Why you should read this article:

● To familiarise yourself with the new Nursing and Midwifery Council (NMC) standards of proficiency for registered nurses, and for nurse education and training

● To understand how the new NMC standards will affect your role in the healthcare setting, particularly as a modern nurse communicator

● To explore various approaches you can use to develop your communication skills and enhance the nurse-patient therapeutic relationship

Exploring the characteristics of effective communicators in healthcare

Lucy Webb

Abstract

Nurses require effective communication and interpersonal skills to provide optimal care, and to ensure that patients and their families and carers have a positive experience of receiving care. The new Nursing and Midwifery Council standards of proficiency for registered nurses, and for nurse education and training, published in May 2018, recognise that future nurses will be practising in increasingly complex roles and environments. This article identifies the essential communication skills that will be required by nurses in the future, summarising the characteristics of a modern nurse communicator. It also suggests various approaches that nurses can use to develop their communication skills.

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Keywords

communication, competence, education, interpersonal skills, non-verbal communication, nurse-patient relations, Nursing and Midwifery Council, post-registration education, pre-registration education, professional issues, professional regulation, registration

In May 2018, the Nursing and Midwifery Council (NMC) published new standards of proficiency for nurse education and training, Realising Professionalism: Standards for Education and Training (NMC 2018a), and for registered nurses, Future Nurse: Standards of Proficiency for Registered Nurses (NMC 2018b). These standards will come into force from 28 January 2019 and address the knowledge and skills required of future nurses, particularly those in managerial and public health roles, who will be practising in an increasingly technological environment. They indicate that future nurses will need to be emotionally intelligent, resilient and able to respond to multiple and complex care needs, while also increasing their public health role in health promotion and supporting self-care (NMC 2018b).

The NMC (2018b) standards emphasise that registered nurses will be required to possess leadership skills; provide and coordinate safe care in multidisciplinary and complex settings; and be competent in using a range of digital technologies to access, input, share and apply information within teams and between agencies. They detail the evidence-based, best practice communication and relationship management skills that nurses will require, divided into four themes (NMC 2018b):

» Underpinning communication skills for assessing, planning, providing and managing nursing care.

» Communication approaches for supporting people of all ages, and their families and carers, in preventing ill health and managing their care.

» Communication skills and approaches for providing therapeutic interventions.

» Communication skills and approaches for working with people in professional teams.

The NMC (2018b) standards state that registered nurses should be able to: manage all forms of communication; establish effective nurse-patient relationships; manage professional boundaries; assess individual and contextual needs; promote healthy behaviours; empower patients and carers to make decisions about care; provide safeguarding; and work

effectively with colleagues and digital healthcare systems. This article explores three main areas: underpinning communication skills; communication skills for health promotion and supporting self-care; and responding to use of information technology. It also discusses strategies that nurses can use to improve their communication skills.

Underpinning communication skills

The NMC (2018b) standards recognise various underpinning communication skills as the foundation for providing and managing care, including basic verbal and non-verbal skills, written communication and competence in information technology. Evidence from nursing theorists suggests that an effective nurse communicator is someone who has inherent abilities that are developed through education, training and self-reflection, enabling them to enter the nursing profession with the ability to

empathise – to understand the other's health experience. For example, Nordby (2016) suggested that this skill requires a 'theory of mind'; that is, an ability to appreciate what another person experiences. They also emphasised that theory of mind is essential to provide holistic and person-centred care. According to Rolfe (2015), training and exposure to caring should develop the nurse's ability to 'care about' (holistic care) rather than solely 'care for' (task-oriented care) the patient. Therefore, the fundamental communication skills of active listening and empathetic responding underpin an effective nurse-patient relationship.

The nurse's ability to empathise should be underpinned by the essential skills of communication that facilitate effective exchange of information and develop therapeutic relationships in the healthcare context. These skills include: active listening; verbal communication such as attending, focusing and asking questions; and non-verbal communication, such as reading body language, understanding proxemics (personal space) and using appropriate eye contact. In addition, nurses are required to be able to identify patients' specific communication needs, such as when to use age-appropriate language, interpreters (Miller and Webb 2011) or augmented and alternative communication such as sign language or visual aids (Handberg and Voss 2018).

