

CHAPTER OBJECTIVES

At the end of this chapter, you will be able to:

1. Describe the various elements involved in the process of communication.
2. Diagram a model of the communication process.
3. Discuss the various modes and channels of communication that can be used.
4. Describe various techniques found to be particularly effective and ineffective in communicating verbally with patients.
5. Discuss strategies for communicating effectively with subordinates, physicians, peers, and upper-level management.

KEY TERMS

active listening
channel of communication
communication
decoding
diagonal communication
downward communication
encoding
external climate
grapevine
horizontal communication
incongruent message
I-SBAR-R technique
internal climate
listening
message
mode of communication
nontransactional conversation
nonverbal communication
receiver
sender
upward communication
verbal communication

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CHAPTER 2

Communication as a Registered Nurse

Introduction to the Communication Process

The process of communication affects every aspect of nursing. Failure to communicate adequately can result in patient injuries, fatalities, and litigation. Marquis and Huston (2012) referred to communication as the most critical leadership skill for the registered nurse (RN) who is moving into the nurse leader or nurse manager role. A RN is required to communicate with a wide variety of individuals daily, including patients, nurse colleagues, superiors such as the nursing supervisor, and subordinates such as nursing assistants. In the 21st century with the advent of e-mail, cellular telephones, and sophisticated computer technology this communication is more complex. A statement that may seem very straightforward when spoken aloud may be completely misconstrued when written as an e-mail. The ability to communicate both clearly and effectively is a prerequisite to the RN moving forward into a leadership role as the next rung on the career ladder (Marquis & Huston, 2012).

Process of Communication

Marquis and Huston (2012) referred to ***communication*** as an exchange of information that can occur through speech, writing, signals, or behavior. This exchange of information may mean completely different things for the sender of the message and the receiver, and the verbal and nonverbal messages may seem to be completely disconnected.

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Although communication is a complex, multilayered process, certain elements are necessary in order for it to occur:

- Sender
- Receiver
- Message
- Mode of communicating the message
- Encoding the message
- Decoding the message
- Internal climate of the sender
- External climate of the sender
- Internal climate of the receiver
- External climate of the receiver

For communication to occur there must be at least one ***sender***, one ***receiver***, and one ***message*** as well as a ***mode*** of communicating the message, such as nonverbal, verbal, telephone, or written (**Figure 2-1**). ***Encoding*** occurs if the sender translates his or her ideas into actual language. ***Decoding*** occurs as the receiver interprets the message in an attempt to make it meaningful (Finkelman, 2012). The ***internal climate*** exists for both the sender and the receiver and consists of the person's values, feelings, personality or temperament, and the stress levels under which the message is sent. The ***external climate*** also exists for both the sender and the receiver and consists of the weather conditions, temperature, timing, and overall organizational climate of the facility in addition to the status of the person involved, his or her level of power, and the degree of authority wielded. Both sender and receiver must be aware of the internal and external climates of the communication process because the

FIGURE 2-1 Model of the Communication Process

SENDER	MESSAGE	RECEIVER
(internal climate/ external climate)	(written, nonverbal, verbal)	(internal climate/ external climate)

Source: Marquis and Huston, 2012.

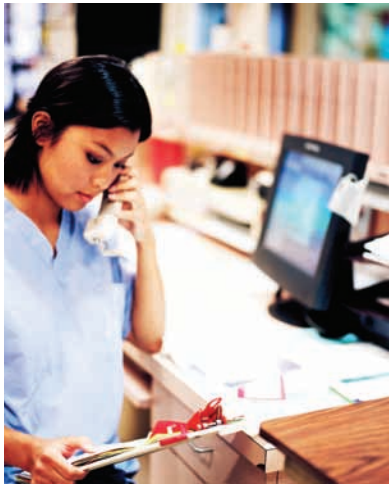
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perception of the message can change drastically if the climate(s) under which the message is sent changes by the time the message is received. Ultimately, for communication to occur effectively, the sender must verify and confirm what the sender saw and heard as his or her version of the received message (Marquis & Huston, 2012).

Modes and Channels of Communication

For a message to be sent a mode of communication must be used (Figure 2-1). As the sender of the message, the RN will need to select the mode based on the circumstances surrounding the message. As the receiver of the message, the RN will interpret the meaning of the message based partially on the mode of communication used. For example, the written mode has the advantage of literally documenting the exact wording of the message. However, it usually requires more time and considerable skill on the part of the nurse. The RN must have polished writing skills to use this mode of communication clearly to avoid being misinterpreted (Marquis & Huston, 2012).

In comparison, the verbal mode of communication can occur more rapidly but does not allow for the documentation that occurs with the written mode. Also, the verbal mode can allow for subtle nuances of speech and voice intonation not possible with other modes. A variation on this mode is telephone communication, but because the receiver cannot observe the sender's facial expression or body language, the message may be more difficult to interpret. This mode of communication is very dependent on environmental conditions and the mechanical structure of the telephone wiring in order for an intact message to be sent (Marquis & Huston, 2012).



In addition, communication can be nonverbal. This is considered to be the most complex mode in many ways because it includes facial expressions, body movements, and gestures and also communicates the sender's emotional state. As a potential nurse leader, the RN should try to make ***nonverbal communication*** consistent with ***verbal communication***; otherwise, the message can be easily misinterpreted (Marquis & Huston, 2012).

