3rd Edition

Communication & Interpersonal Skills in Nursing

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Introduction

Who is this book for?

This book is primarily intended for first-year degree students of nursing who will inevitably engage with increasingly complex workplace social encounters throughout their course. These encounters will test, hone and, hopefully, gradually improve their communication and interpersonal skills (from this point on, the acronym CIPS will be used for convenience). The focus is not to develop knowledge related to any one specific field (Adult, Child, Mental Health or Learning Disabilities), but to support development for progress into any field and beyond. The Nursing and Midwifery Council’s Standards for Pre-registration Nursing Education (NMC, 2010), as they pertain to CIPS, are a foundation for the book, although its content is not narrowly defined by these standards.

Why CIPS for nursing?

The fact that we have learned since birth how to express ourselves within our family and friendship groups may lead us to take our ability to communicate for granted. Throughout our lives we have been honing our relationship skills, through trial-and-error learning or in response to role modelling by influential others. This may result in us making the assumption that there is no need to think very deeply about how we perform these skills. However, although our practice of interpersonal communication has become second nature, there are times when we have experienced interactions that have not gone smoothly. Perhaps we were misunderstood or friends reacted in ways other than expected. At times like these, we may think that we could have said or done something differently that might have improved our responses and those of people around us. All of this indicates that, while we have developed communication skills, we can always learn and improve when it comes to human relationships. This is mainly because there are so many factors influencing how we might behave in various human encounters, especially encounters in our working lives.

Although similar in some respects to everyday social encounters, the interpersonal context of healthcare work places more of a demand on us to take a developing professional attitude to CIPS. The need for sensitive and professionally executed interpersonal skills is crucial in the overlapping and frequently shifting contexts of healthcare policy, clinical and care environments, and hierarchies of responsibility, not least in the face of human suffering. This backdrop hopefully indicates that the practice of CIPS for developing healthcare professionals places greater and more complex interpersonal challenges on us than when we communicate or interact with family or friends. This highlights the importance of a professional lifetime learning of increasingly effective communication in healthcare settings, and the related challenge of learning to become more aware of ourselves and others.
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Unfortunately, there is ample literature to suggest that healthcare staff do not communicate as well as they might in their work settings, thus failing to accord CIPS the degree of seriousness and respect the area deserves. This book, therefore, fulfils an important function, helping you to explore the many factors that impact on communication and relating well to patients, clients, relatives and other healthcare staff. Our overall aim in writing the book is to help you improve your own CIPS.

A word on terminology: the terms ‘patient’, ‘client’, ‘service user’, ‘user of . . .’ and ‘survivor’ will be employed variously, to refer to and describe people engaged in nursing and related healthcare, as contextually appropriate throughout the book. These are not innocent and equivalent words, as they each carry different assumptions about the appropriate place of people seeking and receiving help and interventions within healthcare cultures (Speed, 2011). This complexity of terminology has related implications for nurses around the style and function of their interpersonal relationships with the public they serve. For example, the word ‘patient’ can both denote (describe) and connote (imply) people who are the passive recipients of largely biomedically driven treatment and care. The interpersonal context shifts with the terms ‘service user’ or ‘user’ (of services) and ‘client’. These terms can signify persons who are active participants and consumers in their treatment and care, thus suggesting more of a collaborative and equal relationship between them and nurses within mainstream services.

In contrast, the term ‘survivor’ is often used by people, mostly in a mental health context, who actively resist aspects of roles of both the passive patient and the active consumer of healthcare. In a sustained critique of what they regard as both biomedical reductionism carried out in the name of ‘treatment’ and ‘care’, and abuses perpetrated by institutional psychiatry, ‘survivors’ frequently locate themselves in opposition to aspects of mainstream health services (see, for example, Grant and Leigh-Phippard, 2014).

The main interpersonal implication emerging from this position is the need for mental health nurses, and others, to recognise and work with such people in non-defensive ways. This places a demand on nurses to engage helpfully in relationships where ‘recovery’ is framed in personally developmental and existential, rather than medicalised, terms. In those contexts, nurses need to respect the desires of people to develop their lives and identities in ways that are independent, and rejecting, of what they perceive to be control, compliance and abuse agendas in mainstream institutional psychiatric practice (Rapley et al., 2011; Grant and Leigh-Phippard, 2014).

