

Good communication helps to build a therapeutic relationship

Building relationships is central to nursing work and communication skills can be improved by avoiding jargon and ensuring patients are not labelled, says **Sarah Collins**

The importance of communication in health care hit the headlines at the British Medical Association's annual consultants' conference earlier this month. Jargon, said the doctors, could harm patients' care.

The following anecdote from my own experience illustrates the dangers of poor communication.

John*, a man in his 30s, is in bed on a coronary surgery ward. Older men occupy the other beds. It is Christmas Day. The nurses are having a party; their office door opens in snaps of laughter. The man in the bed next to him has no visitors. John wonders if he'd like to play cards, but the nurses have not offered to play. John's mouth has been fixed in a tight line since his family

came bearing presents; he cannot smile for fear of crying. The man opposite appears distressed and is calling out, but the nurses avoid him and, when John points out that he wants someone, a nurse replies: 'He's just demented.'

Patients' experiences are influenced by how care is delivered. Through communication, a patient can: be reassured; be taken seriously; understand their illness more fully; voice their concerns; feel empowered; be motivated to follow a medication regimen; express a desire to have treatment (or not); and be given time and treated with respect.

Communication is therapeutic. Building relationships is the cornerstone of nursing work, particularly with patients with learning disabilities; communication is a prerequisite to that process.

It can also be life saving. If a patient is informed about what symptoms to mention, a cancer is more likely to be diagnosed and treated in time.

Nurses have the most contact with patients, doing 'connecting work' that complements doctors' consultations. Nurses provide the 'glue' – escorting a patient into the consulting room; identifying with challenges in adhering to lifestyle changes by reporting their own experience; allowing patients to

disclose concerns not shared with doctors; being chatty; sharing a joke; and providing explanations where doctors' communication has failed.

The following example from my research, where a nurse spoke about communication, illustrates this last point about doctors: 'I watch my patients in a ward round, and they sit there and go: "Yes doctor, no doctor, yes doctor", and then I make a point of going and saying: "Have you understood?" "No, I didn't understand a word of that, nurse, I'm really worried", and the whole story comes out.'

Nurturing these qualities requires understanding of the essential ingredients of communication.

Making meaningful use of communication skills demands appreciation of the contexts in which skills are enacted in practice, to be able to translate them.

Environments are challenging – a busy hospital ward, a crowded waiting room, a lounge with the television

constantly on. Language can be a barrier – labels attached to individuals such as 'just demented' crystallise judgemental attitudes, standing in the way of getting to know patients.

How can nurses improve their communication, and maintain its effectiveness? Jargon needs to be acknowledged, so that it can be avoided or, where it is necessary, explained to patients.

Discussions with colleagues help to alleviate jargon, and allow barriers to communication to be viewed and addressed. Most of all, talking with patients, for the sake of conversation and company, aids well-being and recovery. ●

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* The patient's name has been changed.

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