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COMMUNICATION IN NURSING AND HEALTHCARE

A Guide for Compassionate Practice

IRIS GAULT, JEAN SHAPCOTT, ARMIN LUTHI AND GRAEME REID

COMMUNICATION IN NURSING AND HEALTHCARE

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Introduction

Contemporary healthcare is radically changing in form, structure and expectation. The challenge is to improve health in people with multiple morbidities within a better integrated care environment and to manage a variety of complex situations. The health practitioner is required to communicate to promote health, to enable self-management with service users, to provide support in crisis and to effectively function in multi-agency and disciplinary environments. Contemporary healthcare requires an in-depth understanding of the influences on human behaviour and communicative methods that enable positive change to occur.

This book has been written with the aid of substantial input and advice from students. One of the authors, now qualified, began the process of writing the book whilst still a student nurse. Prior to the commissioning of the book, we asked healthcare students for their thoughts and opinions on what was needed in a book on communication. A focus group of third-year students at Kingston University and St George's University of London provided some 'very real' perspectives on what they felt was needed in a book on communication. However, in particular, students said that it was the 'difficult communication or conversations' in healthcare that really required addressing. Students in the latter stages of their training report difficulty in dealing with complex communication in their practice. Their feedback suggested that communication skills education was often focused on the earlier stages of courses. Nevertheless, they felt that they required more input for those occasions when facing patients with life-threatening/changing conditions, acute psychological distress or in need of assistance in changing problematic health behaviour. Therefore, we hope we have faithfully reflected these issues within the book.

This book is a text on communication, designed for student nurses and midwives to use throughout their three-year training in any field of healthcare practice. It aims to enable students to develop key, evidence-based therapeutic communication skills for today's healthcare settings. The book aims to help students understand the essential elements of compassionate communication, the theoretical underpinning, the techniques and tools to equip them to be competent practitioners. It will encourage students to be thoughtful, mindful and inquiring; capable of compassionate communication and collaborative partnerships with patients. The intention is to guide students from basic communication skills through to a more sophisticated understanding of how to enhance positive behaviour change, to cope with acute distress and negotiate within and across boundaries.

However, crucially the book also emphasises the importance of and provides tools to allow students to look after their own emotional wellbeing. Our view is that the majority of healthcare students commence their education with the intention of being compassionate and collaborative. Where compassion is found to be lacking, it is often the case that those practitioners have become overwhelmed and unable to attend to their own and their patients' emotional needs. Therefore, the book focuses as much on the student as it does on the patient or care group.

Structurally, the book is in three parts, developing in complexity and reflecting the stages of nurse and midwifery education. Part 1 concentrates on values and self-awareness; Part 2 on communication with specific care groups; and Part 3 on issues of importance as students face qualification. The terms 'patient' and 'service user' will be used interchangeably, reflecting the current reality of vocabulary within caring services.

PART 1

FUNDAMENTALS OF COMMUNICATION FOR COMPASSIONATE PRACTICE

Part 1 is designed to help students develop a better understanding of themselves within the context of healthcare. It aims to allow them to explore their communicative and collaborative abilities in order to more effectively apply these to their patients. Whilst there is some discussion of 'how to do communication', the emphasis is on examining the factors influencing underlying attitudes towards ourselves and others. This section will refer to patients and clinical scenarios but the focus is on the individual practitioner. It illustrates how theory and contemporary psychological applications can enhance coping mechanisms, communication and collaborative skills for student nurses and midwives.

Chapter 1 looks at understanding the context of communicative and compassionate care. It examines the centrality of communication to collaborative relationships and the values underpinning care. Chapter 2 explores the components of professional communication in nursing and midwifery and begins to introduce the student to an understanding of reflective practice. Chapter 3 looks at the developmental psychological theory of Piaget and Bowlby. These important psychological building blocks help develop an appreciation of the processes that affect our own and others' behaviour and communication patterns. Chapter 4 highlights contemporary health issues and the need to develop more effective forms of health behaviour change methods. Part 1 then concludes with emotional intelligence/competence and mindfulness; acknowledging that it is essential that nurses and midwives look after their own psychological wellbeing, in order to effectively communicate and collaboratively care for patients and service users.

