
Telephoning a nursing department: callers' experiences

This preliminary, exploratory study examined the level of satisfaction of patients and relatives with the telephone communication skills of nurses. Results indicate that callers experienced several difficulties, particularly with regards to knowing who they were speaking to, being treated as an individual rather than just another caller, having their calls dealt with efficiently, or redirected correctly. It is suggested that nurse educators include training in telephone use in courses on communication skills.

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KEY WORDS

- Communication
- Interpersonal relationships
- Nurse education

These key words are based upon work undertaken by the RCN Library.

Communication skills training is an important component of nurse teaching curricula. In particular, face-to-face interaction is emphasised. While most of nurses' communications occur at this level, there are occasions when nurses must communicate with patients, relatives and others on the telephone. For example, patients might telephone for appointments and relatives may be seeking information. These are often anxious times for callers and it is important that their calls are dealt with sympathetically as well as efficiently.

In the literature, Scammell (1990) devoted a small section of her book on communication skills in nursing to the importance of acquiring good telephone skills, but apart from this text, it seems that telephone skills are rarely addressed in texts about communication for nurses.

AIMS AND METHODOLOGY

In the light of this brief assessment, this study aimed to determine how callers perceived nurses' telephone skills. Participants for the study were recruited by students attending a postgraduate course in research. They were asked to enlist next door neighbours as respondents, providing that they were not nurses. On average each student recruited three respondents.
A short questionnaire was designed following numerous discussions with members of the public who had telephoned a nursing department either on their own behalf or for others. In this instance, a nursing department was defined as a hospital ward or a community nursing unit, which might include, for example, a school nursing setting or a hospice. Respondents were asked to analyse their experiences of instances when they telephoned to speak to a nurse. Eight items were frequently cited as being of most concern for callers:

- Feeling you weren't being a nuisance
- Being informed of the name of the department/unit which answers your call
- Knowing the name and job title of the person you were speaking to
- Having your queries dealt with efficiently
- Having your call answered quickly
- Not being cut off
- Having your call redirected to the correct department.

These items were included in a pilot questionnaire which was tested on ten members of the public. This resulted in several changes to the wording.

**RESULTS**

Of the 200 questionnaires distributed through students, 158 were completed, a response rate of 79 per cent. The majority of respondents were in the 41-60 age group and 114 of them were female (72 per cent). Approximately 2,030 calls were made by respondents (mean=12). Table 1 shows the percentage of responses for each question. For questions 1 to 7, many respondents answered 'sometimes happens' or 'rarely happens', indicating that they had experienced a degree of difficulty for each of these items.

Study limitations In a study such as this, there are limitations to be considered. Where retrospective information is sought respondents' recall may be unreliable (Treece and Treece 1982). Also, the nature of callers' enquiries may have influenced the perception of their experiences. Nevertheless, these findings should, at the very least, caution nurses to reconsider the telephone service they provide.

**DISCUSSION**

Since for many patients, relatives and others the telephone is often the first official contact that they have with a nursing department, it is highly desirable that this frontline service functions efficiently and effectively. However, a large number of callers indicated that they were not sure who they were speaking to (Table 1, questions 3 and 4), and they felt that they were not 'treated as an individual' (question 5). Being dealt with efficiently (question 6) and having calls redirected (question 7) were also problematic for some callers.

It would appear that nurses have some way to go before achieving an optimum telephone service. Of course, what is optimum in this context is a matter for discussion because an acceptable standard has not yet been defined. For example, should an acceptable standard be represented by at least 80 per cent of callers ticking the category 'often happens' for questions 1 to 7 and 'rarely happens' for question 8 in this questionnaire?
Business organisations seem to be taking seriously the importance of offering a skilled telephone service to customers. A recently released training video for the business community highlighted the fact that skilled telephone use is the key to a professional image (Business Skills and Safety Training Services 1992). Perhaps nurses should be fostering a similar attitude.

