Enhancing communication within nursing and multiprofessional healthcare teams

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Enhancing communication in nursing and multiprofessional healthcare teams

Abstract

This article explores the complex concept of communication relating to nursing and healthcare teams. It does not aim to describe communication models or processes but offers insight into some of the contributing factors that affect team dynamics and offers evidence-based approaches that may help to improve communication in nursing teams. Organisational culture is explored to highlight the importance of cultural sensitivity and collaborative working, including relevant frameworks for consideration in practice.

Introduction

Communication can be defined as the act of imparting or the exchange of information, ideas, or feelings (Collins English Dictionary 2023). Communication in nursing and healthcare relates to conveying a message that is clear and understood by those receiving the message. NHS England as part of their compassion in practice strategy and the 6Cs values (NHS England 2016) state that communication is central to successful caring relationships and to effective team working. Health Education England support this notion that good communication skills benefit the health care team and subsequently benefits patients and reduces conflict. The NHS continues to highlight the importance of communicating effectively with patients (NHS 2021), however, communication is a complex concept and incorporates a variety of variables which can affect how successful the message is implemented and interpreted within teams. This article will explore the evidence base for some of the factors that may contribute to effective communication in teams.

The four accepted methods of communication include **Verbal**, which includes spoken interaction face to face, via electronic means such as a video call, or a phone call. **Non-verbal** messaging includes the use of body language/positioning, gestures, facial expression, eye contact, physical presence/space between the communicator and receiver, touch. **Written** communication includes formal documentation such as reports, letters, and care plans, also emails. Written messaging via a chat function,

electronic messaging or social media account may be used within teams and organisations. **Visual** messaging can be via imagery, photographs, posters. Each message will be interpreted differently dependent on the individual's culture and values, the organisational or team culture, their perceived status, and understanding of the language/medium. This can affect how teams react to each other and ultimately affect the care they plan and deliver. The framework in Figure 1 below identifies how personal relationships in healthcare team communication can affect performance.

Perception
- The building of a relationship is influenced by the perceptual context
- For example: a new member of the team is very quiet and does not engage in team social events, prefers to have her break alone, and does not contribute to team meetings

Evaluation
- Team members will evaluate and judge the staff member to make sense of their perception
- For example: one nurse judges that the new member of staff is aloof and not a team player.

Feedback
- The above can affect behaviour and relationship building
- For example: The nurse does not try to include the new member of staff in discussions and does not ask the member of staff for their ideas or check their understanding of nursing activities.

Performance
- Performance relates to efficiency and patient safety
- For example: the new member of staff feels isolated and does not feel able to ask for help, resulting in a care error
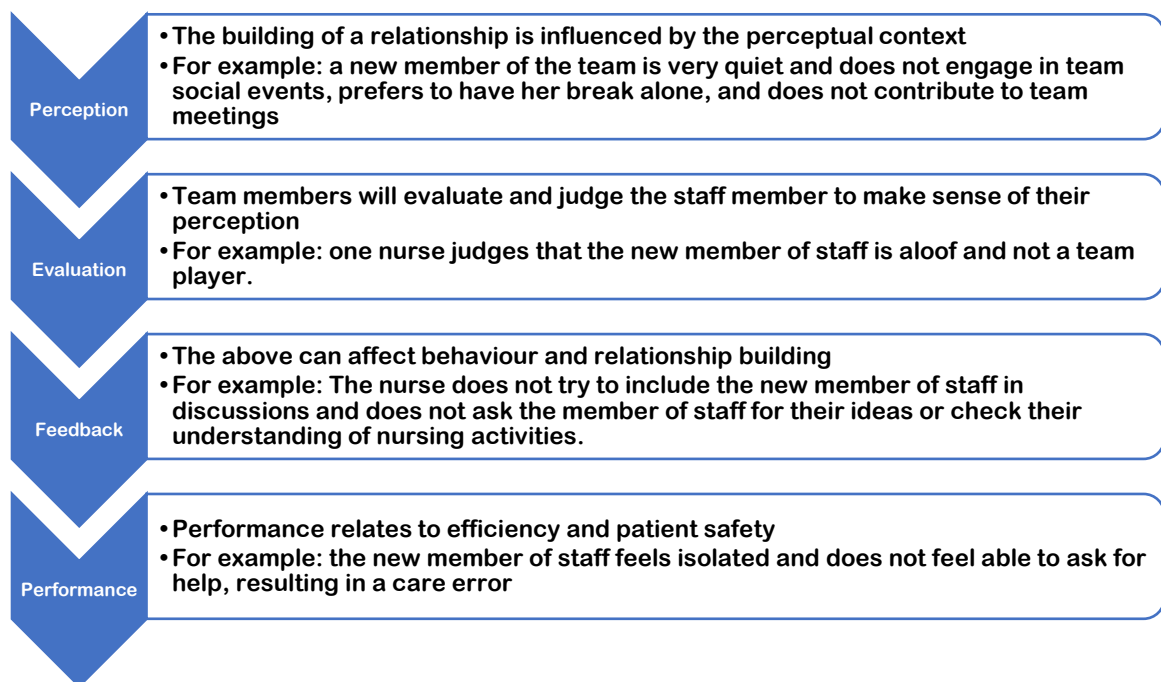
Figure 1 Framework for interpersonal relations and performance in healthcare teams (adapted from Lee and Doran 2017).

