Teaching Communication to Nursing Students: Contemporary Perspectives on Practice

Fiona Timmins[1]*, Colin Griffiths[1], Colin Griffiths[1], Madeline Gleeson[2] and Joan O'Shea[3]

[1]*Associate Professor, The School of Nursing and Midwifery, Trinity College, Dublin, Ireland*
[2]*Clinical Tutor, the School of Nursing and Midwifery, Trinity College, Dublin, Ireland*
[3]*Public Health Nurse, the School of Nursing and Midwifery, Trinity College, Dublin, Ireland*

Abstract

Client-centred communication is an integral part of nursing and is the foundation stone for the provision of high quality nursing care. The success and effectiveness of the nurse-client relationship lies in the words and body language that nurses choose to use when providing client care. Increasingly attention is being given to the therapeutic relationship between the nurse and the client, rather than a discrete set of communication skills for given situations, it is proposed that client-centred communication is an integral part of nursing and is the foundation stone for the provision of high quality nursing care. The impetus for this paper arose due to similarities arising between four independent research studies conducted by the authors, and the resultant need to share these key themes as a basis for improving communication teaching to nursing students. The aim of this paper is to present a novel examination of a core aspect of the nursing curriculum across four strands of the profession with a view to eliciting key communication skills that underpin the profession of nursing. This combined approach to understanding communication assisted lecturers to both understand and teach communication skills to three disciplines of nursing. These four conjoint studies demonstrate how the deployment of finely honed communication skills is important in the development of the nurse client relationship and ultimately the achievement of high quality nursing care. The paper further aims are to use the combined results of these four studies to demonstrate important characteristics of nurse/client communication that is relevant and applicable to diverse areas of nursing and ought to be encouraged in teaching practice.

Keywords: Communication; Nursing; Intellectual disability; Touch

Introduction

Client-centred communication is an integral part of nursing and is the foundation stone for the provision of high quality nursing care [1]. The success and effectiveness of the nurse-client relationship lies in the words and body language that nurses choose to use when providing client care [2,3]. Communication is a core skill requirement for nursing practice across the nursing disciplines:

"All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective compassionate and respectful" [4]. Increasingly nurses are being asked to consider, reflect and develop good communication in response to lapses in standards of care [5]. while not directly always as a result of poor communication situations are often accentuated and worsened by the absence of good skills, particularly empathy. "Callous indifference" towards patients for example was noted in the aforementioned report (p: 13) and was compounded by a failure to listen to patients stories and comments. Additionally when communication among nurses and between nurses and other health care workers is suboptimal, patient safety and care can be compromised [5]. So while it is easy to think that communication skills are well understood and displayed in practice settings continuous on-going evaluation of these is necessary both through self-reflection and personal development [3]. Another important source of preparation for nurses in this regard is their preparatory undergraduate curriculum.

Contemporarily communication theory forms a key component of undergraduate nurse preparation programs and draws upon a multiplicity of nursing, psychological and social theories [4]. Although nursing students traditionally have been provided with a repertoire of skills and theory to apply to the nursing situation, there is a view that deficits in nurse's communication skills exist [3]. A multiplicity of reasons exist for this, however it is thought that nurses perhaps may un aware of the impact of their communication on the client [6], but it is very clear from testimony just how important even simple elements of communication are to patients and families [7]. The literature suggests

that client's interaction with nursing staff can be stress provoking [8], and the impact of poor communication can be pervasive and long-lasting [6]. Recently the Nursing Standard Journal partnered with the Patients Association (UK) developing a campaign in response to the current need to improve standards of care. Communication is a core and fundamental principle of the CARE campaign [6]. Indeed in all interactions, the success and effectiveness of these relationships lie in the words and body language that nurses choose to use when providing direct support [3]. These principles are commonly taught to nursing students.

Increasingly attention is being given to the therapeutic relationship between the nurse and the client, rather than a discrete set of communication skills for given situations, it is proposed that client-centred communication is an integral part of nursing and is the foundation stone for the provision of high quality nursing care [1]. Furthermore, this therapeutic relationship must extend to the relevant family members who are sometimes inadvertently excluded in the support process [6]. Research of client needs for example traditionally focused on client groups rather than extension to the family/spouse/partner, which has become increasingly prevalent [9]. However, nurses often regard client-centred communication and the development of a therapeutic relationship as time-consuming and a luxury rather than a necessary component of care [3] although client-centred communication does not require. Mechanistic communication

methods, can also develop, whereby the main focus is on the task, rather than the patient [3,10], and this is particularly true of junior staff or students. However as their learning progresses they can exhibit facilitative communication skills [10].

