COMMUNICATION IN NURSING

A Learning Exercise for Teachers and Students

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OPSOMMING

Die hoofdeel van hierdie artikel is 'n leerpakket of *module* oor die basiese beginsels van die kommunikasieproses. Studente kan dit gebruik as 'n selfgerigte leerervaring. Die gedeeltes oor hoe om 'n module te gebruik en voorstelle vir klasbesprekings is primêr gerig op dosente om hulle aan te moedig om modules vir hul eie onderrig te ontwikkel.

BACKGROUND ABOUT MODULES

In the Department of Community Health, University of the Witwatersrand, self-directed learning materials have been used for fourth-year medical students since January 1983. Student feedback has been very positive and we have seen significant increases in marks when compared with conventional didactic handouts. It is believed that this teaching method has great potential for many other groups of adult learners — nurses among them.

Given that modular teaching is a relatively new idea in the Medical School, we try to prepare students mentally by giving them a handout: *How to use a module*. The content of this handout is provided here because it outlines some of the major educational principles we try to practise, and because it provides an overview of the sections in any module. It is hoped that the information may be of use to nurse educators.

Thereafter, the module on communication appears, and finally some *ideas for class sessions* which may also be helpful to other educators.

HOW TO USE A MODULE

(The contents of this section are taken directly from a handout given to all fourth-year medical students at the University of the Witwatersrand. References to *medical education and Medical School could easily* be read *nursing education* and *nursing colleges*).

Introduction

It is a generally recognised principle of adult educational theory that people learn best when they can:

→ work at a pace which suits them
→ work at a time when they feel motivated
→ be actively involved in the process of learning
→ get immediate feedback on their progress
→ take responsibility for their own learning.

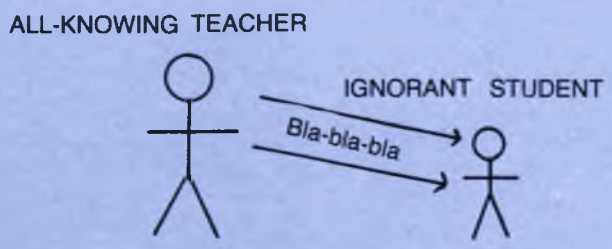
As one educationalist commented: *Only the learner can learn*. This implies that students must be viewed as active participants in the learning process, not passive recipients of *truth* which is poured into their relatively empty heads. One student critically summed up his frustration: *This course has too much teaching and not enough learning*! Another criticism of many teachers is that they don't know the difference between an inquiring mind and an acquiring mind.

TEACHERS SHOULD VALUE AN INQUIRING MIND ABOVE AN ACQUIRING MIND.
ONLY THE LEARNER CAN LEARN.

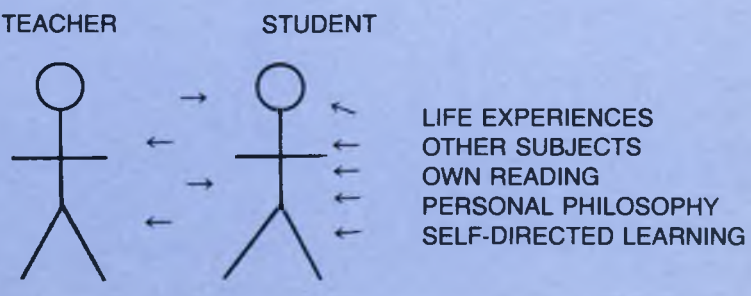
Relating all this to medical education as it is usually handled, it becomes obvious that teachers tend to ignore even the most basic educational principles, and that students are often denied access to true learning experiences. This department firmly believes that we should

Fig. 1. Traditional versus modern teaching.

OLD MODEL: One-way communication *down* to students. The only *real* knowledge gets directly transferred from teacher to student in a teaching situation.



NEW MODEL: Dialogue between teachers and students. The value of external influences on students' learning is gratefully acknowledged. No teacher is indispensable.



