



THE ROLE OF HEALTH COMMUNICATION FOR THE INTEGRAL GROWTH OF HEALTH CARE MANAGEMENT

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Abstract: Today the communities around the world are taking advantage of the communication methods to improve people's lives. They are using new information and communication technologies to help and create social and economic changes in areas as diverse as health, education, culture, and democratic engagement. The influence of mass media and communication in health care is increasing day by day. The environment for communicating about health has changed significantly. These changes include dramatic increases in the number of communication channels and the number of health issues vying for public attention as well as the consumer demands for more and better quality health information, and the increased sophistication of marketing and sales techniques, such as direct-to-consumer advertising of prescription drugs and sales of medical devices and medications over the Internet. In this context that the researcher done the study on the role of health communication in health care management. It is true to say that communication is more than mere exchange of information but it is a process necessary to pave the way for desired changes in human behavior, and informed individual and community participation to achieve predetermined goals. An Objective of study was headed as follows:

1. To study the importance of health communication in health care of patients in a tertiary care institution.
2. To know various methods of health communication used in the management of patients by doctors in the selected hospital.
3. To evaluate the effectiveness of health communication on the behavioral changes of patients.

The research approach adopted in this study was descriptive method. The information, opinion and attitude are collected through structured questionnaire method. The study was conducted in Guru Nanak Mission Hospital, a 500 bedded multi specialty hospital established in 1983. The population consists of doctors, patients and their relatives. A sample size of 20 doctors who were associated with various clinical departments of the hospital and 100 patients of the hospital were selected for the study. The samples were selected by using simple random sampling method. The tool selected for data collection includes two structured questionnaire with open-ended and closed ended questions. A pilot study was conducted with 3 doctors and 10 patients of various departments. The study revealed that 55% of the doctors were of the opinion that Health Communication is very important and 45% were of the opinion that it is important while no one had the opinion that it is less important or not at all important and the study showed that 45% of the doctors usually give information about the health of the patients during the consultation but 10% of them rarely spend sufficient time for patients during the consultation. 14% of the patients opined that doctors rarely spend sufficient time for them during the consultation. The statement is very clear from the result of the study, that is, 54% of patients have effectively been influenced by Health Communication and 37% of them opined that Health Communication has usually make changes in their behavior. The study concluded that Health Communication is very important in health care management and the various methods used are effective and are capable of making behavioral changes.

Index Terms - Communication, Health communication, Integral growth, Health care management .

INTRODUCTION

Today the communities around the world are taking advantage of the communication methods to improve people's lives. They are using new information and communication technologies to help and create social and economic changes in areas as diverse as health, education, culture, and democratic engagement. The influence of mass media and communication in health care is increasing day by day. The environment for communicating about health has changed significantly. These changes include dramatic increases in the number of communication channels and the number of health issues vying for public attention as well as the consumer demands for more and better quality health information, and the increased sophistication of marketing and sales techniques, such as direct-to-consumer advertising of prescription drugs and sales of medical devices and medications over the Internet. The expansion of communication channels and health issues on the public agenda increases competition for people's time and attention; at the same time, people have more opportunities to select information based on their personal interests and preferences. Health is the concern of everyone for everyone. Health communication is therefore an important area of communication. The term 'health communication' is often used synonymously with health education, which itself suggests 'outward and downward' communication of knowledge. The importance of health education has

been realized increasingly during the last three decades, so much so that health education has now emerged as a specialty in itself. The reason why so much attention is being focused on health education lies in the realization that the health care delivery systems, though elaborately planned and provided, remain ineffective if not supported by health education aimed at motivating people to use these services and cooperate with the concerned health programmes.

It is in this context that the researcher is doing a study on the role of health communication in health care management. It is true to say that communication is more than mere exchange of information but it is a process necessary to pave the way for desired changes in human behavior, and informed individual and community participation to achieve predetermine.

OBJECTIVES:

1. To study the importance of health communication in health care of patients in a tertiary care institution.
2. To know various methods of health communication used in the management of patients by doctors in the selected hospital.
3. To evaluate the effectiveness of health communication on the behaviorral changes of patients.

REVIEW OF LITERATURE

Communication

Rai and others ¹ say that communication is the tool with which we exercise, influence on others, bring about changes in the attitudes and views of our associates, motivate them and establish and maintain relations with them. Without communication there would be no interaction between persons and groups, so there cannot be a government or society without communication.

With the development of faster means of transport and communication it has become necessary to develop more efficient skills in communication. In today's fast and crowded world, our natural communication ability is not enough. Fortunately it has been found that communication skill can be improved with training and practice.

