

Up Front

Vital Data

From This Issue

AIDS has become such a far reaching social and health problem that it presents the most important challenge communication professionals and researchers have had to face since World War II. Under this circumstance, experts have been working on the feasibility of the “education-entertainment” approach becoming one of the most fruitful communicational strategies for bringing about some pro-social effects. Examples of such messages that meld education and entertainment are the short fiction films used in France in 1994 in AIDS prevention information campaigning. In the first study of the issue, these films are used as experimental reference to analyze the persuasion processes that are aroused in the audiences. This study is carried out on the basis of the theoretical hypotheses in the Elaboration Likelihood Model (ELM) and looks into the affective and cognitive processes that explain the impact of these AIDS prevention short films. Igartua, Cheng, and Lopes compared the preventive efficacy of two different formats in the above mentioned short fiction films viewed by 137 individuals, 70.1% of those who participated in the experiment were female with average age 21.26 years and university students of Social Sciences. A pure musical format (supposed to activate a peripheral processing route) as well as a dialogical format (with the assumption of activating central processing route) were tested. The authors assume that both formats can be effective in a way that personal relevance or involvement in the AIDS issue would moderate the persuasive impact (as the ELM claims). The results show that the better quality format with dialogical style of presenting arguments was valued more positively and stimulated more negative affectivity, thus inducing more cognitive processing. This format was also judged to be more convincing, therefore prompting a more favorable attitude towards preventive behavior. The authors establish that the analysis of mediating processes that explain the impact of the messages that attempt to combine prevention and entertainment sets up a relevant field for further health communication research in order to understand how the persuasive process is produced and how to correctly design or efficiently plan preventive efforts. In conclusion, the authors give some research tips to consider in future studies. Igartua, J.J., Cheng, L., and Lopes, O. To Think or Not to Think: Two Pathways Towards Persuasion by Short Films on AIDS Prevention. (p. 11).



Over the last two decades the medical community has urged physicians to share information with their patients and has urged patients to seek medical information and participate in medical care decision-making. At the same time, many studies indicate

The Up Front section is edited by Wendy Meltzer, Managing Editor, *Journal of Health Communication*.

fundamental differences in the extent and nature of information that patients desire and seek and the degree of participation in medical care decision making with which they feel comfortable. The process through which these differences influence patients and health behavior outcomes has yet to be fully explained. In the second article of this issue, Czaja, Manfredi, and Price examine the processes of information seeking and health behavior outcomes in cancer patients. They present a model that identifies key determinants of patient information seeking and the effect of information seeking on four health behavior outcomes; whether patients discussed with their physicians information that they received from other sources, whether the information they obtained helped them make decisions about treatment or care, whether the patient sought a second opinion about his or her diagnosis or treatment, and changes in self-reported stress levels from diagnosis to the time of interview. This research is based on a larger and more generalizable sample than those used in many prior studies. Subjects included three groups: patients who sought information from multiple sources including the National Cancer Institute's Cancer Information Service, patients who sought information from multiple sources but did not call the Cancer Information Service, and patients who did not seek information other than from their physicians. Overall, results indicated that the desire for information and the desire for involvement in medical care decisions are independent factors. Some patients have a strong desire for both information and involvement in making health care decisions. Other patients want to be informed about their disease and treatment, but prefer to delegate most decision making to their physicians. Still other patients choose to delegate information gathering and decision making exclusively to their physicians. Positive health outcomes may occur when patients' preferences and expectations are consistent with their physicians' behavior and when the amount of information they receive is consistent with their coping skills. Health care professionals can maximize the potential positive health behavior outcomes by assessing, on an individual basis, patient preferences for information and participation and meeting those needs accordingly. Czaja, R., Manfredi, C., and Price, J. *The Determinants and Consequences of Information Seeking Among Cancer Patients* (p. 27).



Communication between doctors and nurses is characterized by constant negotiation as each caregiver brings their individual speciality, experience, and perspective to the daily practice of patient care. In the third study in this issue, Jameson examines the communication among anesthesiologists and certified registered nurse anesthetists (CRNAs). This relationship is unique in that as advanced practice nurses, CRNAs are trained to perform many of the same procedures as anesthesiologists. This overlap in skills results in continuous negotiation about appropriate techniques, procedures, and roles. Adding further stress to this relationship is the fact that their national associations are embroiled in a highly politicized conflict over supervision of CRNAs and Medicare reimbursement. The duration and intensity of this larger conflict suggest that it is intractable, a conflict highly resistant to resolution. Northrup's (1989) framework of identity in intractable conflict therefore is used to examine how communication between anesthesiologists and CRNAs serves to either transcend or enact this conflict. To do this, in-depth interviews were conducted with eight anesthesiologists and eight CRNAs to elicit narratives about typical interaction patterns and effective and ineffective conflict management behaviors. Results suggest that while anesthesiologists and CRNAs perform very well together in day-to-day interaction, they also engage in communication practices that threaten each other's identity and the structure of many anesthesia groups reinforces the rigidification

of positions that escalates the conflict. This research reveals insights for both communication theory and health care practice. Specific practical recommendations are made for improving collaboration between anesthesiologists and CRNAs. Jameson, J.K. *Transcending Intractable Conflict in Health Care: An Exploratory Study of Communication and Conflict Management Among Anesthesia Providers.* (p. 61).