Communication for effective teamwork should underpin all healthcare planning and delivery and can be seen as the essence of safe nursing practice (NMC 2018). The NHS Confederation report (2020) suggests that in order for integrated care systems to be successful, a strategic approach to communication, engagement and partnerships need to be embedded across all areas of the NHS and organisations providing patient care, highlighting the need for systems approaches that are understood by all. In addition, the NHS people plan (2020) suggests embracing working differently in teams, developing a culture of compassion, and promoting

individual health and well-being 'to work together to improve the experience of working in the NHS for everyone' which is underpinned by the need for effective communication strategies. Nevertheless, details of strategies need to be understood by all those involved in delivering and implementing them, and robust evaluative processes developed to assess effectiveness.

The purpose of communication can be wide and varied depending on, for example, the individuals involved, their roles, intentions, and intended recipients, which adds to the complexity of an interaction. In a clinical setting this could include supervising, assessing, teaching, consulting, problem solving, explaining/feedback, reassurance, obtaining consent, to name a few.

Organisational culture

The Kings Fund (2023) continues to advocate for change and improvement in NHS culture and has developed tools to assess team and organisational behaviour in order to identify what needs to be improved, ultimately leading to safe and compassionate care. The cultural web is one such tool that can help map a current culture and to help map what a future culture should look like (Johnson and Scholes 1999). This tool can help encourage team dialogue relating to six themes: stories, symbols, rituals and routines, power structures, organisational culture, and controls. By analysing each theme, the current culture can be assessed as a positive approach for the organisation to continue, or to propose change.
Additional resources to help teams consider implementation of this tool and how to create your own cultural web can be accessed here: Understanding and working with group identity | Art of change making (leadershipcentre.org.uk).

He at al's (2022) systematic review highlighted that nurses' working environment and cultural characteristics both influenced nursing care and communication errors. Previous studies have also highlighted that nurses find it difficult to communicate errors in care due to their perceived status within an organisation and for fear of reprisal (Okuyama et al 2014, Green et al 2017). Therefore, promoting a culture of openness and transparency where every individual is respected and valued is key to underpin effective communication. Kent et al (2015) identified that assertiveness training for student nurses can increase their confidence in speaking up for patient

safety so a similar approach might also be appropriate to develop for healthcare teams. In addition to promoting patient safety, clear, honest communication can lessen anxiety, build trust, and encourage teams to innovate, challenge, and become motivated to contribute to team goals in improving organisational culture (Kaufman and McCaughan 2013). It also helps individuals and teams to feel empowered and supported to give and receive feedback.

There is much literature regarding what makes a good team, but humans inherently want to belong and be accepted by a structured and stable group (West and Lyubonikova 2013). Reflecting as a team on situations where effective communication has been compromised can help embed a learning culture, and normalise constructive scrutiny of events. Halverson and Tilly (2022) suggests teams embrace a culture of self surveillance to unpick reasons for errors, although acknowledges that this may take time and effort to change hearts and minds.

In order to foster an open organisational culture and provide a reflective space to share learning through case studies, Schwarz rounds have been introduced across NHS organisations. These rounds bring together colleagues to discuss the social and emotional aspects of their roles to understand the challenges they are facing, leading to an increased awareness of others roles and cultivating compassion which are not dependent on institutional outcomes (The Point of care foundation, Wren 2016). This activity has also shown to promote collaborative working, reduce feelings of isolation and suggests improved communication in teams (Reed et al 2015, Atkins et al 2023). However, McCarthy et al's (2021) study suggests that although participants were generally positive about this activity, experiences of Schwarz rounds differed depending on the preparation of panel members and the size of the audience. A robust evidence base for Schwarz rounds is fairly limited as identified in Taylor et al's (2019) systematic review, nevertheless it is a strategy that can be implemented to promote staff well-being within a team that could advance honest and open communication.

