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# **Communication Skills for your Nursing Degree**

**CRITICAL  
STUDY SKILLS**

**JANE BOTTOMLEY AND STEVEN PRYJMACHUK**

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*Jane Bottomley and Steven Prymachuk*

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# Introduction

*Communication Skills for your Nursing Degree* is the fourth book in the *Critical Study Skills for Nurses* series. The *Critical Study Skills for Nurses* series supports student nurses, midwives and health professionals as they embark on their undergraduate degree programme. It is aimed at all student nurses, including those who have come to university straight from A levels, and those who have travelled a different route, perhaps returning to education after working and/or raising a family. The books in the series will be of use both to students from the UK, and international students who are preparing to study in a new culture – and perhaps in a second language. The books also include guidance for students with specific learning requirements.

As well as technical/clinical skills, nurses and other healthcare professionals need to develop what are often described as ‘soft skills’, that is, communication skills and people skills. The terms ‘oracy skills’, ‘interactional skills’ and ‘interpersonal skills’ are also commonly used. Whichever terms are employed, the skills they describe are becoming increasingly important in university and professional settings. *Communication Skills* aims to support nursing students as they engage in vital oral and written communication activity in their nursing studies and professional lives. It focuses on improving general oral and written communication in professional life. It also provides guidance on public speaking, in particular, academic presentations, and covers the skills you need to participate in group discussions, especially seminars. It also provides guidance on communication with lecturers during tutorials, as well as discussing the skills required for successful networking in a range of contexts, including social media. If you require more information on academic writing, related to essays or dissertations, see *Academic Writing and Referencing for your Nursing Degree*.

Between them, the authors have many years’ experience of both nursing practice and education, and academic study skills. All the information, text extracts and activities in the book have a clear nursing focus and are often directly linked to the **Nursing and Midwifery Council’s Code**. There is also reference to relevant institutional bodies, books and journals throughout.

The many activities in the book include **tasks**, **reflections**, **top tips**, and **case studies**. There are also **advanced skills** sections, which highlight particular knowledge and skills that you will need towards the end of your degree programme – or perhaps if you go on to postgraduate study. The activities in the book often require you to work things out and discover things for yourself, a learning technique which is commonly used in universities. For many activities, there is no right or wrong answer – they might simply require you to reflect on your experience or situations you are likely to encounter at university; for tasks which require a particular response, there is an answer key at the back of the book.

These special features throughout the book are clearly signalled by icons to help you recognise them:



Learning outcomes;



Quick quiz or example exam questions;



Reflection (a reflective task or activity);



Case studies;



Top tips;



Checklist;



Advanced skills information;



Answer provided at the back of the book.

Students with limited experience of academic life in the UK will find it helpful to work through the book systematically; more experienced students may wish to ‘dip in and out’ of the book. Whichever approach you adopt, handy **cross references** signalled in the margins will help you quickly find the information that you need to focus on or revisit.

There are three **Appendices** (Academic levels at university; key phrases in assignments; English language references) at the back of the book which you can consult as you work through the text.

We hope that this book will help you to develop as a critical nursing student and practitioner and to become a confident member of your academic community.

## A note on terminology

In the context of this book, the term ‘nursing’ should be taken to include ‘nursing, midwifery and the allied health professions’, wherever this is not explicitly stated.

# Chapter 1

## Professional speaking skills

### Learning outcomes



#### After reading this chapter you will:

- be aware of the particular characteristics of professional, as opposed to social, communication;
- develop your understanding of the role of oral communication in the context of nursing;
- be aware of the importance of oral communication skills as a part of the therapeutic relationship;
- be aware of strategies which can help you communicate and interact with patients, colleagues and third parties in a clear, appropriate and effective manner.

This chapter provides guidance to help you improve your oral communication skills in nursing and healthcare contexts. It will present a number of strategies to help you communicate and interact with patients and other parties in a clear, appropriate and effective manner.

## Communication

A human language is essentially 'a signalling system' (Barber, 2000, p 2). The signals used include sounds, written symbols such as alphabets, and signs such as those in road signals, semaphore and the sign languages used by the deaf community. **Communication** can be defined as the transmission or exchange of information and ideas using these signalling systems.