(N.B.: Students should consider the implications of these approaches in health education which they will undertake).

begin reversing these trends; that we should provide opportunities for students to become active partners in the learning-teaching process; that we should arrange learning experiences which will allow students to build on previous life and educational experiences and to integrate insights from other subjects and exposures; and that wherever possible students should be helped to learn at a time, place, and pace that will be of greatest benefit to them (see figure 1).

Now, while this new approach may be educationally **sound**, it has often been a fairly **threatening** process for students who have never been helped to take responsibility for their own learning. In America, when this system was first introduced at some colleges, students kept diaries about their impressions of *self-directed* learning.

At first, many of them felt inadequate, confused or irritated (see figure 2). But as they became accustomed to the methods, they expressed an enthusiasm and excitement at their own potential. For any of you, then, who have been so entirely *moulded* into the uncritical, frantic note-taking, passive model of medical education which prevails, **expect** problems at first, but be **reassured** that you will cope and will **learn** (as opposed to being taught!).

WHAT IS A MODULE?

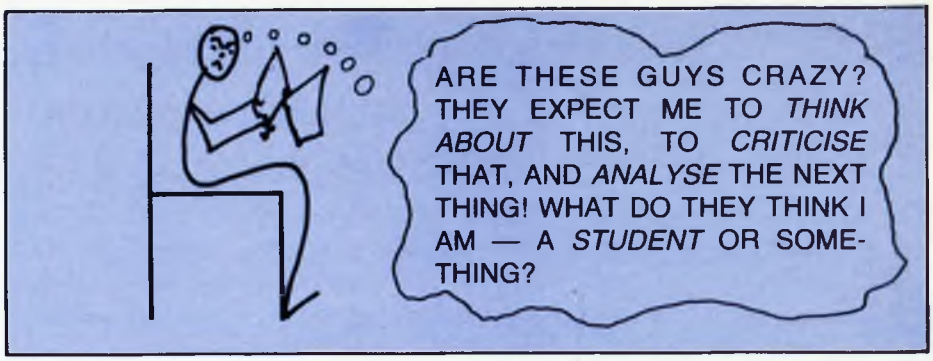
What we are calling a module or a *learning package* is really just a different kind of handout designed to involve you actively in your own learning.

It is a comprehensive, self-contained document which will guide you through a particular part of the syllabus. By giving you the opportunity to work through material at your own pace, using as much repetition as you need, we will be able to use the lecture periods for more controversial issues, debates and so forth.

WHAT ARE THE CONTENTS OF A MODULE?

Most modules you receive from this department will consist of the following parts:

Fig. 2. The confusion of a student at first confronted with a module.



Introduction

A brief statement of what the module covers and the reason/rationale for including the material in the course.

Objectives

Here we clearly spell out exactly what we expect the student to be able to do after completing the module. By stating objectives, we merely provide students and examiners with a guide or *map* so that they know whether they are on the right route or not. **Skim** through the list of objectives before you commence working on a module. Thereafter, work through the list carefully **afterwards** to check whether you have in fact achieved all of them.

If you are not certain where you are going, you may very well end up . . .
SOMEWHERE ELSE
(and not even know it)

Mager in Guilbert, 1977:103.

Pre-test

The pre-test is designed so that you can test your knowledge of the content of the module **before** starting work. If you do very well in the pre-test, that means you have covered the material at some other stage or in some other subject, and you will be able to work rapidly through the module. If you do badly in the pre-test, that simply means that you will benefit a lot from working through the material presented in the module.

Learning Activities

This section is really the *body* of the module. There will be factual information, self-assessment questions, exercises, excerpts from articles or books, ideas for further study, etc. Since material is arranged logically to build on previous knowledge, make sure you have grasped the points made in one section before moving on.

Post-test

This is designed for you to test your own progress. If you do well, it means you have adequately understood the content. If you do badly, it just means you must go back and work through the difficult sections again.

Answers

All answers to self-assessment questions are provided either at the back of the module or immediately after the question is posed.

Some answers will be purely factual but some will require reasoned argument. In the latter instance there can be no single correct answer, and we will state *In my opinion . . . or I think . . .*

How should I work on a module?