1

Essential Values for Communication, Compassion and Collaborative Care

Iris Gault, Graeme Reid and Armin Luthi

Learning Objectives

By the end of this chapter, you will have developed an understanding of:

- the importance of communication and the context of failures in compassionate communication and care
- the ethical values underpinning compassionate communication: respect and preservation of dignity
- the complexity and centrality of the therapeutic relationship.

Don't forget to visit the Values Exchange website at http://sagecomms.vxcommunity.com for extra practice and revision activities.

Introduction

Nationally and internationally the requirement for nurses to communicate effectively and ethically is highlighted and documented in essential standards and codes of behaviour. In the United Kingdom, the Nursing and Midwifery Council's standards for pre-registration nursing state:

> All nurses must build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs

and

> They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. (Nursing and Midwifery Council England, 2010, p. 15)

In this chapter, we argue that in order to achieve the standards expected in the effective delivery of healthcare, it is crucial to fully understand the importance of compassion, apparent failures in compassion, the ethical values underpinning positive communication and the centrality and complexity of communication in therapeutic relationships. It is also necessary to appreciate that a seemingly simple task such as communicating with a patient is actually a complex and skilled process. This chapter unpicks the intricacies of communication and encourages the student to maintain an inquiring approach to practice that might look undemanding at first glance.

The importance of communication and remaining compassionate

Will you remain compassionate and caring in your communication?

Student story 1.1: Janet

Janet is a first-year student nurse. She is one of the more mature students at 35 but is full of enthusiasm for her career change and considers herself to be a 'people person'. She used to work in a high-powered job in finance and, had she stayed, would certainly have earned more money than she ever will in nursing. However, she became disillusioned with finance, feeling that a lifestyle associated with simply earning money was not for her. Consequently, she has given up a lot to be a student nurse and hopes it will all work out. She is married and has two children who are now half way through secondary school, so this seems a good time to make the change. Her husband and children are supportive of her doing a nursing course. She feels a bit anxious about learning the technical aspects of the job but thinks she is making progress. Janet has just started her first placement on a busy medical ward. She's enjoying the work but notices that because she looks older than the other first years (they are both 19), the patients seem to expect her to be able to provide reassurance in a way that they don't expect from the younger students. In addition, when the practice educator comes round and sees all of the students in a group, the younger students always seem to expect her to answer first when they are asked a question. It's all a bit more difficult than she expected.

She's also very aware that just as she has entered nursing, there is a lot of publicity about poor standards of care. Janet is very determined that she will maintain her own high standards but she recognises that the ward is very busy (it is winter and lots of older people are being admitted) and she can also see that some of the healthcare assistants are cutting corners.

Student story 1.2: Jack

Jack is a first-year learning disability student nurse. He had worked as a support worker in learning disabilities prior to commencing his nursing course. Jack is 33; he took quite a while to work out what he wanted to do in life. He started a sociology degree in his 20s but felt it wasn't for him and did not complete the course. He has had a number of jobs in sales but, again, felt that it wasn't for him. A friend worked as a residential social worker in a community facility for people with physical and learning disabilities. Jack started by doing some agency shifts and found that he really enjoyed the work and felt it was more socially meaningful than anything he had done previously.

Along the way, he has acquired a partner and a small child so his decision to enter nurse training is a bit of a short-term sacrifice, but he and his partner have talked it through. He hopes it will lead to a fulfilling long-term career and a good means of supporting his family.

Jack is enjoying the teaching and mixing with other like-minded students on his course. He has been on a couple of placements. These have gone well but have also served to reinforce the idea that there is much to be done to achieve more equality and respect for people with learning disabilities. He is very aware of the tendency for people to ignore the person with a disability and instead address the carer.

