A FRAMEWORK FOR EFFECTIVE COMMUNICATION SKILLS

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This article outlines a framework for nurses to further develop their communication skills during interaction with patients. It also shows how to implement this framework in nursing practice.

The range of communication skills available to health professionals has been discussed by Harrison and Hart (2006), Northhouse and Northouse (2004) and Robb et al (2004).

Nurses can facilitate successful and therapeutic patient contact through questioning, listening, summarising, reflecting, paraphrasing, set induction and closure. Nurses use these skills on a daily basis to: gather information; reassure; facilitate patient expression; harness attitudes, views and opinions; encourage critical thinking; reduce anxiety; facilitate liaison with other disciplines; and promote continuity in patient care.

In this article, we advocate a communication skills framework within which the use of these various skills can be contextualised and applied by registered nurses and those in training alike, in hospital and community settings. The purpose of the suggested framework is to reinforce and complement not only the scope of nursing practice but also to encompass the wide range of nursing duties, activities and responsibilities. For details of an acronym that further illustrates the communication skills role of nurses, see Clinical Extra at nursingtimes.net.

THE FRAMEWORK

We wanted to couch the delivery of communication skills in nursing within a ‘framework’ rather than in a ‘model’. We felt that the term model has inflexible connotations and infers something to be imitated, copied and followed to the letter; such inflexibility is incongruent with the necessarily fluid nature of communication in the healthcare context. The word framework, however, denotes openness, flexibility and versatility. An effective five point communication framework is:

- Interact with patients;
- Establish the intention of the interaction;
- Decide on the intervention to be used;
- Assess the impact of the intervention/s;
- Evaluate the implications of the subsequent information obtained and then act accordingly.

Nurses should try to interact with patients by using their full range of communication skills, to help patients realise that nurses are there to help as much as possible, both physically and psychologically.

Simultaneously, nurses must always remember that they are responsible to, and not for, patients in their care. Patients must be given time and space to express any fears, anxieties, concerns or worries they may have. Therefore, patient expression can be facilitated by the very presence of nurses, and by nurses’ willingness to engage, interact and communicate.

Nurses should establish what the intentions of the interaction are. Communication skills are the lifeblood of any interaction, whether personal, professional, social or otherwise, but structure must be present in order to maximise the likelihood of effective interaction (Murray et al, 2006).

Nurses also need to decide on the most appropriate interventions. These interventions may take physical or psychological form, depending on the overall aim and purpose of the interaction.

Nurses should then proceed to assess the impact of the selected interventions. Has the practitioner achieved what they set out to achieve? In other words, did the selected intervention or interventions work? If not, why not? What could be done differently the next time to maximise the likelihood of a successful interaction?

The final step is to evaluate the implications of the interaction for professionals and patients alike. For example, acquiring information from a patient during an assessment-type interview is one thing but what should nurses actually do with that information?

Other members of the multidisciplinary team may need to be informed and be more specifically involved in patients’ care and treatment, contingent of course on the information received from patients.

THE FRAMEWORK IN PRACTICE

An integral part of nurses’ role is patient assessment on initial contact, following GP referral or admission to an inpatient facility, for example.

At this stage of contact, nurses should
BACKGROUND

- Cutcliffe and McKenna (2005) reported that during treatment, hospital and community patients interact more with nurses than with any other health professional in the multidisciplinary team.
- These authors (Cutcliffe and McKenna, 2005) also highlighted that nurses are continuing to expand their role into medical and even surgical practice.
- Nurses’ expanding practical role and its consequent negative impact on the interpersonal dimension of patient care has also been well documented in recent years (Northouse and Northouse, 2004).

attempt to reassure patients, convey a sense of warmth and put them at ease.

A practitioner’s intention may be to gather as much patient information as possible, ranging from the type of allergies patients may have to their previous medical/psychiatric history and hospital admissions.

This interaction also has the potential – if managed skilfully – to instil confidence and a sense of safety in the service offered.

The use of effective communication skills at this delicate and sometimes challenging stage will inform and underpin subsequent nursing intervention. For example, patients may require close observation and/or supervision by a member of staff in light of acute agitation, aggression or life-threatening medical condition.

As the interaction unfolds, nurses should then assess the impact of their communication skills. In other words, are they acquiring the relevant patient information and, if not, what could they do differently in order to achieve that essential goal?

Information acquisition is not the end point for practitioners by any means at this stage. Having the information is one thing but deciding on the implications of it and on what to do with the information is the essence of professionalism in nursing. Other members of the multidisciplinary team may need to be involved to meet patients’ physical and psychological needs.

MODE OF COMMUNICATION

Human contact is integral to nursing practice and can be therapeutic in itself. Therefore, we believe that information provided to patients is best delivered in the context of a one-to-one interaction.

Written information such as leaflets has its place in nursing as a vehicle through which to reinforce the spoken word. However, face-to-face interaction provides opportunities for practitioners to obtain valuable feedback, to check patient understanding and reassure them. There are potential pitfalls in relying solely on written information. Limitations include reduced cognitive capacity, level of literacy, poor motivation and perhaps visual impairment. These can be avoided by talking to patients.

Providing information to patients should be a goal-directed activity. Nurses need to be clear about what they hope to achieve as a result of the interaction. Thinking about intentions beforehand leaves practitioners in a better position to assess the effectiveness of their subsequent patient contact.

Taking information-giving as the selected intervention, there are a number of areas to address. It makes sense to plan the intervention to maximise the likelihood of effective communication. Paying attention to where and when the information is delivered will pay dividends.

An example in practice

Nurses are often called on to relay complex information to patients in relation to the management of long-term conditions such as diabetes. Using a range of communication skills such as questioning, reflecting and listening, will be key. Asking open questions allows nurses to obtain information, facilitate patient expression and indicate concern for

patients (Murray et al, 2006). An example of this could be: ‘Can you give me some idea of what you understand about diabetes?’ Through reflecting and listening, practitioners can assess the emotional impact of a long-term condition. For example: ‘I am sensing you are finding it difficult to cope with your diabetes,’ and then remaining silent to encourage patients to respond.

Assessing the intervention’s impact will involve nurses building in frequent opportunities for feedback. Through questioning and reflecting, practitioners can ascertain whether patients have understood the message conveyed. For example: ‘Is there anything else you want to ask me about managing your diabetes?’ Or perhaps: ‘My impression is that you are very clear about how to test your blood sugar?’

Remember that interventions will be planned to include written communication to colleagues in the form of progress notes.

The final stage will be for nurses to reflect on the interaction – in other words, what are the implications for my future nursing practice? Nurses should ask the following questions: What skills did I use? What was my rationale for using them? Did I achieve my goals? What could be done differently in the future to maximise the likelihood of successful patient interaction?

REFERENCES