The short answer to this question is obviously: *in whatever way suits your learning*. In other words, if you learn best late at night with a radio playing, then work on it in that manner. On the other hand, if you prefer learning in the library, or with a group of fellow-students, or while travelling in a bus . . . then use that method!

The following suggestions are, however, important to bear in mind.

- Set aside at least 15-20 minutes at a time — shorter periods may only disrupt you.
- When you need a break, just complete one of the sub-sections under **Learning Activities**.

- Since the questions asked and exercises set are only designed for **you** to become involved in your learning, you cannot *cheat* by looking at the answers at the back. That would simply defeat the purpose of the module. We suggest that you attempt seriously to answer each question on your own first; then refer to the answer provided at the back. If you disagree with the answer (such as on matters of opinion) or if you don't understand how it was calculated, you could either ask a fellow-student who does understand or contact a member of staff who will gladly explain it to you. (Just telephone if you are not at Medical School when you get stuck). Check the answers to each question **before** attempting to answer the next one.
- Spaces may be provided for you to fill in answers as you go along. Use **pencil**, and then alter your answers when necessary after checking at the back. In this way, you will have an easier document from which to learn (that is, you won't have to keep turning to the back to check answers.)
- If you have any problems please contact any staff member or the author of the module concerned. In addition, if you have any suggestions or criticisms these will be willingly received. We are still developing modules so your feedback will be most useful. Thank you very much.

THE MODULE ITSELF

SOCIAL SCIENCE MODULE 1. COMMUNICATION IN NURSING: GENERAL ISSUES

INTRODUCTION

Welcome to this new topic — communication. In this module we shall examine some of the essential features of the communication process.

Apart from the communication you enjoy in off-duty time, you have all spent several months working as a nurse, communicating with many different patients and colleagues. So already you have a considerable store of experience to draw upon as we move into this topic.

You will often think *Oh yes — that explains it!* or *Of course, why didn't I think of that before* as you learn some of the theory in this module. These insights are common when we hear social scientific theory applied to situations with which we are already familiar. Without further delay, then, let us proceed!

OBJECTIVES

On completion of this module students should be able to:

- explain the central role of communication in human existence
- give a brief definition of communication
- distinguish between verbal and non-verbal communication
- list the stages in the communication process and discuss problems which may arise at each stage, giving examples from real life experience.

On completion of the group discussion to be held in class after study of this module, students should be able to:

- list at least ten principles of good communication
- take positive steps to improve the quality of their verbal and non-verbal communication both on- and off-duty.

PRE-REQUISITES FOR THIS MODULE

Since this is an introduction to communication, there is no special pre-requisite knowledge.

PRE-TEST

In order to test your existing knowledge of this subject, try to answer the following questions. The answers are provided at the end of this section. If you do well in the pre-test, it means you can work rapidly through the module. If you do poorly, that simply means that you will learn a lot from the module!

1. What are the two **types** of communication?
2. The process of changing a message into something meaningful to the receiver is called .....
3. Verbal communication includes spoken and written messages: True/False.

Answers to Pre-Test

1) Verbal and non-verbal.
2) Decoding.
3) True.

LEARNING ACTIVITIES

Please work through the following learning activities at a pace, time and place which suits you. If you need a break at any stage, just stop at the end of a sub-section. The self-assessment questions are designed so that you should try to answer each one on your own, then **check the answer** provided on p54, and then move on. Good luck, and enjoy it!

Communication and human existence

Objective 1

At the end of this sub-section, you should be able to explain the central role of communication in human existence.

Before going any further, let us consider what communication means to each of us. The following exercise is designed to make us more aware of the role of communication in our lives.

Exercise 1

Think of the day you spent *yesterday*, and complete the following table.

People with whom I communicated	Approximate time	Subject of communication

Many of you will have required a lot more space to complete the interactions during the whole day! But now just consider how your life would have been without this communication. Look at your list and try to imagine how you would have felt if you had **not** been able to communicate with these people. Those of us who take communication so for granted probably cannot begin to imagine a world without it. Indeed,

THE MAJOR PROBLEMS IN COMMUNICATION OCCUR BECAUSE WE TAKE IT FOR GRANTED

Recent interest in communication by social scientists is because of the alarming fact of the **breakdowns** which so frequently occur.