Consisted with contemporary notions of consumer led care, this paper seeks to learn more about communication to inform teaching, through a participative that explores consumer experience. As many studies reported in the literature focus on one nursing discipline alone, this paper serves to draw four disparate studies from across the disciplines together. The aim of this paper is to present a novel examination of a core aspect of nursing across four strands of the profession with a view to eliciting key communication skills that underpin the profession of nursing, in order to inform contemporary teaching practice. The impetus for the study arose due to similarities arising between independent research studies conducted by the authors, and the resultant need to share these key themes with a view to sharing understandings across the disciplines and teaching such skills to mixed groups of students. These four conjoint studies demonstrate how the deployment of finely honed communication skills is important in the development of the nurse client relationship and ultimately the achievement of high quality nursing care. The paper further aims are to use the combined results of these four studies to demonstrate important characteristics of nurse/client communication that is relevant and applicable to diverse areas of nursing, and that ought to be integrated fully into curricula.

Methodology

The results of four studies were examined for underlying similarities by the authors over a series of six meetings, wherein each project was discussed and analysed using simple thematic analysis for similar emerging themes. Once overarching themes were identified these were confirmed by all of the researchers. Three of the studies employed qualitative methodologies; the fourth reflected a quantitative approach. Populations sampled included clients (n=8) in a general hospital setting, clients (n=8) with profound intellectual disability, parents of neonates (n=8) in Neonatal Intensive Care (NICU), and Mental Health Nurses (n=10). Ethical approval was obtained from all institutions involved. All participants (or their carers) consented to the studies.

The aims of the four distinct studies and methodologies used within the various studies are outlined in Table 1.

Findings

The emerging findings within each study were analysed in a methodological and rigorous way according to Table 1. These findings were then put together and explored for overarching themes using the method described above. The following emerging themes were elicited from the data: the importance of the interpretation of micro behaviors within nurse-client/family communication; customary everyday communication; non-verbal communication and empathy.

The importance of the interpretation of micro behaviors within nurse-client/ family communication

In study four, participants with profound intellectual disability were videotaped in eight 15-minutes sessions, with a resultant total of two hours of film being made for each participant. Interactions were classified using categories: person-object engagement, out of view self intimate engagement, self-neutral engagement, self-active engagement, object engagement and person engagement. However, only the last four categories were observed [11]. For the study behaviours were further categorized into purposive and non-purposive. Self-neutral (person sitting, gazing, doing nothing in particular) and self-active engagement (person was engaged in maladaptive behaviour, stereotypical behaviours, self injurious behaviour or self stimulation) was identified as non-purposeful behaviours. By contrast purposive interactions were reflected in person engagement (person made direct eye contact with another, touching or smiling at someone else) and object engagement (person looks at or touches or plays with an object purposefully). Out of a total of 2,880 interactions recorded the majority of behaviours (84%) were non-purposeful, 16 % were classified as purposeful behaviours (Figure 1).

It was of interest that the rate of self-neutral engagement was fairly steady (Range 65, S/D 23) across all settings, whereas the rate of self-active engagement (Range 132, S/D 51) varied considerably. In some settings (primarily the high interaction settings) self-active behaviour was replaced by person engagement or object engagement. Thus dinner (32%), one to one talk (34%) and sensory stimulation (42%) were seen to elicit the highest rates of purposeful interaction.
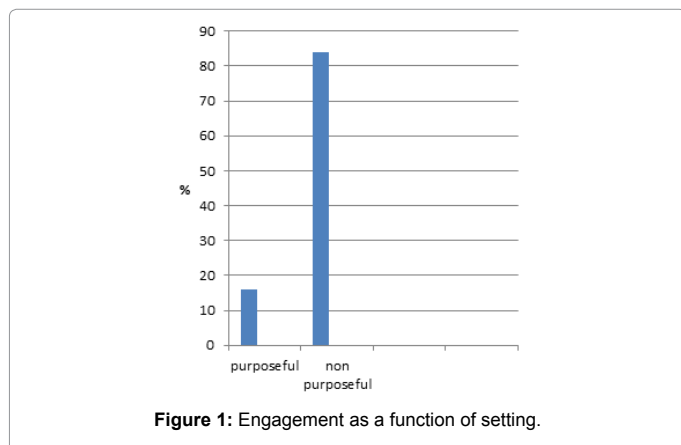

Figure 1: Engagement as a function of setting.