Das and Shoba ² define communication as the process by which information is transmitted between individuals and / or organizations so that an understanding response results. Communication is an exchange of facts, ideas, opinions or emotions by two or more persons. Here the key word is 'information'. The transmission of the sender's ideas to the receiver and receiver's feedback or reaction to the sender constitute the communication cycle. It includes input, channel, message, output and feed back

Purpose of Communication

Communication always has a purpose. We communicate because we want to make someone do something or take some action or think or feel in a certain way. The source of the idea or thought is the person who feels the need for communication. He puts the thoughts into words or other symbols which can be understood by another person to whom he wants to communicate it. This part of the process is called encoding. It requires the selection of suitable symbols so that the thought can be formed into a message which can be transferred or conveyed through a channel or medium. The words channel and medium are often interchangeable though in some cases they are clearly different.¹

Functions of communication

Andal ³ speaks about the functions of communication as follows Instrumental function : To achieve or to obtain something

Control function : To get someone to behave in a particular way Information function : To find out or explain something

Expression function : To express your feelings or put yourself over in a particular way

Social contact function : To make enjoyable company Stimulation function : To create interest

Role related function : Because situation requires it Educational function : Transmission of knowledge

Cultural promotion function : To reinforce cultural rites Entertainment function : To provide leisure time activity Characteristics of Communication

People engage in communication to achieve something functional for the individual. Because communication involves people, it is susceptible to all the problems that people encounter, such as lack of information, absence of entertainment, intolerance, want of motivation, inability to take decision etc. Communication is therapeutic.³

Effective Communication

Ramachandran and Dharmalingam ⁴ make the opinion that the very purpose of communication is to transfer or exchange ideas and thoughts. Communication is a very important part of the educational process while learning aims at change in level of knowledge, change in attitude and change in behavior. It is implied that the impact of communication also lies in the change that has been effected in the knowledge, attitude, and behavior. Needless to say, communication can be considered effective only if the ideas or the message have been properly received, interpreted and utilized for enhancement of knowledge or change of attitude and behavior. Effective communication therefore means to begin with a communication that has not only reached the receiver but has enabled the receiver to have a change in the information or improvement in the level of knowledge.

Health Communication

According to American Public Health Association ⁵ health communication, like health education, is an approach which attempts to change a set of behaviors in a large-scale target audience regarding a specific problem in a predefined period of time. Effective health communication is the art and technique of informing, influencing, and motivating individuals, institutions, and large public audiences about important health issues based on sound scientific and ethical considerations.

According to Guptha and Mahajan ⁶ the very definition of health encompasses the essence of health education by making the individuals and communities equal partners in the process of ensuring freedom from sickness and attaining the highest plane of physical, mental and social health. The physical surroundings, people with whom they live and interact, the work they do and the resources available to them must all be taken into consideration for improving health. So health communication or health education is that part of health care which is concerned with promoting healthy behavior. Through health communication we make people aware of their behavior and how it affects health. Here we do not force people to change, rather encourage them to make their own choices for a healthy life. It means the education through communication helps the people to have knowledge or proper use of health services.

US Department of Health and Human Services ⁷ defines health communication as the use of communication techniques and technologies to (positively) influence individuals, populations, and organizations for the purpose of promoting conditions conducive to human and

environmental health. It may include diverse activities such as clinician-patient interactions, classes, self-help groups, mailings, hotlines, mass media campaigns, and events.

Health communication can be divided into persuasive or behavioral communication (including social marketing), risk communication, media advocacy, entertainment education, and interactive health communication.

Cline ⁸ defines Health communication as a hybrid field that derives from communications studies, marketing, journalism, and public relations, and also overlaps with health education and health promotion. Communications about health in the popular media comprise both planned and unplanned content which has the potential to communicate positive, neutral, or negative health messages to the public. Planned messages follow specific strategies for design and placement and are intended to change public beliefs, attitudes, and behaviors. Theoretical and research issues in health communication comprise the delineation of media content, audience needs and characteristics, the effects of media content on the audience, and the processes by which the media can be influenced to include healthier messages. Also important are the meanings and interpretations attributed to health messages in the media. From a social marketing perspective, messages in the media that promote specific desirable behaviors have the potential to persuade consumers to change their behaviors if the messages are viewed as compatible with consumers' own self-interest, competing messages are minimal, and the resistance to change is low to moderate.

Health Education

According to Ramachandran and Dharmalingam ⁴ health education like general education is concerned with changes in knowledge, feelings and behavior of people. In its most usual forms it concentrates on developing such health practices and believed to bring about the best possible state of well being.

While speaking of health communication, Kulkarni and Baride ⁹ clearly define the health education as a process that informs, motivates and helps people to adopt and maintain healthy practices and lifestyles, advocates environmental changes as needed to facilitate this goal and conduct professional training and research to the same end. It is a process aimed at induction of healthy behavior and learning the customer's practices, prejudices which are deterrent to health, through the active involvement of people for achieving the goal of health.

The health education is not a single procedure but involves a series of stages. It is concerned with establishing or inducing changes in knowledge, attitudes and behaviors that promote healthier living. It involves efforts by people themselves.

Essentials of Health Education

Ramachandran and Dharmalingam ⁴ comments that if we understand that the aim of health education is to ensure health related behavior it should not be difficult to appreciate the following essential points which are relevant and applicable to health education in all possible situations.