Question 1

Can you give at least three examples of situations in which breakdowns in communication occur?
(Use your own experience where possible.)

1) .....

2) .....

3) .....

Question 2

The issue of breakdowns in communication helps us to consider the **function** of communication. Try to explain **why** communication is so important in human society

.....

.....

Before proceeding, check that you have achieved Objective 1.

Definition of communication

Objective 2

At the end of this sub-section, you should be able to define communication.

This is a very brief section, but it is important that we examine the concept of communication more closely so that we are clear on exactly what is meant by it.

Question 3

Look back at the list of communications you drew up in Exercise 1, and try to isolate the common elements in all those examples of communication. What **is** communication? How can we define it? (Try to answer first, then check the answer and fill in the box below)

.....

.....

Communication is:

Types of communication

Objective 3

At the end of this sub-section, you should be able to distinguish between the two basic types of communication.

Question 4

If you were told that there are two totally different **types** or kinds of communication, what would you think they are? (Clue: think of the methods we use to communicate)

.....

Two types of communication are:

..... and .....

Question 5

Can you think of some examples of non-verbal communication? How do we communicate with people without relying on the use of **words** as such?

.....

.....

Exercise 2

Look back at the list you made in Exercise 1. Did it include any examples of non-verbal communication? If not, can you think of any occasions when you did use non-verbal communication yesterday?

Question 6

Think of your work as a nurse. What examples of non-verbal communication do we/could we use with our patients?

.....

.....

Question 7

We have seen that we can use both verbal and non-verbal communication. Sometimes, people give one message with words, and another message with gestures or expressions. So we get a mixed message and do not know whether to react to the words or the non-verbal aspects of the interaction. Can you think of examples when this has happened?

.....

.....

Question 8

When you get mixed messages from someone, do you pay attention to the words or the non-verbal aspects? Think of a patient lying in bed frowning and fidgeting with his sheets. You ask: *How are you feeling today, Mr. James?* He frowns even more, and in a dull voice says *Oh, I'm just fine thanks, nurse*. Do you conclude that he is fine, or the opposite?

.....

One final word of warning about non-verbal messages, however. **They can be confusing!** Do not assume that your first impression or *diagnosis* of a message is always correct. It is far better to acknowledge it but to give the person a chance to explain what she or he is really feeling. Otherwise, we often confuse anger with depression, or exhaustion with boredom, and so on.

Stages in the communication process

Objective 4

At the end of this sub-section, you should be able to list the stages in the communication process and discuss problems which may arise at each stage.

Question 9

Any communication has three basic stages. Try to list these

.....

.....

Figure 1: The communication process

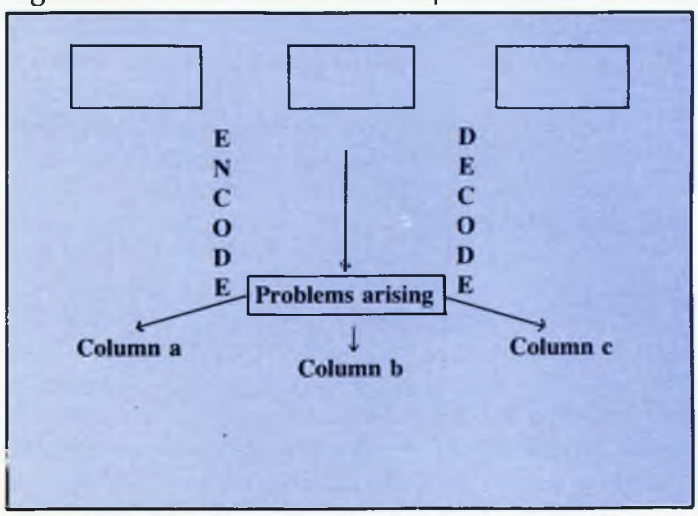


Figure 1 shows that the process of changing an abstract thought or idea in the source's mind into a message is called encoding, and *translating* the message back into a thought or idea in the receiver's mind is decoding.