Study number	Approach	Aim of the study	Method of Data Collection	Method of data analysis
1	Qualitative-descriptive exploratory	To explore clients' experiences of nurse communication during their admission to an acute general hospital	Unstructured interviews with clients	Simple thematic analysis
2	Qualitative-Phenomenology	To document the experiences of parents of infants admitted to a neonatal intensive care unit (NICU).	Unstructured interviews with parents	Thematically analysed using a modified version of Colaizzi's (1978) seven-step framework
3	Qualitative -descriptive exploratory	To explore mental health nurses' perceptions of physical touch with people who experience acute mental health problems	Semi-structured interviews with staff	Thematically analysed Burnard's (1991) 14 stage-by stage process of coding and categorization
4	Quantitative (comparative descriptive design)	To examine the impact of different environmental settings upon interaction patterns of people with profound intellectual disability	Videotaped observation in different settings	Analyzed using a momentary time sampling approach (Brulle and Repp 1984) and classified according the Checksheet of Interactive behaviours (Bunning 1996).

Table 1: Methods employed in the four studies under consideration.

The American Association of Mental Deficiency defined this participant group (ppeople with profound intellectual disability) as having an IQ below 25 [12]. These people "…require maximum assistance in most if not all aspects of everyday life, in terms of 24 hour care and supervision" [13]. The study revealed perhaps a not surprisingly high rate of non-purposeful behaviours among the participants. However, it is of interest to not that the time periods where nursing or other staffs was present person or object engagement increased. As difficulties in communication are characteristic of this group, indeed communications by people with profound intellectual disability are primarily gestures and vocalizations [13] they are totally reliant on others to interpret the meaning of their communications [14]. Nurses therefore have an important role to play in both interpretation and facilitation of meaningful communication with this group, in an attempt to provide high quality care that fosters well being of the clients and perhaps lessens the time spent engaged in non-purposeful behaviours.

The findings of the study also offer some support to the contention that adults with profound intellectual disability have different engagement patterns depending on the stimulation or interaction levels that they encounter in the setting in which they find themselves [15]. It was clear that the participants related variably to stimuli such as being fed, engaging in a one to one talk session and engaging in a high sensory stimulation setting. Effectively in these settings each of the participants was interacting by observing the environment around her, reacting to communications emanating from others in that environment in a way that was meaningful to her. As Herbert Blumer notes 'Human beings act towards things on the basis of the meanings that the things have for them' [16]. Each participant signalled that she was interpreting the external environment and communicating to it by changing her line of vision or by facial, motoric or postural gestures. The indictors for purposeful interaction were quite small, thus a change of expression, a movement towards an object, a smile directed at another's face, a hand movement combined with a change of expression were all indicators that the participant was interested in or trying to communicate within the setting. The communications could be termed micro behaviours, many but not all of these behaviours were not noted during the real time sessions however they were recorded on film and noticed subsequently.

The views of somewhat less marginalized groups echo the importance placed upon nurse-client communication. A particular emphasis on micro behaviours by nurses was also expressed in studies one:

"…she'd say 'how are you today John? …it's things like that that help to cheer you up, particularly when you're in hospital"

"There was one particular girl, she was lovely… every morning she'd come in and ask how you were or if she was going by she'd wave in to you"

Similarly, the communication skills of the neonatal nurses (study two) revealed and the subtle support they received from nurses during their babies' hospitalisation. Mothers and fathers reported that the neonatal nurses were seen to care for both the parents and their babies:

"The nurses looked after both the babies and their parents"(Sharon).

"They (the nurses) were ever so friendly and supportive and gave a lot of information on how he (the baby) was doing and how he had been from the previous night" (Gillian).

One mother spoke of how much she was touched by and appreciated a wave from a familiar nurse in the intensive care unit as the nurse passed by her baby's cubicle. Friendliness emerged as a theme

in study one. This wave also demonstrates how customary everyday communication that was valued by clients.