Health education may be required for almost everyone at some time or the other. It is not a onetime affair but a continuing education that can be organized as a self learning process, a process of learning from others. Anyone who knows what is good for preservation of health can impart health education that consists of proper communication of ideas. All the principles and theories of education and learning are fully applicable in health education. Since health education has to do with health, correct knowledge about various aspects of health and disease is highly essential for communicating or disseminating ideas for the purpose of producing necessary attitude and behavior. For the above reason people who have been trained for providing health care are much better equipped to give health education in the community than lay persons. This does not rule out the role of non-medical and non-health personnel as health educators but it only emphasizes the importance of acquisition of correct and complete information and knowledge on relevant health problems and their application. Since health education aims at change of behavior, a health educator has to acquire and develop skills to educate, to communicate, to motivate and involve the client. He or she should have working knowledge of social psychology and principles and theories of community organization.

Importance of Health communication

US Department of Health and Human Services ⁷ opinioned that the infrastructure makes it possible for people not only to use health information designed by others but also to create resources to manage their own health and to influence the health of their communities. For example, community groups could use computers to gain access to survey information about the quality of life in their neighborhoods and apply this information to create an action plan to present to local elected and public health officials. Information is a critical element of informed participation and decision making, and appropriate, quality information and support services for all are empowering and democratic.

As patients and consumers become more knowledgeable about health information, services, and technologies, health professionals will need to meet the challenge of becoming better communicators and users of information technologies. Health professionals need a high level of interpersonal skills to interact with diverse populations and patients who may have different cultural, linguistic, educational, and socioeconomic backgrounds. Health professionals also need more direct training in and experience with all forms of computer and telecommunication technologies. In addition to searching for information, patients and consumers want to use technology to discuss health concerns, and health professionals need to be ready to respond. To support an increase in health communication activities, research and evaluation of all forms of health communication will be necessary to build the scientific base of the field and the practice of evidence-based health communication. Collectively, these opportunities represent important areas to make significant improvements in personal and community health.

Many of the disease which are due to infection can be avoided by proper personal hygiene, sanitation and immunization.⁴ Nutritional deficiency can be avoided by eating the proper diet in adequate quantity but it is commonly observed that many of the diseases are contacted by not fully observing healthy practices. Lack of observance of healthy practice can be seen in any community whether educated, illiterate or literate, rich or poor and so on. For people to understand and practice proper ways of living for the maintenance of health and avoidance of illness there is a need to mould their behavior. Suitable education is required to ensure such behavior.

According to Vijayagopal ¹¹ a physician should have excellent communication skills. It is possible to see more patients in less time and still be an effective communicator – by simply communicating “smarter” by making better use of time. To communicate smarter with patients, one needs to refine the basic communication skills, make the necessary adjustments in communication style to accommodate today's more participating style of case, and take steps to go the extra mile. Most patients today prefer a partnership with their physicians and want to share responsibility for their care.

A recent report found that health stories were the fifth most common topic covered in local broadcast news.¹² In this extensive study of 17,000 local news broadcasts in 13 major US media markets conducted over a 3-month period in 1996, it was found that most health news concerned either the causes and treatment of specific diseases or lifestyle and environmental risk factors.

Media advocacy has been defined as the art and science of working with the news media to enhance the portrayal of health, thereby potentially changing public opinion and influencing social norms. In a session on this topic, veteran media advocacy researchers defined the process by which topics can be featured in news and other media formats. Important components in this process include framing the health problems as social justice issues rather than individual tragedies, as well as

networking with news media writers to "pitch" stories and get issues of interest in the local press.

Vijayagopal ¹¹ adds that most patients today prefer a partnership with their physicians and want to share responsibility for their care. They no longer want to be told what to do. They want reasoning and proof to replace a patient-physician relationship that was traditionally built on blind trust. Thus began the reorientation of medicine back to personal, primary care. Due to the change that occurred in the medical field, more emphasis was put on the concept of family physician. The concept of the generalist was reborn with the establishment of family practice as medicine's twentieth specialty.

Methods of Health Communication

According to Babu ¹⁰ Mass Media are used to reach large members of people.

Posters: made artistically to attract attention and thus convey appropriate messages.

Press: News papers, important channel to disseminate information

Health Magazine: If material is presented well they can be a valuable channel of communication

Films: Expensive and difficult to acquire and suitable to audience.

Radio: A potent channel of education. Talks should not exceed 15 minutes

Television: Once established it becomes the cheapest and most effective media

Health Exhibition: If properly organized can attract and arouse large numbers of people.

Health Museums: also an effective medium

According to Shankar ¹³ there are certain thumb-rules when it comes to selecting a health story for a news paper. They are:

The story should be original and first; it should have something unique to say which was not said before.

Such health stories should have an effect on many rather than just a section

Stories that carry the 'worrying gene' often get priority. In other words, if a health clips is worrying, it would have immediate takers.

Health news items that are controversial, amusing and different in nature also find space in both the print and visual media- more so in latter.

