Managers’ duty to maintain good workplace communications skills

The delivery of safe care requires good nurse-patient relationships, in an environment in which staff feel free to speak out and put forward ideas. Fiona Timmins describes how managers can achieve such practice.

Summary

Communication is a fundamental element of care at every level of nursing practice. It is important, therefore, for nurse managers to create environments that promote and encourage good communication, and help nurses to develop their communication skills formally and informally. This article discusses the effects of communication on the quality of care. It examines nurses’ professional duty to maintain good communication skills and how managers can help them do this. It also discusses nurse managers’ communication skills in the context of leadership style, conflict resolution and self-awareness. Finally, it considers the notion of shared governance as good practice.

Keywords

Nurse, manager, communication, management

Professional duty

Historically, UK nurses have been expected to be proficient in communication from the point of registration, but the most recent Nursing and Midwifery Council (NMC) (2010) guideline on pre-registration communication makes the requirement more explicit, stating: ‘All 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.’

The NMC (2010) also sets out competencies that nurse must attain within the domain of communication and interpersonal skills, including: ‘Adult nurses must demonstrate the ability to listen with empathy. They must be able to respond warmly and positively to people of all ages who may be anxious, distressed, or facing problems with their health and wellbeing.’

Within this broad competence is a range of ‘field competencies’ that nurses are expected to demonstrate within the communication and interpersonal skills domain, including those outlined in Box 2.

Nurses are deemed competent in communication skills when they register, but there is little systematic, standardised assurance of competence beyond this stage. Ongoing demonstration of competence in communication is not mandatory, although they are expected to fulfil criteria in relation to minimum levels of clinical experience and to attend at least five days of learning over three years (NMC 2006).

Authors such as Vandewater (2004) suggest, however, that from the nursing perspective, this
is insufficient, saying that ‘within the context of a rapidly changing healthcare environment and associated changes in knowledge and practice, a periodic re-examination of individual’s competence is might be necessary to ensure safe practice’.

In the UK, the NHS knowledge and skills framework (Department of Health (DH) 2004) stipulates communication as a core required skill.

Promoting good communication
Ensuring nurses’ competence in a range of skills can be challenging when ongoing assessment is not compulsory. However, from a professional perspective, all nurses must ensure that they have the skills and knowledge required to practise at a competent level, and nurse managers have a degree of responsibility to ensure standards are maintained.

Nurse managers can ensure that staff are skilled and effective communicators by making sure that:
- Competent staff are recruited (HiQA 2010).
- Nursing staff are competent at all times.
- Adequate standards-of-care guidelines are available to staff.
- Policies and procedures are available to staff.
- Effective communication systems are in place.
- Staff are encouraged to develop their communication skills through performance review.

Learning and development Encouraging nurses to use portfolios, for example, can promote learning and development in communication skills. Managers can also offer formal education sessions on communication requirements and provide structured educational support for newly qualified staff through performance review, mentorship or clinical supervision.

Competency frameworks There is a range of national competency frameworks aimed at measuring competence in specific clinical areas or roles, such as those of clinical nurse specialists and advanced nurse practitioners (National Council for the Professional Development of Nursing and Midwifery (NCNM) 2008a, 2008b), but competency frameworks can also be developed locally. Kalb et al (2006), for example, developed

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**Box 1** Examples of nurse communication in healthcare settings

- Communicating with multidisciplinary team members.
- Chairing and contributing to meetings.
- Providing oral and written patient reports at shift changeover.
- Assessing, planning, evaluating and implementing services.
- Communicating with families and relatives, and providing them with information.
- Recording interventions such as medication delivery.
- Recording patient observations and vital signs.
- Breaking bad news.
- Providing updates to multidisciplinary teams on patient status.
- Communicating timely information about changes in patient condition.
- Supporting patients and families.

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**Box 2** Field competencies related to the communication and interpersonal skills domain for adult branch nurses

Adult branch nurses must promote the concept, knowledge and practice of self-care with people with acute and long-term conditions, using a range of communication skills and strategies.