Visit the Values Exchange website at http://sagecomms.vxcommunity.com for a broader discussion on this Student story.

Communication may be commonly assumed to be a simple two-way exchange of information. However, it is much more than that and in nursing and midwifery, for much of the time, it is necessary to have communication that demonstrates compassion where one 'must be receptive to another's communication' and 'put him/herself in the other's place' (Reynolds, 2005). Patients and service users can be extremely anxious as to what might lie ahead. The impact of a kind and compassionate approach should never be underestimated, as Patient story 1.1, taken from Patientopinion.org/, demonstrates. The Patient Opinion website has been operational in the UK for over 10 years and provides real-time feedback to healthcare services (patientopinion.org.uk).

Patient story 1.1: Gratitude

I honestly can't thank the nurses and doctors at ***** unit enough for their care and compassion during my visit. I have luckily never had a stay in hospital before this visit so I had been initially apprehensive but the nurses soon eased my worries when I entered the ward. The staff were very attentive, efficient and friendly. Even though I quite suddenly required more treatment than I had initially expected, I felt very reassured by the nurses and doctors throughout the whole experience. If it hadn't been for their professionalism and compassion, I would have felt frightened by the change in the situation. They kept me informed about everything that was going to happen and treated me with exceptional kindness. There was one nurse in particular (I am sorry I can't remember her name) who was with me throughout and was absolutely fantastic, thank you! (www.patientopinion.org.uk/, 2016)

This is the type of patient feedback that everyone wants to hear. Traditionally, the nursing profession has been commonly assumed to contain people who can communicate and possess 'caring' and 'compassionate' characteristics. Indeed, it is deemed mandatory by the national governing bodies that candidates for entry to the profession exhibit these characteristics at the recruitment stage (Bryson and Jones, 2013). Despite these gatekeeping efforts, however, recent scandals such as The Francis Report (Francis, 2010, 2013) and the inquiry into Winterbourne View (Bubb, 2014) have revealed a troubling paradox wherein those within an ostensibly 'caring' profession have failed to exhibit such fundamental characteristics of care and benevolence to devastating effect for patients and their carers. Investigations into these scandals repeatedly identified compassionate, collaborative and effective communication as severely lacking.

The following extracts are taken from two reports produced by Sir Robert Francis at the request of health ministers following complaints by relatives of service users at the Mid Staffordshire NHS Foundation Trust.

Patient story 1.2: The Mid Staffordshire care scandal

> Following a fall the patient was admitted to Stafford Hospital. When the patient requested a bedpan he was told by the nurse to soil himself as she was too busy to help. (Francis, 2010, p. 6)

> The first inquiry heard harrowing personal stories from patients and patients' families about the appalling care received at the Trust. On many occasions, the accounts received related to basic elements of care and the quality of the patient experience. These included cases where: Patients were left in excrement in soiled bed clothes for lengthy periods; Assistance was not provided with feeding for patients who could not eat without help; Water was left out of reach; In spite of persistent requests for help, patients were not assisted in their toileting; Wards and toilet facilities were left in a filthy condition; Privacy and dignity, even in death, were denied; Triage in A&E was undertaken by untrained staff; Staff treated patients and those close to them with what appeared to be callous indifference. (Francis, 2013, p. 25)

The press, politicians and organisations representing service users have rightly expressed outrage at this state of affairs and demanded change (www.patients-association.com). Such scandals of poor health and social care, however, are not unique to this decade. Vulnerable service users have been the recipients of neglect and even abuse over many years. Timmins (2012) points out that the traditional method of funding healthcare used to rely on a little more funding than the previous year, plus extra to cover an inevitable scandal. Although exemplary care is delivered by many professionals, at the same time, others lose the capacity to maintain and sustain a compassionate approach. Behaviours demonstrating poor communication, uncompassionate care and disinterest in collaborative relationships with patients and service users have not only been an endemic feature of health and social care, they are also almost considered par for the course.