Telemedicine

According to Wikipedia Dictionary ¹⁴ the term Telemedicine is the delivery of medicine at a distance. The term is composed of the Greek word *τελε* (*tele*) meaning 'far', and *medicine*. Telemedicine may be as simple as two health professionals discussing a case over the telephone, or as complex as using satellite technology and video-conferencing equipment to conduct a real-time consultation between medical specialists in two different countries. It can also involve the use of an unmanned robot.

Telemedicine generally refers to the use of communications and information technologies for the delivery of clinical care. Care at a distance (also called *in absentia* care), is an old practice which was often conducted via post; there has been a long and successful history of in absentia health care, which - thanks to modern communication technology - has metamorphosed into what we know as modern telemedicine. In its early manifestations, African villagers used smoke signals to warn people to stay away from the village in case of serious disease. In the early 1900s, people living in remote areas in Australia used two-way radios, powered by a dynamo driven by a set of bicycle pedals, to communicate with the Royal Flying Doctor Service of Australia.

According to H S Rissam ¹⁵ Telemedicine can be broadly defined as the use of telecommunication technology for transfer of medical data from one site to another. The application brings "health care on line"

A telemedicine system can be as simple as a computer hook-up or as advanced as "Robotics-Surgery facility". Varied branches of medical specialties such as Cardiology, Pathology, Radiology, Neurology, Psychiatry, Dentistry, Nursing .. etc. and rural telemedicine are at present in practice in telemedicine. The telemed specialists make either electronic applications for making diagnosis or tackle medical emergencies by inter physician communication or by direct physician-patient contact. Types of telemedicine

Wikipedia Dictionary ¹⁴ mentions different types of telemedicine. Telemedicine is practiced on the basis of two concepts: real time (synchronous) and store-and-forward (asynchronous).

Real time telemedicine could be as simple as a telephone call or as complex as robotic surgery. It requires the presence of both parties at the same time and a communication link between them that allows a real-time interaction to take place. Video-conferencing equipment is one of the most common forms of technologies used in synchronous telemedicine. There are also peripheral devices which can be attached to computers or the video-conferencing equipment which can aid in an interactive examination. For instance, a tele-otoscope allows a remote physician to 'see' inside a patient's ear; a tele-stethoscope allows the consulting remote physician to hear the patient's heartbeat. Medical specialties conducive to this kind of consultation include psychiatry, internal medicine, rehabilitation, cardiology, pediatrics, obstetrics and gynecology and neurology.

Store-and-forward telemedicine involves acquiring medical data (like medical images, bio signals etc) and then transmitting this data to a doctor or medical specialist at a convenient time for assessment offline. It does not require the presence of both parties at the same time. Dermatology, radiology, and pathology are common specialties that are conducive to asynchronous telemedicine.

Telemedicine is most beneficial for populations living in isolated communities and remote regions and is currently being applied in virtually all medical domains. Specialties that use telemedicine often use a "tele-" prefix; for example, telemedicine as applied by radiologists is called Tele radiology. Similarly, telemedicine as applied by cardiologists is termed as tele cardiology.

Telemedicine is also useful as a communication tool between a general practitioner and a specialist available at a remote location.

Teleradiology

According to Wikipedia Dictionary ¹⁴ tele radiology is the ability to send radiographic images (x-rays) from one location to another. For this process to be implemented, three essential components are required, an image sending station, a transmission network, and a receiving / image review station. The teleradiology process begins at the image sending station. The radiographic image and a modem are required for this first step. The image is scanned and then sent to the modem.

The transmission network can be wire, fiber optics, or microwave. After the digital information has been sent to the modem, electrical impulses are sent along to the transmission network to the receiving / image review station. The receiving / image review station consists of a modem, a computer with sufficient storage capabilities, a TV monitor, and sometimes a printer to provide hard copies to the end user. The electrical impulses created through the transmission network are received by the modem on the review station. These impulses

are converted back to the original digital image once it reaches the review station. This image is then stored and can be viewed on the TV monitor for diagnostic purposes. A hard copy can be printed for more convenience.

The teleradiology process can be connected in one of three ways. A point-to-point connection consists of a sending station that is connected to a review station via a transmission network. This connection allows viewing from one location in a building to another.

A Local Area Network (LAN) connection is when there are many sending and review station connected through a transmission network. This type of connection allows images to be viewed in several different locations in a building.

A Wide Area Network (WAN) connection is when many Local Area Networks are connected to one another to create a way for images to be viewed in different geographic locations (for example, from one city to another).

Clearly with the number of companies focusing on telemedical devices and with the specialization of these companies one can expect telemedicine to become a significant way that physicians, hospitals, and veterinarian offices operate in the near future. Internet

With the rapidly growing volume of health information, advertising, products, and services available on World Wide Web sites, serious concerns arise regarding the accuracy, appropriateness, and potential health impact of these sites.¹⁶ People are using the Internet to look up information, purchase medications, consult remotely with providers, and maintain their personal health records. Approximately 70 million persons in the United States use the Internet for health-related reasons and the potential for harm from inaccurate information, inferior quality goods, and inappropriate services is significant. Many initiatives are under way to identify appropriate and feasible approaches to evaluate online health sites. Twenty Six professional associations are issuing guidelines and recommendations Federal agencies such as the Federal Trade Commission are actively monitoring owners of Web sites that are false or misleading, and developers and purchasers of online health resources are being urged to adopt standards for quality assurance.

