

COMMUNICATION: WHAT IS IT?

Communication, a key to successful teamwork, is a complex process that should never be ignored. Nurses need to be competent communicators in their work as they work with patients, families, coworkers, physicians and other healthcare providers, administrators and managers, support staff, case managers, quality improvement staff, management staff, community agencies, and so on. The American Nurses Association (ANA) nursing standards include communication as an important part of nursing practice (2010), and the ANA nursing administration standards integrate the need for effective communication often occurs. The Joint Commission has noted that the most common and important reason for causes of sentinel events is ineffective communication (2007).

Definition of Communication

Communication is a two-way process that is used to convey a **message** or an idea between two or more people. This process is used to share thoughts, attitudes, information, and feelings. Effective care, which should be the goal, requires a focused exchange of ideas, feelings, and attitudes. Communication is best described as a complementary process with sender and receiver(s) roles and is a process that happens between people and within people. Healthcare organizations (HCOs) must exert considerable effort in ensuring that effective communication occurs within the organization, with external organizations, and with people who are important to the HCO. Key issues are who says what, to whom, in what way, when, and with what effect. Even after focusing on these key issues, it is still important to remember that the interpretation phase of the communication is important and can impact how the original message is understood (Finkelman & Kenner, 2016).

Nurses need to understand the communication process and use it to benefit patient care and the work that needs to be done to reach identified outcomes. With greater interest on patient-centered care, much of communication needs to be focused on the patient. The Institute of Medicine (IOM) includes information about communication in its discussion about the core competency to provide patient-centered care:

Communicate with patients in a shared and fully open manner. Allow patients to have unfettered access to the information contained in their medical records. Communicate accurately in a language that patients can understand. Offer patients' preferred communication channels (e.g., face-to-face, e-mail, other Web-based communication technologies). Explore a patient's main reason for a visit, associated concerns, and need for information. (Institute of Medicine, 2003a, pp. 52–53)

As staff members communicate, they become involved in discussions and in dialogue mostly about patients but also about the work effort related to patient care. There is also personal conversation that takes place among coworkers. This personal conversation is very important in building teamwork; members feel more connected to one another. Effective communication broadens an individual's and a team's view of issues and how best to work with one another. The result should be better outcomes for patients and the HCO.

Communication Systems and Lines of Communication

Typically communication is thought of as taking place in a straight line, from the sender to the receiver; however, in most situations communication is much more complex. Its direction can be downward, upward, lateral, or diagonal.

DOWNWARD COMMUNICATION Communication is downward when a team leader tells a team member that a specific task must be done. Lines of communication typically relate to the organizational structure. The organizational chart provides the best illustration of these lines of communication. Management communicates to staff in lower levels and so on. **Downward communication** is the most typical type of communication flow and is found in the traditional bureaucratic organization, although it is used in many types of organizational structures. In line with this type of organizational structure, this communication is directive and used primarily to coordinate activities to ensure that outcomes are reached. Downward communication might be

used when there are issues related to the HCO's policies and procedures, position descriptions, disciplinary rules and regulations, written communication from administration, and other forms of organizational communication that come from above. Performance evaluations traditionally have been primarily downward; however, this type of performance evaluation is less effective, as discussed in Chapter 8. Most organizations now require that staff participate in their own performance evaluations, thereby changing this communication line.

Changing organizational structures and leadership approaches have required changes in communication. Consider what was discussed about transformational leadership in Chapter 1. Dictating from above, or downward communication, is not a communication approach that supports this type of leadership. As a consequence of leadership change, downward communication is less common as more staff are encouraged to participate in organizational decisions and to be innovative and initiate changes. This encourages more upward communication and other communication forms in which staff interact in a participatory environment such as shared governance.

Downward communication is also not as effective as other communication lines. Why is this so? Communication really occur? Downward communication can only send commands or directions. Communication needs to begin with the intended receiver rather than the sender. Downward communication occurs after upward communication has been successful.

