

Beginning the Journey to Skilled Communication

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ABSTRACT

Intimidating behavior and deficient interpersonal skills create a culture of silence, where there can be a breakdown in team communications and an inability to collaborate and achieve high-quality outcomes. A study from VitalSmarts (Provo, Utah), *Silence Kills: The Seven Crucial Conversations for Healthcare*, described 7 crucial conversations healthcare professionals struggle with that contribute to patient harm and unacceptable error rates. The American Association of Critical-Care Nurses' first standard (from *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*), skilled communication, states: "Nurses must be as proficient in communication skills as they are in clinical skills." Once it is accepted that

being competent in skilled communication is essential to excellent patient care, it then takes skill development and added courage to hold crucial conversations and address difficult situations. The first step begins with a self-assessment to determine current effectiveness as a communicator and manager of conflict and to realize opportunities for growth. Three key strategies to begin the development of skilled communication include: (1) understanding the importance of a climate of safety, (2) acknowledging one's mental stories, and (3) realizing that the only people we control are ourselves.

Keywords: conflict, crucial conversations, difficult conversations, healthy work environments, skilled communication

As a new manager in a surgical intensive care unit (ICU), I quickly noticed that multiple times each week one of our vascular surgeons would show up at my office door asking, "Who is the nurse taking care of my patient?" I would patiently walk him to the large assignment board in the unit, identify who his patient's assigned nurse was and then walk with him to the bedside. The nurse was not at the bedside, and when I inquired where the nurse was, I was told she was on break. After multiple episodes and multiple inquiries, I found that some of the nurses were coping with what was perceived to be a "difficult, aggressive surgeon" by going on break once he arrived on the unit. In my follow-up conversations, a number of my staff talked about how they felt frightened and unsafe in

communicating with him about his patients' conditions, their assessments, and needed interventions.

The situation above might illustrate an extreme example of conflict avoidance, but it is not all that unusual in an environment where critical care nurses are not skilled in communicating concerns and differences or confronting individuals or issues. It also exemplifies a work environment that is not healthy and thus places the care of patients at risk. Intimidating behavior and deficient interpersonal skills creates a culture of silence, where there can be

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breakdown in team communications and an inability to collaborate and achieve high-quality outcomes. The Joint Commission on Accreditation of Healthcare Organization's publication, *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*, reported findings that more than one half of nurses have been subject to verbal abuse and over 90% have witnessed disruptive behavior.¹

Skilled Communication Standard

In 2005, the American Association of Critical-Care Nurses (AACN) published the *AACN Standards for Establishing and Sustaining Healthy Work Environments: A Journey to Excellence*.² They articulated 6 standards based on the interwoven concepts and relationships of the quality of work environment, excellent nursing practice, and patient care outcomes. The standards are evidence-based and founded on relationship-centered principles of professional performance, such as how healthcare professionals communicate, make decisions, and collaborate. Each standard is considered essential to the creation of a truly healthy work environment.

The first standard, skilled communication, states, "Nurses must be as proficient in communication skills as they are in clinical skills."² Clinical knowledge, skills, and judgment are not enough to achieve excellent outcomes. Critical care nurses must demonstrate the ability to be skilled communicators in all aspects of their professional work in order to achieve safe care and quality outcomes. The skilled communication standard articulated by AACN also describes a work environment where these skills are fostered and supported (Table 1). Without supportive, healthy environments, nurses will be unable to achieve the desired behaviors of skilled communication and care will continue to suffer.³

Silence Kills

It is critical to understand that the skills of communication may be as, if not more, important than the ability to interpret an electrocardiogram strip or detect a heart murmur. This was clearly illustrated by the results from the landmark study, *Silence Kills*.⁴ AACN and VitalSmarts, a company specializing in leadership training and organizational performance, studied more than 1,700 nurses,

Table 1: Critical Elements for Standard One—Skilled Communication

- The healthcare organization provides team members with support for and access to education programs that develop critical communication skills including self-awareness, inquiry/dialogue, conflict management, negotiation, advocacy and listening.
- Skilled communicators focus on finding solutions and achieving desirable outcomes.
- Skilled communicators seek to protect and advance collaborative relationships among colleagues.
- Skilled communicators invite and hear all relevant perspectives.
- Skilled communicators call upon goodwill and mutual respect to build consensus and arrive at common understanding.
- Skilled communicators demonstrate congruence between words and actions, holding others accountable for doing the same.
- The healthcare organization establishes zero-tolerance policies and enforces them to address and eliminate abuse and disrespectful behavior in the workplace.
- The healthcare organization establishes formal structures and processes that ensure effective information sharing among patients, families, and the healthcare team.
- Skilled communicators have access to appropriate communication technologies and are proficient in their use.
- The healthcare organization establishes systems that require individuals and teams to formally evaluate the impact of communication on clinical, financial, and work environment outcomes.
- The healthcare organization includes communication as a criterion in its formal performance appraisal system and team members demonstrate skilled communication to qualify for professional advancement.