Nurse-patient relationships
The process of establishing and maintaining person-centred relationships needs to be based on mutual respect and trust. Therefore, several models of person-centred relating are underpinned by humanistic approaches. According to Miller and Nambiar-Greenwood (2011), the humanistic approach is aided by adopting Rogers' (1961) person-centred therapeutic approach, which involves three core conditions: warmth and genuineness, empathy, and unconditional positive regard (Box 1).

Person-centred principles are embedded in a range of therapeutic communication strategies such as counselling, motivational interviewing, brief intervention and assessment interview techniques, because they can enhance the effectiveness of these talking therapies. However, these principles can also underpin all communication between nurses and patients, nursing students, relatives and colleagues.

To structure the nurse-patient relationship, it is necessary to understand the associated stages and boundaries. Peplau's (1997) model is a well-known illustration of the phases of the nurse-patient relationship (Table 1). According to Peplau (1997), the nurse is initially a stranger in the orientation phase, then a support and enabler, moving the patient from a dependent position to a phase where they are ready to move on independently.

Peplau (1997) illustrated the role of the nurse and demonstrated the professional boundaries of what the nurse is there for and not there for, with an emphasis on encouraging self-help and reduction of dependence. The NMC (2010) essential skills cluster for care, compassion and communication reiterates this, stating that registered nurses should demonstrate the ability to initiate, maintain and close professional relationships with service users and their families and carers. Therefore, an effective communicator understands which behaviours support the development of a therapeutic nurse-patient relationship based

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BOX 1. Rogers' three core conditions of a person-centred therapeutic approach

- » Warmth and genuineness – having an authentic interest in the person and their story. The nurse cannot 'pretend' to care about the person
- » Empathy – being able to relate to the person's experience. Understanding their experience but not necessarily agreeing with it
- » Unconditional positive regard – accepting the validity and value of the person's experience

(Adapted from Rogers 1961)

TABLE 1. Peplau's phases of the nurse-patient relationship

Phase	The patient	The nurse
1. Orientation	Seeks professional assistance and support from the nurse	Establishes a rapport with the patient and assists them to engage in the therapeutic relationship
2. Identification	Uses the nurse to explore the issues they experience	Encourages the patient to identify relevant issues and acts as a resource to enable the patient to access support and information
3. Exploitation	Makes use of the nurse to problem-solve	Develops the patient's competencies and supports their recovery
4. Resolution	Becomes free of the need for assistance and support from the nurse	Supports the patient's independence and self-care, and facilitates withdrawal of the relationship

(Adapted from Peplau 1997)

on trust and mutuality, and which behaviours can threaten the relationship, for example becoming too friendly and over-familiar with patients.

Communication skills for health promotion and supporting self-care

Modern Western healthcare is challenged more by long-term conditions than acute illnesses, so it is important that healthcare practitioners support people to live with and manage long-term conditions and adopt lifestyles that protect against chronic illness. People with long-term conditions, such as diabetes mellitus, heart disease, chronic obstructive pulmonary disease and severe mental illness, are the most frequent users of healthcare services, accounting for 70% of expenditure on health and social care in England (Department of Health 2015). The Royal College of Nursing (RCN) (2018) stated that nurses have a major role in supporting patients to achieve healthy lifestyles and in providing education to optimise their self-care and self-management of long-term conditions.

The NMC (2018a) standards for preregistration nurse education expect nurses to be at the forefront of public health in terms of educating and providing motivational support to the public. Consequently, modern communication skills extend to the provision of health education and supporting behaviour or lifestyle changes. The Making Every Contact Count initiative (Public Health England (PHE) 2016) enlists nurses as front-line health promoters and behaviour change agents.

An RCN survey conducted in 2016 that examined nurses' role in public health, suggested that nurses are well-placed to provide health promotion holistically, since they have local knowledge of the communities they work within (Donovan and Davies 2016). Health promotion skills for nurses include being able to deploy generic and specific communication skills, such as brief intervention and motivational interviewing for smoking cessation or encouraging healthy eating. For nurses working

in mental health, these skills will include motivational interviewing or cognitive behavioural therapy approaches. However, all nurses should be able to use communication skills to screen for and assess lifestyle behaviours that might affect a patient's health, provide meaningful health education and advocate for patients (PHE 2016).