To allow users to evaluate the quality and appropriateness of Internet health resources, health-related Web sites should publicly disclose the following essential information about their site:

the identity of the developers and sponsors of the site (and how to contact them) and information about any potential conflicts of interest or biases.

the explicit purpose of the site, including any commercial purposes and advertising the original sources of the content on the site.

how the privacy and confidentiality of any personal information collected from users is protected.

how the site is evaluated.

how the content is updated. An additional mark of quality which should be present in a Web site relates to the site's accessibility to all users. Contents of the site should be presented in a way that it can be used by people with disabilities and with low-end technology.

Tetzlaff¹⁷ says that consumers with acute and especially high cost chronic diseases can incorporate the research protocols, and general information they read over the internet into treatment –plans they develop with health care professionals. Patients can co manage their own diseases online with health care professionals through early and frequent communication (E mail), automated treated reminders, and the sharing of information found online. By building internet enabled self care into treatment plans busy providers make the customers an active accountable participant in the treatment process. As a result consumers can help to identify problems with their health early and avoid expensive emergency department or inpatient visits.

Shankar¹³ opinioned that internet has also emerged as a major source for health news and references regarding ailments. While health portals have crashed such reference sites still encounter a lot of hits. With the new generation becoming more cyber internet is going to revolutionize health communication. Health

communication in future is likely to witness a change with interest levels booming across generation. But much will depend on how the communication is able to package the news or the research outcome to the lay public.

Television and Health

Television had been assigned a major role in the dissemination of health and nutritional information in the three important policy documents put forward by the government of India.¹⁸ The National Health Policy (1982), National Nutrition Policy (1993) and the new National Population Policy (2000). Information and Broadcasting Ministry has been entrusted with task to arrange more frequent telecast of need based programmes centering on people health. The time has come to stream line programme productions so as to make them more purposeful and educative. Perhaps it would be more pragmatic to make it mandatory for all channels in operation to devote sometime for meaningful health and nutrition programmes. Looking up on television mainly as an entertainment medium is not justified. Many studies in India and outside point to the fact that viewers are interested to gain more knowledge on health aspects provided the information is given in creative and alternative formats.

Moreover, television enjoys high credibility among the masses and hence responsible handling of this marvelous medium is the need of the hour. Challenges

Roter and Hall¹⁹ stated that widespread availability and use of interactive health communication and telehealth applications create at least two serious challenges. One is related to the risks associated with consumers' use of poor quality health information to make decisions. Concerns are growing about the Web making available large amounts of information that may be misleading, inaccurate, or inappropriate which may put consumers at unnecessary risk. Although many health professionals agree that the Internet is a boon for consumers because they have easier access to much more information than before, professionals are also concerned that the poor quality of a lot of information on the Web will undermine informed decision making. These concerns are driving the development of a quality standards agenda to help health professionals and consumers find reliable Web sites and health information on the Internet.

According to Anderson and others²⁰ the other challenge is related to the protection of privacy and confidentiality of personal health information. The personal privacy and the confidentiality of health information are major issues for consumers, and these concerns are magnified when information is collected, stored, and made available online. As the availability and variety of interactive health applications grow, consumer confidence about developers' ability or intent to ensure privacy will be challenged. In the near future, personal health information will be collected during both clinical and nonclinical encounters in disparate settings, such as schools, mobile clinics, public places, and homes, and will be made available for administrative, financial, clinical, and research purposes. Although public health and health services research may require de-identified personal health information, policies and procedures to protect privacy will need to ensure a balance between confidentiality and appropriate access to personal health information.

The trend of rapidly expanding opportunities in health communication intersects with recent demands for more rigorous evaluation of all aspects of the health care and public health delivery systems and for evidence-based practices. Numerous studies of provider-patient communication support the connection among the quality of the provider-patient interaction, patient behavior, and health outcomes. As the knowledge base about provider-patient interactions increases, a need becomes apparent for the development of practice guidelines to promote better provider-patient communication. Additional evidence about the process of health information-seeking and the role of

health information in decision making also is needed. Health communication campaigns could benefit as well from more rigorous formative research and evaluation of outcomes. Expected outcomes should be an important consideration and central element of campaign design. As health communication increasingly involves electronic media, new evaluation approaches are emerging. Given the critical role that communication plays in all aspects of public health and health care, health communication and outcomes research should become more tightly linked across all health communication domains.

Communication and Health care

Effective communication is a key tool that health care professionals must use to deal with patients in identifying the cause of the disease, creating strategies for treatment, and gaining cooperation from both colleagues and patients for continued care. According to Kreps²¹ it is apparent that the clarity, timeliness, and sensitivity of communication in health care are often critical to the physical and emotional well-being of patients. Because communication has become so closely identified with good patient care, health care professionals are continually reminded to use effective communication with their patients.