Just as a mode of communication is selected for a message, the RN will choose a ***channel of communication*** for it as well. See **Table 2-1**. The channel of communication is the direction

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TABLE 2-1 Comparison of Channels of Communication

Channel	Description	Example
upward	message is sent to a higher level	nurse manager sends message to the nursing supervisor
downward	message is sent to subordinates	nurse manager discusses a situation with staff nurses
horizontal	interaction occurs with others on the same level	nurse manager interacts with other nurse managers in the organization
diagonal	interaction occurs with members of other departments	nurse manager interacts with other department managers in the organization
grapevine	informal, message tends to be distorted, may involve several people simultaneously	hospital's informal information network through which employees may hear erroneous information

in which the message is routed to receivers. For example, when the channel selected is ***upward communication***, the RN sends the message to a receiver at a higher level, such as the nursing supervisor. If the channel selected is ***downward communication***, the RN sends the message to subordinates, such as when a nurse manager discusses a situation with the staff nurses. The channel of ***horizontal communication*** is selected when the RN sends a message to others in the organization on the same level as himself or herself. This is used when a nurse manager discusses an issue with other nurse managers from other units in the hospital (Marquis & Huston, 2012).

A variation of this is ***diagonal communication***, which occurs when the RN interacts with members of other departments in the facility. This could occur when the Director of Nursing discusses the stocking of a particular medication with the Pharmacy Manager. Although the Pharmacy Manager would not necessarily be at a higher level than the Director of Nursing or have authority over him or her, each recognizes the other as being vital to the functioning of the organization. Finally, the ***grapevine*** is considered to be the most informal channel of communication. It moves rapidly and may involve several people simultaneously with no discernible systematic route. The message tends to be distorted as it moves throughout the organization's informal network. Because of the tendency for information to be reported erroneously when the grapevine channel is used, the RN who is a nurse leader must continuously stay abreast

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of the messages that are moving along this bumpy "information highway" and the personnel that contribute to it (Marquis & Huston, 2012).

Verbal Communication in Nursing

Effective communication in nursing, in its verbal form, is especially important because of its influence on the development of an accurate diagnosis of the patient and the selection of appropriate treatment regimen and its significance to patients, as stated on satisfaction surveys. Elliott and Wright (1999) interviewed former patients who had been seriously ill and found that these individuals described that they heard, comprehended, and responded emotionally to verbal communication even when health professionals assumed they could not understand the communication. These patients reported that they found comfort in having caring words addressed to them, particularly when the sender was attempting to communicate with them as one individual to another.

Macdonald (2001) identified several factors that spotlight the importance of communication by nurses, particularly verbal communication:

- Accurate interviewing skills by nurses can produce accurate problem identification.
- Effective communication allows the patient to be cared for as an individual rather than as a collection of symptoms.
- When communication occurs effectively and accurate information is given to patients, research has shown that compliance with drug and treatment regimens tends to increase and patients tend to experience a decrease in stress, pain, and anxiety levels.

The importance of effective interviewing skills on the part of nurses cannot be emphasized enough. When the RN uses a more conversational and exploratory approach to interviewing the patient, the interaction becomes more client-focused and less controlling than the traditional closed-ended, question-and-answer format. An exploratory approach allows the patient the freedom to expand the topics being discussed or even change to a different one entirely. Such interviewing becomes particularly effective when the RN summarizes the patient's verbalized thoughts and feelings periodically, thus demonstrating understanding on the part of the RN, keen interest in the patient's priorities, and a desire to actively discuss these topics with him or her.

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Various verbal techniques have been found to be particularly effective when RNs communicate with patients:

- Use open directive questions, such as "How are you coping with the effects of the medication?"
- Use both focusing and clarification simultaneously, such as "You said you have had a great deal of anxiety lately. Please tell me more about the issues with which you are particularly concerned."
- Use empathy and summarizing simultaneously, such as "I sense you are concerned about more issues than only your son's surgery."

Conversely, specific verbal techniques have been found to be especially ineffective in working with patients because they tend to inhibit complete disclosure:

- Use of leading questions, such as "You're feeling better after that pain medication, aren't you?"
- Use of closed-ended questions that only require the patient to answer "yes" or "no," such as "Are you ready to sit up for awhile?"
- Use of advice and reassurance, such as "I'm sure the diagnosis won't be cancer."

Table 2-2 summarizes effective and ineffective communication techniques.

TABLE 2-2 Effective and Ineffective Verbal Communication Techniques

Technique	Effective/ Ineffective	Example
Open directive question	effective	"How are you coping with the effects of the medication?"
Simultaneous focusing and clarification	effective	"You said that you have had a great deal of anxiety lately. Are there certain issues that you have been particularly concerns about?"
Simultaneous empathy and summarizing	effective	"I sense that you are concerned about more issues than only your son's surgery."
Leading questions	ineffective	"You're feeling better after that pain medication, aren't you?"
Advice/reassurance	ineffective	"I'm sure that the diagnosis won't be cancer."