UPWARD COMMUNICATION Communication is upward for example when a staff nurse tells a nurse manager that the schedule for the month does not meet the staff nurse's needs or when staff are involved in decision making at the unit level. Examples of upward communication, which are increasing in most HCOs, include staff meetings, team meetings, staff-to-staff or staff-to-manager communication, and communication that occurs on a daily basis in the work setting. Other examples are a manager's use of an "open door" policy so staff can feel free to come to the manager with issues or concerns, shift reports, team or project communication and written reports, grievance procedures, staff development evaluation feedback, exit interviews, use of a suggestion box, staff satisfaction surveys, union communication, and the grapevine. Shared governance, a form of organizational process and structure discussed in Chapter 4, requires that staff participate actively in organizational decision making, which is upward communication. Downward and upward communication are similar in that communication goes from one level to another. Those who receive the message last may not receive the exact original message that was sent. This can be a disadvantage as it is critical that the message is received as sent. This can be an advantage if the message's content has been improved with the creative process of the ideas of more than one staff member, but this still means that not all staff received the same message. The issues of perception and expectations will always be factors in limiting consistent communication.

LATERAL COMMUNICATION Lateral (horizontal) communication is typically used to coordinate activities. This type of communication takes place between staff who are in the same or similar hierarchical level or departmental level in that one does not have formal power over the other (for example, between a staff nurse and another staff nurse or between two nurse managers, one from the cardiac care unit and the other from a medical unit). Typically this communication is informal and might involve sharing information about patients, committee communication, communication among team members, interprofessional communication, and communication among work team project members. As HCOs begin to incorporate more teamwork and emphasize the value of working in teams, this type of communication develops and becomes critical for success.

DIAGONAL COMMUNICATION Diagonal communication is informal communication. This communication typically occurs when staff members who are from different hierarchical levels are working on a project together, but when they work on the project they are equal. This form of communication is increasing because more staff from different departments or units are working together, increasing collaboration. It also applies to the relationship between a nurse and a physician or a nurse and a patient. For example, if an HCO is developing a new admission procedure, the project's team ideally should include a physician, several nurse managers, several staff nurses, a patient transportation supervisor, the director of medical records, the director of information system management, an ombudsman or patient advocate, an admission department representative, an administrator, and the chief financial officer. In some HCOs a patient

Communication Process Components: Verbal and Nonverbal

VERBAL COMMUNICATION Verbal communication is considered to be the most common type of communication. It is complex and can be described as written or oral, and by its tone, language, volume, frequency, choice of words, rate, and accent. Verbal communication, like all other types of communication, is affected by a person's gender, age, culture, stereotypes and biases, education, and impairments such as hearing or sight loss. Individuals are highly dependent on verbal communication and often are less aware of nonverbal communication.

NONVERBAL COMMUNICATION Nonverbal communication is frequently used in clinical situations when staff assess patients and their responses. Staff members, however, are often not as aware of their own use of nonverbal communication with other staff, patients, and families. The major functions of nonverbal communication are expression of emotion, expression of interpersonal attitudes, maintenance of rituals, support of verbal communication; establishment, development, and maintenance of relationships; and self-presentation. Nonverbal communication is not something that is always in the awareness or control of the individual. To improve communication, a person needs to increase awareness of the impact of nonverbal communication and increase assessment of nonverbal communication during the communication process. Nonverbal communication can consist of facial expressions, body movements or posture, gestures, volume of speech, tone of voice, gait, and physical appearance. Body language typically includes facial expression, eye movements, body movements, posture, gestures, and proxemics (distance between individuals). This assessment must not only include nonverbal communication that the other party uses but also self-assessment of nonverbal communication. It is more difficult to be aware of how one is using nonverbal communication while one is using verbal communication. For example, when a nurse is discussing a procedure with a patient, is the nurse aware of personal facial expressions, body language, and tone of voice, or is the nurse just focused on the procedure? Some strategies that might be used to improve nonverbal communication are as follows:

- Maintain eye contact and a relaxed manner as this communicates sincerity.
- Smile if it is appropriate to the content, but do not smile constantly because this tends to make the receiver distrust the sender and the message.
- A neutral environment might be useful in circumstances in which meeting in one's office or on one's own territory might make the other person feel uncomfortable.
- If a person stands over or leans over another, it can make that person uncomfortable and feel a loss of power.
- Pulling away or appearing too casual may communicate superiority or disinterest.