Lack of compassion is a recurring theme in many reports of poor healthcare. For the recipient, compassion goes hand in hand with good communication. There are various definitions of compassion, including sympathy, pity, and a desire to help or alleviate suffering

(Baughan and Smith, 2013). However, we would suggest that the quality of empathy – a recognition of others' emotions, the ability to see the situation from their perspective – is more useful for the professional demonstration of compassion in contemporary times (Dinkins, 2011). Empathy, like communication, may be assumed to be intrinsic to human nature, however the effective demonstration and maintenance of empathy are not so simple.

The concept of 'burnout' for professionals in caring work is well known and documented in the literature. Burnout and desensitisation are real risks which can lead to a high level of breakdown in communication (Personal communication with year 3 nursing students, 2014). Burnout is associated with emotional blunting and uncaring attitudes towards service users (Zhang et al., 2014). It is widely acknowledged that professionals in health and social care need to be open to and attend to their own emotions to prevent 'compassion fatigue' and burnout (Baughan and Smith, 2013, p. 77). (This concept will be revisited in some depth in future chapters, alongside techniques to enable you to avoid burnout and preserve an empathic and compassionate approach.)

Communication problems have remained one of the most common sources of complaint in health services in the UK and in other countries. Reader et al. (2014, p. 685) found that complaints about problematic communication and poor staff–patient relationships 'were almost equal' in number to those about the quality of clinical care. The quotations in Patient story 1.3 have been taken from recent postings on the UK Patientopinion.org/ website. These statements illustrate the heightened emotions and anxieties of health service users and carers and how this experience is either ameliorated or worsened by communication with health professionals.

Patient story 1.3: Positive and negative communication

A desperately worrying and devastating time for us, as my father was very poorly and vulnerable. The doctor showed exceptional medical care and compassion to helping my father get the best possible care he could.

I was treated with respect from the time I arrived. It made such a difference to have someone take the time to undertake an examination and explain the findings and treatment plan without trying to rush you through.

In this instance I am disgusted by the lack of compassion, empathy and help shown primarily towards my mother but also to me … To sum up: the care of my 95-year-old father who has dementia lacked dignity or any sense of urgency that any person of any age should expect.

A hospital was supposed to be a place to feel safe and cared for but not in this case. Summary – lack of compassion and care, low numbers of qualified staff, light left on in wards at night and very noisy talking laughing staff at nursing stations at night.

(www.patientopinion.org.uk/, 2014)

These quotations describe people from the same professions but with very differing presentations to patients. In order to safeguard against such examples of poor communication

in the delivery of healthcare, it is crucial to consider how healthcare professionals who seemingly start out with positive intentions may intentionally or unintentionally end up exhibiting negative attitudes and behaviours towards those for whom they are supposed to care. Communicative behaviour is the outward expression of health professionals' internal attitudes and values (Gault et al., 2013). Consequently, it is necessary to examine the ethical values underpinning and enabling positive attitudes and behaviours in caring for others.

Respect and dignity

How will you ensure that your practice demonstrates respect and preserves dignity?

The Nursing and Midwifery code of conduct in the UK explicitly states that 'you must treat people as individuals and respect their dignity' (NMC, 2015, p. 4). Service user comments emphasise the importance of being respected and not treated in an undignified manner. Many healthcare procedures have the capacity for great indignity. Again, Patientopinion.org/ (2015) illustrates how healthcare staff can minimise the potential indignity by communicating respect and empathy or, alternatively, worsen the experience.

Patient story 1.4: Dignity and respect

> Due to the nature of the tests and procedures it could have been embarrassing and unpleasant but everyone was so nice and accommodating I almost forgot where I was! ... Treated with dignity and care for a potentially embarrassing investigation.
>
> I'm embarrassed talking about my condition, at the best of times. But to be in the hands of someone whom I thought would have been a professional; I have been left feeling degraded, and a little violated at the lack of respect and dignity I was shown.