All nurses must:
- Build partnerships and therapeutic relationships through safe, effective and non-discriminatory communication. They must take account of individual differences, capabilities and needs.
- Use a range of communication skills and technologies to support person-centred care and enhance quality and safety. They must ensure people receive all the information they need in a language and manner that allows them to make informed choices and share decision making. They must recognise when language interpretation or other communication support is needed and know how to obtain it.
- Use the full range of communication methods, including verbal, non-verbal and written, to acquire, interpret and record their knowledge and understanding of people’s needs. They must be aware of their own values and beliefs and the impact this may have on their communication with others. They must take account of the many different ways in which people communicate and how these may be influenced by ill health, disability and other factors, and be able to recognise and respond effectively when a person finds it hard to communicate.
- Recognise when people are anxious or in distress and respond effectively, using therapeutic principles, to promote their wellbeing, manage personal safety and resolve conflict. They must use effective communication strategies and negotiation techniques to achieve best outcomes, respecting the dignity and human rights of all concerned. They must know when to consult a third party and how to make referrals for advocacy, mediation or arbitration.
- Use therapeutic principles to engage, maintain and, where appropriate, disengage from professional caring relationships, and must always respect professional boundaries.
- Take every opportunity to encourage health-promoting behaviour through education, role modelling and effective communication.
- Maintain accurate, clear and complete records, including use of electronic formats, using appropriate and plain language.
- Respect individual rights to confidentiality and keep information secure and confidential in accordance with the law and relevant ethical and regulatory frameworks, taking account of local protocols. They must also actively share personal information.
a competency assessment tool that focused on communication for public health nurses (PHNs) in the US. The tool was used as part of performance appraisal and replaced an outdated version that no longer reflected PHN roles.

The tool was tested in a three-month pilot. The nurses’ job descriptions and national guidelines relating to PHN competence were used to develop the tool, which incorporated eight domains of competence, including communication.

The communication domain (Kalb et al. 2006) described the necessary skills as ‘respectful communication, reliability and appearance’. Kalb et al. (2006) considered the latter important because they thought that it portrayed professionalism to patients and fostered trust.

Role modelling Nurse managers are in a strong position to effect change in relation to communication skills by influencing policy and standards, drawing nurses’ attention to areas that need improvement, role modelling good communication behaviours and supporting staff. According to Rosenblatt and Davis (2009), how ‘managers approach… potentially sensitive or difficult areas can make all the difference in how the situation turns out’.

Role modelling good communication provides staff with informal support and leadership. Managers who have good communication skills create good working atmospheres that ultimately improve nurses’ confidence, motivation and morale.

To foster good relationships, ensure good clinical environments and staff job satisfaction, managers need to adopt open, approachable leadership styles that involve actively listening to and respecting staff, and involving them in decision making and governance (Thyer 2002). Regular staff meetings that are effective managed are also crucial (Thyer 2002).

Other authors agree that nurse managers should adopt open, friendly and flexible approaches to their interactions with nurses (Drach-Zahavy 2004), while Rosenblatt and Davis (2009) emphasise the importance of face-to-face communication and suggest using metaphors in place of direct communication. For example, rather than saying ‘Your approach to this is a bit too severe’, nurse managers could use phrases such as ‘This is like using a sledge hammer to crack a nut’.

Ultimately, nurse managers should treat colleagues with respect and be positive at all times, even when the situation makes it difficult to be so (Almost et al. 2010).

Actively listening to staff is good communication behaviour that helps nurses feel supported and requires managers to be receptive to nurses’ ideas (McMurray and Williams 2004), and Carter (2010) encourages managers to provide time and space to listen to staff experiences of care provision and any work-related problems they have.

Good communication should permeate all management tiers, and senior managers must build relationships with their nurse managers by scheduling and keeping regular appointments to listen and provide guidance, keep them informed, articulate performance expectations and give feedback (Parsons and Stonestreet 2003).

Conflict management

One area in which nurse managers’ communication skills are frequently required is conflict management. This can arise as a result of inadequate communication (Brinkett 2010) and result in intrapersonal conflict, that is conflict within oneself, or interpersonal conflict, that is conflict with others. Brinkett (2010) categorises conflict according to its development: within and between nurses; between nurses and other healthcare professionals; or between nurses, patients and patient’s families.

Physician-nurse conflict, according to Brinkett (2010), commonly accompanies ethical decision making that concerns, for example, end of life care, but is also common in operating theatre departments. Conflicts can arise over facts, methods, goals and values, out of difference in professional opinion or through role changes.

Brinkett (2010) highlights that conflict in healthcare contexts can be costly in terms of care outcomes and can result in errors and poor care, and that persistent conflict can have long-term effects on individual and group morale, job satisfaction and performance. Therefore, from nurse managers’ perspectives, conflict management skills are important in the workplace.

One of the important elements to conflict prevention or management is ensuring workplace environments are such that nurses feel free to speak out when difficulties arise, so nurse managers need to be aware of problems and instigate timely conflict-resolution plans.

Conflict resolution This requires consideration of all factors that have contributed to a conflict and using problem-solving techniques, such as problem identification, brainstorming solutions and asking if solutions are safe, fair and acceptable to others (Arnold and Underman Boggs 2007). The principles
of conflict resolution (Arnold and Underman Boggs 2007) include:

- Identifying conflict issues.
- Knowing your own response to conflict.
- Viewing the problem objectively.
- Staying focused on the problem and what motivates people to take the positions they do.
- Identifying available options.
- Identifying established standards to guide decision making.

