



Mechanisms and Practical Innovations in Physician-Patient Communication — Based on the Research of Richard Street

Journal of Medicine, Humanity
and Media

2026, Vol. 4(1)

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ISSN: 2817-5166

mhjournal.net

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Abstract

In the field of health communication, physician-patient communication serves as the core of interpersonal health communication and exerts a crucial impact on patients' health outcomes, medical care satisfaction, and the effectiveness of healthcare systems. Centered on the academic research of Professor Richard L. Street, an American scholar, this paper systematically combs through his theoretical and practical achievements related to physician-patient communication, focuses on analyzing the core mechanism of the Communication-Health Outcomes Pathway Model, explores his criticism and innovation of the "patient-centered" communication paradigm as well as his extended research in the fields of caregiver roles and end-of-life care, summarizes the application value of his diverse research methods, and provides theoretical references and practical enlightenment for the deepening of physician-patient communication research and the optimization of clinical practice.

Keywords

Physician-Patient Communication; Health Communication; Patient-Centered

Introduction

In medical and health research and practice, technological advancements and drug development often attract widespread attention. With the iteration of media—characterized by advancement, obsolescence, revival, and reversal—health communication, which is closely intertwined with medical and health, has also garnered increasing public attention. Across the multiple dimensions covered by health communication—ranging from individual behavior change and interpersonal communication to public health campaigns, and from mass media publicity to global health policies—it collectively forms a holistic health landscape. Among these, physician-patient communication undoubtedly occupies the core of interpersonal health communication and holds a fundamental position.

Today, the essence of physician-patient communication has long transcended the mere transmission of clinical information. It serves not only as a bridge connecting medical expertise with patients' individualized experiences but also as a core process for building trust, reaching shared decision-making, and forming a treatment alliance. A large body of empirical studies has demonstrated that the quality of physician-patient communication is a key determinant influencing patients' health outcomes, medical care satisfaction, and the overall effectiveness of healthcare systems. However, real-world physician-patient interactions often face multiple challenges. Information asymmetry, lack of emotional support, sociocultural differences, and imbalances in power structures can all lead to communication barriers, thereby undermining the quality and effectiveness of medical care. In this complex and critical research field, Professor Richard L. Street, an American scholar, has made foundational and systematic contributions. Going beyond general discussions on the importance of communication, he delved into its intrinsic mechanisms and strived to address the core question of how communication "influences" and "through which pathways" it improves health outcomes.

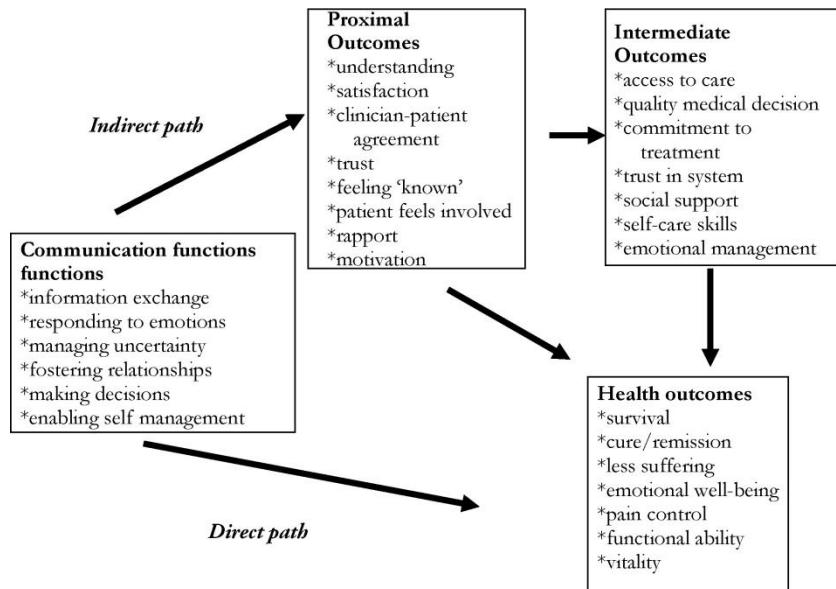
This passage aims to review the academic ideas and research system of Professor Richard Street regarding physician-patient communication. It will first sort out his core theoretical framework on how physician-patient communication influences health outcomes, then conduct an in-depth analysis of his criticism and innovation on the conceptual development and measurement methodology of the "patient-centered" paradigm. On this basis, it will comment on his extended research in cutting-edge areas such as the role of caregivers and summarize the application of his diverse methodologies.

Modeling Communication Mechanisms: The Communication-Health Outcomes Pathway Model

Physician-patient communication, particularly the exploration of pathways through which physician-patient communication improves patients' health outcomes, is the core focus of Professor Street's research. His work goes beyond the simplistic assertion of "whether communication matters" to delve into the intrinsic mechanisms of "how communication works,"

aiming to reveal how physician-patient dialogue is ultimately translated into tangible improvements in health outcomes through effective information exchange, emotional support, and shared decision-making (Street, 2013).