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physicians, clinical staff, and administrators. They found that less than 10% of healthcare professionals confronted behaviors in others, such as trouble following directions, poor clinical judgment, or taking harmful shortcuts. They further illustrated the role of a culture that accepts poor communication and collaboration among the healthcare team in leading to communication gaps that can cause harm to patients.

The study authors described 7 “crucial conversations” healthcare professionals struggle with that contribute to patient harm and unacceptable error rates (Table 2). It is important to note that the study found that the majority of healthcare professionals surveyed do not exhibit problematic behaviors, but many of them have witnessed individuals who have significant performance issues and find them difficult to confront. They suggest that improvement in the ability to effectively confront and hold difficult conversations can contribute to significant reductions in errors, as well as improve the quality of care, reduce nursing turnover, and achieve healthier work environ-

ments. This evidence should compel all healthcare professionals to self-examine communication and collaboration skills, as well as the willingness to confront those with problematic behaviors.

First Steps in Skill Development

Once it is accepted that being competent in skilled communication is essential to excellent patient care, it then takes skill development and added courage to hold crucial conversations and address difficult situations. Communication, including the skill of confrontation, is like any other skill professionals need to master.

Step one begins with a self-assessment to determine current effectiveness as a communicator and manager of conflict and to realize opportunities for growth. Self-awareness is a critical skill in developing the ability to be effective, influential, and skilled in dialogue, conflict, and managing change.⁵ As one begins to learn about effective communication and confrontation and practices these skills, one must also align resources to assist with the journey. Finding a mentor or coach to provide

Table 2: Silence Kills—7 Crucial Concerns Requiring Crucial Conversations

1. Broken Rules—taking shortcuts, not following procedures or standards that can lead to patient harm. Examples might include failure to check second identifier prior to administering a medication, not using infection control precautions or bypass “time-out” procedures prior to an invasive procedure at the bedside.
2. Mistakes—difficulty following directions, demonstrating poor clinical judgment, or inadequate assessment of patients. Examples might include: inability to effectively triage patients or set priorities of care, missing the importance of critical symptoms or test results, attempting to manage difficult situations without the appropriate skill level or competency.
3. Lack of support—Examples might include: unhelpful behaviors, refusing to answer a question or provide needed patient information, impatient and making it difficult for others to ask for assistance, complaining when asked to help or refusal to assist others, or nonhelpful critique of others.
4. Incompetence—Examples might include questionable interventions, inability to deliver a standard of care, lack or critical thinking skills, or lack of knowledge and skill required by one’s position.
5. Poor teamwork—nonsupportive team behaviors. Examples might include: cliques that divide the team, not valuing or acknowledging the contributions of others, unhealthy competition with others, not being dependable, or looking good at other’s expense.
6. Disrespect—Examples might include: disrespectful language such as being condescending, rude, abrupt, insulting. Using aggressive and angry language. Dismissing behavior such as telling others to shut up or ask who cares what they think. Dismissive remarks about another’s role on the team, educational preparation, or years of experience.
7. Micromanagement—Examples include those who abuse their authority (whether by role or by position) pull rank, bully, threaten, or force their point of view on others.

Adapted from Maxfield D, Grenny J, McMillan R, Patterson K, Switzler A. Silence Kills: The Seven Crucial Conversations for Healthcare. 2005. Available at: <http://www.silencekills.com/PDL/SilenceKills.pdf>. Accessed March 18, 2006.

insights and feedback about progress in skill attainment (as well as encouragement) may be helpful. And, it is important to understand that the skills of effective communication, confrontation, and managing of differences are attainable with education, practice, and commitment, but the process will take time. Acquiring competence in complex skills occurs slowly; consequently, practicing with simple confrontations before tackling truly threatening ones may be a useful approach.