Communication skills are one of the core skills of nursing, and they are central to the Nursing and Midwifery Council's Code (NMC, 2015). In this chapter, the focus is on **oral communication**. Other chapters in this book deal with specific areas of oral communication which are important in academic life, ie presentations, seminars and tutorials. Chapter 6 focuses on the spoken and written communication skills required for successful networking. Chapter 2 looks at some areas of practical **written communication** in nursing. Another book in this series, *Academic Writing and Referencing for your Nursing Degree*, explores the writing skills you need to produce academic essays and dissertations.

The word 'communicate' presupposes the involvement of a person or persons on the receiving end of the transmission of information (eg the audience in a presentation) or participating in a two- or multi-way communication process (eg students participating in a seminar or nursing patients in clinical practice). For this reason, some people also use the word **interaction** rather

#### CROSS REFERENCE

Chapter 3, Academic presentations and public speaking; Chapter 4, Participating in group seminars and meetings; Chapter 5, Getting the most from individual tutorials]

#### CROSS REFERENCE

Chapter 6, Networking

#### CROSS REFERENCE

Chapter 2, Professional writing skills

#### CROSS REFERENCE

*Academic Writing and Referencing for your Nursing Degree*

than communication when discussing these processes. **Communicative and interactional competence** is the focus of much current educational research (see for example Escobar and Walsh, 2017), and it is seen by many as key in the development of a range of **intellectual and interpersonal skills**. The development of these skills has become increasingly prioritised by universities in recent years. They form an important part of the ‘**graduate attributes**’ promoted by universities, ie the **key transferable skills** which are believed to facilitate academic study while also preparing students for the world of work.

## Professional communication

**Professional communication** is communication that occurs in a professional context rather than a social one. It is characterised by the fact that it is ‘purposeful, ethical and has boundaries’ (Jagger et al, 2015, p 47). It requires a high degree of self-awareness and a willingness to understand the lives and experiences of others. This means being aware of the gaps in your knowledge, the things you don’t know or understand about the life of a person or people you are talking to. It also involves reflecting on your own values and beliefs. This includes trying to identify and acknowledge your own preconceptions and biases. We all grow up with social and cultural preconceptions and biases, some conscious, some unconscious. Being open to the realities of others and being more aware of your own preconceptions and biases can help you to communicate more sensitively and effectively.

## Oral communication

As mentioned earlier, human communication is generally divided into spoken and written communication. Speech, however, is the ‘primary form of language’ (Barber, 2000, p 2). Speech is learned before writing, and while there are communities that have speech but no written form of their language, no human community has been discovered to have a written language without a spoken one (Barber, 2000, p 2). **Oral communication** obviously involves the voice, and the use of **verbal** elements such as sounds, words, phrases and sentences. But it involves much more than these. It comprises **non-verbal** elements such as facial expressions, body language and tone of voice. If you consider talking on the phone or writing an email, you can probably think of difficulties that can arise because of the absence of face-to-face contact with the person you are communicating with. For example, on the phone and in an email, you might need to be very careful when making a joke, as the person on the other end cannot see you smile (though it’s perhaps sometimes possible to ‘hear’ a smile in your tone of voice on the phone). This is why we use ‘smilies’ 😊 and other emoticons 😊 😊 in emails and text messages to friends to indicate emotions and pre-empt misunderstandings. However, when this tool is not available, in a more formal email for example, particular care is needed with regard to word choice and phrasing.

Argyle (1988) identifies a number of **non-verbal cues** that humans use when interacting face to face:

- facial expression;
- eye contact;

- posture;
- body space – proximity and closeness to others;
- gesture;
- touch;
- ‘artefacts’ – clothes and emblems and the way they make us look;
- paralanguage – *how* we say things rather than *what* we say, including intonation (the pitch and melody of the voice), vocal buffers (‘oh’, ‘ah’) and vocalisations (laughing, crying, groaning, muttering).

For nurses, it is especially important to be able to pick up on these cues in patients and other people. For example, failing to notice, or misreading, such cues can result in a nurse failing to pick up on signs of escalating aggression, and this failure could even exacerbate such aggression. This is particularly important in areas of nursing where patients may be ‘emotionally charged’ such as accident and emergency, acute mental health wards and forensic care.

## Communication in nursing

As a nurse, you will need to communicate with patients, as well as perhaps their carers, families and friends. You will also communicate with colleagues: some on a regular basis, others more intermittently. In addition, you will sometimes be required to interact with third parties such as social workers, translators and police officers.