Ongoing evaluation, after solutions have been implemented, is always necessary to monitor conflict and make changes as needed.

Nurse managers have to confront conflict situations directly to be able to manage them and doing this requires moving through several phases. Milstead (1996) describes the three phases as:

- Information seeking, in which managers need to find out more about a situation and what is going on.
- Planning an appropriate venue.
- Allowing time for conflict resolution.

Resolution of the conflict takes the form of a discussion that focuses on the problem. Specific actions required should then be agreed by all parties. It is also useful to take notes during meetings as a record of what is agreed.

Self-awareness

Self-monitoring of communication skills is an important element for nurse managers to consider, not only when resolving conflict, but also when role modelling good communication behaviours.

They need to be aware how the way they communicate can affect others: Rosenblatt and Davis (2009), for example, suggest that, because managers are in relative positions of power, they can come across as intimidating. People often act defensively when they feel intimidated, so Rosenblatt and Davis (2009) advise managers to be aware of how they come across and adjust the way they communicate by being more self-aware, and by evaluating and monitoring their own communication skills.

With regard to the transformation of nurse management in the NHS, Tourish and Mulholland (1997) suggest that ‘a crucial dimension to this process is how nurse managers evaluate the quality of their relationships with their staff, how they monitor their own effectiveness as communicators and how they put in place systems which enable them to systematically improve relationships and communication’.

The process of becoming aware of how we communicate as individuals is challenging (McCabe and Timmins 2006). Burnard (1997) describes self-awareness as ‘a continuous and evolving process of getting to know who you are’ and says that, although humans possess awareness of self, this ability can be explored and developed to improve communication skills.

In this context, nurse managers need to consider their interactions with colleagues within a formalised reflective cycle such as that proposed by Gibbs (1988), an adapted version of which is shown in Box 3. This reflection can help managers to analyse how they communicate and identify areas for improvement. Managers, like anyone using such frameworks, should focus on themselves rather than on other people, and maintain confidentiality.

Rosenblatt and Davis (2009) agree that managers should use self-development to improve their communication skills and suggest rehearsing difficult interactions by videotaping themselves and analysing the recordings to see how they can perform better.

The focus of any analysis, whether a taped communication or a structured reflection, should be to determine whether interactions can be more person-centred. To do this, nurse managers should consider the extent to which they exhibit the following behaviours: approachability, respect for the other person, friendliness, appropriate humour, openness, willingness to listen, and evidence of having listened and taken the person seriously (Rosenblatt and Davis 2009).

Shared governance

Several studies that feature communication as an important management skill suggest that including staff in decision making and shared governance improves communication, empowers others and increases staff job satisfaction (Thyer 2002, Notara et al 2010).
Robertson-Malt and Chapman (2008), for example, report that ‘the trend of increasing health care costs shows no signs of easing. To sustain quality care, amidst the dual and conflicting demands of cost control and consumer “savvy” regarding best practice, a more inclusive style of management, where each employee is held accountable for their contribution to the quality of patient care outcomes, is needed’.

They describe the implementation of a shared governance model in the King Faisal Specialist Hospital and Research Center, in Riyadh, and state that ‘staff nurses are the agents of change who can control costs and improve the quality of care’ (Robertson-Malt and Chapman 2008). To achieve shared governance at the Saudi Arabian hospital, several committees were established with the underpinning ethos of ‘facilitative communication and leadership’. The first phase of implementation of shared governance was to develop an open communication system throughout the organisation, and make policies, standards and clinical pathways available to nurses.

The authors report that there was an ‘atmosphere of participation’, in that staff nurses participated directly in these committees or could refer matters to them. The committees became ‘central agents for change’, and encouraging open communication on all issues of care was crucial to this. Open communications systems allowed nurses’ voices to be heard. Nurses were able to have a say in the running of the organisation which fostered empowerment.

Thus nurse managers in the UK and elsewhere might consider setting up similar committees to make communication easier among staff and between nurses and other disciplines – and to encourage shared governance.

Conclusion

Competence in communication is fundamental to the development of good nurse-patient relationships and many elements of care delivery. The absence of good communication can compromise patient safety and care quality, so nurse managers have a responsibility to ensure that communication skills in clinical environments are developed and maintained.

Managers can use formal support methods, such as education sessions, performance review and competence assessment, to enable this, as well as informal methods such as role modelling good communication skills.

Above all, nurse managers must adopt an open management style, ensure that they are available to listen to nurses, pass on relevant information, involve nurses in decision making and deal with conflicts as they arise.

References


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