Responding to use of information technology

Healthcare practitioners write confidential information in patients' medical records every day, and share them with other practitioners on a 'need-to-know' basis. Paper and electronic records are often the means by which nurses communicate with other healthcare practitioners about patients, keep a log of care and treatment, and maintain an auditable history of the patient.

Nursing and medical notes are legal documents and therefore should be complete, factual, accurate and written in plain language (Information Governance Alliance 2016). Handwritten notes should be readable and exclude subjectivity and abbreviations (Gladwin 2011). Increasingly, patients' medical records are becoming electronic and systematised, which aids the collation of information from multiple sources. A single episode of care for one patient can generate a large amount of information from multiple sources, for example emergency department records, X-rays, discharge letters to GPs, pharmacy prescriptions, nursing care plans and blood test results.

The use of electronic patient records has improved communication between healthcare practitioners and improved patient safety, reducing unnecessary interventions and the time it takes to manage a single episode of care (Manca 2015). However, the use of such systems may also present a threat to patient confidentiality, since healthcare practitioners have access to a significant amount of clinical information about patients. One survey found that more than 50% of hospital nurses found their smartphone to be useful in assisting them to perform clinical duties,

Key points

- In May 2018, the Nursing and Midwifery Council (NMC) published new standards of proficiency for nurse education and training, Realising Professionalism: Standards for Education and Training (NMC 2018a), and for registered nurses, Future Nurse: Standards of Proficiency for Registered Nurses (2018b). These standards will come into force from 28 January 2019 and address the knowledge and skills required of future nurses, particularly those in managerial and public health roles

- Future nurses will need to be emotionally intelligent, resilient and able to respond to multiple and complex care needs, while also increasing their public health role in health promotion and supporting self-care (NMC 2018b)

- Registered nurses should be able to: manage all forms of communication; establish effective nurse-patient relationships; manage professional boundaries; assess individual and contextual needs; promote healthy behaviours; empower patients and carers to make decisions about their care; provide safeguarding; and work effectively with colleagues and digital healthcare systems

- Nurses already have important roles in relation to leadership, such as supervising healthcare staff and students, advocating for patients and delegating care. The NMC (2018b) standards place increased emphasis on skills related to teamworking, such as conflict management, de-escalation strategies, effective confrontation strategies and managing change

for example using text messaging and mobile phone applications to exchange information about clinical issues with their colleagues (Mobasheri et al 2015). This poses a threat to confidentiality because these devices are not secure.

It is important to recognise that, in the UK, electronic patient records are also subject to the Data Protection Act 2018 and the Freedom of Information Act 2000, and the associated legal protection in other countries worldwide, so the way nurses record patient information must comply with such

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legislation. The Data Protection Act 2018 stipulates that health records must be justifiable, fair and accurate, up to date and secure. Therefore, what nurses enter into patients' medical records is governed by similar practice standards as the nurse-patient relationship and professional boundaries. The RCN (2012) advised that the primary concern when recording information should be patient care, and recommended using the acronym 'SAFER' for professional electronic record-keeping, as described in Box 2.

While the use of electronic patient records can improve healthcare provision, it may be necessary for nurses to develop and maintain skills in their use to practise safely and effectively. Gladwin (2011) advised that communication skills related to information technology should not detract from the importance of interpersonal skills, which should continue to be the basis of nursing practice and care.

In addition to written and recorded communication with their colleagues, nurses will be expected to become increasingly involved in leadership roles in working with professional colleagues. Nurses already have important roles in relation to leadership, such as supervising healthcare staff and students, advocating for patients and delegating care. The NMC (2018b) standards place increased emphasis on skills related to teamworking, such as conflict management, de-escalation strategies, effective confrontation strategies and managing change. Nurses often have an important role in bridging gaps in communication between medical staff and patients, for example by providing patients with information in jargon-free language. Evidence indicates

that there are continuing gaps in interprofessional communication, for example between nurses and doctors, often resulting from their different training backgrounds (Tan et al 2017) and different value systems (Liu et al 2016). As care co-ordinators, nurses can ensure that interprofessional communication is effective.