Strategies to Consider

Everyone has different issues with their ability to skillfully communicate in difficult situations. Some people are timid, fearful, insecure, or worry about offending others and hurting relationships. Many may have received messages about “being nice” rather than confronting others. Others may struggle with controlling their emotions, being too aggressive, or being insensitive to how their behaviors affect others. Consequently, strategies chosen to develop skills are as unique as the individual. There are hundreds of books, articles, and resources available for gaining insight and learning how to improve skills, each offering different ideas and approaches. Regardless of the resources chosen, each requires actively working to put the skills into action in order to make a difference.

The following 3 concepts may be particularly helpful in beginning the journey toward more skillful communication: it’s all about safety, creating our own mental stories, and we can only control ourselves.

It Is All About Safety

When the environment feels safe, one can communicate freely. Safety is lost when individuals feel threatened and it seems that others fail to share the same goal or interest (mutual purpose) or do not demonstrate respect (mutual respect). In the book, *Crucial Conversations: Tools for Talking When the Stakes Are High*,⁶ the issue of creating safety so there can be a dialogue is fully examined. The authors describe the natural reaction to the loss of safety and how that sabotages the ability to effectively communicate and confront. Most importantly, they provide strategies to restore safety so these important discussions can take place.

While in extreme situations, one might feel physically threatened, but the perception of

feeling emotionally threatened can be equally as powerful in inhibiting the ability to successfully communicate. In either case, the results are often the same: the inability to fully listen, understand, and rationally respond. When threatened, individuals will either flee from the situation or prepare to fight and become more aggressive (flight or fight stress response). Tools, such as the Style under Stress Survey (www.vitalsmarts.com), are particularly useful in providing a self-assessment of one’s own style and strengths in communicating during stressful situations.⁷

We All Create Our Own Mental Stories

In any conversation or situation, things are said and circumstances exist, but how they are interpreted and meaning is perceived depends upon the individual. The mental story one creates then determines one’s reaction by fostering feelings that lead to certain actions.⁶ How this interpretation and development of mental stories occurs is complex, but it is a key element to mastering emotions and the readiness to take positive action.

Sometimes, the mental stories or interpretations are helpful and enable one to act in a way that is effective and productive. Other times, these stories can immobilize and disable (Figure 1). For example, if past experiences with a coworker have been negative, with episodes of intimidation and belittling, even the change of shift report can become a source of stress. For example, if during report, you are asked if you bathed your patients, you may react with anxiety or irritation. In that moment of anxiety, you don’t feel safe and that feeling influences actions you take. You may choose “flight” to escape, by becoming silent and ignoring their question or “fight” back answering with sarcasm or anger.

In fact, all your colleague did was to ask about the bath, but you interpreted the question through a filter of judgments and preconceived ideas about his or her intent. We judge other’s intentions by how his or her words or actions have had an effect in the past.⁸ So, in the moment of asking about the bath, if you feel intimidated or at risk, you most likely will judge the intent of the questioner to be critical and designed to embarrass. The problem with writing one’s own stories and determining the intent of others is that frequently these interpretations are inaccurate. Human intentions,

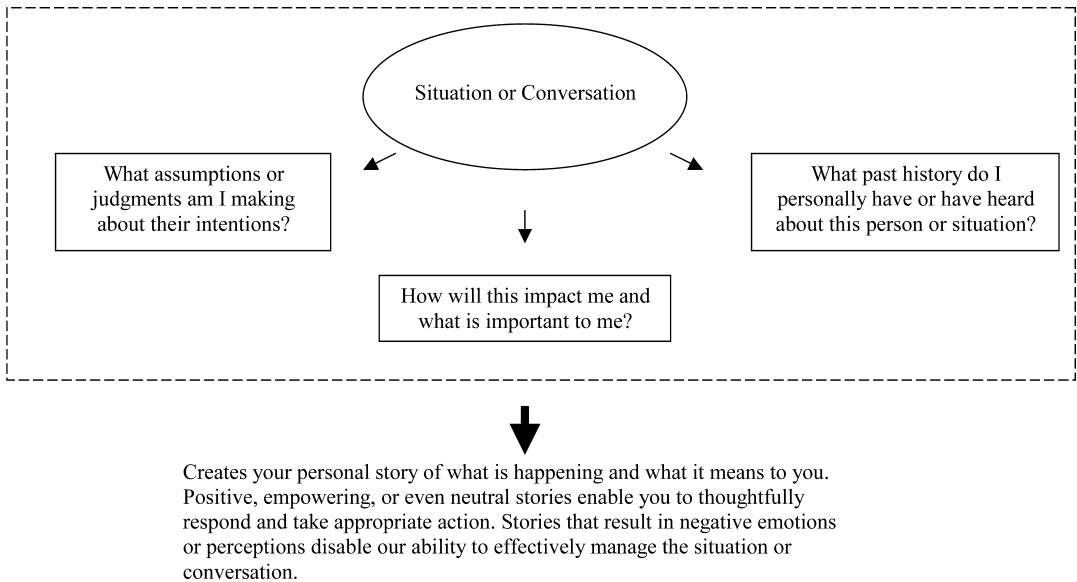


Figure 1: How we make our own stories.

even one's own, are complex and rarely black and white in nature.

