

Employing the Essential Skills of Communication in Healthcare Interactions

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Received 01/07/2020

Published 16/09/2020

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Reflection

In a communication course, we reviewed and analyzed two videos showing dichotomizing differences of interactions between a nurse and the patient's family. As a viewer engaging the scenario, my perception and emotions reflected both parties given my experiences in clinical placement to communicate with patient's family members as well as personal experiences in the family's position of feeling overwhelmed, frustrated, and upset in seeing my elders admitted in the hospital.

The first video depicted an emotionally charged interaction between the nurse and family, rooting to the nurse's defensiveness and the family's anger and distrust in the healthcare team. It can be perceived that the family is distraught over their father's deteriorating health condition, however, began redirecting and channeled their emotions toward the possible concept of the healthcare being negligent in caring for the patient. The nurse can be perceived as preparing to be more defensive given she anticipated the family's "bad mood" and proceeded to battle against the verbal abuse as the family's attitude and condescending statements attacked her. From my perspective, I thought the situation was poorly managed given that the HCP did not communicate accordingly to deescalate the situation, empathize with the member regarding her concerns she wanted to be addressed, or used the appropriate tone/attitude when speaking. In addition, using words like "calm down" bears little function to the conversation, and giving direction on how someone "should feel" breaks down the line of conversation. I observed minimal active listening skills/techniques employed in the scenario, such that the HCP

did not attempt to acknowledge the concerns and emotions of the family, validate the family's frustration and vulnerability to the situation, reframe the perspectives to deescalate the conflict/blame, or observe the verbal/non-verbal signals of attitude/tone to let the speaker know they are present and actively listening.

The second video was a more appropriate approach that held more meaningful communication and sought to acknowledge the main concerns and emotions of the family. The communication style reflected the mnemonic "PEARLS" (partnership, empathy, apology, respect, legitimation, support), as the nurse was able to communicate her position in the healthcare team, empathized the family's situation of being agitated and tired, respected that the family themselves make a tremendous effort to being central in their father's care, legitimized their concerns and emotions, and supported them by allowing them to be heard [1]. The nurse used various ways to clarify and continue the conversation through active listening and questioning "what else" would the family like to share given the trust she was able to establish [1]. With this approach, the family when then able to self-isolate the roots of their emotion from the conflict, giving the conversation meaning in terms of defining a clear position and common interest of addressing the issues of their father's care. It can be conceptualized that conflict ignites when there is a process of blame, compassion is absent, and when emotion such as anger fuels energy to the conflict given the struggle for power [2]. In addition, the body language displayed by the nurse in willing to sit down to maintain eye contact by the speaker's level provides a sense of reassurance that she is present in the conversation and treating the other as an equal.

The overarching theme of understanding the essential skills of communication is knowing how to conduct oneself

appropriately in the healthcare field to engage in active listening. This encompasses knowing when it should be employed and which communication skill or technique functions well in the settings presented to to achieve the end-goal of a meaningful conversation.

References

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