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Nonverbal Communication in Nursing

Nonverbal communication that occurs between the RN and the patient can be particularly effective and therapeutic. O'Baugh, Wilkes, Sneesby, and George (2009) found that nurses caring for cancer patients who were undergoing chemotherapy treatments frequently used eye contact, therapeutic touching, body movements, and facial expressions while interacting with patients. Smiling was used frequently during the interaction along with humor in an attempt to relax patients during the chemotherapy procedure. The use of therapeutic touch by nurses is particularly significant because it has been shown to decrease stress levels, anxiety, and fatigue in patients undergoing particularly grueling procedures and treatments such as chemotherapy (O'Baugh et al., 2009). In addition, nurses can use observation of nonverbal behavioral cues and facial expressions such as grimacing, clenching and wringing hands, and systematic eye blinking by the patient to know when the individual requires additional pain medication (Shipley, 2010).

A poorly understood aspect of nonverbal communication is ***listening***. Consisting of multiple aspects, including empathy, silence, paying attention to the sender's verbal and nonverbal messages, and tolerance and acceptance, it may well be the oldest skills related to caregiving. Empathy involves being aware of and sensitive to the feelings, thoughts, and experiences of another person, in this case the patient. Empathy is needed to help the nurse perceive the patient's experiences (Shipley, 2010).

Silence can be frightening for the task-oriented health professional who wants to take action to solve the patient's problem. However, the importance of silence should not be underestimated because its use gives the patient the time and the permission to communicate as needed without fear of being interrupted with unwanted advice and hollow reassurances. The ability to pay attention to both verbal and nonverbal communication as part of the overall listening experience means the nurse is attentive to both the verbal and nonverbal messages sent by the patient and recognizes when they are incongruent (Shipley, 2010).

Paying attention to tone of voice and body language can increase the nurse's degree of empathy, because both help convey the perception of the patient. All previously discussed aspects of listening include the nurse's ability to be nonjudgmental and accepting. This is necessary for the patient to experience a safe environment in which he or she feels secure enough to communicate thoughts and feelings that have gone unexpressed (Shipley, 2010).

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The patient is a multifaceted individual who may have a completely different system of cultural beliefs or a lifestyle that is foreign to the nurse. Listening in a nonjudgmental manner allows the nurse to acknowledge this while simultaneously conveying to the patient that there is no need to fear rejection simply because this difference is present. The nurse must actively choose to lay aside all previously held prejudices and preconceived ideas about the belief system of the patient. Without well-honed listening skills, the nurse cannot use reflection and summarization or provide feedback to the patient to convey the message was communicated and understood (Shipley, 2010).

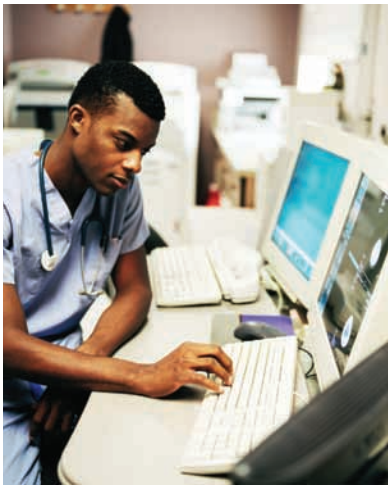
E-mail

Whereas once written communication in nursing primarily occurred through documentation in a patient's chart, now it can also occur in the form of e-mail. Such a form of communication carries with it its own policies and procedures unique to the healthcare facility as well as various regulations, not the least of which is HIPAA (the Health Insurance Portability and Accountability Act), tied to confidentiality and legal issues. Patient names and other types of identifying information should not be used, and diligence should be maintained in guarding passwords, particularly on the part of licensed individuals such as the RN, who could be subject to discipline by the state board of nursing for violation of patient confidentiality.

E-mail can be used very effectively to document a verbal conversation that was held earlier, to verify points, clarify any inconsistencies, and summarize the primary result of the conversation. As with any form of communication, it is imperative to observe the socially acceptable guidelines for using it, or in this case, the "netiquette" that is appropriate. Such "netiquette" rules are as follows (Finkelman, 2012):

- Indicate if a message is urgent or high priority and also request a return receipt.
- Specify a subject in the subject line; otherwise, the receiver may assume it is irrelevant.
- Ask before attaching sensitive documents such as contracts to an e-mail; the receiver may prefer a hard copy mailed to him or her.
- Do not use abbreviations and symbols in business e-mails because they tend to make such a communication seem less important.
- Begin the e-mail by putting the most important information first; bullets or numbering may be used to highlight highest priority points.

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- Be cautious when using color in an e-mail message because some colors may not show up well on a screen.
- When opting to forward a message to another user, include only the most relevant information. Consider if the original sender intended the message to be seen by communicators other than the original receiver.
- When replying to a message, verify that a return communication should be sent only to one recipient rather than as a group reply.
- Verify that messages are received by either requesting a delivery and/or read receipt.
- If an attachment is sent along with a message, verify that the correct attachment is included before sending the message.
- Do not capitalize every word of a message, because this equates to shouting at the recipient.
- Check spelling and grammar before sending any e-mail communication.

Incongruent Communication

Communications that involve both verbal and nonverbal content and use multiple modes and/or channels during the process of sending the message have the potential to be incongruent. An ***incongruent message*** is one in which the verbal communication does not seem to match the nonverbal message. What should the RN do when incongruent messages seem to be sent? When the patient clearly is communicating one message verbally and a different message nonverbally, the nurse must be on the alert for signals that the patient is ready to provide additional information to clarify the confusing message. The nurse can then make him- or herself available for the patient to talk more openly. For example, the following conversation between a nurse and a patient contains incongruent communication:

RN: (begins changing bed linen) How are you feeling this morning, Mrs. Smith?

