Communication skills 2: overcoming barriers to effective communication

Key points

Nurses need to be aware of the potential barriers to communication and adopt strategies to address them.

Environmental factors such as background noise can affect patients’ ability to hear and understand what is being said to them.

Acute illness, distress and pain can reduce patients’ concentration and their ability to absorb new information.

Anticipating potential embarrassment and taking steps to minimise it can facilitate difficult conversations.

It is important to plan ahead and identify the best place and time to have important conversations.

Author Moi Ali is a communications consultant, and board member of the Scottish Ambulance Service and of the Professional Standards Authority for Health and Care, and former vice president of the Nursing and Midwifery Council.

Abstract Competing demands, lack of privacy, and background noise are all potential barriers to effective communication between nurses and patients. Patients’ ability to communicate effectively may also be affected by their condition, medication, pain and/or anxiety. Nurses’ and patients’ cultural values and beliefs can also lead to misinterpretation or reinterpretation of key messages. This article suggests practical ways of overcoming the most common barriers to communication in healthcare.

Citation Ali M (2017) Communication skills 2: overcoming barriers to effective communication Nursing Times [online]; 114: 1, 40-42.

It is natural for patients to feel apprehensive about their health and well-being, yet a survey in 2016 found that only 38% of adult inpatients who had worries or fears could ‘definitely’ find someone in hospital to talk to about them (Care Quality Commission, 2017). There are numerous barriers to effective communication including:

- Time constraints;
- Environmental issues such as noise and privacy;
- Pain and fatigue;
- Embarrassment and anxiety;
- Use of jargon;
- Values and beliefs;
- Information overload.

Time constraints

Time – or lack of it – creates a significant barrier to communication for nurses (Norouzinia et al, 2016). Hurried communication is never as effective as a leisurely interaction, yet in pressured workplaces, nurses faced with competing demands may neglect the quality of communication. It is important to remember that communication does not need to be time-consuming – a smile, hello, or some ‘small talk’ about the weather may suffice. Even when there is no pressing news to tell individual patients, taking the time to get to know them can prepare the ground for difficult conversations that may need to take place in the future.

In a pressured ward or clinic, conversations between patients and nurses may be delayed or interrupted because of the needs of other patients – for example, they may need to respond to an emergency or pain relief. This can be frustrating for patients who may feel neglected. If interruptions occur it is important to explain to patients that you have to leave and why. Arranging to return within a specified time frame may be enough to reassure them that you are aware that their concerns are important (Box 1).

Environmental factors

You may be so familiar with your surroundings that you no longer notice the environmental factors that can create communication difficulties. Background noise in a busy clinic can affect patients’
Clinical Practice

Discussion

Box 1. Making time for communication

Nurse Amy Green was allocated a bay of four patients and two side wards for her shift. Halfway through the morning one of her patients in a side ward became very ill and Amy realised that she needed to spend a lot of time with him. She quickly visited her other patients to explain what was happening, and reassured them that she had not forgotten about them. She checked that they were comfortable and not in pain, asked them to ring the call bell if they needed her, and explained that she would return as soon as she could. The patients understood the situation and were reassured that their immediate needs had been assessed and they were not being neglected.

Box 2. Managing embarrassment

- Look out for signs of embarrassment – not just obvious ones like blushing, but also laughter, joking, fidgeting and other behaviours aimed at masking it
- Think about your facial expressions when communicating with patients, and use positive, open body language such as appropriate eye contact or nodding
- Avoid disapproving or judgmental statements by phrasing questions carefully: “You don’t drink more than 10 glasses of wine a week, do you?” suggests that the “right” or desired answer is “no”. A neutral, open question will elicit a more honest response: “How many glasses of wine do you drink in a typical week?”

Pain and fatigue

We often need to gain important information from patients when they are acutely ill and distressed, and symptoms such as pain can reduce concentration. If you urgently need to gather information, it is important to acknowledge pain and discomfort: “I know that it is painful, but it’s important that we discuss.”

Patients may also be tired from a sleepless night, drowsy after an anaesthetic or experiencing the side-effects of medicines. Communicating with someone who is not fully alert is difficult, so it is important to prioritise the information you need, assess whether it is necessary to speak to the patient and ask yourself:

- Is this the best time for this conversation?
- Can I message wait?
- Can I give part of the message now and the rest later?

