**Author’s declarative title:** Relational communication characteristics are an important facet of building effective practitioner-patient care relationships

**Commentary on**: Peltola M, et al. Patients’ Interpersonal communication experiences in the context of type 2 diabetes care. Qualitative Health Research 2018 July; 28 (8): 1267 – 1282.

**Commentary**

**Implications for practice and research**

* The quality of healthcare practitioner versus patient relational communication may have a negative or positive impact on patient-centred diabetes care.
* More research is required on approaches to preventing negative patient-practitioner interpersonal communication experiences

**Context**

The shift in nature and pattern of disease that has resulted from increased life span and lifestyle changes has led to patient empowerment as a paradigm shift from the traditional approach to long-term condition management1. Although it is acknowledged that relational communication forms an integral part of this therapeutic relationship, there is paucity of research studies on this phenomenon2.

**Methods:**

The purpose of the study2 was to explore the negative and positive impact of relational characteristics of patient-practitioner communication on self-management. The study used a descriptive qualitative design with semi-structured interviews (18 female participants, 7 male) and open e-survey (10 female, 3 male) to collect data from patients aged 18 years and above that were diagnosed with type 2 diabetes. The analysis for both data collection methods used a critical incident approach focused on participants’ recollection of practitioner-patient discussions that either facilitated or hindered their self-management abilities. The data collected through this inductive methodology was analysed using a qualitative content analysis by following a five stage approach3.

**Findings:**

Out of a total of 63 incidents that were analysed, 42 (involving 32 doctors and 10 nurses) communication experiences were of positive nature while 21 (14 doctors; 7 nurses) examples of practitioner-patient communication were categorized as negative in nature. Apart from one doctor-patient telephone conversation experience, most experiences involved face-to-face discussions and in most cases with familiar healthcare practitioners. The results revealed four characteristics: (1) Mutual trust (2) Preparedness to communicate (3) Influence of emotion and (4) Shared view.

The experience of all participants were connected by these four main relational characteristics regardless of the healthcare practitioner involved or whether it was a new or a continuing care relationship. The participants’ experience was influenced by the level of trust existing between the two parties and patient-practitioner willingness to communicate. The importance of reciprocity, especially in non-verbal communication, was found to be significant in their willingness to communicate and this includes making eye contact, sitting face-to-face and showing attentive listening attitude. Perhaps unsurprisingly, emotional support and appropriateness of communication which showed understanding and respect for each other were identified as influential factors to aid positive experience of care.

**Commentary:**

The health consequences of diabetes can be compounded by negative patient-practitioner relational communication. This study focused on positive and negative interpersonal communication experiences of patients affected by type 2 diabetes. The study identified four key relational communicational characteristics of healthcare practitioner–patient communication that have an impact on patients’ self-care abilities. In the study, patients reported more reciprocal communication in the positive experience than in the negative experiences. Additionally, the study suggested the need to further strengthen patients’ interpersonal communication skills to aid the process. A key finding was that 52% of patients’ negative experiences occurred with familiar healthcare practitioners, even though a previous study4 highlighted the benefit of continuity of care in promoting effective relationships. This study further confirms the findings of previous research which indicated the influence of culture in patients’ perception of appropriateness of communication in care delivery. The importance of the study to future practice is the recognition and application of the four communication characteristics to promote self-care management behavior. Whilst communication barriers could be due to issues pertaining to either the practitioner or the patient5, Peltola and colleagues highlighted that the quality of relational communication has a role to play in providing patient-centred care. Regardless of the limitations of the study, it has established the significance of using the characteristics of good communication to promote therapeutic relationship and helps patients to improve their self-care management knowledge and skills.

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**Competing interests:** None declared.