Effective and ineffective communication

Sociology, Communication

Effective and IneffectiveCommunicationLisa Brady Loyola University Effective and Ineffective Communication Where we come from, what we've experienced, ourculture, our norms, our circle of friends, and our history all affect the ways in which we communicate with each other. What constitutes effective and ineffective communication? How do we assess what works as opposed to what doesn't? Communication is vital not only to patient care but in collaborating as a team to ensuregoalsare achieved.

In ContemporaryNursing, Cherry states that " effective communication is a foundational component of professional nursing practice. " (Cherry & Jacob, 2011, p. 381) When I think of communication in the clinical setting, two examples are always in my fore mind both of which happened in nursing school. I keep these experiences in mind because they have had a profound effect on the ways in which I communicate with my patients daily. My example of ineffective communication stems from a rotation I did in the ICU. I was apprehensive about going to the ICU. Was I ready?

The patients were so acute and I was so inexperienced. I was filled with doubts and insecurity. The short version of this story entails an ICU nurse who was not aware she was getting a student and a shortage of computer tablets, so medications were pulled via a written paper brought to the pyxis. A patient was upset with medications he didn't understand and thedoctorhad to be contacted. The doctor yelled at the nurse, the nurse ran from the unit crying and when she returned the scene was set for a near fatal accident. The nurse took me and her piece of paper to the pyxis and began to pull her medications.

Again for time and space, the shortened version explains that the nurse mistakenly pulled a night medication due at hour of sleep instead of the day medication. The nurse then instructed the nursing student to pass these medications. By the time the nurse realized she had pulled the wrong dosage and the nursing student had given them, the patient had to be intubated; stomach pumped and could easily have died. During this emergency treatment the nurse yelled at the nursing student, " and this is why you always check the computer prior to giving medication. I cannot express to you the fear, anger and confusion I had over what had transpired. I felt " thrown under the bus". What had just happened? What happened was a serious disconnect in communication and a hard lesson in patient safety. The patient lived and recovered. I learned to never completely give up my power and to trust my instinct. I have never since and never will give a medication unless I have pulled it and have all the resources in front of me to verify the information.

The nurse later wrote on my evaluation that we both needed to learn our five rights. I was angry but in retrospect she was right. I may not have pulled those medications but she told me to give them and I obeyed. I was utilizing non-assertive communication. I have always thought communication was my strong suit. I strive to use the " I" statements that Cherry suggests. (Cherry & Jacob, 2011)I believestrongly in Jan Hargrave's concept that " 55% of what we say is non-verbal,...38% is in voice reflection and only 7% is in the actual words we say. (Cherry & Jacob, 2011, p. 385) The difficulties that arise in communication; it is dependent on a host of factors, including non-verbal communication and interpretation of the information. (Cherry & Jacob, 2011)

I have since learned assertive communication techniques and am currently working on responding instead of reacting. It is a lifelong process. My second example is one of effective communication. A young mom with two babies arrived to the ER. She had no insurance, and her baby presented with fever and signs of pneumonia.

The ER doctor and the nurses expressed she was from the city hours away and was most likely attempting to obtain free care. The doctor discharged the patient and the nurses discussed amongst themselves the patient and the problems with patients abusing the system. Once again my gut instinct told me there was more to this patient and her story. I went to the patient to express concern and to listen and discovered that the patient was not at this particular hospital to avoid payment. She was in adomestic violenceshelter with her two young babies and was attempting to change her life.

It upset me that she was pre-judged like this, when all it would have taken was a few minutes of building a rapport and trust to get to the truth of the matter. It has truly made a difference in how I work with my patients. I try to truly listen to what they are “ not” saying. To work with our patients on a holistic level we must actively listen, validate their concerns and their feelings and earn their trust. In conclusion there is so much to take into consideration regarding how we express ourselves and interact with each other as professionals and with our patients.

We must always consider cultural differences and be keenly aware of body language. How we communicate with individuals varies greatly and is dependent upon where that person is in their life and at that moment. Physical touch is another form of communication and again must be

assessed dependent on the person. Some patients don’t mind if we touch their hand or shoulder reassuringly, others are bothered by this. I always make an attempt to ask a patient for example if they are crying; can I give you hug?

It is so important to maintain open communication but at the same time keep boundaries. It is a gift to be able to care for our patients but it can be difficult to find the right path of communication for each person. In the end we do the best we can, utilizing the tools we’ve been given and making every effort to be authentic, genuine and in the moment. References Cherry, B. , & Jacob, S. R. (2011). Contemporary nursing issues trends and management (5th ed.). St. Louis, Missouri: Elsevier Mosby.