Patient: (depressed facial expression) Oh, I think I'm feeling a little better.

RN: Did the pain medication help you rest last night?

Patient: (turning head to look out of the window of her room) I think so. I woke up early this morning, though. I could hear the change of shift when everyone came in around 6 A.M.

RN: I am so sorry you were disturbed! I'll have to caution everyone about being more quiet as they pass by your door early in the morning.

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Patient: (looks down at her hands as she winds a paper napkin around her fingers; speaking in a barely audible voice) That's all right. I don't want to be a bother to anyone.

RN: (stops changing bed linen and comes to sit down in chair beside patient's bed) Mrs. Smith, I get the feeling that you don't really feel too well today. Can you tell me about your concerns?

Patient: (turns to look at RN with a distressed look on her face) I do have some things that are bothering me, but I'm really okay. You go ahead and do what you need to today.

RN: (makes eye contact with the patient; takes her hand) Mrs. Smith, you are my priority today. I have plenty of time. You go right ahead and tell me what's bothering you and I'll try my best to help you.

In analyzing the conversation, it becomes clear the patient, although repeatedly reassuring the nurse that she felt better and had no pressing issues, did in fact have some concerns significant enough to disturb her sleep pattern. The nurse avoided giving the patient false reassurance by telling her truthfully that she was a priority and that the nurse would make every effort to help her. Notice the nurse did not give blanket statements that would be interpreted as false reassurances, such as "I'm sure everything will be fine." Such statements are rightfully interpreted by the patient as evidence that the nurse either does not know how to discuss sensitive issues with the patient or does not see such interaction as being a priority.

Barriers to Communication

Several barriers can make the communication process difficult at best and potentially impossible (Finkelman, 2012) (**Table 2-3**):

- *Failing to listen* to the other person involved in the communication can result in negative feelings and responses. This problem can be resolved by practicing ***active listening***, in which the hearer recognizes and acknowledges the person sending the message is conveying an important transmission, whether the receiver agrees with it or not.
- *Practicing selective hearing* occurs when the receiver fails to recognize the needs and problems of the sender. This problem can be resolved by practicing active listening and by making a conscious effort to determine the expectations of the other communicators.
- *Failing to make further inquiries* occurs when the receiver does not request additional information or clarification when the information is vague or confusing. This problem can be resolved by using open-ended questions.

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TABLE 2-3 Barriers to Communication

Barrier	Description	Method of Resolution
Failing to listen	Failing to listen to the other person involved in the communication can result in negative feelings and responses being generated.	This problem can be resolved by practicing active listening, in which the hearer recognizes and acknowledges that the person sending the message is conveying an important transmission, whether the receiver agrees with it or not.
Practicing selective hearing	This occurs when the hearer fails to recognize the needs and problems of other individuals communicating.	This problem can be resolved by practicing active listening as well as by making a conscious effort to determine the expectations of the other communicators.
Failing to make further inquiries	This occurs when the person does not request additional information or clarification when the information that he has available is vague or confusing.	This problem can be resolved by using open-ended questions.
Making judgments	This occurs when the receiver decides for himself/herself concerning the overall value of the message.	This problem can be resolved with active listening, making the effort to comprehend other individuals' viewpoints, and pausing before responding.
Expressing opinions while simultaneously practicing intimidation	This effectively prevents any attempt on the part of the other individual communicating from initiating another message.	This problem can be resolved by asking for feedback and consciously being direct rather than aggressive.
Using a defensive approach	Use of a defensive attitude conveys that the communicator does not recognize the value of another point of view.	This problem can be resolved by remaining open to multiple viewpoints that all have value regardless of whether the communicator agrees with them or not.

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Barrier	Description	Method of Resolution
Making false inferences	This occurs when the individual communicating decides on a conclusion without having sufficient information to arrive at such a conclusion.	This problem can be resolved by waiting to respond until adequate information has been obtained.
Using personal criticism, profanity, and other types of crude language	This prevents communication by destroying the environment in which the communication is occurring and making the other person communicating uncomfortable.	It can more easily be prevented than resolved through diligent monitoring of one's vocabulary.
Initiating spatial issues	The amount of space between the sender and receiver can create a huge barrier, particularly if one intrudes into the other's personal space and consequently disturbs that person's comfort level.	Such a problem can be prevented more easily than resolved, and this can occur by being mindful of cultural issues related to personal space, space maintained between staff and a particular patient, and the appropriateness of maintaining eye contact.
Maintaining secretiveness	The maintenance of secrecy can be a very destructive practice in terms of communication because of its interference with trust-building and team construction.	This can be resolved through the practice of open communication in which multiple channels of communication are used freely.

- *Making judgments* occurs when the receiver decides for him- or herself about the overall value of the message. This problem can be resolved with active listening, making the effort to comprehend other individuals' viewpoints, and pausing before responding.
- *Expressing opinions while simultaneously practicing intimidation* effectively prevents any attempt on the part of the other individual communicating from initiating another message. This problem can be resolved by asking for feedback and consciously being direct rather than aggressive.
- *Overusing reassurance and/or rejection* effectively stops communication. This problem can be resolved by maintaining open communication

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in conjunction with an attitude of respect for the other individual communicating.

