Proposal of the SAIL Model and Its Application in Humanistic Care of Rehabilitation Therapy

Wenhao Gao a, Kaida Wang b
Shan Dong University of Traditional Chinese Medicine, Jinan, China
a2862796430@qq.com, b2893678634@qq.com

Abstract. Correct rehabilitation treatment has universality, and not limited to the scope of the hospital, which can be in the community development. Customer expectations for rehabilitation results are often higher, so it is necessary for therapists to master communication skills with clients, on the basis of professional ability strong enough, and improve the humanistic care ability to client, and treat respect and equality as a fundamental requirement. Based on the current requirements of humanistic care ability for rehabilitation therapists, the author proposes a new model to analyze the effect of communication between rehabilitation therapists and clients, and to evaluate the humanistic care ability of rehabilitation therapists for clients. That is, the SAIL model.

Keywords: The SAIL model, Humanistic care, Rehabilitation therapy.

1. Introduction

With the continuous informatization of modern society, the medical system has become more intelligent and stable, which can provide clients with a full range of services, and has higher service quality, faster speed and stronger security. The medical system is a system composed of different groups, and the object of service is still people. Therefore, the people-centered central idea cannot be changed, and the humanistic care for clients is still a topic that cannot be abandoned in today's medical system.

Modern rehabilitation is not only a simple disease treatment, but also comprehensively considering environmental and social factors, using a variety of means to encourage patients to recover confidence and courage, actively participate in rehabilitation exercise, obtain the best rehabilitation efficacy, improve their quality of life, and finally return to the family and society [1].

2. The SAIL model proposed background

In today's medical system, the doctor-patient problem is still one of the focus, although with the higher education level, and more people have much deeper understanding of life, higher support for medical staff work, but in the face of the limitations of biomedical, there are still a lot of people cannot accept the fact, misunderstanding of the medical process. In order to protect the physical and mental safety of medical staff and protect the social status of medical staff, medical staff themselves should also master the basic communication ability of doctor-patient communication.

Doctor-patient communication is a kind of communication between doctors and patients in the process of diagnosis and treatment in order to treat patients' diseases and meet the health needs of patients [2]. Doctor-patient communication is one of the hot spots and frontier development directions in the field of "patient-centered" research. For clinical surgeons, they need to do many surgeries every week, some of which are riskier and more difficult. Under the current medical conditions, doctors can not go all out to ensure that every operation can be successful. Even after informing the family of the patient of the surgical risks, once the results are unexpected, the family often struggles to accept the facts and puts all the responsibility on the doctor. At this point, if there is no good doctor-patient communication skills and the ability to eliminate self-pressure, doctors' physical and mental health is easily affected.

There are seven doctor-patient communication modes: E4 mode, three-function mode, SEGUE framework, Calgary-Cambridge observation guide, patient-centered clinical strategy, four-habit mode and Macy mode [3]. According to statistics, there are 133 accredited medical schools in the
United States, and the humanities and social sciences courses account for 20% -25% of the total teaching hours. 24 well-known medical schools including Stanford University Medical School have all opened "the doctor-patient relationship" courses [4].

For rehabilitation therapists, although not like surgery to do great risk, but in the face of different clients and different requirements, if affected by objective factors and difficult to let them get satisfactory results, or they can not reach an agreement with therapists, for the above situation, therapists must master certain humanistic care basis, learn to communicate ability, to ensure their physical and mental health, can help clients and families from an objective perspective to understand the situation, get their trust.

3. Introduction to the basis of the SAIL model

3.1 The purpose of the SAIL model

The SAIL model is an analysis method to evaluate the communication effect between rehabilitation therapists and clients, to explore the relationship between the communication effect and the final rehabilitation efficacy and customer satisfaction, which represents the ability of rehabilitation therapists to provide humanistic care for clients. Through qualitative analysis of the effectiveness of communication, therapists can improve their humanistic care ability, improve communication skills and expression methods, and finally achieve the purpose of effective communication.

3.2 The SAIL model theory

In the SAIL model, the communication between therapists and patients consists of four parts, included Solution, Aim, Information, and Link.

The SAIL model compares communication between therapists and patients to sailing in the river. The ship safely reaches the target port, it means that clients can accurately understand and accept the message from therapists. The ship represents the message that the therapist needs to convey to the clients. More effective information available, greater the load of the ship will be. When carrying too much effective information, the ships would sink to the bottom with the pressure. It means the clients will give up communication because they cannot accept too much amount of information.

The waterway is the link between the therapist and the client. If the channel is not connected, it is said that there is no good relationship between the therapist and the client, so the ships are then impassable. The message cannot be conveyed effectively, just like the communication can not have the due effect.