Many researchers have suggested that adolescent sexual behavior partly is influenced by the family members and peers with whom adolescents interact. Indeed, previous research has found a relationship between the frequency of parental-adolescent communication and adolescent sexual behavior. Specifically, researchers have found that adolescents who talk with their parents about sex more often are more likely to engage in safer sexual practices, such as practicing abstinence and using contraceptives more consistently, than adolescents who do not frequently communicate with their parents about sex. Although a significant body of research exists on the influence of parental-adolescent sexual communication on adolescent sexual behavior, there is a shortage of work conducted specifically with Latino adolescents, despite the fact that Latino adolescents often become sexually active at a younger age, and report lower rates of reliable condom use, than non-Latino youth. In addition, little research has examined the influence communication about sex with other individuals (such as peers and dating partners) has on adolescent sexuality, and little to no research has examined the quality of parental-adolescent sexual discussion as an important consideration. The authors of the fourth article specifically sought to address these gaps in the literature. To do so, 1,039 Latino adolescents completed surveys of their sexual behavior and contraceptive use, and the comfort of sexual discussion with their mother, father, friends, dating partners, and self-identified other individuals. Results from this study indicate that Latino adolescents have a broad communicative network, including friends, dating partners, and extended family members, with whom they talk about sex. Additionally, comfortable sexual communication with these individuals is related to the sexual behaviors and attitudes of Latino adolescents. Specifically, the findings suggest that, although communication with fathers is unrelated to adolescent sexual behavior, comfortable sexual discussion with mothers and with non-parental family members (such as siblings, aunts, uncles, and grandparents) is related to greater instances of abstinence. Additionally, although comfortable sexual discussion with a dating partner is related to *less* intention to delay intercourse, discussions with peers is related to greater intentions to use contraceptives. Based on these findings, the authors make the following recommendations: 1) efforts should be made to increase the comfort of adolescent discussion about sex with parents and extended family members, 2) safe sex education programming should seek to increase communication about sex between adolescents and non-parental family members, and 3) other individuals (such as dating partners and family members) with whom adolescents interact should be included in safe sex education curriculums in order to ensure that accurate information is transmitted to adolescents in the course of discussions about sex. Guzmán, B.L., Schlehofer-Sutton, M.M., Villanueva, C.M., Dello Stritto, M.E., Casad, B.J., and Feria, A. *Let's Talk About Sex: How Comfortable Discussions About Sex Impact Teen Sexual Behavior* (p. 81).



Most HIV/AIDS communication strategies are based on health communication models. The rationale is that individuals who are infected or affected by HIV will change their behavior once they understand why their current actions are risky. Communication

specialists therefore design and deliver campaigns that package information about preferred behaviors (the familiar ABC: Abstain, Be faithful, or use a Condom) into messages that are transmitted through mass media channels. Although such behavior change communication (BCC) campaigns have been successful in areas such as immunization, they have done little to halt the spread of HIV/AIDS in Eastern and Southern Africa. This Forum article explores the social context in which sexual behavior occurs and postulates that the most important objective of a communication strategy for HIV/AIDS is the creation of social environment that enables individuals to change. Without this “community of support,” individuals cannot adopt new sexual practices, even if they receive BCC messages and understand them. A wife, for example, may not have the authority to convince her husband to wear a condom, even if she knows that the condom will prevent spread of the virus to her. A street child may have sex with multiple partners to survive as part of a group, even if he knows that unprotected sex is dangerous. The authors suggest that an approach to communication based on conversations rather than behavioral messages may be more effective in decreasing the incidence of HIV. Conversations enable marginalized groups to express the reality of their situation to those who hold power over them. They also allow the powerful to listen and respond, enabling marginalized people to claim their right to health. Ford, N., Odallo, D., and Chorlton, R. Communication from a Human Rights Perspective: Responding to the HIV/AIDS Pandemic in Eastern and Southern Africa. (p. 111).

Prescriptions

Igartua, Cheng, and Lopes analyze the cognitive and affective processes that account for the impact of some fiction shorts films produced for the purpose of AIDS/HIV prevention on the basis of the theoretical hypotheses of the Elaboration Likelihood Model (ELM). The authors make the following recommendations from their research:

- The use of short fiction films for AIDS prevention campaigning is an effective alternative to the classical spots diffusion in audiovisual mass media. Through this dialogical format, it is feasible to get the audience “temporarily engaged” and make them think about the prevention issues.
- In order to bring about reflection in the audience and persuade them by central route, the messages with education-entertainment combination should contain good quality arguments and also stimulate the *paradox of tragedy*; they should be based on narrative plots that stimulate a pleasant aesthetic experience at the same time that negative emotions are introduced.
- We need to continue studying what role the personal implication or involvement plays in the persuasive process through education-entertainment messages. Given the fact that no persuasive intention can be perceived in the education-entertainment messages, it is convenient to examine and analyze empirically some of the central hypotheses in the ELM, established in the “no incidental” persuasion context.