“Explain in plain English what an examination involves so that patients know what to expect”

When patients cannot give their full attention, consider whether your message could be broken down into smaller pieces so there is less to digest in one go: “I will explain your medication now. I’ll return after lunch to tell you about how physiotherapy may help.” Ask if they would like any of the information repeated.

Pain and fatigue

We often need to gain important information from patients when they are acutely ill and distressed, and symptoms such as pain can reduce concentration. If you urgently need to gather information, it is important to acknowledge pain and discomfort: “I know that it is painful, but it’s important that we discuss.”

Patients may also be tired from a sleepless night, drowsy after an anaesthetic or experiencing the side-effects of medicines. Communicating with someone who is not fully alert is difficult, so it is important to prioritise the information you need, assess whether it is necessary to speak to the patient and ask yourself:

- Is this the best time for this conversation?
- Can I message wait?
- Can I give part of the message now and the rest later?

“Explain in plain English what an examination involves so that patients know what to expect”

When patients cannot give their full attention, consider whether your message could be broken down into smaller pieces so there is less to digest in one go: “I will explain your medication now. I’ll return after lunch to tell you about how physiotherapy may help.” Ask if they would like any of the information repeated.

Pain and fatigue

We often need to gain important information from patients when they are acutely ill and distressed, and symptoms such as pain can reduce concentration. If you urgently need to gather information, it is important to acknowledge pain and discomfort: “I know that it is painful, but it’s important that we discuss.”

Patients may also be tired from a sleepless night, drowsy after an anaesthetic or experiencing the side-effects of medicines. Communicating with someone who is not fully alert is difficult, so it is important to prioritise the information you need, assess whether it is necessary to speak to the patient and ask yourself:

- Is this the best time for this conversation?
- Can I message wait?
- Can I give part of the message now and the rest later?

“Explain in plain English what an examination involves so that patients know what to expect”

When patients cannot give their full attention, consider whether your message could be broken down into smaller pieces so there is less to digest in one go: “I will explain your medication now. I’ll return after lunch to tell you about how physiotherapy may help.” Ask if they would like any of the information repeated.

Pain and fatigue

We often need to gain important information from patients when they are acutely ill and distressed, and symptoms such as pain can reduce concentration. If you urgently need to gather information, it is important to acknowledge pain and discomfort: “I know that it is painful, but it’s important that we discuss.”

Patients may also be tired from a sleepless night, drowsy after an anaesthetic or experiencing the side-effects of medicines. Communicating with someone who is not fully alert is difficult, so it is important to prioritise the information you need, assess whether it is necessary to speak to the patient and ask yourself:

- Is this the best time for this conversation?
- Can I message wait?
- Can I give part of the message now and the rest later?

“What do you think would be the best time to talk about this?”

When patients cannot give their full attention, consider whether your message could be broken down into smaller pieces so there is less to digest in one go: “I will explain your medication now. I’ll return after lunch to tell you about how physiotherapy may help.” Ask if they would like any of the information repeated.

Pain and fatigue

We often need to gain important information from patients when they are acutely ill and distressed, and symptoms such as pain can reduce concentration. If you urgently need to gather information, it is important to acknowledge pain and discomfort: “I know that it is painful, but it’s important that we discuss.”

Patients may also be tired from a sleepless night, drowsy after an anaesthetic or experiencing the side-effects of medicines. Communicating with someone who is not fully alert is difficult, so it is important to prioritise the information you need, assess whether it is necessary to speak to the patient and ask yourself:

- Is this the best time for this conversation?
- Can I message wait?
- Can I give part of the message now and the rest later?

“Explain in plain English what an examination involves so that patients know what to expect”

When patients cannot give their full attention, consider whether your message could be broken down into smaller pieces so there is less to digest in one go: “I will explain your medication now. I’ll return after lunch to tell you about how physiotherapy may help.” Ask if they would like any of the information repeated.

Pain and fatigue

We often need to gain important information from patients when they are acutely ill and distressed, and symptoms such as pain can reduce concentration. If you urgently need to gather information, it is important to acknowledge pain and discomfort: “I know that it is painful, but it’s important that we discuss.”