- *Using a defensive approach* conveys that the communicator does not recognize the value of another point of view. This problem can be resolved by remaining open to multiple viewpoints that all have value regardless of whether the communicator agrees with them or not.
- *Making false inferences* occurs when the individual communicating decides on a conclusion without having sufficient information to arrive at such a conclusion. This problem can be resolved by waiting to respond until adequate information has been obtained.
- *Using personal criticism, profanity, and other types of crude language* prevents communication by creating an unsafe and uncomfortable environment in which to communicate. It can more easily be prevented than resolved through diligent monitoring of one's vocabulary.
- *Initiating spatial issues* creates an adequate amount of space between the sender and receiver and avoids intrusion into the other's personal space, potentially disturbing that person's comfort level. Such a problem can be prevented more easily than resolved by being mindful of cultural issues related to personal space, the space that is maintained between staff and a particular patient, and both the ability and the appropriateness of maintaining eye contact.
- *Maintaining secretiveness* can be a very destructive practice in terms of communication because of its interference with trust-building and team construction. This can be resolved through the practice of open communication in which multiple channels of communication are used freely.

Active listening consists of being completely focused on the person who is communicating a message. It includes listening without judgment while absorbing the conversation to such an extent that the listener can repeat to the speaker most of what was intended as the meaning. Yoder-Wise (2011) noted some guidelines that can be used to further the process of active listening:

- Do not allow yourself to interrupt the speaker.
- Gain as much information as possible through listening to prevent misinterpreting the speaker's meaning.
- The speaker's first words may not necessarily represent his or her genuine thoughts and feelings, so you'll need to listen closely to determine the true meaning of the communication.
- As you listen, detach yourself from your own beliefs and views and judgments to understand the perspective of the speaker.

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- Recognize that any prejudices you hold will influence you as you listen to the other person.
- Realize that you must first listen to the speaker and understand his or her perspective before determining if you agree with that perspective. Effective listening cannot occur without having a genuine desire to grasp the speaker's perspective.

Once we understand what active listening is, we must then determine how it can be used. Active listening should be used as follows (Yoder-Wise, 2011):

- To convey interest in what the speaker is saying
- To encourage the speaker to expand further on his or her verbalized thoughts
- To help the speaker clarify the problem in his or her own thinking
- To help the speaker hear what he or she has said in the manner in which it sounded to the listener
- To extract key ideas from a long statement or an extended discussion
- To respond to a speaker's feelings more than to his or her verbalization
- To summarize the speaker's points of agreement and disagreement to form a basis for more discussion
- To express a consensus of how a group feels after hearing the speaker

Communication with Peers

Once there is an understanding of the process of communication as well as the various aspects of verbal and nonverbal communication, the RN can begin to examine how he or she communicates with peers, subordinates, physicians, and upper-level management. Communication with peers typically occurs using a horizontal flow of information. This directional flow is due to the equality that is present in the interaction, because no particular person has greater power during the communication. Ideally, there is a sense of trust and respect present and cohesiveness that evolves as nurses work together (Zerwekh & Garneau, 2012).

It is critical that peer communication is accurate when the care of the patient is being transferred to another nurse, such as at the end of a shift, when the patient is having a procedure done, or when the patient is being transferred

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to another unit of the hospital for care. In these cases it is essential that all aspects of the patient's care be accurately communicated to the nurse accepting care of the patient. The Joint Commission's National Patient Safety Goals now emphasize that a standardized procedure should be used when communicating such vital information to a colleague in such a situation. Referred to as the ***I-SBAR-R technique***, the procedure is as follows (Zerwekh & Garneau, 2012):

- I = **Identification:** Identify yourself as the nurse and identify the patient using two methods of identification
- S = **Situation:** Describe what is going on
- B = **Background:** Describe what led to the current situation and the patient's status before this
- A = **Assessment:** Describe what you believe to be happening
- R = **Response/Request:** Describe what you believe should happen
- R = **Readback/Response:** The receiver acknowledges the information that was given and gives a response

The I-SBAR-R technique's importance cannot be overemphasized because it promotes critical-thinking skills by requiring the sender of the communication to assess the patient and design a recommendation before the communication is actually delivered (Zerwekh & Garneau, 2012). It can contribute significantly to a very effective horizontal flow of information during a communication.

Communication with Subordinates

For many RNs who are promoted into a nurse leader role such as the nurse manager, a challenging part of that role can be learning how to communicate effectively with subordinate employees. For effective communication to occur with employees, nurse leaders must be honest with them about whatever situation is the focus at the moment, create an environment of mutual respect, and work toward a gradual development of a strong bond of trust. An easy and often effective way to develop such respect and trust with employees is to informally communicate for a few minutes each day with each person. It may be no more than a brief inquiry regarding the person's elderly parents and their health issues, for example, but such a query will be meaningful to the employee because it signals personalized interest on the part of the nurse leader. This is frequently referred to as ***nontransactional conversation***, meaning it is not necessarily intended to have a specific purpose. In addition, if the pace of the nursing unit allows it, the nurse leader may find it particularly effective to meet

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with the administrative staff one layer down, such as the assistant nurse manager, for example, at least weekly to make certain he or she is kept up-to-the-minute with developing issues (Belzer-Riley, 2007).

It is also important to recognize the good work of employees, to counter any criticism that must be leveled with positive comments, and to thank employees for their contribution to a project, if possible, publicly. It is particularly important to recognize the significance that unspoken signals can have for subordinate employees. For example, calling an employee into your office to discuss a problem with him or her emphasizes the difference in the power distribution in the relationship and may affect the dynamics of the interaction that ensues. In comparison, going to an employee's office emphasizes the collegiality that is present in the relationship and may lead to a more open and positive exchange of information even if the communication primarily centers around a problem that has developed (Belzer-Riley, 2007).