An example might help to explain the whole process.

Nurse has idea to go to tea . . . **Source** with idea.
Nurse formulates sentence . . . **Encodes** idea.
Nurse says: *I'm going to tea* . . . **Message**.
Sister hears and understands . . . **Receiver decodes** message.

Figure 1 also indicates that certain problems may arise.

Question 10

Can you think of any problems which may arise or issues we must consider in the process of encoding our ideas into messages?

.....

Question 11

Now, assume that we have successfully encoded our idea. *What problems may arise with the message itself?*

.....

Question 12

Finally, what might go wrong when the receiver decodes the messages?

.....

Ensure that you have achieved Objective 4 before moving on.

This brings us to the end of the theoretical material for this module. The class discussion will build on the knowledge and attitudes you have learned so far, and we will concentrate on the **skills** of communication. We will be using role-plays and tape recordings to learn more about the practice of communication. Thereafter, we will work in small groups to generate a list of principles of good communication.

POST-TEST

To ensure that you have learned the important points, answer this post-test now. Answers are given on page 54 after *Answers to self-assessment questions*. To get additional feedback about your learning, you could try the pre-test again now.

1. Why is communication such a vital part of human existence?

   .....

   .....

2. Give a brief definition of communication.

   .....

   .....

3. How does the definition you have given account for non-verbal communication?

   .....

   .....

4. What can we do to avoid misinterpreting non-verbal communication?

   .....

   .....

5. List at least three problems that might arise when a receiver decodes a message.

   .....

   .....

FURTHER STUDY/REFERENCES

For those of you interested in reading further, the following may be useful.

1. Argyle, M. (1981) *Social Skills and Health*. Chapter 1. London. Methuen.
2. Carter, F.M. (1981) *Psychosocial Nursing* (see index under *communication*). New York. MacMillan 3rd Ed.
3. Ellis J.R.; Nowlis E.A. (1981) *Nursing, a human needs approach*. Chapter 12. Boston. Houghton Miffon 2nd Ed.

All these books are available in libraries. In addition please make use of your prescribed books when necessary.

ANSWERS TO SELF-ASSESSMENT QUESTIONS

Q 1. There is clearly no single correct answer here. Some situations I can think of include breakdowns between parents and children, husbands and wives, teachers and students, bosses and employees, governments and people. Perhaps most important for us as nurses: nurses and patients, nurses and doctors, nurses and paramedics, even nurses and nurses!

Q 2. I think communication is fundamentally important because humans are **social** beings who live and work in **groups**. In order for these groups to function effectively (or even at all!), we need to communicate with each other: to explain problems, express new ideas, give orders, settle disputes and so on.
Some say that

> Communication acts as a bridge between people.

Do you agree with this statement?
When you think about it, almost every human activity revolves around communication.

Q 3. There are many different definitions of communication. One brief one is:

> COMMUNICATION is the transfer of ideas/information from one person to one or more persons.

Q 4. Many students first think of **spoken** and **written** communication. If you did, **read only** as far as the dotted line, then **think again**! If your answer was different, read on beyond the dotted line.
Second Clue: Both spoken and written communication involves the use of **words**, and so we call it **verbal communication**. That is one type. But how **else** do we communicate with people?

The other type is the opposite of verbal — that is non-verbal communication.

Q 5. Here is a partial list. Add any other methods you can think of.

- — facial expressions (e.g. frown, smile)
- — gestures (e.g. shrug shoulders, pointing, wink)
- — use of silences (e.g. to communicate disagreement or lack of understanding)
- — tone of voice (e.g. dull when bored, high pitched when angry or excited)
- — pace of speech (e.g. very quick when excited).

Q 6. Your list may be very different, but these are some ideas I have:

- — **hold** a patient's hand as you greet him, and **smile**
- — **touch** the patient's arm as you reassure him
- — **sit down** beside the bed when explaining to him
- — use gentle **pressure** as you rub the back, to express caring
- — **shake hands** as patients leave the ward on discharge

Q 7. Examples of mixed messages are plentiful. Think of the unfaithful husband who says *of course I love you, dear* in an off-hand manner. Or the nurse who *offers* backrubs with this non-question: *Your back is allright isn't it — you've been up today . . .*

Q 8. In almost every case, the **non-verbal** messages should be *listened to*. People find it much easier to **say** the words that they think you want to hear, than to adjust their posture, facial expression, tone of voice and so on sufficiently to fool you.

