

# Nursing Practice

## Comment



**Moi  
Ali**

## ‘Communication: an essential skill in healthcare’

Good communication is critical to good healthcare. The therapeutic value of effective communication has not always been recognised, but now a substantial body of research demonstrates its value. Nursing practice is founded upon the concept of compassionate care – of which communication is one element. How skilled and knowledgeable are nurses when it comes to communicating with patients and colleagues?

Effective communication has long been a mandatory competency for nurses and other regulated health professionals in the UK. The Nursing and Midwifery Council states that nurses must be able to communicate clearly; use terms that patients, colleagues and the public can understand; take steps to meet people’s language and communication needs, providing assistance to those who need help to communicate; use a range of communication methods; check people’s understanding to avert misunderstanding; and be able to communicate clearly and effectively in English.

Employers also recognise that successful communication between clinicians and patients, and effective clinician-to-clinician communication, improve patient experience and reduce complaints. Few would take issue with this, so how is it that so many healthcare complaints relate to poor communication?

Rob Behrens, the Parliamentary and Health Service Ombudsman, told me: “Poor communication is a factor in around a third of NHS hospital complaints we investigate. It’s vital that NHS staff at all levels listen and are responsive to patients’ concerns. Good complaint handling offers the NHS the opportunity to understand the impact of poor communication on patients and improve services.”

The widespread acceptance of the benefits of good communication, and recognition of the negative impact of poor communication, are not fully translating themselves into working practices. The late Kate Granger, a doctor with terminal cancer and founder of the #hellomynameis campaign, wrote: “I made the stark observation that many staff looking after me did not introduce themselves before delivering my care. It felt incredibly wrong that such a basic step in communication was missing.”

A simple introduction can be overlooked, but this underlines how even the most common communication ritual is not always observed by busy healthcare staff. Establishing a relationship from the outset with a friendly greeting sets the tone for future interactions. Everyone knows that, yet somehow it doesn’t always happen.

During a hospital stay I witnessed poor communication, leading to misunderstanding and anxiety for patients. I realised that small, simple but important changes in the communications approach and behaviour of health professionals could improve patient experience, so I vowed to write a practical handbook for them.

I did not write it, but then my mother developed Alzheimer’s disease and I observed her treatment. I had to do something positive to address the skill gap and improve the experience of patients unable to speak for themselves, so the book was finally written.

Now I’m sharing key ideas from it with you through a series of articles in *Nursing Times* over the coming months (see p18). A little attention to how you communicate will make a big difference. **NT**

*Moi Ali is author of How to Communicate Effectively in Health and Social Care: A Practical Guide for the Caring Professions, published by Pavilion*

## CPD activities



### Journal club

If you work in a care home, this article should inspire you on how to improve the experience of residents with dementia, p31



### Self-assessment

How well do you know your colloids from your crystalloids and which to use when? Refresh and test your knowledge, p20

## Archive pick



### Scarlet fever, meningitis and tuberculosis

Researchers are warning us that scarlet fever is on the rise again, with incidence at a 50-year high in England in 2016. This highly contagious bacterial illness is not usually serious, but patients need to take antibiotics to reduce the risk of complications and transmission. In our archive you can read a review of scarlet fever management ([Bit.ly/NTScarletFever](http://Bit.ly/NTScarletFever)) to remind yourself of the basics of epidemiology, diagnosis, treatment and infection control.

You may also find it useful to read about meningococcal disease, which can be mistaken for scarlet fever – but can be much more serious. Our archive has a two-part series covering epidemiology, pathophysiology and signs and symptoms ([Bit.ly/NTMeningococcal1](http://Bit.ly/NTMeningococcal1)), and diagnosis, management and prevention ([Bit.ly/NTMeningococcal2](http://Bit.ly/NTMeningococcal2)). Meningococcal disease is the leading cause of death from infectious disease in children under 5, so your role in recognising the disease is vital.

Finally, as you most probably know, tuberculosis has re-emerged as a significant public health issue. An article in our archive ([Bit.ly/NT\\_TB](http://Bit.ly/NT_TB)) provides reminders how nurses can help with diagnosis, patient support and prevention.

### Don't miss out!

Make the most of your *Nursing Times* subscription by using our extensive online clinical archive to keep your practice knowledge up to date. Visit the archive at: [nursingtimes.net/clinical-archive](http://nursingtimes.net/clinical-archive)