As human beings, we perhaps instinctively feel that communication is an essential part of human relationships. It is generally accepted that interpersonal skills are important and that good communication and interaction should be encouraged in all aspects of life. But your own experience probably tells you that communication can often be tricky, and that people can quite easily misunderstand each other. Look at the following **case studies** and discuss what may have gone wrong, and how, perhaps, miscommunication could possibly have been avoided. Some of the issues raised will be discussed in more detail in later sections of this chapter.

---

### Case studies



#### A

Reeta is a nurse working on a busy acute medical ward. A patient who felt nauseous at lunchtime missed lunch an hour ago, but she feels hungry now that the nausea has worn off. She asks Reeta if she could have something light, perhaps some toast and a cup of tea. Reeta is flustered because she has a thousand things to do, so she says to the patient (somewhat abruptly): ‘Just give me 10 minutes and I’ll sort it.’ Because she is so busy, Reeta forgets about this and goes on her break. When she returns from her break, she remembers the patient’s request and asks the healthcare assistant to provide the patient with some tea and toast. It’s now an hour

and a half since the patient asked for something to eat, and when the healthcare assistant attends the patient with the tea and toast, the patient becomes really upset, saying that Reeta doesn't care about her.

- 1) What are the communication and interpersonal issues here?
- 2) How can Reeta resolve this communication issue now?

## B

Jo is 15 years old. She was born male but currently identifies as female. Jo has been admitted to a young person's mental health unit following a serious suicide attempt. At the staff meeting, the unit manager says Jo was admitted because of self-harm arising from confusion over her gender identity. When Jo's keyworker asks Jo about this, Jo says she is not confused over her gender identity; Jo states she is female and has asked to be referred to by the pronouns 'she' and 'her'. Jo's appearance is gender-ambiguous and she dresses in gender-neutral clothing (jeans, t-shirts, trainers). Because of her appearance, some staff automatically and unintentionally refer to Jo as 'he' and 'him' within Jo's earshot. While this upsets Jo a little, she says she is more upset by those who refer to her as 'she' and 'her' without really meaning it. She says to her keyworker: 'At least those who accidentally refer to me as "him" are more genuine than those who say "her" through gritted teeth'.

- 1) What could make Jo say this? What aspects of paralanguage and body language might she be picking up on?
- 2) What is most important to Jo regarding the way people talk to or about her?

## C

While on a medication round, a registered nurse asks a student nurse accompanying her to dispense 15ml of lactulose (a laxative) for a patient; the student mishears and gives 50ml of lactulose to the patient. While lactulose isn't particularly toxic, there are circumstances when mishearing the dosage of a drug can lead to serious problems or even fatalities.

- 1) What should the nurses have done in this situation?
- 2) What checks and balances are normally in place in to avoid these sorts of medication errors?

## D

Jenny was involved in facilitating an inter-professional group which consisted of social workers, support workers, nurses and occupational therapists. In the middle of the session, Jenny made reference to CP – in social work this is an abbreviation for 'Child Protection'. She did in fact

check herself, asking: 'Do we all use the term CP?' Everyone promptly nodded and the session continued. A little later, a discussion around risk management processes became rather confusing and the social workers and support workers seemed to be adopting a very different approach from the nurses and occupational therapists. They stopped for a moment to explore why the discussion had become so confused and found that although all the professions use the term CP, in fact it means different things in different professions. For social workers and support workers, CP is an abbreviation for 'Child Protection', whereas in the health professions, CP is an abbreviation for 'Cerebral Palsy'. Miscommunication was the result!

- 1) How could the participants have avoided misunderstandings over terminology?
- 2) What factors should be considered when using acronyms like 'CP'?

## Discussion of case studies

### A

The patient probably picked up on body language suggesting Reeta is flustered, which could make the patient feel like she is a nuisance and getting in the way of more important duties. Reeta also made a promise to the patient that was never fulfilled; this can lead to a breakdown of trust, something which is essential in the nurse–patient relationship. There is also the issue of delegating the task to an HCA who then has to deal with the aftermath of the situation. The best thing now would probably be for Reeta to apologise and provide an honest explanation – saying she forgot because the ward was so busy. It would be unhelpful to be defensive or try to justify her perhaps understandable lapse.

### B

Jo is probably picking up on behaviour which she interprets as negative or judgemental. This is clearly not about what people say, as the people in question are using the language that has been agreed. However, perhaps their tone of voice or facial expression seems to convey that they are not comfortable or happy using this language because they do not understand or accept Jo's identification as female. It is clear that Jo understands that it might be difficult for people to adapt to her situation, and she accepts that people make mistakes; what is important to her is that people are genuine, even if that means showing their doubts or confusion.