So I would conclude that Mr. James was seriously worried about something, and would walk over, sit down, hold his fidgeting hand, and ask quietly: *You look a bit concerned today. Is there anything I can help with?*

Q 9. The three stages are Source
(that is the person with an idea)
↓
Message
↓
Receiver
(that is the person receiving the message).

Fill in these three terms in the blocks provided in the text under Figure 1.

Q10. First, we need a **language**. Second, we need appropriate **vocabulary** to express our ideas. Third, we need **concepts** which adequately express what we are really feeling or thinking. (For example, many women could never explain how they felt until they attended *consciousness-raising* classes. There they heard concepts like *male supremacy* or *sex roles*, and immediately could express their frustrations better).

Fill in these and any other ideas you have under column (a) in Figure 1.

Q11. For the message to be useful it must be **audible/legible**, the **pronunciation/spelling** must be accurate, it must be in a language understood by the receiver, it must be an **idiom** familiar to the receiver. (As an example of incomprehensible idiom, think of your brothers/boyfriends/sons who go into the army. After a few weeks they are using so much *slang* that you hardly understand them at all!)

Fill in these and any other ideas under column (b) in Figure 1.

Q12. First, does the receiver **perceive** the message at all (that is does she/he hear it or read it). Second, is the message **interpreted** in the way we meant it to be? Third, is the receiver **motivated** to receive our message, or is she/he too **tired**, too **anxious**, too **prejudiced**, to pay attention? Fill in these and any other ideas under column (c) in Figure 1.

ANSWERS TO POST-TEST

1. See answer under Objective 1, Question 2.
2. See answer under Objective 2, Question 3.
3. We must use a broad interpretation of *ideas/information* to include, for example, *information about how I feel at the moment* or *information about what I **really** think of your statement even though I am saying that I agree*, and so on.
4. We should ask the person concerned to tell us/explain how they are feeling. It often helps to tell them what you **think** they are feeling, and give them the chance to deny it if necessary. For example *You seem to be confused about what I have said — is that so?*
5. See answer under Figure 1, column (c).

Figure 3. Example of a form for evaluation of a module

EVALUATION OF MODULE
(Please return to Secretary at your convenience).

1. Title of module .....
2. Please tick appropriate squares:

This module was:	Very	Reasonably	Not at all
a) Difficult			
b) Interesting			
c) Well laid out			
d) Time-consuming			
e) A good way to learn			

3. It took me approximately ..... hours to complete.
4. I achieved all/most/some/none of the objectives set (circle appropriate word).
5. On the first attempt, I got about 80%/60%/40% for the post-test.
6. For most self-assessment questions, I worked as follows:
   a) Tried to answer carefully, then checked answer at back. ☐
   b) Thought briefly before checking answer at back. ☐
   c) Turned straight to answer at back. ☐
   d) Other (please specify) .....
7. Comments/criticisms/suggestions/feedback for designer of the module I would like to make are:
   .....
   .....
   .....
   .....
8. On a scale of 1-5 where 5 is *excellent* and 1 is *very bad* please rate this module as a learning experience .....
9. The content of this module could have been **more effectively** taught with the usual lecture and/or handout method. True/False (circle appropriate word).

Thanks very much.

IDEAS FOR CLASS SESSIONS

Since the introduction of modules for our Community Health course, we have reduced scheduled lectures by almost fifty per cent. This is important because students need formal curriculum time to work through the modules. In addition, we no longer have to use the valuable staff-student contact hours for traditional *information giving* lectures because the core knowledge is now in the modules. Instead we schedule stimulating, controversial topics to illustrate principles introduced in modules, or even debates between opposing factions (such as trade unionists versus managers discussing occupational health issues.)