Roy and others²² opinioned that just as medical personnel are advised to improve their communication skills at the bedside, patients are also encouraged speaking up, asking questions, and listening more carefully to their physicians and nurses. The role of the patient in effective health care has become very prominent. Patients need skill in asking for information and reassurance. And patients need to be certain that their questions are answered.

RESEARCH METHODOLOGY

RESEARCH APPROACH:

The research approach adopted in this study is a descriptive method. The information, opinion and attitude are collected through structured questionnaire method.

SETTING OF THE STUDY

The study is conducted in Guru Nanak Mission Hospital, a 500 bedded multi specialty teaching hospital established in 1983. This esteemed institution is well known for its service to humanity over the last 35 years.

The hospital has various medical and surgical specialties including coronary care unit, intensive care unit and a well-equipped clinical pathological laboratory and radio diagnosis department.

The different departments included in the hospital apart from general medicines are, 24 hours casualty services, Psychiatry, Dermatology, Leprosy Unit, De-addiction centre, Pediatrics, Orthopedics, Obstetrics, and gynecology, Dental Department, Physiotherapy Unit, Homeopathy Section.

POPULATION

The population consists of doctors, patients and their relatives.

SAMPLE AND SAMPLING TECHNIQUE:

A sample size of 20 doctors who are associated with various clinical departments of the hospital and 100 patients of the hospital were selected for the study. The samples were selected by using simple random sampling method.

CRITERIA FOR SELECTION OF SAMPLE:

1. Doctors from different clinical departments
2. Patients from different departments both outpatient and inpatient.

TOOLS AND TECHNIQUES:

The tool selected for data collection includes two structured questionnaire with open-ended and closes ended questions.

CONTENT VALIDITY:

The tool was given to some of the experts for content validity. Based on their suggestions restructuring of the tool was done.

PILOT STUDY:

A pilot study was conducted with 3 doctors and 10 patients of various departments. The purpose of the study was explained to respondents before administering the questionnaire to get their full co-operation and prompt answers and the respondents were assured of the confidentiality of their identity and responses. The pilot study was found to be feasible and practicable. The study revealed that some of the questions had to be restructured. After discussions with the advisor and experts necessary modifications were made.

METHOD OF DATA COLLECTION:

The data was collected from 120 respondents which included doctors, patients and their relatives by giving two different questionnaires. The purpose of the study was explained to the respondents and confidentiality was assured. After obtaining their consent they were instructed to respond to the questionnaire.

METHOD OF DATA ANALYSIS:

The collected data were analyzed based on descriptive statistics and presented in tables, graphs and pie charts.

RESULTS AND OBSERVATIONS**SECTION I****DEMOGRAPHIC PROFILE**

Table 1
Patients' opinion about the importance of health communication

Response	Number of Subjects in Percentage
Not at all important	0
Less important	01
Somewhat important	06
Important	35
Very Important	58
Total	100

The table shows that 58% of the patients opinioned that health communication is very important and 35% made the opinion that it is important while 0% opinioned that it is not at all important.

Table 2
Patients' opinion about the awareness of method of health communication

Response	Number of Subjects in Percentage
Very poor	14
Poor	13
Good	49
Very Good	19
Excellent	5
Total	100

The table shows that 49% of the patients have got good knowledge about the method of health communication, 19% have got very good knowledge, only 5% are with excellent knowledge and 14% do not have any idea about the methods of health communication

Table 3
Time spent by the doctors during consultation: Opinion of the patients

Response	Number of Patients
Never	01
Rarely	14
Usually	30

The table shows that 45% of Doctors usually spend sufficient time with patients during consultation, 25% very often and 20% always spend sufficient time while 10% rarely spend sufficient time.

SECTION III

Table 5
Different methods of health communication used by the patients

Methods	Number of Patients - 100
Personal Contact with Doctors	76
News Paper	74
Television	71
Personal Contact With others	58
Radio	53
Printed Material	51
Lectures	45
Health Camps	38
Home Visits	30
Internet	30
Health Exhibition	28
Posters	25
Demonstrations	21
Discussion Methods	17
Folk Methods	16
Personal letters	14
Direct mailing	7

None	1
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The table shows that the patients have used almost all the methods of communication. 76% of them have used the method - personal contact with doctors and 71% went for television.