Faced with a large number of fragmented, inconsistent, and even contradictory findings in early studies, Street et al. (2009) pointed out that the fundamental problem lies in the lack of systematic explanation of mechanisms of action in these researches. To fill this gap, they developed the highly influential "Pathways Linking Clinician-Patient Communication to Health Outcomes". The core argument of this model is that physician-patient communication affects health primarily through two pathways: direct and indirect. Direct pathway: Communication behavior itself has therapeutic effects. For instance, a physician's expression of empathy can directly reduce a patient's anxiety level; comforting nonverbal contact can directly alleviate the patient's physiological stress and pain. Indirect pathway: This constitutes the core of Professor Street's theory. He argues that communication more often exerts indirect impacts on health by activating a series of mediating variables (Street et al., 2009). This pathway can be decomposed into proximal outcomes and intermediate outcomes. Proximal outcomes refer to psychological and social outcomes directly generated during consultation interactions, such as the patient's understanding of the condition, trust in the physician, consensus between the physician and the patient, and the patient's feeling of being respected. Intermediate outcomes are behavioral and ability changes triggered by proximal outcomes, such as improved treatment adherence, mastery of self-management skills, and activation of social support networks. Improvements in these intermediate outcomes ultimately lead to long-term enhancements in health status (Street, 2013).



To specifically clarify how the indirect pathway operates, Professor Street further systematically proposed seven key pathways of action, forming a comprehensive and operable theoretical framework: increasing access to care, enhancing patients' knowledge and shared

understanding, improving the quality of medical decision-making, strengthening the treatment alliance, expanding social support, boosting patient agency and empowerment, and better managing emotions (Street, 2013).

Conceptual Reconstruction and Measurement Reflection of the Patient-Centered Communication Paradigm

Since the proposal of its concept, "Patient-Centered Communication (PCC)" has become the core paradigm for evaluating and improving physician-patient interactions. This model emphasizes that medical communication should go beyond the mere transmission of biomedical information and instead respect and respond to patients' individual needs, values, and preferences. Its core objectives include: integrating the patient's perspective into the diagnosis and treatment process, understanding the patient as a "person in context," involving the patient in diagnosis and treatment according to their wishes, reaching a consensus on problems and treatment plans, and ultimately making decisions based on the best evidence that align with the patient's values (Epstein & Street, 2011).

Professor Richard Street's research is deeply rooted in this paradigm. He not only frequently employs PCC as a theoretical framework but also conducts in-depth critical scrutiny of the confusion and flaws existing in its conceptualization and measurement practices (Street, 2017). A review of the literature reveals that current measurements of PCC mainly follow two approaches: one is the behavioral observation method, which relies on external observers to conduct content analysis or behavioral coding of recorded audio and video of physician-patient interactions. It attempts to objectively quantify whether physicians exhibit behaviors consistent with the PCC concept, such as asking open-ended questions, expressing empathy, or inviting patients to participate in decision-making. The other is the patient perception method, which directly starts from patients' subjective experiences and uses questionnaires or interviews to understand whether patients perceive the communication as patient-centered, whether they feel heard and respected, and whether they are satisfied with the quality of communication (Street, 2017).

Meanwhile, Professor Street points out the limitations of current "patient-centered physician-patient communication" (Street, 2017). Firstly, behaviors and outcomes are often conflated. Many measurement tools confuse PCC behaviors (e.g., physicians providing information) with the outcomes that PCC is intended to achieve (e.g., patient understanding or trust), resulting in ambiguous research conclusions and failure to clarify whether it is the "behaviors" themselves or the "psychological mediating variables" triggered by the behaviors that truly influence health outcomes. Secondly, the question of "who judges" gives rise to fundamental divergences. Behaviors coded as "patient-centered" by observers are often only weakly correlated with patients' own perceptions. A typical dilemma is that a patient may express "high satisfaction" with a medical visit that professional observers consider to have poor communication quality. This disconnect may stem from patients' low expectations, awe of authority, or misinterpreting physicians' friendly attitudes as high-quality communication. This warns us that high patient satisfaction is not

equivalent to the successful practice of PCC. Professor Street advocates that future research should establish a multidimensional evaluation framework and clarify its underlying theoretical assumptions, thereby transforming PCC from a potentially misused theoretical model into a robust and reliable scientific concept that can accurately guide clinical practice and research (Street, 2017).

Extending from the Physician-Patient Relationship to the Communicative Ecology of Patient-Caregiver-Family

While most research on physician-patient communication in health communication focuses on the dyadic physician-patient relationship, Professor Richard Street, with his acute academic insight, has expanded his research perspective to an often overlooked yet crucial dimension—caregivers and their complex communicative ecology, particularly in the sensitive field of End-of-Life Care (Smith, Freytag, & Street, 2020). His research indicates that the quality of medical communication not only affects patients but also profoundly determines the physical and mental health as well as the burden experience of primary family caregivers (Smith et al., 2020).

