Patients' narratives can help nurses reflect on the language they use to explain treatment and care to patients as their choice of words can be easily misinterpreted.

**The meaning behind communication**

In this article...
- Why patients misunderstand health professionals' language
- An illustration of the use of inappropriate language
- Points for reflection on health professionals' language

**Patient narrative**

David Foley*, aged 21 and on the autism spectrum, was referred to a colorectal consultant because of anal bleeding. His consultant suspected this was a symptom of ulcerative colitis and wanted to carry out an endoscopy. He told Mr Foley:

> I want you to come in for an investigation. You will go to theatre and we will put a video camera into your rectum to have a look if there are any problems.

Mr Foley refused to have the investigation and left in a state of distress. His notes recorded that he had refused to accept the proposed investigation and that, as he had a high level of intelligence, he was deemed to have capacity to consent.

A liaison learning disabilities nurse guessed that Mr Foley had probably misunderstood the doctor, and explained again what had been proposed. Mr Foley then agreed to go with the nurse to the theatre and look at the camera. When he saw how calm the theatre was and the size of the endoscope he agreed to the procedure. Box 1 gives Mr Foley's account of the incident.

**Reflection points**

1. What factors impair patients' ability to interpret language used by health professionals?
2. How do you assess your patients' ability to understand information?
3. What does the narrative tell us about the language health professionals use to explain common procedures?
4. How could you address these issues in your clinical area?
5. What does the term "reasonable adjustment" mean?

Health professionals may use language that leaves patients feeling confused.
impaired, such as pain, fear, autism, learning disability, dementia, grief or medication? What did you do to help the patient understand what you were saying?

Reflective point 2
The doctor used terminology that health professionals may not see as technical or difficult to understand (“video camera” and “theatre”) but people who have never been to hospital may have a simplistic understanding of them or have a view formed by how healthcare is portrayed in the media.

Think of the last time you communicated details of care to a patient. What exact terms did you use to describe it? Did you use words a lay person might understand? Did you check the patient’s understanding? Ask someone you know who is unfamiliar with your profession what they understand by terms you commonly use.

Reflective point 3
The liaison nurse offered Mr Foley empathy and extra support. Taking time to show him what was meant by “camera” and “theatre” could be considered “reasonable adjustment” for his autism. The Equality Act (2010) requires services to make reasonable adjustment for a person’s disability; this includes health services. Had Mr Foley not undergone the procedure he would have been excluded because of the hospital’s inability to accommodate his autism.

When you last worked with a patient who refused to accept treatment, did you consider reasonable adjustment to ensure they understood the care being offered?

Reflective point 4
Children, people with confusion, learning disability or autism and those with brain trauma may not fully understand grammar and syntax. For example, some people with a learning disability do not understand pronouns – the terms “you”, “me” or “her” might be meaningless (Mee, 2012), and they may not understand a simple statement such as “Do you agree to this procedure?”. Some patients also have problems with the concept of time and sequencing (Mee 2012) so statements like “You cannot eat breakfast until after your operation. In the morning we will give you a pre-med and then take you to theatre”, would be difficult to comprehend. Mee (2012) explores many other aspects of incomplete language development with implications for nurses.

When you last communicated with a patient who may have had incomplete understanding of language, were you aware of whether they could use pronouns accurately? Do you know if the patient had problems with the concept of time and sequencing? What steps could you take to respond to these problems?

Reflective point 5
Some people, such as children or those with an acquired brain issue, learning disability or autism, may understand pictorial, rather than spoken, information. The Royal College of Nursing (2013) provides useful information on this topic.

When you last cared for such a patients did you consider pictorial information to reinforce your spoken information?

These themes apply to all fields of nursing, as shown by the scenarios in Box 2.

Conclusion
Communication is at the heart of nursing, irrespective of your field. Throughout this series we have argued that there are two different but complementary types of knowledge for health professionals:

» The evidence base of “scientific” knowledge, which defines safe and effective practice – this is what we do;

» The knowledge that enables us to understand how it should be done. Mr Foley’s story illustrates this difference. The knowledge about colitis, investigations, treatment and prognosis are all derived from quantitative research. Knowledge about how to convey the information to the patient comes from reflection on narratives from experience. In this case both types of knowledge are essential.

All names have been changed.

References

ARTICLES IN THE SERIES

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