One of the most important aspects of communicating with subordinate employees is making the commitment to active listening. This can be implemented with employees through use of several strategies:

- Develop a mechanism for formal feedback: This can be something as simple as a suggestion box. If possible, ensure anonymity so employees will be more open and honest and can approach you with situations that might not be brought to your attention otherwise.
- Give serious attention to the information provided by employees: Employees recognize if you use their suggestions and information. If suggestions from employees are never used, at some point they will stop and the nurse leader will find that a previously busy information superhighway has become a one-way street.
- Reward suggestions that are used or feedback that is particularly useful: Design some type of reward for employees who take the initiative to make suggestions that help the overall functioning of the nursing unit or that allow the provision of more effective, higher quality patient care.

Just as active listening has been shown to be an invaluable tool in communicating with patients, it is equally effective to the nurse leader who is communicating with subordinate employees (Belzer-Riley, 2007).

Communication with Physicians

For many nurses communicating with physicians can be the most difficult part of their daily patient care routine. Nadzam (2009) attributed this difficulty to

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different communication styles, as nurses are trained to communicate in a manner that is both narrative and descriptive, whereas physicians are trained to communicate in an action-oriented manner that requires immediate attention. The following communication barriers between physicians and nurses have been identified (Nadzam, 2009):



- A lack of structure, policies, and procedures related to verbal reports in terms of content, timing, or purpose of the reports
- A lack of a shared mental model for verbal healthcare communication
- A lack of rules for verbal transmission of information, whether by face-to-face or by telephone
- Difference of opinion among healthcare professionals regarding what type of information should be communicated during a verbal report
- Frequent interruptions and disruptions
- Frequency with which communication occurs

Merely recognizing that such barriers exist is not a solution to ensuring satisfactory communication between physicians and nurses. The Joint Commission now requires all healthcare organizations to take steps to improve the effectiveness of communication that occurs between all caregivers, including physicians and nurses, as part of its National Patient Safety Goals (The Joint Commission, 2011). These measures include developing a list of unacceptable abbreviations and reporting critical test results within a specified timeframe.

Furthermore, healthcare organizations are responsible for ensuring that important information regarding a patient's condition is consistently transferred from one caregiver to the next oncoming caregiver. In addition, specific strategies have been noted to help improve the communication that occurs between nurses and physicians (Nadzam, 2009):

- The nurse should address the physician by name.
- The nurse should have patient information and the chart readily available before attempting to contact the physician.
- The nurse should clearly verbalize any concern regarding the patient as well as the reasons leading to such concern; the physician should recognize such verbalized concern as being valid and worthy of consideration.
- The nurse should develop a potential appropriate follow-up plan; the physician should be prepared to consider such a plan.

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- The nurse should focus on the patient's problem when communicating with the physician rather than any extenuating circumstances that may exist; the physician should ensure that sufficient orders are given to deal with the problem at hand.
- Both nurses and physicians should be professional in their demeanor without showing evidence of aggression.
- Both nurses and physicians should monitor the problems of the patient until all such problems either have been resolved in a satisfactory manner or the major exacerbation of chronic disease processes has been eliminated.

Consistent implementation of such strategies may lead to an improvement in the communication that occurs between physicians and nurses.

Communicating with Upper-Level Management

Communication with personnel that serve in a supervisory capacity customarily takes on a formal tone. The message you communicate to your supervisor may well be moved upward along the chain of command to a director of nursing or assistant vice president for nursing, then to a vice president for nursing, and ultimately to the chief executive officer. Therefore, to ensure accurate communication, make your message straightforward without being blunt and courteous without seeming to hedge on making a request (Marquis & Huston, 2012).

When communicating with upper-level management, it is extremely important to be assertive without becoming aggressive by expressing your concerns directly and honestly without interfering with the rights of another individual. The assertive individual is capable of stating his or her views using "I" statements while consciously making verbal and nonverbal communication congruent.

Assertive communication does not include rude or insensitive behavior but does include speaking as an informed member of a profession. What should the assertive RN do when forced to communicate with an aggressive person (Marquis and Huston, 2012)?

- Use reflection: Reflect the speaker's message back to him or her, focusing on affective aspects of the message. This allows the aggressive speaker to

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determine if the situation warrants his or her use of such highly charged speech patterns and/or anger. Let the speaker know that you are hearing the message that he or she is sending and are paying attention. For example, when communicating with a patient's irate family member, the RN could state, "I hear you saying that you are more upset about this than you have ever been before."

- Repeat an assertive message: This can be very effective when the aggressor persists in a consistent line of thinking or begins to dramatize the situation. For example, the nurse manager who is interacting with an aggressive vice president for nursing can remark, "I can see that you're very upset about this, and I'd like to discuss this with you, but not here at the nurse's station. Would you prefer to talk in your office or mine?"
- Restate the message assertively: Rephrase the aggressive communicator's message so it is delivered in an assertive manner while eliminating the extreme emotions that were previously included. For example, the nurse manager could say to a physician who becomes aggressive, "I hear you saying that you consider Mr. Doe's care to be your highest priority and we certainly want him to have a positive outcome from his hospitalization as well."
- Pose a question: If the nurse manager is communicating with the vice president for nursing, for example, who is implying that a specific employee may warrant being fired, the nurse manager can assertively ask the vice president if complaints have been received regarding the employee's work performance.