Table 6
Different methods of health communication ranked by the patients

Methods	Number of Patients																
	Ranks	i	ii	iii	iv	v	vi	vii	viii	ix	x	xi	xii	xiii	xiv	xv	xvi
Personal Contact with Doctor		56	1	2	18	2	5	2	4	2	7	1					
Personal Contact with Others		9	22	3	22	4	3	6	5	2	12	1	1	3	6		
Lectures		6	3	6	15	10	7	13	1	3	17	1	4	9	2		
Television		5	7	6	10	7	4	5	6	3	3	14	2	6	3	5	
Printed Material		5	5	9	10	4	4	3	5	2	1	11	5	3	3	5	4
Home Visits		1	4	9	4	6	1	3	2	2	4	3	5	2	7	5	2
Demonstration		2	1	3	2	3	5	1	5	4	4	8	2	6	5	3	1
Radio		2	3	3	4	3	2	3	3	1	1	2	9	2	6	5	6
Direct mailing		2	4	1	4	2	3	3	2	1	1	4	5	1	2	6	2
Personal letters		3	4	2	6	3	2	2	3	2	3	1	2	2	2	1	
Discussion Methods		1	3	5	2	4	2	6	4	11	2	1	1	1	1		
News Paper		1	5	2	1	2	2	1	3	4	3	3	3	2	1	1	
Posters		2	1	1	2	4	2	4	2	5	1	1	1	1	1	2	
Folk Methods		3	2	4	2	1	15	1	5	1	2	1	4	1			
Internet		2	1	3	1	3	5	4	6	1	3	3	1	2			
Health Camps		1	1	5	2	2	2	3	1	1	3	4	2	2	1		
Health Exhibition		1	2	3	1	1	1	3	11	3	1	2					
Other Methods		1	1	1	2	2	6										

The table shows that 56% of the patients gave first rank to the method- Personal contact with doctors and the method Lectures was ranked first by 6%. The method Personal contact with others was ranked 2nd by 22%.

SECTION III

Table 7
Different methods of health communication used by the Doctors

Methods	Number of Subjects - 20	Percentage
Personal Contact with Patients	19	95
Personal Contact With others	14	70
Internet	12	60
Health Camps	10	50
Lectures	8	40
Personal letters	3	15
Health Exhibition	3	15
Discussion Methods	3	15
Television	2	10
Posters	2	10
Demonstrations	1	5
Printed Material	1	5
Home Visits	0	0
Folk Methods	0	0
News Paper	0	0
Radio	0	0
None	0	0
Direct mailing	0	0

The table shows that 95% of the doctors use the method of personal contact with patients for communicating health information and 70% use personal contact with others as a method. Folk methods, News paper and Radio are not used by any department.

Table 8
Different methods of health communication ranked by the Doctors

Methods	Number of Doctors								
	Ranks	i	ii	iii	iv	v	vi	vii	viii
Personal Contact with Patients	20 (100%)								
Personal Contact with Others	18 (90%)	2 (10%)							
Lectures	2(10%)	1(5%)	1(5%)	2(10%)	2(10%)	1(5%)	8(40%)	2(10%)	
Television	1 (5%)	1(5%)	1(5%)	1(5%)	2(10%)	2(10%)	2(10%)	2(10%)	2(10%)
Printed Material	3(15%)	1(5%)							
Home Visits	1(5%)	1(5%)	1(5%)						
Demonstration	1(5%)	1(5%)	1(5%)						
Radio	1(5%)	1(5%)	1(5%)						
Direct mailing	1(5%)	1(5%)	1(5%)						
Personal letters	1(5%)	1(5%)							
Discussion Methods	2(10%)								
News Paper	1(5%)	1(5%)							
Posters	1(5%)	1(5%)							
Folk Methods	1(5%)	1(5%)							
Internet	2(10%)								
Health Camps	1(5%)	1(5%)							
Health Exhibition	1(5%)								
Other Methods	1(5%)								

The table shows that all the 20 (100%) Doctors ranked the method- Personal contact with patients as first while the method personal contact with others was ranked 2nd by 90%.The method printed material was ranked 1st by 15%.

DISCUSSION

U S Department of Health and Human Service 2000 says Health communication encompasses the study and use of health communication strategies to inform and influence individual and community decisions that enhance health. It links the domains of communication and health and is increasingly recognized as a necessary element of efforts to improve personal and public health. Health communication may be concentrating more on prevention and promotion through public health messages and campaigns, the dissemination of individual and population health risk information, images of health in the mass media etc.

It was with this outlook the researcher did his study. 38% of the patients were 25 to 40 years old while 31% were in between 15-25 years and 40-60 years each. 55% of them were female and rest were male. 58% were with graduation and above while only 1% did not have any schooling. 36% were from private firm and 24% were students. 46% were from urban area and 28% from rural area.

The study revealed that 55% of the doctors were of the opinion that Health Communication is very important and 45% were of the opinion that it is important while no one had the opinion that it is less important or not at all important. The study proved that Health Communication has an important role to play in health care management. It is because of this Kerps ²¹ says effective communication is a key tool that health care professionals must use to deal with patients in identifying the cause of the disease, creating strategies for treatment, and gaining cooperation from both colleagues and patients for continued care.

Most of the patients (58%) opinioned that Health Communication is very important and only 1% had the negative opinion. So the study clearly found out that Health Communication is needed and very important for both doctors and patients. It is very clear from the view point of Roy and others ²² that just as medical personnel are advised to improve their communication skills at the bedside, patients are also encouraged to speak up, ask questions, and listen more carefully to their physicians and nurses. The role of the patient in effective health care has become so prominent that the patients need skill in asking for information and reassurance. And patients need to be certain that their questions are answered.

