About Communication Skills

Stressed Out

An Insider’s Guide to Success

- Effectively communicate with colleagues
- Learn how to talk with managers
- Handle nurse-to-nurse hostility
- Deal with difficult patients
- Confidently interact with physicians

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Contents

How to use this book ........................................................................................................ ix
About the author ............................................................................................................... xi
Acknowledgments .......................................................................................................... xii
Introduction .................................................................................................................... xiii

Part I: Nurse-to-Patient

Chapter 1: Communication 101 .................................................................................... 3
  Sender responsibilities ................................................................................................... 3
  Receiver responsibilities ............................................................................................ 4
  Open your ears ........................................................................................................... 5
  Become aware of what you communicate ............................................................... 6

Chapter 2: The art of compassionate nursing ............................................................. 9
  Patients: In their shoes ............................................................................................... 10
  The old man’s fight .................................................................................................. 11
  Making the connection ............................................................................................. 12

Chapter 3: Aim for the heart ..................................................................................... 15
  To love the world, you must first love yourself ...................................................... 16
  Presence is a present ............................................................................................... 17
  Keep an open mind ................................................................................................ 19
Chapter 4: Can you hear me now? Common communication errors ....23

Nurse huddle . . . Here are some secrets............................................................24
Respond to the feeling tone ..............................................................................25
Take a look from a different perspective .......................................................26

Chapter 5: Difficult patients: Between a rock and a hard place ..........29

Coping with anger! .............................................................................................30
Rebellious, resistant, and refusing to cooperate.............................................32
Dealing with unrealistic expectations ............................................................33

Chapter 6: Dealing with death ..........................................................................35

Helping to write the final chapter .................................................................36
What do I say? What do I do? ........................................................................37

Part II: Nurse-to-Nurse

Chapter 7: Join the club: Assimilation into the nursing culture ..........43

Nurses: In their shoes.......................................................................................44
So join the club—or try to . . .................................................................45
Why do nurses act that way? .....................................................................46

Chapter 8: Changing history: We need you! ........................................49

It’s all about (communication) style ............................................................53

Chapter 9: Defining your boundaries ..........................................................55

Gossip be gone! ..............................................................................................57

Chapter 10: Where the rubber meets the road . . . How do I do this again? .59

Knowing your story .......................................................................................59
Spell confidence with DESC ......................................................................61
Knowing your conflict style .......................................................................64
Chapter 11: Communication cheat sheet ..............................................67
  Tools and techniques for you to use .....................................................67

Chapter 12: Trouble spots . . . Ouch! ...................................................71
  But here is my problem . . . ....................................................................72
  A healthy communication list .................................................................77

Part III: Nurse-to-Physician

Chapter 13: Nurses are from Venus, doctors are from Mars ..............81
  Doctors: In their shoes ..........................................................................82
  The nursing code of conduct ..................................................................83

Chapter 14: Going to Mars: Working with physicians, not against them .................................................................87
  A true story of great communication .....................................................87
  A closer look at nurse-physician relationships ......................................89

Chapter 15: Dealing with negative docs .............................................99
  Tips for communicating with negative docs .........................................100
  A collection of communication case studies .........................................101

Chapter 16: Speaking SBAR: The language physicians understand . .105
  What is SBAR? .....................................................................................106
  So what do you want me to do? When the doc wants you to be the doc ........................................................................108

Part IV: Nurse-to-Manager

Chapter 17: “If I only had the nerve . . .” ..............................................113
  Managers: In their shoes .......................................................................114
  Tricks of the communication trade .........................................................115
Chapter 18: Easy solutions for difficult managers..............................117
  Working for a difficult boss...............................................................118
  What if I don't like my shift?............................................................120
  What do managers do, anyway?.......................................................121

Chapter 19: Great expectations!..........................................................123
  Professional behaviors: What can I expect?.....................................123
  Professional behaviors: What can I do to help?..............................124

Chapter 20: Working with the boss ....................................................127
  Stay in your power!..........................................................................128
  But here's what I'm dealing with......................................................129

Chapter 21: Uh-Oh! When the psycho is your boss .........................133
  Communicating with a difficult manager........................................136
  The communication continuum.......................................................136

Chapter 22: Communication CPR: How to resuscitate a conversation ............................................................................141
  Communicating about hostility on the unit.....................................142
  Dealing with prejudice....................................................................143
  Combating helplessness...................................................................143

Chapter 23: The last straw: Approaching the director.......................147
  Your voice is our future...................................................................149

Bibliography .......................................................................................151
Communication is the process of exchanging information. Information is conveyed as words, tone of voice, and body language. But studies have shown that words account for only 7% of the information communicated! Vocal tone accounts for 55% and body language accounts for 38%. To be effective communicators, you need to be aware of your words, tone of voice, and body language at all times.