To return to the module presented here, we find a perfect example of the need to **supplement** modular teaching with a group session. The module was an excellent method to raise issues at the cognitive (knowledge) and to some extent the affective (emotional) levels. But the whole area of **skills** has been neglected. How then, can we assist students to become more skilled communicators now that they understand the general principles?

The follow-up class session envisaged for this module would include the four major sections provided below.

Questions/discussion about the module itself

About five minutes would be allowed to share ideas, get feedback, and help students who understood to try to explain to others when necessary.

Tape recorded excerpts of conversations

A series of *messages* from everyday life and the hospital setting would be recorded and the students asked to explain what they each understood by the message. For example, an excerpt of a nurse explaining how a patient should take medications would highlight problems of decoding such as use of medical jargon, lack of repetition, failure to allow questions. Students might also point out that the use of *visual aids*, in this case the medications themselves, assists communication.

The purpose of this section would be to place students on the receiving end of typically unclear *messages*. Having experienced the frustrations of this, we would discuss strategies for ensuring that we understand messages before acting on them (such as asking for clarification; using the technique of *explaining back* what you think the person has asked so she/he can correct you when necessary; and so on). At the same time, we would learn about how to give clearer messages ourselves. About twenty minutes could be allocated for this section.

Role play as discussion-starter

Next, two or three minutes could be spent doing a role play where two participants are *talking at* each other, neither of them listening or responding to the other. Many of the principles of good communication would be neglected. The class would then be asked to split into smaller groups (four or five per group) and to list as many principles of good communication as they can — drawing on what they have learned from the module, the tape recordings, the role play and from what they already know from everyday life. Five minutes of intensive *brain-storming* would be followed by a quick feedback session to the whole class so that each group can learn from the other.

A check-list of *principles of good communication* would have been prepared. Every time the author has used this method of small groups to generate lists, however, she has folded up her meagre contribution and smiled at the power of *many heads make light work*.

Discussion about improving our skills by helping each other

A major advantage in running class sessions where all **experience** things together, and **discover** new ideas, and **expose** themselves a bit by sharing ideas and laughter, has been found in that a warmth and acceptance develops in the group. This atmosphere can therefore be used to help the students see a role for themselves and their friends in providing supportive, constructive **feedback** to each other about their communication skills.

One might throw out a challenge: *Which of you believes that you communicate so well that you cannot improve at all*? Laughter, and maybe the local clown puts up a hand in bravado then hides her head in her hands saying *No, I'm only joking*.

Then the next challenge: *Which of you is concerned enough and brave enough to want to improve your communication skills*? Some hands go up immediately, others think for a moment then decide they have more to gain than to lose and also raise their hands.

So finally: *How can we help each other and be helped by each other to become better communicators*? The students will realise that by giving honest but constructive **feedback** to each other, they can all learn from each other. For weeks to come if you were a *fly on the wall* you would hear students helping each other learn much more effectively than you could teach them. In the dining room: *Don't speak with your mouth full — how can I **decode** your message*!

In the bedroom: *Hey, I'm over here in the corner. You haven't made **eye contact** with me at all*! In the corridor: *Gee, when did you have a fight — I've never seen you look down your nose at Jean like that before. Talk about **non-verbal** messages*!

CONCLUSION

In this article we have discussed some of the principles of adult education and seen how many of these can be applied with a modular teaching method. An example of a module was provided, and some ideas for the follow-up class session were given. It is hoped that this background will provide nurse educators with some ideas about alternative methods of communicating with students and that they might want to experiment with modules in their own teaching situations. In addition, nursing students studying Communication may have found the exercise of working through the module itself a useful experience.

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2. Leigh, GOM (1971) Programmed instruction Chapter 7 in Rose B (ed) *Modern Trends in Education* London. Macmillan.
3. Pressey, S.L. (1964) Autoinstruction: prospects, problems, potentials Chapter 15 in Hilgard, ER (ed) *Theories of learning and Instruction* Part I Chicago. University of Chicago Press.
4. Quinn, F.M. (1980) *The Principles and Practice of Nurse Education* London. Croom Helm.
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