If there are more obstacles and difficulties in the waterway, This means that the clients cannot understand the information or may have other irrelevant interference during the delivery process, then the ship may also be difficult to move forward or overturn because of various obstacles. When the ships encounter difficulties in sailing, mastering kinds of solutions is an important way to save ships and prevent subversion. Generally we are optional to remove obstacles from the channel, or briefly park ships on nearby ports until the channel returns to normal. As in the process of communication, we can remove the interference from external information or dredge the way of information dissemination. In more accessible words, when the client is tired or restless, we can temporarily stop the input of the information, until clients are peace or understand the previous information.

Solution, Aim, Information, and Link influence each other and act together in the communication between therapists and clients. Whatever aspect is completely blocked, the clients cannot accurately and effectively accept the therapists’ information. However, when other aspects are partially affected, the gap in information delivery can be addressed by changing the solution.

Information not only needs to be accurately transmitted to clients, but more importantly, it needs clients to understand and apply in emotional stability. The SAIL model are used to show clients’ acceptance, and that is accepted information / given information * 100%. It is considered effective
when acceptance is greater than 80%, relative when acceptance is 50% -80%, seldom when acceptance is 20-50%, and useless when acceptance is less than 20%.

For therapists, effective communication is one of the important aspects of humanistic care, which has an important role in promoting the treatment effect, because through effective communication, therapists can convey the right information to clients and make clients more cooperate with the treatment. Only by requiring therapists to have a good grasp of professional knowledge, have strong empathy for clients, understand their psychological activities, master communication skills, and have enough confidence, can they conduct effective communication, convey enough information, and make it easier for clients to accept and apply. The quality of humanistic care is an important condition to promote communication, and also the link that ultimately affects the treatment effect and clients’ satisfaction.

![Fig.1](image)

3.3 Application object of the SAIL mode

The SAIL model is generally applied to rehabilitation therapists and clients, which is used to evaluate the communication effect between therapists and clients, and to explore the relationship between communication and rehabilitation efficacy and clients’ satisfaction. The SAIL model can also be widely used in most other ways of communication, not limited to therapeutic relationships, nor to two-person communication.

Among the four elements of Solution, Aim, Information and Link. Aims can be multiple. Information can represent both oral information, network information and even physical objects, and the link can also be multithreaded, which represents the universality of this mode for most communication methods. However, the SAIL model is only suitable for two-way communication and has poor adaptability to one-way command and requests.

3.4 How to use the SAIL mode

The SAIL model visualizes the four elements of communication and compares a communication to a ship on the river. By observing whether the four factors are in dynamic balance, the therapists can more clearly identify the factors that affect the normal conduct of communication.

The therapists use the SAIL mode to record the whole interview process. First, determine the object of communication, use the basic information of the communication object, and determine the basic problems of the communication and the mode. Then, in the view of the problems that need to be communicated, summarize the information to be transmitted to clients, and the amount of information transmitted should not be too much, otherwise clients are easy to forget, and the information should not be too deep and professional, otherwise clients are easy to selectively accept or give up acceptance because they do not understand.
After the completion of information induction, it is necessary to establish a connection with clients. Generally, through humorous language, finding common ground and other ways, it can be used to make the relationship closer, and also create a quiet and harmonious atmosphere, which can make clients in an open heart and face the conversation with a more calm attitude. After the relationship is established, the input of information can start. In the input of information, you may encounter difficulties. Various solutions can promote the effectiveness of information input. Record not only the factors that affect information transmission, but also the solution.

Using the SAIL mode to record the interview process can standardize the interview process, be easy to summarize, improve the communication efficiency, and facilitate the search of clients’ needs.

4. The significance of the SAIL model proposed

In the current medical education system, the training of communication is still insufficient. Even though doctor-patient communication has become a compulsory course in medicine and nursing, there is still a lack of more systematic and standardized training. A survey showed that in the recognition of the importance of doctor-patient communication, 74.17% of respondents thought that doctor-patient communication was very important, and 84.87% thought that intensive training in doctor-patient communication skills was needed [5].

If the therapists cannot master good communication skills, and cannot pass appropriate and professional information to clients. If the clients cannot understand the purpose and process of rehabilitation treatment, they will reduce their trust in therapists, so they cannot actively cooperate with treatment, and cannot understand the purpose of treatment, and it is difficult to master the essentials of treatment. What is more serious, clients may deny the therapists, and finally fail to perceive the role of rehabilitation treatment, and may even abuse and attack the therapists. Therefore, cultivating the thinking of humanistic care and improving the communication ability can reduce the harm caused by misunderstanding to a certain extent.

Experiments prove that [6], in the medical system, appropriate humanistic care is conducive to the development of treatment to a certain extent, and the communication are important manifestations of humanistic care. Proper communication can relieve the tension between the therapists and the clients, making the treatment relationship simple, and make the therapists fully familiar with the feelings and mood, and thus dynamically adjust the treatment plan. At the same time, clients can fully understand the intention of the therapist, and cooperate with the therapist to complete the treatment plan on the basis of the urgent requirements for their own rehabilitation process.