Sender responsibilities

Both the sender and the receiver have specific responsibilities if communication is to be effective. The sender must ensure that he or she is clear, concise, and to the point, and must also pay attention to background noise. Do not hesitate to move out of the nurse’s station or congested areas if necessary. It is also your responsibility to notice if the receiver is receptive to the information you are conveying.
Receiver responsibilities

The receiver also has a set of communication responsibilities. Most people will not really listen or pay attention to your point of view until they become convinced you have heard—and appreciate—theirs (Nichols). Be aware of your overload point and stop the transmission if necessary. You could ask the sender to slow down, or stop and say that you want to write the information down. If the information is not urgent, put the sender on hold (just like a telephone.) Listen carefully and provide feedback—acknowledge whether you understand the message, or you don’t. If you don’t “get it,” ask the sender to say it a different way or to say it again. Then, repeat what you think you heard.
We grow up with the mistaken belief that listening is a “no-brainer,” when, in fact, listening is a learned skill you can practice and get better at with time. On average, a physician will interrupt a patient describing his or her symptoms within 18 seconds of meeting that patient. In that short time, many doctors decide on the likely diagnosis and best treatment (Groopman). We talk at 125–250 words per minute, but can listen at 450–900 words per minute! Studies show that immediately after listening to someone, we recall only 50% of what was said. Here are some techniques to practice that will improve your listening skills:

The receiver should:

- Listen carefully, concentrate
- Evaluate—think and process the information
- Provide feedback
- Interpret the message
- Verify the message he or she heard was correct

Open your ears

“A wise old owl sat on an oak;  
The more he saw the less he spoke;  
The less he spoke the more he heard;  
Why aren’t we like that wise old bird?”

—Author unknown
• Focus on what’s being said and not your response.

• Body language: Assess your body positioning for a listening stance. There’s a big difference between a nod and crossing your arms!

• Reflective feedback: Ask questions, or make brief statements that show you understand the message. Don’t hesitate to ask for a repeat if necessary. If the subject matter is complex, repeat back to the sender what you think you heard.

• Eye contact is critical. It tells the sender you are following the message.

• Silence can be very effective as well, and tells the sender you are processing the information or that you want more information. People will often volunteer more details when given the opportunity.

• Pull out action items, especially immediate or critical tasks. Repeat them out loud at the end of the conversation. For example: “You want me to go to pharmacy and pick up the Fentanyl PCA and bring it to the nurse who is taking care of the patient in room 966? Correct?”

Become aware of what you communicate

“By three methods we may learn wisdom:
First, by reflection, which is noblest;
Second, by imitation, which is easiest;
And third, by experience, which is the most bitter.”
—Confucius

Here’s the interesting part: If words comprise only 7% of communication, then tone of voice and body language make up the other 93%! The nonverbal messages that the pitch of your voice and your body posturing send out are as loud as a foghorn. So what’s the problem? The sender is focused on the words and is completely unaware that his or her body is relaying the “real message.” (You think you are on a private line, when in fact, the speakerphone has been on all the time.) Nonverbal communication broadcasts our true feelings to the world. Your body is shouting what your conscious mind thinks it’s hiding!
Confusion rules the conversation as people respond to the nonverbal message you didn’t know you were sending.

The essence of communication, therefore, becomes self-awareness. There is a direct relationship between the degree to which we can effectively communicate with others, and the degree to which we know ourselves. The more we become aware of our own feelings, thoughts, and motivations, the more easily we will be able to perceive the thoughts, feelings, and motivations of others. The more real-life experiences we are exposed to, the more opportunities we have to learn and grow. It’s not always about what you say. It’s about who you are. There is just no faking 93% of the message.

Experience doesn’t always have to be firsthand and bitter. You can learn from the experiences of others. The narratives and examples in this book were selected after surveying student and new nurses and asking them, “What are the hardest conversations for you to have with your patients, peers, physicians, and your manager?” Curious?

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**Critical situations that demand a conversation**

A study from VitalSmarts describes the conversations that healthcare professionals struggle with that contribute to patient harm and unacceptable error rates:

- **Broken rules**—shortcuts, not following procedures, neglecting double-checks
- **Mistakes**—poor clinical judgment, inadequate assessment, failure to triage correctly
- **Lack of support**—complaining, refusing to help or share information, criticism
- **Incompetence**—lack of knowledge and skills, poor standard of care
- **Poor teamwork**—cliques, unhealthy competition, upstaging, not valuing team members, blame
- **Disrespect**—condescending language, rudeness, dismissive remarks, slamming education or experience of others
- **Micromanagement**—bullying, threat or force due to misuse of authority

*Adapted from “Silence Kills: The Seven Crucial Conversations® for Healthcare”*
Your voice is our future

“What we need is what the ancient Israelites called hochma—the science of the heart... the capacity to see, to feel, and then to act as if the future depended on you. Believe me, it does.”

—Bill Moyers

“Our natural state is to be together” (Wheatley). There is no award for fierce, “Type A” personality independence, no award for not needing each other. In fact, there is nothing more damaging. And at no time in the history of our profession do nurses need each other more than right now.

You are the hope for a profession that currently feels the brunt of a dysfunctional healthcare system but is not consciously aware of the impact. With compassion and selflessness, nurses have spent years focusing their time and energy on their patients. Now, in a global shortage, we must turn to one another.

Take care of each other. Reach out and get to know each other. The pace of our lives both at home and at work has made spending time together much more difficult. Share your hopes and fears, your pride and your accomplishments, and celebrate the art and science of a magnificent profession. It is your relationships that will sustain you and bring you joy, that will bind you into a community of caregivers who care about each other. This is the most optimal environment in which for you to thrive, and for patients to heal.

The skills and talents you bring to nursing will carry on one of the noblest professions in the world. If not you, then who?

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