

# Part One



As nurses, we all have a desire to help people. And to help them, we must be able to communicate with them. This section will lay out some common communication errors and give you essential tips for dealing with difficult patients. The bedside will never be the same again.



# Chapter 1

# Communication 101

*"The greatest enemy of effective communication is the illusion of it."*

—Daryl R. Smith, *Controlling Pilot Error*

Communication is the process of exchanging information. Information is conveyed as words, tone of voice, and body language. But studies have shown that words account for only 7% of the information communicated! Vocal tone accounts for 55% and body language accounts for 38%. To be effective communicators, you need to be aware of your words, tone of voice, and body language at all times.

## Sender responsibilities

Both the sender and the receiver have specific responsibilities if communication is to be effective. The sender must ensure that he or she is clear, concise, and to the point, and must also pay attention to background noise. Do not hesitate to move out of the nurse's station or congested areas if necessary. It is also your responsibility to notice if the receiver is receptive to the information you are conveying.

**The sender should:**

- State one idea at a time
- State ideas simply and clearly
- Monitor his or her tone of voice and tempo
- Explain when appropriate
- Repeat if necessary (if he or she sees ANY doubt!)
- Encourage feedback—ask if the receiver is getting the message
- Read between the lines: Does your choice of words, tone, and body language all convey the same meaning?

**Receiver responsibilities**

The receiver also has a set of communication responsibilities. Most people will not really listen or pay attention to your point of view until they become convinced you have heard—and appreciate—theirs (Nichols). Be aware of your overload point and stop the transmission if necessary. You could ask the sender to slow down, or stop and say that you want to write the information down. If the information is not urgent, put the sender on hold (just like a telephone.) Listen carefully and provide feedback—acknowledge whether you understand the message, or you don't. If you don't "get it," ask the sender to say it a different way or to say it again. Then, repeat what you think you heard.

### The receiver should:

- Listen carefully, concentrate
- Evaluate—think and process the information
- Provide feedback
- Interpret the message
- Verify the message he or she heard was correct

### Open your ears

*"A wise old owl sat on an oak;  
The more he saw the less he spoke;  
The less he spoke the more he heard;  
Why aren't we like that wise old bird?"*

—Author unknown

We grow up with the mistaken belief that listening is a “no-brainer,” when, in fact, listening is a learned skill you can practice and get better at with time. On average, a physician will interrupt a patient describing his or her symptoms within 18 seconds of meeting that patient. *In that short time*, many doctors decide on the likely diagnosis and best treatment (Groopman). We talk at 125–250 words per minute, but can listen at 450–900 words per minute! Studies show that immediately after listening to someone, we recall only 50% of what was said. Here are some techniques to practice that will improve your listening skills:

- Focus on what's being said *and not* your response.
- Body language: Assess your body positioning for a listening stance. There's a big difference between a nod and crossing your arms!
- Reflective feedback: Ask questions, or make brief statements that show you understand the message. Don't hesitate to ask for a repeat if necessary. If the subject matter is complex, repeat back to the sender what you think you heard.
- Eye contact is critical. It tells the sender you are following the message.
- Silence can be very effective as well, and tells the sender you are processing the information or that you want more information. People will often volunteer more details when given the opportunity.
- Pull out action items, especially immediate or critical tasks. Repeat them out loud at the end of the conversation. For example: *"You want me to go to pharmacy and pick up the Fentanyl PCA and bring it to the nurse who is taking care of the patient in room 966? Correct?"*

## Become aware of what you communicate

*"By three methods we may learn wisdom:  
First, by reflection, which is noblest;  
Second, by imitation, which is easiest;  
And third, by experience, which is the most bitter."*

—Confucius

Here's the interesting part: If words comprise only 7% of communication, then tone of voice and body language make up the other 93%! The nonverbal messages that the pitch of your voice and your body posturing send out are as loud as a foghorn. So what's the problem? The sender is focused on the words and is completely unaware that his or her body is relaying the "real message." (You think you are on a private line, when in fact, the speakerphone has been on all the time.) **Nonverbal communication broadcasts our true feelings to the world.** Your body is shouting what your conscious mind thinks it's hiding!

Confusion rules the conversation as people respond to the nonverbal message you didn't know you were sending.

The essence of communication, therefore, becomes self-awareness. There is a direct relationship between the degree to which we can effectively communicate with others, and the degree to which we know ourselves. The more we become aware of our own feelings, thoughts, and motivations, the more easily we will be able to perceive the thoughts, feelings, and motivations of others. The more real-life experiences we are exposed to, the more opportunities we have to learn and grow. It's not always about what you say. It's about who you are. There is just no faking 93% of the message.

Experience doesn't always have to be firsthand and bitter. You can learn from the experiences of others. The narratives and examples in this book were selected after surveying student and new nurses and asking them, "What are the hardest conversations for you to have with your patients, peers, physicians, and your manager?" Curious?

### Critical situations that demand a conversation

A study from VitalSmarts describes the conversations that healthcare professionals struggle with that contribute to patient harm and unacceptable error rates:

**Broken rules**—shortcuts, not following procedures, neglecting double-checks

**Mistakes**—poor clinical judgment, inadequate assessment, failure to triage correctly

**Lack of support**—complaining, refusing to help or share information, criticism

**Incompetence**—lack of knowledge and skills, poor standard of care

**Poor teamwork**—cliques, unhealthy competition, upstaging, not valuing team members, blame

**Disrespect**—condescending language, rudeness, dismissive remarks, slamming education or experience of others

**Micromanagement**—bullying, threat or force due to misuse of authority

*Adapted from "Silence Kills: The Seven Crucial Conversations® for Healthcare"*