Zerwekh and Garneau (2012) noted guidelines to be used by the RN communicating with a supervisor:

- Keep the supervisor informed of pertinent information on a regular basis. Show a sense of responsibility by gathering important information to share with the supervisor.
- If you detect a problem developing, have specific information ready to give the supervisor with as much documentation gathered as possible; have several possible solutions to the problem already developed and ready for implementation.
- Avoid assigning blame, exaggerating, or using an excessive amount of drama in word choices.
- Do not initiate a conversation when angry, and do not respond to one with anger. Explain your thoughts and feelings on a subject assertively but calmly, using "I" statements.

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- Present an idea for a new project to the supervisor in the form of a written proposal that has all necessary information gathered, and then arrange to meet after giving adequate time for the proposal to be read.
- Accept feedback whether positive or negative, and learn from it even if you don't agree with it.
- Follow the chain of command by taking a problem to the supervisor first before going on to the next link in the chain of command. If you try to bypass this step, most likely the person that you approach will ask if you have spoken to your supervisor about the matter and will send you back to speak to the supervisor before you are allowed to move further.

Summary of Key Points in Chapter

The chapter discussed the use of communication by RNs. The various elements involved in the process of communication were described and their position in a model of the communication process were specified, including sender, receiver, ending, and decoding. The various modes and channels of communication were discussed, including verbal and nonverbal communication and upward, downward, diagonal, and horizontal communication. Techniques found to be particularly effective in communicating verbally with patients were described, as well as techniques that have been found to be particularly ineffective in such situations. Finally, strategies were offered to stimulate effective communication with

- Subordinates
- Physicians
- Nursing peers
- Upper-level management

Conclusion

Here we discussed the various types of communication the RN may be called upon to use at various points in his or her career path. Without adequate command of communication skills, sufficient understanding of the process by which communication takes place, and the appropriate type of communication to use in various contexts, the RN runs the risk of not only failing to progress in his or her career but also sabotaging the current rung he or she holds on the career ladder.

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Another method by which communication occurs that is specific to nursing is the nursing process. The intricacies of this process are discussed in the next chapter.

Critical Thinking Questions



1. Write down a conversation you recently had with another person and identify how the communication process occurred during the conversation. Identify the sender, the receiver, the internal and external climates of both the sender and receiver (to the extent that you know such information), the message that was sent, and both the mode and channel of communication. Were you able to determine if the message you sent was the same one received? Why or why not?
2. Create a verbal communication between an RN and a patient that uses at least three effective verbal communication techniques.
3. Create a verbal communication between an RN and a patient that requires the nurse to use aspects of listening: empathy, silence, and tolerance and acceptance. How can you as the nurse determine if your listening skills are sufficiently developed as you care for patients?
4. Create a communication between yourself as an RN and another RN in which you use the I-SBAR-R technique. Describe in detail what is communicated as the technique is used, including the response from the other nurse.
5. A newly promoted nurse manager is having difficulty working with an assistant vice president for nursing who tends to communicate in an aggressive manner. Develop at least three communication strategies that could be used effectively in this situation and give examples of verbal communication that would use each of the strategies.

Scenarios



1. You are the unit manager of a 25-bed medical-surgical floor. It has been brought to your attention that the staff members are very anxious because a rumor has been circulating through the "grapevine" that the hospital is to be sold. This is not correct; in fact, the hospital will be expanded, not sold, and an additional 25 nurses will be hired.

   Analyze this situation. How do you believe this channel of communication came to be used for this particular message? Whom do you believe has been contributing to use of this channel? What do you believe would have been a more appropriate channel of communication

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for the accurate version of this message? Be prepared to give your rationale for your answer.

2. You are the unit manager of a six-bed pediatric intensive care unit. One of your patients is a 12-year-old girl who received second-degree burns throughout most of her body when the family home burned to the ground during the night. During the fire the girl's mother was severely burned and her father was killed. The mother has been transferred to another hospital for specialized treatment for her injuries. The girl seems to be severely depressed and does not interact in any way with staff as they care for her. She has not spoken since her admission to the unit. You arrange a meeting with your staff nurses to discuss techniques to use in communicating with this patient to increase her interaction, both verbal and nonverbal, with the staff. What suggestions do you believe the nurses would have for this patient?
3. You were promoted to the position of nurse manager of a 10-bed cardiac intensive care unit 2 weeks ago. One of the staff nurses comes to see you approximately three times a week with suggestions for ways to improve the functioning of the unit. Another staff nurse tells you that the previous nurse manager never interacted with the subordinate personnel and disliked suggestions. Describe at least three strategies for communicating with each of these nurses.
4. You are a unit manager on the oncology floor. One of your nurses comes to you in tears because she says she cannot work with Dr. Lange, the primary physician for that particular floor. You talk with the rest of the staff and find out that all of them have difficulty at times communicating with the physicians who work with these patients. What do you believe will be the most effective strategies to use in communicating with Dr. Lange and the other physicians?
5. As the unit manager of a 30-bed medical-surgical floor, you have recently hired several new staff members. One of them is Carrie, a 30-year-old RN with 7 years of experience. Her patient skills are excellent, and she has better IV insertion technique than any other nurse on the floor. However, after Carrie has been on staff for 6 weeks, you get complaints from the other nurses as well as the physicians regarding her ability to communicate. Carrie becomes very defensive when a question is asked about her patient care. She normally peppers her speech patterns with profanity and various types of crude remarks. The physicians complain that Carrie does not seem to be listening to them as they give her verbal orders while making rounds. Document a conversation that occurs between you and Carrie in which you have to discuss these problems with her as she ends her probationary period.