### C

The student should have checked the patient's prescription record with the registered nurse to see that the prescription was valid. She should also have double-checked ('Can I just check? Did you say 15ml or 50ml of lactulose?'). The

registered nurse should have checked the dose after the student had poured it and before it was administered.

The **'five rights'** is a well-known way of understanding the checks and balances required for medication management. The five rights are:

- 1) right medication;
- 2) right dose;
- 3) right route;
- 4) right time;
- 5) right patient.

Even though this was a relatively minor medication error, it must be reported formally according to the clinical area's medication error policy. While this might be anxiety-provoking both for the student nurse and the registered nurse, most medication error policies are designed to prevent further errors happening rather than to discipline staff. However, if there are significant patient safety issues (eg a history of medication errors connected with the registered nurse), then disciplinary action of some kind would be likely.

CROSS  
REFERENCE

*Academic Writing for your Nursing Degree, Chapter 5, Preparing your work for submission, Editing and proofreading your final text, Systematic treatment of names and titles*

D

When we are part of a particular community, including academic and professional communities, it is often easy to assume that people outside that community know what we are talking about! Professionals sometimes use technical terms without providing an explanation, and this is particularly true of acronyms. We use acronyms because they are useful shorthand, but they are generally not accessible to people outside our immediate community. Jenny was right to check herself, but it would also have been useful to provide the full term at the outset of the discussion (as we do in academic writing).

## Communicating with patients

Communication is one of the **'6Cs'** of nursing. In England, the 6Cs is a framework encompassing the values and standards that nurses are expected to work towards to ensure that patients receive high-quality care (NHS England, 2016). They comprise:

- care;
- compassion;
- courage;
- communication;
- commitment;
- competence.

Communication is, some would argue, perhaps the most important of these (see Barber, 2016) as, without good communication, it is difficult for nurses to adhere

to the other values and standards in the list. Compassion, for example, requires communication that is perhaps more subtle: eye contact, tone of voice, proximity, etc. Rooting out poor care requires the courage to challenge established systems and staff who are often senior, and challenging these systems and staff requires robust communication skills. And nurses who lack communication skills are certainly not competent nurses: as Barber (2016) notes: '[c]are may be compromised if nurses do not communicate well'. The following **reflection** touches on some important issues which will be discussed in the rest of this section.

## Reflection



- 1) In what ways do you think communication most affects the patient experience?
- 2) What factors should be considered when talking to a patient? (Think about some physical, environmental, cultural factors, for example.)
- 3) What do you need to consider when giving patients information about their condition or treatment?
- 4) How might you check that a patient has understood what they have been told?
- 5) What do you consider to be the values that should inform communication between a nurse and a patient?
- 6) Can you think of an incident from your own experience which could have been improved with better communication?

(Adapted from Barber, 2016)

## The therapeutic relationship

Nursing is a complex activity that simultaneously requires practical skills, intellectual skills and interpersonal skills. Communication forms an important part of the latter and, together with appropriate values, it is an essential part of a nurse's **therapeutic relationship** with a patient. Good communication between a nurse and a patient is dependent on the establishment of a relationship built on **trust** and **respect** and it is underpinned by personal attributes and values such as **empathy** and **compassion**. It can also be impacted by environmental factors such as décor, lighting and noise (Prymachuk, 2011). According to the Royal College of Nursing (nd), establishing good communication with patients helps patients feel:

- at ease;
- in control;
- valued.

# Appendix 1

## Academic levels at university

<b>UNDERGRADUATE STUDY</b>			
<b>England, Wales, Northern Ireland</b>	<b>Scotland</b>	<b>Award</b>	<b>Notes</b>
Level 4	Level 7	Certificate of Higher Education (CertHE)	
Level 5	Level 8	Diploma of Higher Education (DipHE) Foundation Degree (FdD)	Up until 2010, minimum academic qualification for nurses
Level 6	Level 9	Ordinary Bachelor Degree eg BSc Nursing	Minimum academic qualification for nurses and midwives; common exit point in Scotland
	Level 10	Bachelor Degree with Honours eg BSc (Hons) in Nursing Studies, BNurs (Hons), BMidwif (Hons)	Usual academic qualification for nurses and midwives in England, Wales and Northern Ireland
<b>Postgraduate Study</b>			
Level 7	Level 11	Masters Degree, eg MSc, MA, MPhil Postgraduate Certificate or Diploma (PGCert; PGDip)	Minimum academic qualification for Advanced Practitioners
Level 8	Level 12	Research Doctorate (PhD) Professional Doctorate eg DNurs, MD, ClinPsychD	Recommended qualification for Advanced Practitioners who are Nurse Consultants