Book structure

Chapter 1 introduces the international and national policy and educational context for the nursing practice of CIPS, including the Nursing and Midwifery Council (NMC) Standards for Pre-registration Nursing Education (2010). Against this backdrop, the key concepts of the book are unpacked and defined, and their relevance for the student nurse from the first day of training is stressed. Some theoretical communication frameworks are explained, as is the relationship between CIPS and the domains of caring, moral practice, suffering, healthy relating and empathy in nursing.
Chapter 2 covers some of the key issues in the evidence base underpinning the practice of CIPS in nursing. It begins by summarising the general benefits of the sensitive practice of CIPS emerging from research on CIPS directly, and from relevant principles emerging from psychotherapy research. The discussion then turns to the historical development of CIPS research in nursing in the context of evidence-based healthcare. Evidence-based healthcare is first discussed in conventional terms, where biomedical, quantitative-experimental research is privileged, and then with regard to more contemporary claims to what constitutes ‘evidence’ from the ‘lived experience’ paradigm. It is stressed that the practice of CIPS is inextricably context-bound, in that it is always embedded in time, place, the specific form of the relationship of the communicators and the organisational frameworks within which communication takes place. Given this, it will be argued that many healthcare environments currently demand briefer forms of CIPS rather than extended forms drawn from counselling and psychotherapy models. Deriving in large part from Rogerian therapy, these models are subjected to an extended critique throughout the chapter. The discussion also focuses on the importance of understanding the development and exercise of schemas and, in related terms, stereotyping and prejudice. The relevance of the concepts of first- and second-level communication is stressed, and there is a discussion of some of the difficulties in teaching empathy to nurses. Finally, organisational threats to the practice of CIPS in nursing are discussed.

Chapter 3 emphasises the importance of the safe and effective practice of CIPS underpinned by social thinking processes. The chapter explores the many roles you will have in relation to CIPS, and the core general skills that are needed in its practice. The phases of the nurse–patient relationship are discussed in relation to two models. The nature of the helping relationship in nursing is examined and it is argued that this relationship can have a therapeutic effect. Finally, the patient’s role in decision making in the nurse–patient relationship is analysed in relation to recent health policy.

Chapter 4 discusses the factors that act as barriers and impede effective communication and interpersonal relationships. It begins by investigating the shift you are required to make in your professional work when you move from social to safe professional relationships. It does so by examining the different degrees of intimacy between friend and carer, and the rules of social engagement. The discussion then turns to the effect that emotions can have on communication and interpersonal relationships. Other barriers to communication are then explored, including how people construct meaning and interpret communication as a function of this construction. The effect of motivation on communicating health advice is also examined. The chapter concludes by considering the nature of conflict, what causes it and how it can be diffused in healthcare situations.

Chapter 5 helps you to examine what will be involved in your continuing needs as a lifelong learner. Some of the issues around the integration of theory and practice are explored, in relation to ways in which learning should be realistic and relevant to your practice and learning needs. Learning CIPS through experience, or learning by doing, will be emphasised. A framework for levels of academic qualifications is presented with a discussion on how this links to practice. The skills deriving from examining this framework will enable you to operate more
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effectively within complex care environments for decision making, and will facilitate problem solving, critical thinking and reflective capacities. Links will be made with the assessment of practice requirements to enable you to have a clearer idea of how to gain proficiency in skills. The sections on reflective writing, learning styles and the characteristics of a skilled performance will help you complete your practice learning assessments in relation to the use of CIPS in your practice learning experiences. Some guidelines are provided for improving communication in relation to some of the different contexts in which you can act as an educator with colleagues and patients. The final section of the chapter looks to your future as a lifelong learner of CIPS.