- Another aspect to be examined more exhaustively in further studies is how emotions influence the individuals in their information processing style when receiving education-entertainment messages in narrative format.

– *J. J. Igartua, L. Cheng, and O. Lopes*



Czaja, Manfredi, and Price examine the processes of information seeking and health behavior outcomes in cancer patients. They present a model that identifies key determinants of patient information seeking and the effect of information seeking on four health behavior outcomes. For their research they offer these conclusions:

- Physicians and other health professionals need to be aware that the desire for information and the desire for involvement in medical care decisions are independent factors and associated with identifiable characteristics. Patients who are elderly, male, least familiar with the health care system, and have low education and low social support are the ones least likely to seek information, to be involved in decision making, and to seek a second opinion. Whether they chose to be passive or whether they do not know what to ask about their disease or treatment options is unknown. Trained health educators should direct them to relevant information and encourage them to discuss that information with their physicians.
- Physicians need to assess on an individual basis patient preferences for information and participation and meet those needs accordingly. For those patients who desire information and participation, physicians need to provide opportunities and incentives for them not only to seek information but also to use that information to participate in medical decision making. Physicians also need to be aware of those patients who desire information but whose knowledge and communication skills are inadequate to follow up on those needs.
- Because cancer treatment is increasingly being provided as an outpatient service, patients need information to deal with self treatment and side effects, regardless of their initial preferences. Future research should concentrate on developing optimal strategies for providing needed information to those cancer patients least prepared to receive it.
- Researchers need to study what variables effectively reduce stress. Self reported stress levels were reduced over time but none of the observed variables account for this stress reduction.
- Future research needs to investigate when and how physician reactions act as a catalyst to information seeking and patient participation in medical care.

– *R. Czaja, C. Manfredi, and J. Price*



Jameson studied the communication among anesthesiologists and certified registered nurse anesthetics (CRNAs). From her research she offers the following recommendations:

- Anesthesiologists and CRNAs should discuss patient care decisions before and after cases in private spaces where each member of the team can feel comfortable asking questions and influencing care decisions without threatening or demeaning the other.
- CRNAs and anesthesiologists should emphasize the common, superordinate goal of safe patient care in all their interactions to keep their individual goals or differences from interfering with their ability to collaborate.
- Anesthesia departments should reduce physical and social barriers that reinforce separation and increase the potential for rigidification, such as separate break rooms and emphasis on status differences in titles used (e.g., using “Doctor” to refer to anesthesiologists and first names when addressing CRNAs).
- Anesthesia departments should reduce separation and rigidification by creating discussion arenas outside the workplace setting that allow anesthesiologists and CRNAs to discuss legislative matters in a safe setting that is separate from the operating room.
- CRNA students and anesthesia residents should participate in conflict management workshops during their training to learn supportive, collaborative behaviors that promote trust and relational maintenance before they develop negative behaviors that reinforce negative stereotypes about each other and serve to reify the conflict.

– J. K. Jameson



Guzmán, Schlehofer-Sutton, Villanueva, Dello Stritto, Casad, and Feria conducted a study on the impact of comfortable sexual communication on adolescent sexual behavior. Their recommendations for developing sexual education programming are as follows:

- Safe sex education should aim to increase the comfort level of adolescent discussions about sex with parents and extended family members.
- Safe sex education programming should seek to increase communication about sex not only between adolescents and their parents, but also between adolescents and non-parental family members, such as siblings, aunts, uncles, and grandparents.
- Because adolescents discuss sexuality with a variety of individuals within their social networks, the individuals with whom adolescents talk about sex (including dating partners, parents, and extended family members) should be a target for sex education programming in order to ensure that accurate information is transmitted to adolescents in the course of sexual discussions.

– B. L. Guzmán, M. M. Schlehofer-Sutton, C. M. Villanueva,
M. E. Dello Stritto, B. J. Casad, and A. Feria

Ford, Chorlton, and Odallo examined the dominant conceptual framework that is used to design and implement communication strategies for HIV/AIDS: Behavior Change Communication. They then proposed an alternate framework based on human rights principles that can be implemented in three steps:

- Give a voice to the voiceless: identify those whose rights are most at risk and build channels of communication which allow them to express their opinions and preferences.
- Facilitate community conversations that lead to the development of community action plans on issues related to HIV/AIDS.
- Build channels of communication between the community and service providers, so that the community action plan can be supported through service provision and enabling policies.

– *N. Ford, D. Odallo, and R. Chorlton*