In a set of experiments [7], after explore the influence of humanistic care on the rehabilitation process of patients with schizophrenia, according to the questionnaire of self-knowledge and treatment attitude before and after nursing and the quality of life evaluation of patients, we can find that the experimental group by humanistic care is significantly higher than the control group using general care. And in another set of experiments, the use of HADS score table, from the four dimensions of treatment coordination, communication, sleep, appetite [8].

The proposal of the SAIL model can play a guiding role in improving the ability of humanistic care for the therapists, thus improving the quality of treatment.

5. Countermeasures to promote the development of SAIL model

The current medical education system has gradually put humanistic care, improving communication skills in an important position, included in the university courses. In the pre-entry training, We also pay special attention to this quality improvement, but we found that under the influence of external conditions, work pressure, working atmosphere is not ideal and so on, humanistic care and communication still exist some problems. Some scholars point forward that there are still problems such as insufficient attention to the cultivation of medical students’ communication ability, unscientific curriculum system of medical students' doctor-patient communication ability,
weak practice of it, and single evaluation system of medical students' training of doctors and patients' communication ability [9].

If the above issues are to be addressed, we believe that there can be some improvement in the following aspects.

5.1 Strengthen the popularization of health-related knowledge

At present, most clients do not have a good understanding of rehabilitation treatment, and there is a large gap between the field of rehabilitation knowledge and therapists with patients. Patients’ lack professional knowledge may make them have a poor understanding of the essentials of treatment, and are too optimistic about the risk estimates. Therefore, the relevant knowledge of rehabilitation treatment should be popularized in the public domain to guide the broad masses to master health-related knowledge and understand the importance and necessity of rehabilitation treatment. When a client has a proper understanding of the treatment, they will be less anxious and negative.

5.2 Therapists cultivate empathy

In the field of psychology, empathy is considered as the core criterion of the art of interpersonal communication, and it is the best way for individuals involved in interpersonal communication to gain the trust of others. In the medical field, empathy plays a vital role for doctors, patients and society [10], and there are experiments [11] showing that cultivating empathy can indeed improve clinical treatment results. Cultivating empathy is a necessary quality for us to build a good communication channel, which should be included in the university education.

5.3 Standardization of the communication process

The communication between therapists and clients should be carried out according to the ordered process. In the communication process, the privacy of the clients should cover the specific situation of the clients, which should take care of the privacy and not touch the bottom line of the patients. Try to choose topics that clients like to talk, but the questions raised by the therapists need to be closely linked to the treatment content. Communication for Solution, Aim, Information and Link can improve communication efficiency and save time.

5.4 Develop the nonverbal communication skills of therapists

Non-verbal communication refers to some non-verbal behaviors used in accompanying verbal communication, including expressions, eyes, gestures, touch, posture, etc., which makes the expression more vivid, and good use often plays an unexpected effect [12].

A study [13] showed the full expression of information = 7\% tone + 38\% voice + 55\% expression. In the process of communication with patients, the reasonable use of gestures can make the conversation easy and free, and make it easier for patients to understand. Touch can shorten the distance between doctors and patients, shake hands with patients, and pat patients on the shoulder, which can greatly reduce the vigilance psychology of patients [14].

5.5 Improve the evaluation mechanism of humanistic care ability

To encourage therapists to set up the correct humanistic care conception and consciousness, and to take the initiative to accept humanistic care education, health administrative departments at all levels and basic medical and health institutions should actively build rehabilitation therapist humanistic care reward and punishment mechanism. For therapists who have outstanding performance in humanistic care and have a very high comprehensive evaluation of service objects, necessary rewards should be given, including certain institutional preference in the evaluation and employment of professional titles. On the contrary, the therapists with poor performance in humanistic care should be demoted, and the unqualified therapists with humanistic care should be regarded as the key object of education.
Through the establishment and improvement of rehabilitation therapists’ humanistic care reward and punishment mechanism, it can improve the attention of humanistic care, motivate the therapists to accept humanistic care education [15].

6. Summary

The proposal of the SAIL model is conducive to building a good communication framework, and fully demonstrates the rehabilitation humanistic care in the treatment process. Using the SAIL mode for analysis and communication can fully consider the needs of clients, fully understand the specific information of clients, which can significantly improve the communication efficiency, so as to make the treatment more smooth. It can improve clients’ satisfaction, and promote the development of rehabilitation.

Reference

[14] Li Yuan, Duan Zhijun, Du Jianling, Li Changjin, Wang Liya, Yang Dong, Yang Ning. Discussion on the Clinical training mode of humanistic care for interns [J]. The Research and Practice in Medical Education, 2016, 24(06): 899-901 + 918. DOI: 10.13555/j.cnki. c.m.e.2016.06.024.