




CHAPTER 11: **COMMUNICATION SKILLS IN** **LEADERSHIP AND MANAGEMENT**

COMMUNICATION IN THE ACADEMIC SETTING

- “To be an educated person and a nurse who provides meaningful nursing care, you must learn how to communicate...”
 - Listening Skills, pg.159
 - Listening is one of the most challenging, but one of the strongest communications skills a person can have in any setting
 - Helps identify emotions of another person so you can respond appropriately
 - Barriers to effective listening include: confusing message, anxiety, fatigue/hunger, interruptions, too many tasks
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COMMUNICATION IN THE ACADEMIC SETTING (CONT'D)

- Nonverbal Communication, pg.160
 - Listening visually, what does this mean, how do we listen, “visually”?
 - According to psychologists, the most honest communication is made through nonverbal channels
 - Also includes: noticing movements, where and how the person is standing, type of language used, cultural attributes



COMMUNICATION IN THE ACADEMIC SETTING (CONT'D)

- Negative or Hostile Communication
 - What's the normal physiological reaction when we're being threatened?
 - Avoid “fight-or-flight” response
 - Communication cannot occur if we fight
 - Communication cannot occur if we leave
 - Stop and listen actively
 - Be **proactive** instead of **reactive**
 - What do these terms refer to?
 - Why are they important?



COMMUNICATION IN THE ACADEMIC SETTING (CONT'D)

○ Questioning Skills

- There are no dumb questions
- Review syllabus first to see if question is answered
- Faculty enjoy students with questioning minds
- Ask for clarification on concepts and assignments

○ Friendly Conversation

- Desire to have them, ask questions, listen to answers, and express interest



COMMUNICATION IN THE CLINICAL SETTING

○ Communication Principles

- Apply listening, questioning, and friendly conversation
- Think before speaking
- Be quiet and gentle
- Ask only appropriate questions
- Do not talk about patients or families inappropriately
- Be respectful in communication
- Find out what you don't know
 - Do not hesitate to find out what you do not know;
NEVER “pretend” & possibly harm a patient
 - One of your professional responsibilities: commitment to lifelong learning



COMMUNICATION IN THE CLINICAL SETTING CONT'D)

- Successful Therapeutic Communication
 - Necessary for a nurse to communicate with patients
 - Nurses spend 85% of time using therapeutic communication
 - Use SBAR: Situation, Background, Assessment, Recommendation, to communicate with health-care team
 - All communication has a goal
 - Communicating successfully is commitment to caring



COMMUNICATION

I Introduction	This is Brenda Garcia. I am calling from Valley Grande Medical Center on the Medical Unit.
S Situation	I am calling about your patient, John Doe, in Room 303. He is currently experiencing a high temperature of 101°F orally.
B Background	He was admitted yesterday post-operatively following a laparoscopic cholecystectomy for cholelithiasis. His medical history also includes hypertension and type 2 diabetes mellitus.
A Assessment	Aside from the oral temperature of 101°F, his heart rate is normal at 84, BP at 124/88, RR 18, and oxygen saturation of 98% on room air. He is alert and oriented, but appears flushed. He denies chills at this time. His temperature four hours ago was 98°F, and his incision sites have minimal purulent drainage with no redness observed.
R Recommendations	Would you like me to order a CBC and Tylenol for fever?
R Repeat	So you would like a CBC now, as well as Tylenol 650mg q 4 hours PRN fever greater than 99 degrees Fahrenheit, and call you with the CBC results?

FAILED COMMUNICATION

- Anticipated communication did not occur
- Many causes:
 - People's feelings are hurt
 - People raise their voice, make negative/unpleasant utterances (lose their temper)
 - People refuse to share their genuine feelings, say “yes” or “of course”, without other input/clarification
- Identifying when communication fails is most important
- Higher chance for failure as communication becomes more complicated



FAILED COMMUNICATION (CONT'D)

○ Feedback

- Prevents or corrects failed communication
- Moves the communication into different direction
- Verifies message you want to give is received
- Clarifies both verbal and nonverbal responses
- Requires skill, self-confidence, time, and effort (the listener should not feel uncomfortable or devalued)
- Should be part of every communication



FAILED COMMUNICATION (CONT'D)

○ Communication blocks

- Inadequate or absent feedback mechanisms
- Preconceived opinion by either sender or receiver
 - The key is to listen so that you understand what the other person is thinking & expecting
- Physical disabilities
 - For example: difficulty hearing, vision difficulties
- Physical/Emotional health
 - For example: migraine headaches, emotional strain, death of a loved one
 - The key is to ask people not to work when they are physically ill or emotionally distressed (sick leave)
- Language & cultural differences
 - The key is cultural competency
- Recognize blocks and develop strategies to manage them



TYPES OF COMMUNICATION

- Assertive Communication, pg.166-168
 - The ability to express yourself & protect your rights without violating the rights of others
 - Achieves and maintains 10 basic rights of health professionals
 - Most effective and caring way to communicate professionally
 - Use “I” messages
 - Keep in mind your right to say “no”
 - Appropriate apologies
 - If an apology is warranted, apologize once, over apologizing is uncomfortable & meaningless after the 1st apology...



TYPES OF COMMUNICATION (CONT'D)

- Aggressive Communication
 - Violates peoples rights, not based on caring theory
 - Oppressive
 - May carry long-term consequences
- Nonassertive (passive) Communication
 - Causes negative feelings & is ineffective long term
 - Causes person to become a victim to someone else's wishes
 - Not based on caring theory



TYPES OF COMMUNICATION (CONT'D)

- Passive-aggressive Communication, pg.169
 - Seldom brings out constructive resolution
 - Entails agreeing during communication process but responding negatively after, typical behavior:
 - Complaining to the wrong person
 - Talking about people when they are not there
 - Being unkind & uncaring
 - Constantly complain
 - These individuals are not professional
 - Not interested in learning & changing themselves



OTHER FORMS OF COMMUNICATION

○ Written

- Should be assertive
- Use “I” language and make suggestions for correcting problems
- Write in a clear and caring manner

○ Meetings

- Provide agenda and stick to it
- Set beginning and ending times and do not alter
- Allow all interested people to share ideas



QUESTIONS?

REVIEW: LEADERSHIP NCLEX QUESTIONS
6-7