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NCLEX® Questions



Using the information you obtained from studying this chapter, go online to complete the following NCLEX®-format review questions. Visit http://go.jblearning.com/terryLPN using the access code in the front cover of your book. This interactive resource allows you to answer each question and instantly review your results. Practice until you can answer at least 75% successfully, and then try to improve your score with each successive attempt.

1. The RN analyzes a message's sender to determine the person's values, feelings, personality, and stress level. The nurse is most likely to classify this as the sender's
   - **a.** internal climate
   - **b.** decoding
   - **c.** external climate
   - **d.** encoding
2. The RN analyzes the way in which the sender of a message translates his or her ideas into actual language. The nurse is most likely to classify this as the sender's
   - **a.** internal climate
   - **b.** decoding
   - **c.** external climate
   - **d.** encoding
3. The staff RN who sends a message to the nursing supervisor is most likely using which channel of communication?
   - **a.** upward
   - **b.** downward
   - **c.** horizontal
   - **d.** diagonal
4. The nurse manager who discusses a problem on the nursing unit with the staff RNs is most likely using which channel of communication?
   - **a.** upward
   - **b.** downward
   - **c.** horizontal
   - **d.** diagonal
5. The nurse manager who discusses a problem with the director of pharmacy is most likely using which channel of communication?
   - **a.** upward
   - **b.** downward

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c. horizontal
d. diagonal

6. When one staff RN discusses a problem with another staff RN on the same unit, the sender of the message is most likely using which channel of communication?
a. upward
b. downward
c. horizontal
d. diagonal

7. An example of an open direct question an RN could ask a patient is
a. "How do you feel about your diagnosis?"
b. "Are you in pain today?"
c. "Will you need something to help you sleep?"
d. "Can you rate your discomfort on a 1–10 scale?"

8. An example of a leading question a nurse might ask a patient is
a. "Do you have anyone at home to help you after surgery?"
b. "Are you ready to sit up for awhile now?"
c. "You don't want any more of that juice, do you?"
d. "How would you describe your childhood?"

9. An example of an RN giving false reassurance to a patient is
a. "You seem to have a great deal of anxiety related to your surgery."
b. "How are you coping with the side effects of the chemotherapy?"
c. "I'm sure that everything will be fine after your surgery."
d. "Can you show me where you're having discomfort?"

10. Recognizing and acknowledging the sender of a message is conveying an important transmission even if the receiver doesn't agree with it is known as _____.
a. making judgments
b. practicing selective hearing
c. initiating spatial issues
d. active listening

11. When the receiver of a message decides for himself about the overall value of a message, he is _____.
a. making judgments
b. practicing selective hearing
c. initiating spatial issues
d. active listening

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12. Failing to recognize the needs and problems of other people communicating is known as _____.
- **a.** making judgments
- **b.** practicing selective hearing
- **c.** initiating spatial issues
- **d.** active listening

13. The elements of the I-SBAR-R technique include
- **a.** identification, situation, background, assessment, response/request, and readback/response
- **b.** intervention, situation, background, assessment, response/request, and readback/response
- **c.** identification, situation, background, assessment, response/request, and repeat/response
- **d.** implementation, scenario, background, assessment, response/request, and readback/response

14. To improve the communication between nurses and physicians (select all that apply),
- **a.** the nurse should avoid addressing the physician by name to show respect for him or her
- **b.** the nurse should have the chart available before the physician is contacted
- **c.** the nurse should be professional in his or her demeanor without being aggressive
- **d.** the nurse should develop a follow-up plan that could be suggested if necessary

15. When communicating with an aggressive person, the most appropriate communication technique the RN should use is
- **a.** leading
- **b.** clarification
- **c.** focusing
- **d.** reflection

16. Communication barriers that may exist between physicians and nurses include (select all that apply)
- **a.** lack of rules for face-to-face or telephone transmission of information
- **b.** difference of opinion regarding what information should be included in report
- **c.** frequent interruption and disruptions occurring during communication

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d. congruence regarding how often communication should occur

17. What should the assertive RN do when communicating with an aggressive person who begins to over-dramatize the situation?

a. use reflection when speaking
b. repeat an assertive message
c. restate message assertively
d. pose a question

18. What should the assertive RN do to help an aggressive speaker determine if the situation warrants the use of anger?

a. use reflection when speaking
b. repeat an assertive message
c. restate message assertively
d. pose a question

19. What should the assertive RN do to eliminate the extreme emotions included in an aggressive communicator's message?

a. use reflection when speaking
b. repeat an assertive message
c. restate message assertively
d. pose a question

20. The RN has a problem that she believes should be addressed by hospital administration. With whom should the RN speak initially to move up the chain of command?

a. vice president for nursing
b. chief nursing officer
c. medical director
d. nursing supervisor



For more information on the topics in this chapter and others, please see Appendix on p. 299 for a list of web links to additional resources.



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