The authors of *Difficult Conversations: How to Discuss What Matters Most*,⁸ offer the observation that every conversation has 3 different questions being asked when one listens to another person. The first is the “*what happened?*” question in which the focus is on the facts or truths of the situation or conversation as it is understood. Often 2 individuals in a situation have totally different understandings about what actually transpired, which leads to conflict or tension. The second facet of the conversation involves consideration of the *feelings* involved with the situation or conversation. While listening, individuals experience a range of feelings and think about whether they are valid. They also sense the feelings of the other party and consider whether those feelings may be valid as well. While having a conversation, emotions may begin to overwhelm thinking, to the point that one can think of little else. Or, the situation may continue to escalate because feelings are not acknowledged. The last question one usually asks while listening is the *identity* question: “what are they saying about me?” One considers whether others are saying, “you are good, bad, competent, or worthy of respect and regard.” This last question often causes the most difficulty for

nurses and healthcare professionals when conversations center around one's work, because one often interprets that one's identity as a professional (competent, caring, etc.) is being questioned.

According to the authors, these 3 conversational facets are occurring mentally as individuals attempt to listen to others, making it difficult to truly listen and understand. The conversations can be very emotional and cause one to be reactive and even destructive in efforts to achieve positive outcomes.

Understanding that one's own interpretations of conversations and situations may be flawed emphasizes the importance of clarifying the situation and the intentions of others. Taking a moment to be reflective about one's interpretation and considering an array of other possible interpretations can be very insightful. The authors of *Crucial Conversations*⁶ suggest considering, “Why would a reasonable, rational, and decent person do what this person is doing or saying?” This question is especially helpful when one's story involves making the other person the “villain.”

We Can Only Control Ourselves

It is human nature that in any difficult situation or conversation, the hope is that the other person will simply stop and change his or her behavior. In reality, the only person one can

control or change is oneself. In doing so, however, others are often influenced profoundly. Understanding how to feel safe in discussing or confronting difficult situations, as well as working to create safety for the other person, makes a significant difference. Understanding that no one knows what others are thinking and what their intentions truly are can reframe one's own thinking and lead to empowerment. Thoughts and stories about a situation give rise to feelings and those feelings then influence actions and words. By reframing thoughts or stories into those that will create more positive empowering feelings rather than negative, reactive feelings, one can take control and interact more effectively.

In the example above, when the coworker asks about the bath, the first inclination may be to think: "Doesn't she know I always do my baths on night shift? We have been through this before where she is nit-picking through my shift, looking for things I haven't done to her liking. Does she think I am lazy and trying to dump work on her? Why is she focused on the bath when this patient has been unstable all night and I have finally managed to stabilize his blood pressure?" These mental stories happen at lightening speed and then give rise to feelings about the situation. They can lead to feeling irritated, annoyed, and even unappreciated, thus making one feel unsafe and defensive in the moment. With these emotions, many seek to withdraw and be silent or "fight" back with sarcasm or angry words. This then causes the coworker to feel unsafe and develop his or her own mental stories with resultant feelings and reactive actions. This situation can be reframed by changing one's thoughts to be more neutral and empowering. Instead of thinking about all the possible negative intentions related to the question: "Have you done the patients bath?" one could think: "I had a busy night, but I was able to get the bath done. Maybe she is asking about the bath because she is trying to get her day planned." These types of thoughts create less reactive feelings and allow one to simply answer the

question. By creating more neutral or empowering thoughts about a situation and with emotions in tow, one feels a sense of safety and chooses actions that are more helpful rather than reactive.

Taking Action

It is time to take action, to develop skills, and to support others as they develop their skills so that the entire healthcare team can become skilled communicators. The first steps of the journey involve understanding how one's mental stories, a sense of safety, and control of emotions are helpful in responding to difficult situations or conversations in a more effective manner. It will take courage and perseverance to stretch out of comfort zones and hold conversations that would have been avoided or unsuccessful in the past. Through one conversation at a time, skillful communicators can create a significant impact for our teams, our patients, and their families.

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