Communication Styles and Graded Assertiveness

Clinical Support Services

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Objectives

- Discuss why effective communication is critical for patient care and team work
- Describe the essential elements of communication and graded assertiveness
- Identify strategies for effective communication
- Discuss the risk factors impacting on effective communication
- Identify sources of further information
Communication

• Communication is so much more than words. Humans make their minds up very quickly about people. Typically, we do it in less than 20 seconds.

• To reach such rapid decisions, we pick up many more cues than just the words another person uses.

• It has been estimated that:
  ▪ 57% of the information we absorb about other people is visual.
  ▪ 38% of this information comes from the voice of the other person
  ▪ 5% from words
Negotiating and Influencing

• Most importantly:
  – have a vision of a positive outcome
  – maintain positive expectations of all involved parties

• Approach the negotiations as an opportunity to cooperate towards an agreed goal rather than anticipating difficulty.

• The importance of the tone of your voice should not be underestimated. Keeping your body language positive will allow you to get the most from your audience.

• Be clear about what you will or will not accept, but realise that there may be options that you have not yet considered.
Body Language

• Even if you are using positive words and emphasising the points you believe will be of most interest to your listeners, you may not communicate effectively if your body language does not match what you are saying.

• Keep your body language
  – Friendly
  – Open
  – Neutral
  – Relaxed
  – Sit straight, with your limbs uncrossed and unfolded

• Make eye contact for about 1/3 of the time. Any more may seem confrontational, any less may seem disinterested.
Debate vs Dialogue

• Debate is:
  – when you have an idea or opinion that you will strongly defend.
  – When you will not move from that position and you have an number of arguments as to why you should not.
  – combative and does not allow room for exchange

• Dialogue is:
  – when a genuine exchange of ideas, experience and opinion occurs and compromise is possible.

• To move communications into dialogue mode you need to listen attentively and genuinely consider other points of view. You should also use spoken and body language that is not defensive or aggressive and therefore does not shut down communication.
Tone of Voice

‘It ain’t what you say, it’s the way that you say it.’

• Keep your voice neutral.
• Do not shout, and be careful if you are getting emotional.
• Steer away from tones that could be perceived to be sarcastic or patronising.
• If you feel your patience running thin, take a deep breath before you speak.
• Keep your tone even and measured.
• Not only will this help to keep you calm and focused, it will make it very difficult for the person you are communicating with to make their tone anything but adult and neutral.

• If the person you are communicating with needs to rant – let them do it.
• Keep your body language and tone neutral, and actively listen to what they are telling you.
• If you do not fan the flames with emotion, negative body language or clipped tones, their rant will soon die out and you will be able to initiate dialogue.
Being Assertive

• All of the behaviours and techniques described so far in culminate in the concept of assertiveness.
• Assertiveness is often confused with aggression or domineering behaviour, but in fact nothing could be further from the truth.
• A person who is assertive takes responsibility for their communication being effective. They seek feedback, enter into dialogue, compromise and always aim for win-win situations.
• An assertive person makes sure that they are okay, and that the person they are talking to is okay.
P – Probe  “I’m just not sure about ..”
A – Alert  “Should we be checking ..?”
C – Challenge  “Is there a reason for ..?”
E – Emergency  “For the safety of the patient ..”
Case Study 1

Melissa is an RN on your ward. She is your good friend, you socialise together regularly. Melissa hands you an insulin pen and asks you to check the drug order against the pen. You know it is against policy to use a patients insulin. When you tell Melissa this she says, “don’t worry it will be fine”

What do you do?
Dr Molly is the registrar looking after Mrs Gilbert. Mrs Gilbert has a sloughy abdominal wound following a dehisced laparotomy wound. She has instructed you to commence 4 hourly Normal Saline packs to the wound. You know this is not an appropriate treatment for a sloughy wound.

What do you do?
Dr Evans is the GP looking after Mr Kind in Saltwood. Dr Evans reviews Mr Kind and orders a STAT dose of Paracetamol/Codeine. You notice that Mr Kind is allergic to Codeine. You advise Dr Evans of this allergy but Dr Evans says, “there isn’t much codeine in the Panadeine, he will be fine”.

What do you do?
Nursing Skillmix: Transforming Care at the Bedside

Do you feel burnt-out?
Are you wasting time rushing?
Do you lack vitality?
Are you dissatisfied at work?
Would you like to save time and energy in your daily work?
Would you like recognition for your work?

Let the fire starters help re-ignite the flame!

Fundamentals of Patient Communication
A. Acknowledge
I. Introduce
D. Duration
E. Explanation
T. Thank You

Moments of Truth
Key words at key times.

Important occasions of patient interactions where information should be exchanged and expectations matched.

Practice Partnerships
Together we share the care safely & interdependently.

We acknowledge and value the scope of practice of all staff and students.

We conduct safety scrums and clinical conversations with partners using SBAR:
- S: Situation
- B: Background
- A: Assessment
- R: Recommendation

Patient-Centred Care
Providing patients with complete, customised information about their care team and their hospital experience.

- White-boards in patient rooms - names and photographs of patient care team
- Involving patients in daily ‘continuity of care conversations’ at the bedside
- Establish daily patient goals and preferences
- Improving discharge process

Rounding
Specific actions incorporated into one hourly nursing rounds can:
- Reduce the frequency of patient buzzer use
- Increase patient satisfaction
- Increase patient safety
- Free up to 40 minutes of nursing time per shift

Traffic Lights
To declare:
- Nurse-capacity for patient care
- When it is safe for new admissions

GREEN: able to take new patients safely
YELLOW: nearing capacity
RED: cannot safely accept another patient

Rewards and Recognition
Celebrating our clinical leadership on a daily basis
References

- Australian Commission on Safety and Quality in Health Care (ACSQHC) National Safety and Quality Health Services Standards (NSQHSS), Standard 6, Clinical Handover.