(www.patientopinion.org.uk/, 2015)

Clearly, as illustrated by the quotations in Patient story 1.4, it is possible to be careless in communication and to leave the service user feeling humiliated. Wainwright and Gallagher (2008) discuss how easily (and unthinkingly) professionals may reinforce the experience of disrespect, through simple and repeated acts of carelessness. Becoming a patient or health service user almost always involves dependence on the healthcare practitioner, with considerable scope for violation of privacy. Codes of conduct now emphasise the need for nurses and midwives to understand the 'trust and privilege inherent in the relationship between nurses and people receiving care' (Nursing and Midwifery Board of Australia, 2008, p. 1), and their obligation to minimise the power imbalance between patient and professional.

These complex understandings and interactions can appear a challenging task. However, nurses and midwives can develop both intellectual interpretations and

practical behaviours relating to respect and dignity with the aid of relevant theory. Respect is defined as 'to hold in high regard; to show consideration for others' (Mosby, 2012). Fraser and Honneth's (2003) theory of recognition focuses on respect and helps in understanding how feeling disrespected (as in the patientopinion.org/ statement above) is deeply wounding. He argues that a lack of respect or disrespect is damaging, interfering with our existing sense of identity acquired through years of interaction with others. To find oneself denied respect in any situation is an assault on identity and self-esteem. The use of inappropriate verbal and non-verbal responses to someone attempting to talk about their 'embarrassing' condition communicates disrespect to that person.

Nordenfelt discusses 'dignity of identity' (2009, p. xiii). This type of dignity underpins respect for human rights and relates to the value or worth people have purely on the basis of their being human and regardless of ethnicity, social class, gender or sexual orientation. The Royal College of Nursing (2008) also affirms that dignity is associated with identity and feelings of self-worth or how 'people feel, think and behave in relation to the worth or value of themselves'. Gallagher (2004) provides an example of an elderly person presented with a cup of tea minus a saucer. Although the young nurse seemed oblivious to the fact, the older woman, due to her age, class and value system, felt that she had been insulted. She believed that being given tea without a saucer indicated a lack of respect for her identity and thus was an affront to her dignity.

One of the ways in which we demonstrate respect is in our willingness (or lack of it) to work co-operatively with others. The NMC code of conduct also states that 'you must work in partnership with people to make sure you deliver care effectively' (Nursing and Midwifery Council, 2015, p. 5). It might be assumed that as healthcare practitioners we automatically include the service user in decision making and communication about their care. Conversely, collaborative communication is a complex skill but one that is essential not only in healthcare but also in modern life generally. As Sennett (2012) notes, in his book *Together*, most of us exist as social animals within societies, with many interdependencies. Few, if any, can manage to get through life without interaction with others. Co-operation and communication between humans are necessary to both avoid conflict and make progress. However, as demonstrated by history, the ability to communicate and co-operate with one another has often been in short supply. Humans, throughout history, have tended towards tribalism or the tendency to feel solidarity only with those perceived as similar to themselves. Tribalism is dangerous in contemporary life and, as Sennett notes (2012, p. 3), 'in the form of nationalism, destroyed Europe during the first half of the twentieth century'. Whereas tribalism might have been helpful historically in very simple societies, it becomes a problem in current, complex societies where the ability to communicate collaboratively with those who differ from ourselves is essential (Sennett, 2012).

Healthcare professionals exist like everyone else within society, have been socialised within that society and are likely to enter healthcare education holding the values with which they have grown up. Here, again, communicative collaboration is an example of a task that may look simple on the outside but is actually an intricate endeavour. Therefore, an understanding and examination of our capacity to truly collaborate versus our tendency towards tribal behaviour are required. Are healthcare workers likely to hold judgemental attitudes towards those dissimilar to themselves? Does the health professional really want to work collaboratively with the service user or do they actually wish to tell the service user how to behave?