

West Chester University

Digital Commons @ West Chester University

Psychology Faculty Publications

Psychology

3-19-2019

Health Care Providers: Please Listen

Jasmin Tahmaseb-McConatha

Follow this and additional works at: https://digitalcommons.wcupa.edu/psych_facpub

 Part of the [Psychology Commons](#)



[Jasmin Tahmaseb-McConatha Ph.D.](#)

[Live Long and Prosper](#)

Health Care Providers: Please Listen

Remind providers that you can contribute to your health care decisions.

Posted Mar 19, 2019

During the first months of the year, I try to schedule annual medical exams. As I waited to see my dermatologist this past week, her assistant asked me a number of questions.

“Do you wash your hands often?” she asked.

“Do you use cream to prevent dry skin?” she wondered.

I could not help feeling somewhat offended by these questions. As someone who has struggled to make informed educated decisions, especially as it relates to my health and well-being, the questions surprised me. I particularly found the tone in which she asked the questions disturbing. If the assistant had prefaced her questions with: "I need to ask you some routine questions for our records," I would have felt differently. The dismissive tone combined with the rote questions seemed—to me, at least-- better suited for a 5-year-old. As a teacher, it is my job to attempt to reach students at their level of understanding, which is an indication that I respect their knowledge and their ability and to build on skills. While at times I must review basic information, information with which they may be familiar, I usually preface such information with "this may be a review for some of you, but allow me to go over this material to make certain we are all on the same page."

For most men and women, a physician's office is one of the most important of our communication spaces. Put frankly, we are vulnerable in these spaces. The physician's office is a place where patients--need to be treated with kindness and respect. It is also a place in which clear communication can be a matter of life and death. At the same time, these offices are sites where people are all too often treated without dignity and respect. Researchers have identified two stereotypical forms of communication that take place in the medical field, overaccommodation and baby talk. In the first, there is a tendency to talk in an overly polite and simple manner. In the second, "baby talk", there is a simplified high-pitched exaggerated tone to the communication. Both forms are disrespectful and discriminatory.

In most cases, we can develop doctor-patient relationships that are based on mutual respect. Because physicians have our personal information readily available, should they not recall who we are or what we are about? Prior to a visit, they should peruse this information, which means that they are less likely to repeat basic questions to which they already have answers. Respectful mutual communication among physicians, physicians' assistants, and patients is as central to the healing process as medical competence. If doctor-patient relationships built on mutual respect, patients feel more comfortable discussing problems that may or may not be serious. Studies have shown that respectful communication can be a powerful healing tool and even save lives <http://jaoa.org/article.aspx?articleid=2093086>.

Several years ago, I gave a series of workshops to hospital physicians about the importance of understanding their increasingly diverse patients as well as the cultural factors that shape communication. Research has underscored the

importance of cultural competence in communication with patients—a competence that results in more effective treatment. Communication skills are now an integral part of most medical training.

Even so, physicians often rush into a consultation with a comment like: “what seems to be the problem here.” The patient becomes flustered and feels the need to quickly identify a specific ailment or problem: there is a breakdown in physician-patient communication. One problem, of course, is that physicians are often overworked. They do not have enough time to spend with each patient. During the 10 to 20-minute office visit, it is difficult for them to make informed decisions about what is said and not said. At the same time, patients are [anxious](#) about their health. They are unsure about what to bring up and what to leave unsaid. Feeling time constraints and being treated in a disrespectful manner, of course, does not help. A physician as well as a physician’s assistant’s ability to communicate in a culturally competent manner is the foundation of a successful healing process <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinio...>

It should be mandatory for physicians and their various assistants to develop basic communication skills. As psychologists, we teach our clinical students how to develop a sense of [empathy](#). Are those in the medical field so much less concerned with patient’s well-being? Trust and empathy go a long way towards building a good working partnership that can promote health and well-being.

There are also age and ethnic biases in communication. Studies have found that patients face uneven communication during medical encounters. For example, African American patients are less likely to be asked to be involved in their health care [decision making](#). During medical visits, for example, they were less likely to be allowed speaking time. Beyond racial difference, [gender](#), age, and [ethnicity](#) appear to shape the texture of communication in medical encounters, which means that vulnerable populations (older men and women and minorities) are therefore at greater risk for feeling stressed in the examining room. Increased stress, of course, leads to even poorer communication. Shared decision-making should be a goal in medical settings in which patients and physicians discuss concerns and treatment options and make informed decisions. When patients are not shown proper respect, when they are not treated as competent partners who are able to make an informed decision regarding their own healthcare, they may lose [confidence](#) and a sense of competence and behave according to reduced expectations. Social psychologists who have studied the effects of stereotypes have discussed the

damage that internalizing negative stereotypes. These can result in the fulfillment of negative expectations. Stereotype threat occurs when a patient is not treated with respect, when implicit messages from health care providers result in patients recognizing that they are being evaluated in a negative and stereotypical way. The patient, feeling stressed and anxious, complies with the stereotypical behavior, therefore fulfilling the health care provider's negative expectations and concomitantly embodying stereotypical beliefs about themselves (Levy, 2003). Patients find themselves in a situation where they need to not only cope with their health concern but with a new image of themselves. In such a situation, they are more likely to attempt to manage their stress and negative feelings by trying to cope with stress instead of dealing with the health concern (Folkman et al., 1986). The patient may even disengage to manage the [stressful](#) encounter. Disengagement as a coping strategy is dysfunctional and counterproductive and ultimately results in increased distress (David, et.al., 2006). For health care visits to be effective authentic respectful communication is a must. Taking a few extra moments and treating the patient with the dignity they deserve can do much to aid the healing process.

References

- David, D., Montgomery, G. H., & Bovbjerg, D. H. (2006). Relations between coping responses and optimism-pessimism in predicting anticipatory psychological distress in surgical breast cancer patients. *Personality and Individual Differences*, 40, 203-213.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior*, 21, 219-239.
- Folkman, S., Lazarus, R. S., Dunkel-Schetter, C., DeLongis, A., & Gruen, R. J. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology*, 50(5), 992-1003.
- Levy, B. (2003). Mind Matters: Cognitive and Physical Effects of Aging Self-Stereotypes. *Journal of Gerontology: Psychological Sciences*, 201-211.