Patients may also be tired from a sleepless night, drowsy after an anaesthetic or experiencing the side-effects of medicines. Communicating with someone who is not fully alert is difficult, so it is important to prioritise the information you need, assess whether it is necessary to speak to the patient and ask yourself:

- Is this the best time for this conversation?
- Can I message wait?
- Can I give part of the message now and the rest later?
any that I can answer for you now?"; “What else can I tell you about the operation?” It is also possible to anticipate and address likely anxieties such as “Will it be painful?”, “Will I get better?”; or “Will I die?”.

“Everyone makes assumptions based on their social or cultural beliefs, values, traditions, biases and prejudices”

Jargon
Jargon can be an important communication aid between professionals in the same field, but it is important to avoid using technical jargon and clinical acronyms with patients. Even though they may not understand, they may not ask you for a plain English translation. It is easy to slip into jargon without realising it, so make a conscious effort to avoid it.

A report on health literacy from the Royal College of General Practitioners (2014) cited the example of a patient who took the description of a “positive cancer diagnosis” to be good news, when the reverse was the case. If you have to use jargon, explain what it means. Wherever possible, keep medical terms as simple as possible – for example, kidney, rather than renal and heart, not cardiac. The Plain English website (www.plainenglish.co.uk) contains examples of healthcare jargon.

Box 3 gives advice on how to avoid jargon when speaking with patients.

**Values, beliefs and assumptions**
Everyone makes assumptions based on their social or cultural beliefs, values, traditions, biases and prejudices. A patient might genuinely believe that female staff must be junior, or that a man cannot be a midwife. Be alert to patients’ assumptions that could lead to misinterpretation, reinterpretation, or even them ignoring what you are telling them. Think about how you can address such situations; for example explain your role at the outset: “Hello, I am [your name], the nurse practitioner who will be examining you today.”

It is important to be aware of your own assumptions, prejudices and values and reflect on whether they could affect your communication with patients. A nurse might assume that a patient in a same-sex relationship will not have children, that an Asian patient will not speak good English, or that someone with a learning disability or an older person will not be in an active sexual relationship. Incorrect assumptions may cause offence. Enquiries such as asking someone’s “Christian name” may be culturally insensitive for non-Christians.

**Information overload**
We all struggle to absorb lots of facts in one go and when we are bombarded with statistics, information and options, it is easy to blank them out. This is particularly so for patients who are upset, distressed, anxious, tired, in shock or in pain. If you need to provide a lot of information, assess how the patient is feeling and stick to the pertinent issues. You can flag up critical information by saying: “You need to pay particular attention to this because…”.

Box 4 provides tips on avoiding information overload.

**Conclusion**
It is vital that all nurses are aware of potential barriers to communication, reflect on their own skills and how their workplace environment affects their ability to communicate effectively with patients. You can use this article and the activity in Box 5 to reflect on these barriers and how to improve and refine your communication with patients.

---

**Box 3. Avoiding jargon**
- Avoid ambiguity: words with one meaning for a nurse may have another in common parlance – for example, ‘acute’ or ‘stool’
- Use appropriate vocabulary for the audience and age-appropriate terms, avoiding childish or over-familiar expressions with older people
- Avoid complex sentence structures, slang or speaking quickly with patients who are not fluent in English
- Use easy-to-relate-to analogies when explaining things: “Your bowel is a bit like a garden hose”
- Avoid statistics such as “There’s an 80% chance that …” as even simple percentages can be confusing. “Eight in every 10 people” humanises the statistic

**Box 4. Avoiding information overload**
- Consider suggesting that your patient involves a relative or friend in complex conversations – two pairs of ears are better than one. However, be aware that some patients may not wish others to know about their health
- Suggest patients take notes if they wish
- With patients’ consent, consider making a recording (or asking whether the patient wishes to record part of the consultation on their mobile phone) so they can replay it later or share it with a partner who could not accompany them
- Give written information to supplement or reinforce the spoken word
- Arrange another meeting if necessary to go over details again or to provide further information

**Box 5. Reflective activity**
Think about recent encounters with patients:
- What communication barriers did you encounter?
- Why did they occur?
- How can you amend your communication style to take account of these factors so that your message is not missed, diluted or distorted?
- Do you need support to make these changes?
- Who can you ask for help?

---

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

---

**Communication skills series**
Part 1: Benefits of effective communication Dec
Part 2: Overcoming barriers Jan
Part 3: Non-verbal communication Feb
Part 4: Unintentional communication Mar