# Appendix 2

## Key phrases in assignments

analyse	Mostly levels 5 and 6, especially with the word 'critically'; rarely level 4	Look at the concepts and ideas under discussion in depth; the addition of 'critically' means look at the concepts and ideas in depth <b>and</b> with a critical eye
Assess	All levels, though common at lower levels	Make comments about the value/ importance of the concepts and ideas under discussion
Compare	All levels, though common at lower levels	Look for similarities between the concepts and ideas under discussion
contrast	All levels, though common at lower levels	Look for differences between the concepts and ideas under discussion; often used with 'compare' (see above)
Define	All levels, though common at lower levels	State precisely what is meant by a particular issue, theory or concept
Discuss	Level 5 and above; sometimes level 4	Give reasons for and against; investigate and examine by argument
Evaluate	Mostly levels 5 and 6, especially with the word 'critically'	Weigh up the arguments surrounding an issue, using your own opinions and, more importantly, reference to the work of others
Illustrate	All levels	Make clear by the use of examples
Outline	All levels, though tends to be used with the lower levels	Give the main features of
Review	All levels, though 'critically review' would imply level 5 and above	Extract relevant information from a document or set of documents
State	All levels, though tends to be used with the lower levels	Present in a clear, concise form
Summarise	All levels, though tends to be used with the lower levels	Give an account of all the main points of the concepts and ideas under discussion
with reference to	All levels	Use a specific context, issue or concept to make the meaning clear

# Appendix 3

## English language references

This is not meant to be an exhaustive list of resources, but rather a selection of those that we have found most useful in our work with students.

### Dictionaries

There are many online dictionaries, but if you prefer to feel the weight of one in your hands, then Chambers is a good choice:

*Chambers 21st Century Dictionary* (1999) Edinburgh: Chambers Harrap Publishers Ltd.

A good online dictionary, especially for students whose first language is not English, is the Cambridge Dictionary. The definitions are very clear and easy to understand, and there is an excellent pronunciation tool for students whose first language is not English:

*Cambridge Dictionary* [online]. Available at: <http://dictionary.cambridge.org> (accessed 19 October 2018).

### Grammar books

Caplan, N (2012) *Grammar Choices for Graduate and Professional Writers*. Ann Arbor, MI: University of Michigan Press.

Caplan's book is aimed at postgraduate students (known as 'graduate' students in the USA, where this book is published). Nevertheless, if you are looking for a systematic analysis of English grammar in the context of academic English, you may find this book very useful. It contains many clear examples of grammar in use in real-life academic writing.

Hewings, M (2015) *Advanced Grammar in Use*. 3rd ed. Cambridge: Cambridge University Press.

Murphy, R (2015) *English Grammar in Use*. 4th ed. Cambridge: Cambridge University Press.

Murphy, R (2015) *Essential Grammar in Use*. 4th ed. Cambridge: Cambridge University Press.

The Grammar in Use series is particularly useful for students whose first language is not English. The books present each grammar point in a clear and systematic way, and provide exercises and a self-study answer key. There are also lots of multimedia features in recent editions:

## Other resources

Academic Phrasebank [online]. Available at: [www.phrasebank.manchester.ac.uk](http://www.phrasebank.manchester.ac.uk) (accessed 19 October 2018).

Academic Word List [online]. Available at: [www.victoria.ac.nz/lals/resources/academicwordlist](http://www.victoria.ac.nz/lals/resources/academicwordlist) (accessed 19 October 2018).

Baily, S (2011) *Academic Writing for International Students of English*. 3rd ed. Oxon: Routledge.

Bottomley, J (2014) *Academic Writing for International Students of Science*. Oxon: Routledge.

Peck, J and Cole, M (2012) *Write it Right: The Secrets of Effective Writing*. 2nd ed. New York: Palgrave Macmillan.

Swales, J and Feak, C (2012) *Academic Writing for Graduate Students: Essential Tasks and Skills*. 3rd ed. Michigan: Michigan ELT.

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