Cultural issues are also important because there is great variation in nonverbal communication among different cultures and interpretation of nonverbals. Examples of questions to consider with different cultures are the following: Do men look directly at women who are not their wives? How do people greet one another? Does the husband speak for the wife? Answers to these questions and many others are important to know if a nurse is trying to teach a woman with her husband present. The IOM supports the need for the importance of cultural communication factors in all communication with patients, families, and staff (workforce diversity): "Sociocultural differences between patient and provider influence communication and clinical decision-making" (Institute of Medicine, 2003b, p. 214).

Nonverbal communication frequently causes problems because it is often difficult to assess and interpret. This communication includes anything other than the spoken word. It can be deliberate or unintentional, and when it is unintentional, it is out of the control of the sender or the receiver. When there is doubt about the interpretation, the best approach is to ask for clarification about the meaning; however, this is not always easy to do. The receiver may be hesitant, feel incompetent, be concerned that asking for information may be threatening, or not know how or what to ask. Comparing the nonverbal with the verbal may assist in greater understanding, but this is not always the case as a person's nonverbal communication may be different from the verbal. Nurses tend to use comparison of verbal and nonverbal communication more during their communication with patients than with coworkers. Nonverbal communication, however, is very important in work-related communication and should not be ignored. Delegation is a time when asking for clarification is critical, from the perspective of both delegator and delegatee. (See Chapter 15.)

ASSESSMENT OF COMMUNICATION EFFECTIVENESS

Communicators want to have productive communication when the sender sends a message. The goal is that the message will be received and understood as sent. Productive communication can lead to many positive benefits for individual staff, teams, structural units within the HCO, the HCO, the community, and for the patient and family. Some of these benefits are as follows:

- A team spirit with a common understanding and staff working toward common goals
- Participative management providing the staff with the opportunity to express different points of view and develop the best approach to problems
- Quick resolution of misunderstandings
- A comfortable environment that supports a motivational climate
- More creative thinking by nursing management and nursing staff
- Less staff turnover
- Less evidence of a rumor mill
- Clarification of responsibilities (Finkelman, 1996, pp. 1-1, 13-14)

Communication Assessment Questions and Methods

Nurse managers, team leaders, and charge nurses need to periodically evaluate the effectiveness of the communication—their own communication, individual staff members, and team communication, which could be a team, unit, department, or the entire HCO. The following are questions that can be used to help evaluate communication effectiveness:

- What might be some indicators of staff communication problems?
- Do staff members feel comfortable expressing their feelings and opinions?
- Are some staff members trying to get on the good side of the nurse manager or leader and not communicating effectively?
- During meetings or in shift report, do staff ask questions?
- Do staff members contribute their ideas to the discussion when there are problems? Silence may be positive as it can allow time for thinking before responding; however, if the staff are silent for long periods without contributing to the discussion, this can be an indicator of a communication problem.
- What happens when messages do not seem to be understood or are misinterpreted?

Staff-to-staff communication provides the critical framework in which care occurs. Imagine how a nurse might provide care without using communication. The care would have to occur on an isolated island, and even in that situation, the nurse would still have to communicate with the patient. Problems, however, do occur even in the best communication situations. The following are some examples:

- Discussing patients and their care is part of staff responsibilities. This takes time and needs to be considered a critical aspect of each staff member's role. This is not to say that in some cases too much time can be spent talking about care rather than providing care. Undoubtedly every nurse encounters staff members who seem to talk too much, neglect work, interrupt others' work, and cause tension. This may mean that the nurse manager or team leader needs to talk to the staff member and determine the reason for this type of communication problem, discuss how it interferes with work and care of patients, and arrive at strategies to improve the staff member's communication and reduce the interruptions. Other staff may even discuss it with the staff member; however, this should be offered in private as positive criticism.
- Competition among staff can interfere with productive communication. It can lead to withholding of information, distortion of information, and poor morale. Why would staff be competitive? They might be seeking recognition for their work, better assignments, improved work schedules, or they might feel that some staff members are treated differently. Clearly this indicates that there are major problems in the work environment that need to be addressed so communication can improve.
- Confidentiality is an ever-present need in all clinical setting interactions, which is reinforced by the HIPAA law. (See Chapter 2.) Discussing staff and patient issues where others