Though 89% of the patients have heard of the term health communication, 53% of them had never attended any health awareness programme.

There arises a need for conducting more health awareness programmes by all the departments and making sure that people attend the same.

The study revealed that 45% of the doctors usually give information about the health of the patients during the consultation but 10% of them rarely spend sufficient time for patients during the consultation. 14% of the patients opinioned that doctors rarely spend sufficient time for them during the consultation.

Vijayagopal ¹¹ says a physician should have excellent communication skills. It is possible to see more patients in less time and still be an effective communicator – by simply communicating “smarter” by making better use of the time. To communicate smarter with patients, one needs to refine the basic communication. skills, make the necessary adjustments in communication style to accommodate today’s more participating style of case, and take steps to go the extra mile. Most patients today prefer a partnership with their physicians and want to share responsibility for their care.

The study showed that physicians need more skills to communicate with patients and to make them talk. US Department of Health and Human Services ⁷ clearly states that as patients and consumers become more knowledgeable about health information, services, and technologies, health professionals will need to meet the challenge of becoming better communicators and users of information technologies. Health professionals need a high level of interpersonal skills to interact with diverse populations and patients who may have different cultural, linguistic, educational, and socioeconomic backgrounds. Health professionals also need more direct training in and experience with all forms of computer and telecommunication technologies.

While speaking of method of Health communication, 60% of doctors opined that they use internet as a method of communicating information. But only 30% of patients use internet to get information about health. Reuters Health ¹⁶ comments that people are using internet to look up for information, purchase medications, consult remotely with providers, and maintain their personal health records. Approximately 70 million persons in the United States use the Internet for health-related reasons.

It means there is a lack of awareness among the people about modern media like internet that will help them to get more information about health.

Though 74% of patients get information through news paper, 71% through Television, 53% through Radio and 51% through Printed material, doctors very rarely use these methods to give information in the selected hospital.

So physicians need more training and opportunities to use modern media and thus help the patients for getting information fast.

100% of doctors preferred personal contact with patients for sharing information about their health and 56% patients agreed that they get more information through personal contact with doctors. It is supported by Vijayagopal ¹¹ who says that most patients today prefer a partnership with their physicians and want to share responsibility for their care. They no longer want to be told what to do. They want reasoning and proof to replace a patient-physician relationship that was traditionally built on blind trust. Thus began the reorientation of medicine back to personal, primary care.

Guptha and Mahajan ⁶ opined that health communication or health education is that part of health care that is concerned with promoting healthy behavior. Through health communication we make the people understand their behavior and how it affects health. Here we do not force people to change, rather encourage them to make their own choices for a healthy life. It means that the education through communication helps the people to have knowledge or proper use of health services. The statement is very clear from the result of the study, that is, 54% of patients have effectively been influenced by Health Communication and 37% of them opined that Health Communication has usually makes changes in their behavior. The study is also supported by Ramachandran and Dharmalingam ⁴.

CONCLUSION:

The study reveals that Health Communication is very important in health care management and the various methods used are effective and are capable of making behavioral changes.

- Most of the patients (58%) were with the opinion that health communication is very important
- Most of the doctors (55%) opined that it is very important
- The term health communication is familiar to 89% of the patients
- The knowledge about the method of health communication is 49% and 19% have got very good knowledge
- But 53% of the subjects have never attended any health awareness programme
- During consultation 45% of Doctors usually spend sufficient time with the patients.
- According to the opinion of 14% of the patients doctors rarely spend sufficient time for them.
- While making the opinion about different methods of health communication, 76% of the patients have used the method - personal contact with doctors, 74% have used News paper as a method of communication for health while 71% went for television and only 30% for internet.
- From the part of the doctors 95% of them use the method of personal contact with patients for communicating health information, 70% uses personal contact with others as the method of health communication while 60% uses internet as the method. Some methods like Home Visits, Folk methods, News paper and Radio are not used by any department.
- The method - Personal contact with doctors was ranked first by 56% and 9% ranked first the method - Personal contact with others
- All the doctors (100%) ranked the method- Personal contact with patients as first while the method personal contact with others was ranked 2nd by 90%.
- The methods of health communication have influenced 54% of the patients effectively and 17% very effectively.
- Most often these methods have made changes in their behavior. 18% of them made this opinion while 37% are with the opinion that these methods have usually made changes in their behavior and only 2% felt that these methods didn't make any changes in their behavior.
- According to the opinion of 45% of the Doctors these methods very often make changes in the behavior of the patients and 55% were with opinion that these methods usually bring behavioral changes.
- Majority of the doctors (65 %) opined that they usually get feedback from the patients while 25% opined that they rarely get the feedback.
- The role of health communication has got a significant importance in health care management. Though the relative efficacy of methods of health communication varies according to the opinion of patients and doctors, all the methods are capable of bringing a positive change in behavior towards a better health.

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