Street argues that communication in end-of-life care is not an isolated event, but occurs within the triadic relationship of "clinician-caregiver-patient" and even the broader network of family relationships. Communication failure is the fundamental cause of negative outcomes such as the disregard of patients' wishes and the increased burden on caregivers (Smith et al., 2020).

Professor Street's research on caregivers does not stop at phenomenological description; instead, it delves into the intrinsic resources that can protect caregivers and reduce their burden. He found that clinical communication self-efficacy is a key predictor of reducing caregiver burden—specifically, caregivers who are more confident in their ability to communicate with physicians perceive a lighter burden. This is because they can more effectively advocate for patients, acquire critical information, and coordinate care resources. Emotional Intelligence plays a crucial moderating role in this process. Caregivers with high emotional intelligence not only have lower levels of burden themselves but also experience a significantly enhanced positive effect of their communication self-efficacy on reducing burden. This means that emotional intelligence empowers caregivers to better monitor and manage their emotions during high-pressure communication, thereby enabling more effective application of their communication skills (Smith & Street, 2022).

Professor Street points out that the core challenge in end-of-life medical decision-making lies in communication. Unclear expression of wishes, or failures in the transmission and interpretation of wishes, may lead to patients' wishes not being respected, resulting in them receiving excessive treatment inconsistent with their values or suffering unnecessary pain. In addition, caregiver burden increases sharply: caregivers are not only physically and emotionally exhausted but also bear immense psychological stress and moral dilemmas due to making major decisions for patients amid uncertainty. Therefore, Professor Street emphasizes that the key to improving the quality of

end-of-life care does not lie in seeking a "perfect" medical plan, but in proactively constructing and optimizing dialogue within this relational network. He advocates that clinicians should take the initiative to guide and coordinate communication among patients, caregivers, and family members, ensure that patients' voices are heard and understood, and through clear shared decision-making, align end-of-life care with patients' wishes as much as possible, thereby fundamentally alleviating the heavy burden on caregivers (Smith et al., 2020).

Summary of the Research System and Future Outlook

As a leading scholar in the field of interpersonal health communication research, Professor Richard L. Street has constructed a rigorous, connotation-rich research system on physician-patient communication that integrates theoretical depth with practical value. In terms of core theoretical construction, his proposed "Communication-Health Outcomes Pathway Model" breaks the superficial understanding of the role of physician-patient communication in early studies. By clarifying the dual direct and indirect pathways of action and seven key functional pathways, it systematically reveals the intrinsic mechanisms through which communication influences health outcomes, providing a clear theoretical framework and analytical perspective for subsequent research (Street et al., 2009; Street, 2013). At the level of research paradigm innovation, targeting the confusion in the conceptualization and measurement of the "patient-centered" communication model (PCC), he conducted in-depth criticism and proposed the concept of a multidimensional evaluation framework, promoting the transformation of this paradigm from a vague theoretical idea to a precise scientific tool (Epstein & Street, 2011; Street, 2017). In terms of research perspective expansion, he broke through the limitations of the traditional dyadic physician-patient relationship, incorporated caregivers into the research scope, and particularly focused on the diverse communicative ecology in end-of-life care scenarios, exploring the impact mechanisms of clinical communication self-efficacy and emotional intelligence on caregiver burden, which reflects the humanistic and practical concerns of the research (Smith & Street, 2022; Smith et al., 2020). Methodologically, his research integrates diverse approaches such as empirical analysis, model construction, and critical examination, ensuring the rigor and reliability of research conclusions and providing a scientific methodological model for physician-patient communication research.

Overall, Professor Street has successfully elevated physician-patient communication research from a description of surface phenomena to a systematic science dedicated to explaining intrinsic mechanisms, constructing theoretical models, and guiding clinical practice. His research demonstrates the profoundness of theoretical construction, the rigor of methodology, and the extensiveness of humanistic care.

Looking ahead, his research path enlightens us that health communication research should continue to advance in the directions of being theory-driven, having clear pathways, and embracing a diverse ecology. Especially today, with the increasing popularity of technological interventions in medical communication (such as telemedicine and artificial intelligence), how to integrate the

wisdom of "communication pathways" into their design, and how to ensure that technology expands access channels without undermining the establishment of the treatment alliance, will be key issues for inheriting and developing Professor Street's academic ideas. He has not only left us a rich set of theoretical tools but also shaped an academic spirit of critical thinking, systematic research, and people-centeredness. This spirit will continue to lead interpersonal health communication research to new heights, providing a steady stream of academic support and practical guidance for resolving the dilemmas of physician-patient communication in clinical practice and improving the quality of medical care.

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