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Setting the agenda for health communication research: topics and methodologies

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Introduction

The research field of health communication has grown significantly in the last decades. This has shaped changes in how clinicians and patients interact with each other to achieve better health outcomes. Yet, given the complexity and significance of clinician-patient communication, it is essential to have an overview of the research landscape of health communication to navigate the future direction in terms of research topics and methods.

As part of the Research Committee of EACH (rEACH) activities, rEACH members (ACS, SY, JM) were asked to organize a rEACH symposium during the recent ICCH in Glasgow (6th-9th September 2022). Three speakers from various stages of their research career (AF, AP, LV) were invited to share their understanding and visions of health communication research in terms of topics and methods. The aim was to stimulate thinking and encourage a dialogue on the future directions to prioritize, and to set an agenda for health communication research. With these pages, we summarize the key future directions for our field that emerged during the symposium, divided between topics and methods.

Future research topics

Throughout the symposium, valuable existing research has been cited, different knowledge gaps have been identified and possible topic-related directions have been highlighted:

- *Scarcity of theoretical models in health communication research*
  We need comprehensive and contextualized models based on solid theories. **Theoretical models** need to resonate with communication elements in practice and to embrace the multiple facets and levels of communication. For example, in the case of empathy, the current theoretical models may not be so well grounded on clear evidence (see the case of emotional contagion) [1]. Another example comes from how we conceive the information exchange process in the clinical encounter: we tend to adopt a linear or monologic model [2] rather than a collaborative or dialogic model (see e.g. [3,4]).

- *Lack of clarity on the usage of terms*
  For some communication aspects, we may need to clarify and question the definitions and **terminologies**. Are we sure that, for example, the choice of using the word “empathy” is in itself the reason that makes empathy so intangible and debated? What happens if we choose another word like “connection”, and look away from specific “empathetic” behaviors

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towards what happens during the moments of connection? This means distinguishing the several dimensions of empathy: its cognitive part (recognizing emotions in the other speaker) vs emotional part (the ability to be emotionally touched, moved – being authentic) vs the expression of empathy to the other (what do we let the patient see). Instead of focusing on behaviors (that have the downside of potentially being considered as just a box-ticking exercise, e.g. [5]), it may be promising to study how authentic expressions of empathy look like. For example, we could identify and explore the moments of connection, so that single events that stand out for patients can be used as more authentic signs of empathy. At the same time, research has shown that teaching specific skills such as active listening does lead to more empathetic and authentic interactions which means we cannot rule out the importance of learnt skills and behaviors but define these clearly in order to produce quality research outcomes [6].

- *Different cultural norms of a 'good' communication*
  We also need to question constructs upon which we tend to build our assumptions about health communication. This can have repercussions for what is teachable. For example, the concept "the clinician has a moral duty to inform to all extents" may mostly be suitable to a western culture. It also leaves unsolved how we can inform patients who do not wish to be - explicitly - informed and how we can inform them without causing harm? Empathy is also in need of constructive criticism. While most research shows the important positive effects of empathy on patients' feelings of e.g. satisfaction and self-efficacy (in experimental and clinical studies, e.g. [7,8]), new results also show that certain behaviors which one might see as empathic (i.e. complimenting patients on how well they look) can be felt by the patient as unwanted [9].

- *Empathy as a stigmatized topic in the medical education*
  Doing research on healthcare communication also means changing certain **cultures within medicine**. For example, medical education may tend to problematize emotions and emotionality, and empathy might be stigmatized, which is paradoxical since clinical encounters are rich in emotional display. This makes research on emotions in medical encounters highly needed but difficult to pursue especially in terms of training and research.

- *Difficulty of measuring the effects of communication on health outcomes*
  The research to identify the **effects of communication on health outcomes** is in its infancy. As Street et al. [10] described, communication can influence a variety of proximal and intermediate outcomes. Given the various factors that may have impact on outcomes, singling out the specific role of communication is challenging. A possibility is to use and learn more from placebo/nocebo research, so that the role of the context (which includes the clinical relationship and communication) in explaining patient health outcomes can be more easily singled out (see e.g. [11]). Research is equally lacking on the long-term effects of communication skills training.

- *Investigation of brain-behavior relationship in communication*
  Finally, another promising direction is exploring the relationship between **brain-behavior mechanisms** [12,13], especially for what concerns the neurobiological consequences of communication (e.g. brains-alignment activations underlying empathy). Such a direction may provide a solid ground and evidence for what we observe in clinical interactions.

Methodological gaps and directions

The symposium has brought to light many methodological possibilities that can support advancements in health communication research:

- *Linking observational and experimental studies*
  Many studies have been focusing either on the descriptive aspect of communication processes and behaviors, or on experimental testing of communication interventions. It is the time to link experimental to observational and real-life interventional studies in order to look at how isolated elements of communication might behave in the real-world compared to lab settings.

- *More mixed-method research is needed*
  The value of **mixed methods** and combining quantitative and qualitative methods has been stressed consistently by speakers. For example, a possibility is to study critical points in detail that have been mapped out with quantitative methods (see e.g. [14]) or combining different methods to study a single concept like empathy. Contributions from more diverse methodological fields such as ethnography, placebo-effect studies and neurobiology may particularly highlight facets of communication that the most traditional approaches cannot grasp.

- *The value of interdisciplinary and partnership working*
  The importance of **interdisciplinarity** was highlighted, as much for widening the scope of research (for example including neurology), the diversity of scholars (clinical, social and human scientists) and inviting partnership with both clinicians and patients. Interdisciplinarity can as well bring to light methodologies from other research fields that can allow new aspects of health communication to be discovered (for example, ethnography from anthropology or neuroimaging methods from neurobiology).

- *Paucity of longitudinal studies*
  Longitudinal studies are overall lacking and can provide evidence on how crucial communication elements and skills develop over time (from the medical education to the clinical practice) and their impact on patient outcomes. Similarly, without longitudinal studies it is difficult to measure how students develop their communication skills over time.

- *Promising future of using innovative technologies*
  Speakers identified the potential of innovative technologies such as virtual reality technologies to support and boost communication skills training. More studies have shown the value of virtual reality for communication skills training [15] though more research is needed to better understand its impact on various aspects like pro-sociality.

The presented health communication research agenda will hopefully serve as a guide for researchers to move forward towards a new era where the current knowledge gaps can be filled up and a better, evidence-based understanding of health communication can pave the way for significant improvements in the care of patients.

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