Customary everyday communication

Study one revealed that customary everyday communication appeared to have great meaning for clients. It appeared to make them feel secure, cared for and facilitated the development of positive nurse-client relationships (study one):

"When you're in hospital you are not used to all the machinery and the doctors and x-rays… to get the friendly ear is good"

This type of communication is often undervalued possibly because of its simplicity and ordinariness; however, it needs to be recognised as an integral and important part of caring for clients. It is also important for nurses to recognise that the hospital environment is often alien and intimidating to clients and they need reassurance from nurses. Otherwise being a client can be a lonely and frightening experience. Simple friendly communication acknowledges and transmits mutual respect regardless of the context in which it takes place.

In study two parents recounted their desire to be told the little (seemingly) ordinary things about their babies' recovery such as the quantity of feed taken, hours of sleep between feeds, if their baby had a wet and soiled nappy and if the baby had gained weight. The following account illustrates the need for such information:

"..Telling us everything is vital because if we are not told anything we think there is something wrong" (Sharon)

Parents (in study two) were more concerned with the habitual side of their babies' recovery and progress and less interested in complex medical diagnoses and facts. It was found that doctors frequently relied upon complex medical terminology to communicate with parents but this held little meaning for the parents:

"He never explained to me in layman's terms, it is not fair when doctors do that" (Laura).

"They talk their language and you don't understand what they are saying" (Sally).

They also relied upon nurses to decipher this language for them. As the following statement demonstrates one mother was extremely grateful as the nurses explained her baby's condition and treatment much more succinctly than the doctor did:

"The nurses used to break down the doctor's information for me so that I could understand it" (Sally).

Non- verbal communication

Respondents in study one indicated how they valued the nurse's support. This was often mediated through non-verbal means (study one):

"…I think the reassurance from the nurse with me at the time of my diagnosis… she made me feel at ease straight away. She just organised everything and was really relaxed and wasn't watching her watch… She was just awfully concerned and at the same time, very professional. She added the human touch, like as if she knew what it was like in my shoes – it wasn't just clinical or a piece of paper".

All of the participants in study three described the concept of physical touch as an important part of the communication process:

"As psychiatric nurses, I suppose we learn that there are many aspects of communication…the verbal part is only a small percentage…a lot of

it is…body language and part of that would be touch and how we use it" (Ian)

All of the participants described that the use of physical touch could communicate care and humaneness to people who experience acute mental health problems. As illustrated by the following excerpt:

"…it kind of displays some kind of humanity, some kind of…our warmth towards other people…" (Noel)

Empathy

Empathy was a theme that permeated the findings in all four studies. For example, neonatal nurses were complimented for their honesty and for not building up the hopes of one couple that feared for their son's life:

"The staff didn't build our hopes up and they made sure that we didn't build our own hopes up"

People need to be understood and it is the ability of another person to understand that forms the basis of a positive relationship [17]. Thus it is the ability to empathise that enables nurses to understand their clients; empathy is defined as:

"The ability to perceive and reason as well as the ability to communicate understanding of the other person's feelings and their attached meanings" [18].

Mental health nurses in study two used physical touch to display empathy with the clients. Participants described how they interpreted the feelings of the clients to identify their need for reassurance; comfort; consolation; support understanding; security and protection expressed through the nurses' touch. The following excerpt illustrates how participants used physical touch to reassure clients:

"…if a client is upset and from your experience and from knowing the client you're able to assess that they just don't want to talk, they just want a bit of reassurance…maybe putting your hand on their shoulder or maybe sometimes putting your hand over their hand and saying "look I'm here, if you want to talk, I'll listen but maybe you're not ready to talk…" (Claire)

The use of physical touch to reassure clients was described by the majority of respondents as "more natural, less contrived and mechanical, more instinctive and more about a caring human-to-human contact "with an empathetic intent. As illustrated by the following excerpt:

"I've always found that…if you even put your hand on their arm… and communicate your feelings to them that you care about them that are the main thing…" (Niamh)

In this study the use of physical touch supported verbal communication:

"…when you are talking to them, take their hands in a reassuring type way (and say)…we will get you well but we have to get you eating, come on now and take my hand…" (Canice)

However physical touch was often used without verbal communication depending on the context of the situation:

"If a client was very upset…it may be appropriate just to hold their hand for a few minutes just to reassure them and not say anything…but this (touch without verbal communication) wouldn't happen as much" (Oliver)

Study four revealed that secondly that many of the interactions of those clients with profound intellectual disability were subtle, difficult to observe and engage with unless the nurse or care staffs was attuned to the micro behaviours that the person with disability displays. Thus effective communication with this client group requires the nurse to be genuinely interested in the person, and motivated to achieve an empathy with the person by attending closely to how the person vocalizes, moves, adopts postures and makes expressions.

