Can We Talk?

W

When comedienne Joan Rivers utters her famous catchphrase, listeners know that she is probably going to joke about something negative or difficult—a breakdown in communication. Notwithstanding the comic approach, the pointed question “Can we talk?” highlights the fact that skillful person-to-person communication is easy to talk about but hard to put into practice.

One of the most common complaints in the workplace is the lack of communication. Studies show that poor communication accounts for a multitude of consequences in both business and personal environments. The types and causes of communication problems vary as widely as their impact, largely because individuals communicate differently. These differences can lead to conflict, misunderstanding, and breakdowns in discussions during critical circumstances or in important relationships. Failures to communicate or lack of information can cause errors, poor decision-making, missed opportunities, and frustration.

In medicine and nursing, communication has long been seen as a core competency; essential for clarifying and understanding the condition of patients. A diverse body of literature recommends which communication skills or attributes are the most important in the clinical arena.1,2

Communication is the process of transferring information from one entity to another—a mechanism of shared meaning, conveyed in a way that the other person can accept and understand. Communication requires a sender, a message, and an intended recipient. Listening is also extremely important.3

Healthcare research considers effective communication a key factor in patient satisfaction, compliance, and recovery. Studies have shown that when clients are involved in decision making they are more likely to adhere to provider recommendations. Listening expertise is essential when interacting with clients and colleagues. Conversely, poor listening skills are cited in a large percentage of medical negligence cases and are one of the main reasons why individuals take legal action against healthcare professionals.4,5

Healthcare is delivered by teams, and if communication falters, the patient’s well-being can be at risk. According to The Joint Commission, poor communication is a patient safety concern and is cited as a root cause in nearly 70 percent of reported sentinel events.5

Although healthcare practitioners learn communication skills during their education, research has shown that the lack of interpersonal skills and poor listening skills may limit effective communication or lead to conflicts, particularly between multidisciplinary caregivers.1,2,4

Effective communication is far more than an exchange of words. It is the continuum of verbal and nonverbal exchanging of information. Hand and face gestures, posture, eye contact, even silence, send messages about our attitudes and emotions. Our habits, attitudes, manners, appearance, and behaviors affect how we get along with other people.5

The Importance of Listening

Listening provides the basis for successful and satisfying interpersonal relationships. Effective listening skills also enhance the ability to learn, incorporate, and adapt new information, knowledge, and skills. Yet research shows that listening is often the most neglected part of communication.3

Listening is described in numerous studies as the most prominent type of communication. According to social scientists, verbal communication skills account for 7 percent of the communication process. The other 93 percent consist of nonverbal and symbolic communication and are called listening skills. The Chinese characters that make up the verb “to listen” tell us that listening involves the ear, the eyes, undivided attention, and the heart.3

Listening is a complex process that consists of five elements: hearing, attending, understanding, responding, and remembering. Types of listening include: (1) Discriminative or listening between the lines for meaning conveyed by methods other than words. The listener identifies inferences or emotions by the speaker’s change in voice tone, their use of pause, or body language. (2) Critical listening, common in decision making where the listener may be trying to weigh the credibility of the speaker or the message. (3) Empathetic, where emphasis is on understanding the speaker’s feelings and being supportive. (4) Appreciative, where the listener gains pleasure/satisfaction from listening to certain things such as music.3

Courtesy and manners also play a role in communication skills. Unfortunately a lack of civility, whether deliberate or not, has reached epidemic proportions in the workplace today. Incivility, or employees’ lack of regard for one another, is costly to organizations in subtle and pervasive ways. In a recent survey of more than 2,000 respondents, nearly four out of five believe that lack of respect and courtesy is a serious problem; three out of five believe that it is getting worse.6

Disrespect and lack of civility in the healthcare environment can have an impact on effective communication and patient care. In day-to-day discussions, more often we just announce our thoughts and then move on to the next topic or situation. Further, we tend to engage in mind-reading, making unfair assumptions about the other person’s intentions rather than spending a few extra moments to really listen.

Interpersonal communication is not just a process of sending and receiving messages, but also a process of understanding intent and meanings. Communication is always influenced by individual percep-
tions and complicated by expectations, attitude, prejudice, history, values and beliefs, moods, likes and dislikes.

Everyone has an opinion. Well-meaning people can and do disagree. Expressing our opinions is the cornerstone of discussions. However, an emotional attachment to opinions can make it difficult to see another’s perspective. We become angry or argumentative, and we spend more time thinking of our responses instead of listening.

**Communication and Avoiding Medical Errors**

As healthcare becomes more specialized and technically advanced, traditional communication between caregivers is much more complex. Research has shown that most communication breakdowns are due to varying interactive styles influenced by differences in healthcare disciplines, role conflict or confusion, and unclear policy or the chain of command.1,4

Nurses and physicians are trained to communicate differently. Nurses learn to communicate by being descriptive, detailed, and narrative; physicians learn to summarize, diagnose, mend, and repair. Barriers to communication problems have been found to be the result of hierarchy, sex, ethnic background, and communication styles between nurses and physicians.1,2,4

Studies also show our ability to listen may decline when fatigued or distracted.3 The healthcare environment is noisy. Distractions and interruptions occur on a regular basis, are often unavoidable, and may compromise the ability to respond to critical incidents or sustain complex monitoring tasks. Human error, in part due to lack of attention or ability to clearly communicate, has been found to account for a large portion of preventable incidents.2

The recent emphasis on patient safety and avoiding medical errors led hospitals to implement elements of human factors science taken from the aviation industry by using Crew Resource Management training ideas. Part of the training curriculum includes the process known as SBAR an acronym for situation-background-assessment-recommendation (request), which has been adopted by facilities as a simple but effective way to standardize communication between caregivers.1

Scientists are investigating human performance issues relating to visual and auditory perception, reaction time, eyewitness memory, hindsight bias, attention, distraction, and fatigue. Furthermore, physical aspects of the environment (e.g., lighting, background noise) and characteristics of the operator (e.g., age, strength, experience) are integral human factors considerations in caregiver-to-caregiver communication breakdowns.1,2

The problem with communication…..Is the illusion that it has been accomplished.

George B Shaw

Breaking Down the Barriers to Effective Communication

Critical conversations are a part of everyday life. Concise communication skills are fundamental tools to building and maintaining relationships in the workplace as well as our personal lives.

It is important to recognize that environmental and personal barriers exist. Personal barriers to effective communication are reduced by a conscious effort on the part of senders and receivers to understand each other’s values and beliefs. It is vital to acknowledge that people respond not to the world as you see it, but to the world as they see it. It is essential to remember that conversation is framed by perception.

Finally, it is necessary to appreciate that effective communication starts with hearing and understanding rather than talking and trying to convince. Listening is the key. Unless your message is heard and understood by the persons you are trying to reach, it is just a distracting noise.

**References**


---

**A complete index of Wellness Milestones Columns can be found on the AANA Wellness Program homepage at** [www.aanawellness.com](http://www.aanawellness.com)