RECOMMENDATIONS FOR IMPROVING PRACTICE
Any initiative to improve telephone skills within nursing departments needs to involve all who are likely to answer the telephone, including those who may answer on behalf of the nurse. Often in nursing as in business, however, it is the most junior member of staff who answers the telephone. From the department or organisation's perspective, this is unwise. It is also unfair on the junior, who through lack of confidence and experience often creates a poor impression. Of course, more senior personnel may create a poor impression too. Through thoughtlessness, apathy or laziness, they may fail to sound courteous, helpful or efficient – three attributes important for anyone who answers the telephone (Stanton 1986).
However, a willingness to help will not be enough if the person lacks an understanding of the telephone's technical features. Eunson (1995) pointed out that it is remarkable how organisations spend considerable sums of money on telephone system hardware, but spend virtually nothing on training people how to use such systems. Modern telephones are capable of performing a variety of sophisticated technological tasks and nurses should know how to exploit them. At the very least, they should know how to transfer a call and how to put a caller on hold (Eunson 1995).
Stanton (1986) suggested a number of ideas to ensure best practice when answering the telephone:

- Before answering know how the system works
- Never answer the telephone without a pencil and message pad, an internal telephone directory, and an appointment diary (if appropriate)
- Stop talking to anyone else and reduce any other noise before picking up the telephone receiver
- Where noise is inevitable, the telephone should be situated so that the minimum amount of noise intrudes on calls
- During the call think of the callers' needs; provide them with everything they need to know; announce your department's name, your name, and your job title

It is important not to rush these preliminaries. Callers may be nervous, so allow them a moment or two to orientate to you. A common fault is to start speaking quickly the moment you lift the telephone receiver, with the result that the caller hears only the middle or end part of your sentence.
A good tactic is to lift the receiver and preface the above with 'good morning' or 'good afternoon'. This has the added advantage of providing the person answering the call with time to adjust to the impending communication. In busy departments, it is tempting to rush these greetings, but it is worth remembering that from the caller's perspective this may be the most important call of her or his life. Sound interested in what the caller has to say.
When relatives seek information about patients, nurses have been overheard to respond with platitudes such as 'he's stable' or 'she's fine'. To help reassure these callers and to personalise the communication,
information about the patient's current care could be given. For instance, the nurse might inform the relative that the patient had started on a course of antibiotics and that this morning the physiotherapist had helped him or her to exercise. Also, it is useful to ask if the caller would like to leave a message for the patient.

When information is not readily available, the nurse can ask the caller to 'hold' until he or she finds someone who can help. However, it is frustrating for callers to be left on hold for too long, therefore, if the appropriate person cannot be found immediately, offer to call back (within a reasonable length of time) with the information requested. Where it is necessary to pass on a message from a caller, it is essential to listen carefully and repeat the main points back to the caller's satisfaction. Telephone etiquette suggests that, since the caller is paying, he or she should be the one who decides when to terminate the call. However, not everyone is aware of this, so the nurse should be prepared to use his or her own judgement.

After the telephone call, any notes that may have been made should be expanded so they are intelligible to you and to the recipient if a message has been taken. Any action required should be taken immediately and anyone else concerned should be informed. The nurse should write letters and memos, and update documents and notes as appropriate, as soon as possible after the call, while the matter is still clear in his or her mind.

CONCLUSION

Stanton (1986) stated: 'Remember! When you speak on the telephone the efficient reputation of both you and your organisation is in your hands.' However, when nurses feel that they do not have the time for anything more than a cursory engagement with callers because of busy work schedules or when they believe that answering the telephone is not an important aspect of their work, then the interpersonal and technical skills needed for effective telephone service are unlikely to be acquired. It is recommended that questions on the telephone service be included in surveys designed to assess patient and relative satisfaction with services, and that training in telephone use be included in nursing curricula.

References


Table 1. The percentage of responses for each questionnaire item.
### QUESTION OFTEN HAPPENS | SOMETIMES HAPPENS | RARELY HAPPENS
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1. The phone in the nursing department was answered quickly | 53 | 39 | 8
2. The name of the nursing department was stated clearly | 71 | 23 | 6
3. When I telephoned the nursing department the person: (a) Said his or her name | 51 | 31 | 18
4. (b) Said his or her job title | 35 | 36 | 29
5. I felt I was treated as an individual and not 'just another caller' | 51 | 29 | 20
6. I felt my calls were dealt with efficiently | 64 | 30 | 6
7. When my call needed to be redirected this was done correctly | 61 | 27 | 6*
8. The telephone has been cut off during my conversation | 4 | 15 | 80

*This row does not add up to 100 per cent as this item was not applicable for some callers.

### Implications for practice.

1. Nurses must recognise the importance of developing sensitive and effective communication skills for answering the telephone.
2. Further studies should be carried out to evaluate more fully the level of patient and relative satisfaction with nurses' ability to communicate on the telephone.
3. Nurse training must include a component on telephone communication to complement the development of communication skills in other areas.
4. The limitations of this type of study should be recognised when patients' and relatives' satisfaction in this area is assessed.