Improving communication skills

McCluskey et al (2011) undertook a scoping study in Scotland of healthcare practitioners' views on how they develop communication skills, which provided useful indications for practitioners and managers regarding ways to develop and modernise communication skills in healthcare settings. One of the main findings was that most healthcare practitioners prefer to develop their communication skills in the practice setting rather than using formal training in the classroom. This supports approaches such as reflective practice, guided reflection, role modelling and other forms of in-practice learning that includes self-generated or peer-generated feedback. Approaches such as reflection and clinical supervision are commonly used in nursing, while evidence indicates that self-directed learning is the most effective approach to developing new skills (Fallowfield et al 2002, Heaven et al 2006).

Hamilton and Martin (2007) suggested a framework to improve nurses' interactions with patients, which included the following questions to assist nurses to reflect on their practice:
» What interventions or skills did I use?
» What was the purpose of using these skills?
» What was my goal?
» Did I achieve what I set out to achieve?
» What would I do differently?
Hamilton and Martin (2007) suggested that this reflection should focus on the effects of the communication skills that the nurse uses during patient interactions. Therefore, this approach could be used to meet the communication skills defined by the NMC (2018b),

for example with a focus on conveying empathy, using non-verbal skills or promoting behaviour change. However, evidence from Hamilton and Martin (2007) suggests that skills development in communication, especially in the healthcare practitioner-patient encounter, requires systematic change and structuring within the workplace to change long-established attitudes to the nursing role. Enhancement of the care culture and willingness to learn comes from changing the ethos of the team, while structuring self-directed learning provides momentum and motivation. Approaches to learning therefore could include self-directed learning, while whole-team improvement could be supported by adopting a team approach and using formal tools and formalised feedback. Suggestions made by peer participants in McCluskey et al's (2011) study included:
» Self-review and reflection tools in a checklist format.
» Facilitated scenario work and role-play learning.
» Feedback from patients used as an evidence base for change.
» Peer observation of practice.
» Training that focuses on generalist and experienced nurses, rather than nurse specialists and trainees.
» Technology for self-directed learning, for example DVDs, e-learning and video feedback training.
An effective strategy to address communication skills development within teams or specific care settings could involve a team approach that is learner-centred. As modelled in McCluskey et al's (2011) study, staff members could identify their needs as a team, and their preferred approaches to learning in practice.

Conclusion

In accordance with the new NMC (2018a, 2018b) standards, effective communicators in current and future nursing practice will be required to have the ability to empathise with patients, and their families and carers, to ensure that service users feel listened to, understood and supported.

BOX 2. 'SAFER' acronym for professional electronic record-keeping

Electronic systems and the way they are used must:
» S – conform to STANDARDS
» A – be ACCEPTABLE to patients, carers and healthcare staff
» F – be FIT for purpose
» E – be supported by EVIDENCE
» R – be RISK-managed

(Royal College of Nursing 2012)

Nurses should also have the verbal and non-verbal skills required to form trusting and effective nurse-patient relationships, as well as the ability to engage in a public health role. Knowledge of screening, brief intervention, motivational interviewing, and skills in therapeutic interviewing and assessment, are essential in providing health promotion and patient education. Traditionally, these may have been regarded as specialist care skills, but they are becoming part of generalist healthcare practitioners' communication skills.

An effective communicator will also require an understanding of the use of digital technology in healthcare, the professionalism required to comply with legal requirements and the ability to be an effective team leader in a stressful environment. Nurses can develop their communication skills through self-directed learning such as reflection, but fundamental changes in workplace cultures are best supported through a systemic or team approach, supported by management leadership. Nursing students will have these skills embedded in their training from September 2019. For current healthcare practitioners, it may not be enough to rely on their existing skills and experience to meet the new practice requirements; therefore, they should be supported in developing their skills to enable them to undertake these new roles.

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