages, persuasion/adherence messages, and risk messages (explaining risk). To control for order effects, there were three versions of the

protocol differing only in the order of message types.

($M=6.07$), *persuasion/adherence* ($M=6.52$).

Results

Statistical Analysis

Mean message rankings resulted in the following, with lower scores indicating the highest ranking or greatest importance: *instructions* ($M=3.16$), *explaining illness* ($M=3.64$), *risk* ($M=4.24$), *pain* ($M=4.42$), *advice* ($M=5.02$), *reassurance* ($M=5.95$), *bad news* ($M=5.96$), *comforting*

Analysis of variance procedures indicated a significant difference for *instructions* for participant year ($F[3,149]=3.10$, $p=.029$). Freshman and Juniors ranked *instructions* ($M=2.90$; $M=3.69$, respectively) as highest with *explaining illness* as second highest ranking ($M=3.45$; $M=3.81$, respectively). For Sophomores and Seniors, they ranked *explaining illness* ($M=2.74$; $M=2.52$, respectively) as highest and *instructions* ($M=4.00$; $M=3.86$) second highest (Table 1).

	Freshmen	Sophomore	Junior	Senior	Grand Mean
Instructions	3.45	2.74	3.81	2.52	3.16
Explaining Illness	2.9	4	3.69	3.87	3.64
Risk	4.58	4.6	4.47	3.54	4.24
Pain	4	4.96	4.53	4.26	4.42
Advice	4.94	4.52	5.04	5.35	5.02
Reassure	5.8	5.81	5.76	6.33	5.95
Bad News	6.48	6.15	5.24	6.26	5.96
Comforting	6.55	5.56	5.86	6.26	6.07
Persuasion	6.48	6.67	6.49	6.5	6.52

Table 1: Mean Message Rankings by Participant Year.

T-tests showed a significant difference for *explaining illness* for participant sex ($t[151]=4.27$, $p<.00$), such that females mean-ranked *explaining illness* ($M=3.02$)

significantly higher than males ($M=4.81$; Table 2). No significant differences were found between sexes for the other message types (Table 2).

Female		Male	
Explaining Illness	3.02	Instructions	2.87
Instructions	3.32	Risk	4.19
Risk	4.26	Pain	4.45
Pain	4.4	Advice	4.64
Advice	5.22	Explaining Illness	4.81
Bad News	5.8	Comforting	5.72
Reassure	6.02	Reassure	5.81
Comforting	6.25	Persuasion	6.04
Persuasion	6.78	Bad News	6.28

Table 2: Mean Message Rankings by Sex.

Discussion

The National Athletic Trainers' Association (NATA) states, "Athletic training encompasses the prevention, examination, diagnosis, treatment and rehabilitation of emergent, acute or chronic injuries and medical conditions" [20]. Furthermore, according to the American Physical Therapy Association,

physical therapists diagnose and treat patients of all ages [21]. Patients may have sport-related injuries, health conditions, disabilities as well as patients wanting to prevent future problems. Communication between the patient and healthcare provider initiates rehabilitation, establishes a relationship, and the degree of success often depends, in large part, on the communication skills of the physician

prior to starting rehabilitation [22]. Having improved healthcare practitioner-patient communication tends to increase adherence to physical therapy and improve patient satisfaction [22,23].

This study was conducted to determine the perceptions among undergraduate kinesiology students about the interpersonal communication message types they believe to be most important in their future as a healthcare professional. Participants ranked-ordered nine message-types that pertain to their professional context. The rankings were dominated by the information giving/clarity (i.e., instructions, explaining illness, risk) with more social support-type messages (i.e., comforting, reassuring) following suit. This is consistent with previous research that examined the rehabilitation of athletes. One study, examined thirty (n=30) collegiate athletes who suffered from a moderate to severe athletic injury and were out of play for at least seven consecutive days. The main focus of this study was to identify what the athlete wanted their healthcare provider to address in the psychological aspect of recovery. Results revealed that education was one of the key factors the athlete wanted from their healthcare provider. Athletes desired more education on the injury itself, rehabilitation, and return to play guidelines. A main concern from the athletes was not understanding the nature of their injury. Also, being educated on any risk of returning to play too soon, was important in adherence to the prescribed rehab program. This information aided in reducing anxiety associated with future sport participation [1]. Thus, importance placed on information giving message types in the current sample aligns with the messaging needs previously described by collegiate athletes.

Although ranked low in the present sample, breaking bad news to patients is a complex and challenging communication task in the practice of medicine [24]. Within the medical literature, there is a general consensus that using full disclosure, empathy, and honesty are requirements for effectively delivering bad news to patients [25,26]. Findings from a recent study indicate that providing delayed messaging when delivery bad news may provide hope and reassurance to an injured athlete at a time of particular vulnerability [27]. This could be very beneficial when thinking of the emotional toll injuries take on athletes. Athletes often exhibit frustration and depression during the early stages of rehabilitation due to their sudden lack of sport involvement [28]. Receiving bad news more effectively may lessen the frustration and depression athletes experience if they feel more hopeful and reassured. This highlights the need to equip future practitioners with proper ways to emotionally support injured athletes through supportive messaging. This is especially relevant considering the present sample ranked these types of messages as being less important than information-giving messages.

Conclusion

There are a number of considerations to acknowledge should this research be extended. One limitation in this study was that athletic history and previous injury of participants was not obtained. Another limitation was that current athletic status or physical activity status was not obtained. Knowing athletic and injury history would likely influence the importance of messaging type. Also, the corpus of messages used in this investigation was gleaned from the existing very scant literature. Yes, the literature posits how essential “communication” is to healthcare providers, but only mentions in passing specific message types. So, a clearer understanding of all the message types used in this context would be helpful in future studies.

In order to enhance the communicative skills of kinesiology-related health practitioners, more research must be done to establish a foundation for communication skills training [29-31]. Current literature clearly shows a consensus about the importance of communication in kinesiology-related careers that is often overlooked in higher education, but students’ views of the importance of different areas of communication is a starting point for further research that needs to be pursued. In doing so, the well-being of patients and practitioners alike will be enhanced.

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