Chapter 6 examines the environmental context of CIPS. It begins with a discussion on the importance of CIPS within multidisciplinary team practice and interprofessional working, across different care settings and within safe environments. The chapter then turns to the ways in which physical and social-environmental factors shape communication, in relation to working with different populations. In this context, it will be argued that power is utilised to the advantage of some groups and the disadvantage of others. Next, the interrelated concepts of prejudice and schema development (first introduced in Chapter 2) are further explored. These concepts are extremely important in understanding how CIPS can break down in specific healthcare environmental contexts. The discussion then explores the impact of shifting friendship, family and cultural networks on communication and interpersonal behaviour and skill development. The demands on CIPS arising from British multicultural society are contrasted with institutional racism and its impact on communication in healthcare environments. The chapter ends with a critique of the tendency emerging from humanistic psychology to view CIPS as solely located within the individual. In the light of the preceding argument, it is argued that this ‘fallacy of individualism’ conveys a naive and overly optimistic picture of human interaction.

Chapter 7 begins with a focus on the interpersonal and ethical contexts of nursing people from different backgrounds and cultures. It begins with a discussion of immigration and migration to help you understand how diverse ethnic populations in many of our neighbourhoods in the UK have developed, and the motivators for migration. The chapter then explores CIPS in the context of cultural diversity by examining concepts such as cultural preservation, negotiation and repatterning, or restructuring. Some of the issues of nursing in a multicultural Britain and the need for cultural awareness and cultural competence are examined, and two theories of transcultural care are compared. The discussion then turns to diversity and socio-economic position, in relation to a society that is made up of different groups to which power, influence and opportunities are not always equally granted. The chapter concludes with a section that considers the ethical and moral consequences of communication and personal interactions.

Chapter 8 brings the book to a close. With an eye to your future, it will help you situate the practice of CIPS in nursing ‘beyond technique’ within a set of interlinked professional developmental, cultural, social-organisational, political and moral concerns. Specifically, you will be invited to consider the context of CIPS in critically reflective professional development, where ‘technical rationality’ is contrasted with ‘professional artistry’. It will be argued that this consideration has implications for social relationships in healthcare practice in that exclusively technical rational approaches to CIPS in nursing practice may arguably undermine and trivialise their worth.
The sustained practice of critical reflexivity will be promoted in contrast, as a means of helping you maintain fidelity with high-quality CIPS practice and awareness in your future career, in the context of professional artistry.

There is a glossary of key terms at the end of the book. Terms included will appear in **bold** type the first time they are mentioned.

**NMC Standards for Pre-registration Nursing Education and Essential Skills Clusters**

The NMC has standards of competence that have to be met by applicants to different parts of the nursing and midwifery register. These standards are what the NMC deems are necessary for the delivery of safe, effective nursing and midwifery practice.

As well as specific competencies, the NMC identifies specific skills that nursing students must have at various points of their training programme. These Essential Skills Clusters (ESCs) are essential abilities that students need to attain in order to practise to their full potential. This book identifies some of the competencies and skills, within the realm of reflective practice, that student nurses need in order to be entered on to the NMC register. These competencies and ESCs are presented at the start of each chapter so that it is clear which of them the chapter addresses. All of the competencies and ESCs in this book relate to the **generic standards** that all nursing students must achieve. This book includes the latest standards, taken from the *Standards for Pre-registration Nursing Education* (NMC, 2010).

The generic standard for competence, which applies throughout the book, states that:

> All nurses must use excellent communication and interpersonal skills. Their communications must always be safe, effective, compassionate and respectful. Nurses must communicate effectively using a wide range of strategies and interventions, including the effective use of communication technologies. Where people have a disability, nurses must be able to work with service users and others to obtain the information needed to make reasonable adjustments that promote optimum health and enable equal access to services.

(NMC, 2010, p24)

**Activities**

At various stages within each chapter there are points at which you can break to undertake activities. Undertaking and understanding the activities are important elements of your understanding of the content of each chapter. You are encouraged, where appropriate, to reflect on your practice and consider how the things you have learned from working with patients might inform
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your understanding of reflection and reflective practice. Other activities will require you to take
time away from the book to find out new information that will add to your understanding of the
topic under discussion. Some activities challenge you to apply your learning to a question or
scenario to help you reflect on issues and practice in more depth. A few activities require you to
make observations during your day-to-day life or in the clinical setting. All these activities are
designed to increase your understanding of the topics under discussion and how they reflect on
nursing practice.

Remember, academic study will always require independent work; attending lectures will never
be enough to be successful on your programme, and these activities will help to deepen your
knowledge and understanding of the issues under scrutiny and give you practice at working on
your own.