However, empathy as a concept in nursing is perceived to be poorly understood [17,18]. However the central importance of empathy in providing sensitive quality care is receiving increasing attention [7]. The view that that the current model of empathy (therapeutic empathy) that is used in nursing developed from counselling psychology and may be inappropriate for nursing. "Emotional empathy" which they define as "the caregiver's intuitive sensing and response to the others plight" [19]. This model recognises that empathetic skills can be first level (reflexive/spontaneous) or second level (learned/controlled) but the responses that nurse use can also be classified as either as nurse-centred or client-centred. According to this model, first level empathetic responses include pity, sympathy, reflexive reassurance and compassion. Responses such as sharing of 'self', reassurance (informing) and therapeutic empathy (learned counselling skills) are second level empathy. In it interesting to note that responses such as sympathy and pity have often been devalued in nursing literature in terms of being empathetic [3], however the participants in study one indicated that they highly valued sympathy and other first level communication responses from nurses. One respondent said:

"During the night when I couldn't sleep, one (nurse) came over because she noticed that I was still awake to see if I was ok – that stuck in my mind… she knew that I was tired and that I wanted to try and sleep but just couldn't so she came over…"

Clearly it is this type of reaching out to clients and families that is required for contemporary practice [7].

Conclusion

One unifying element of these four distinct studies is that they all place emphasis on the diminutive things that inform the communication process. Micro communications occur continually between clients, relatives and the nurse and often go unnoticed. This paper draws out the particular relevance of these micro communications and their importance. From the client with a profound intellectual disability who signals distress by refusing eye contact to the nurse being sensitive enough to understand a client's hidden pain, it is the small indicators of well being or the reverse that are important. The paper also considers the micro communications that the nurse can do to indicate empathy, actions such as a wave from a familiar nurse to a mother and father or giving information about a baby's nappy to a mother or it may be about the touch of the nurse's hand conveying the human fellowship of caring to another in distress.

The implications of this paper are that effective communication does not require an additional time commitment; but rather a commitment by nurses to the dyadic relationships present in the health care setting. It also requires thoughtfulness displayed by nurses. Rather than using linear models of communication (sender-message-receiver) more dynamic models of communication such as [19] may be used and developed locally to reflect how specific core communication skills may be used to influence and development communication within the nurse-client relationship. Their particular focus on the value that simple everyday communication has for clients may provide direction for the provision of increased empathetically driven approaches to client/family communication. When it comes to high quality communication

in the health care setting, for these authors it is the little things that count. Teaching to nursing students ought to emphasize the need to develop and show empathy, the importance of customary ordinary communication and the relevance of micro communication behaviors. Rather than an overly theoretical approach, these themes may serve as a theoretical framework for communication skills teaching. While this proposed theoretical approach would benefit from examination in both the teaching and clinical setting, these findings from our analysis closely support what clients and families say about experiences of communication [7]. Furthermore it could be postulated that the absence of skills in all three (empathy, customary ordinary communication and relevance of micro communication behaviors) permeated recent reports of poor practice [5].

A thorough self- examination of current practices is also an important skill for nurses and for student learners [1]. It is important for nurses to develop an understanding of what is important for clients and families, and what they value. Consideration and emphasis needs to be the ordinary everyday communication, empathy and non-verbal communication. Nurses and nursing students might find client/family narratives useful in informing their practice, such as patient voices (2014) or those hosted [20]. Qualitative studies to explore client and family needs and experiences would also be very useful, and the importance of this type of research to inform practice needs to be emphasized. While low in the hierarchy of evidence [21,22], these types of studies are particularly useful for understandings client/family experiences and informing both local and general practice and their increased inclusion [8] in top quality peer reviewed journals such as the Journal of Advanced Nursing indicate their growing value. Learning from recent problems with poor care delivery would indicate that a preoccupation with statistics and trends while at the same time not listening to the patient voice can have detrimental consequences [5], thus establishing a place for both qualitative research evidence and other sources of patient testimony (audits, complaints) in both teaching approaches and practice initiatives is crucial. Longitudinal studies of the impact of particular models of communication and empathy would also be useful.

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