Cultural sensitivity
Understanding individuals cultural and social backgrounds within organisational teams will help to build relationships and contribute to choosing the most effective

communication method for particular circumstances. Philip et al's (2019) study suggests that intercultural communication education and training is essential with the increasing nature of multi-cultural healthcare teams. Awareness of how communication can be lost in translation is important to consider. Norman et al (2023) also highlighted the importance of this understanding when nursing staff are facilitating learning for international student nurses. However, having an awareness of our own cultural practices, attitudes and values is needed prior to seeking to understand others (Brooks et al 2019). The NHS Equality and Diversity Council (EDC) (2019) core narrative suggests that "We are now living in a much more visual age, and a move to more-visual communications wherever possible - such as diagrams, infographics and pictures - can be much more powerful and have greater impact than plain text. Pictures can also be much better at conveying complex messages around EDI issues where particular care and sensitivity can be required around use of language." Employing these suggestions in the workplace may seem challenging but can help to bridge cultural knowledge gaps when relaying information.

Armah et al (2020) call for an increase in knowledge and skills around intercultural communication, with relevant education included in both registered and student competency requirements. Their study highlighted concerns at the lack of opportunities and personal/cultural experiences for student nurses to explore this concept in depth to influence intercultural communication. A previous international scoping review of university nursing courses also identified the need to improve cultural competence within the curricula for the current generation of student nurses, in addition to investing in teachers with appropriate expertise (Gradellini et al 2021).

Awareness of cultural norms and how these may affect communication within teams is essential, but stereotyping must be avoided. An individual's culture will affect the way verbal and non-verbal communications are perceived and accepted as appropriate, therefore taking time to discuss and appreciate cultural differences within teams will enhance understanding and influence communication methods (Tuohy 2019). There are various models that can be utilised when addressing cultural communication competence (Campinha-Bacote 2002, Purnel 2002,

Arasaratnam and Doerfel 2005). Purnel's model is shown below in Figure 2 which demonstrates the numerus elements that contribute to, and affect, culture:
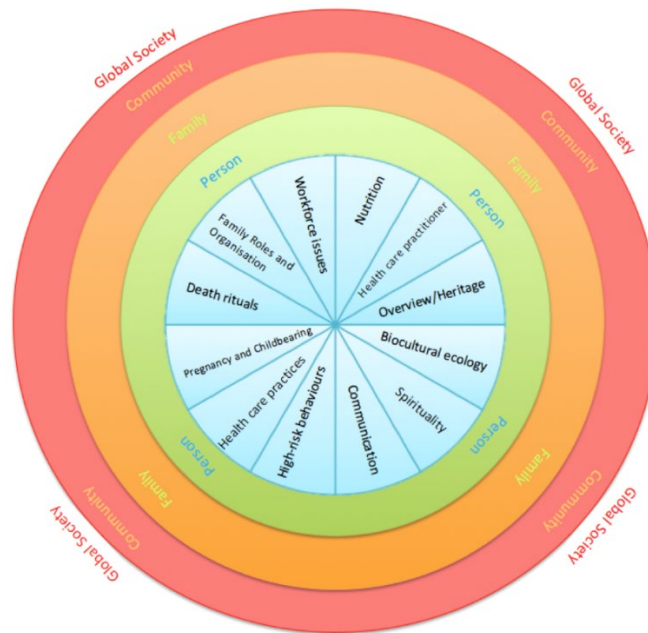

Figure 2: The Purnell Model for Cultural Competence (2002)

This model was initially created as an assessment tool for student nurses, although it can help teams become more self-aware and reflect on how these aspects affect their own communication methods and interpretation. Drawing on examples of individuals lives and experiences are powerful methods to structure discussions, either through imagery or storytelling.

Multi professional teams

Teams are made up of individuals who may have the same professional characteristics, although all will be a part of wider multi-professional teams. The history of nursing suggests that the status of healthcare professionals influenced decision making and expected norms of communication (Dingwall 1988), however the current discourse of transformative and compassionate leadership suggests that all individuals have a voice, and their contributions are valued (NHS leadership academy 2023). Nevertheless, it can be daunting to challenge seniority in any organisation unless honest, open communication is fully embedded and encouraged, with psychological safety needed in order to foster interpersonal communication (Dietl et al 2023).

Terry (2020) suggests that personality types influence how healthcare teams' function and that a tool such as the Myers-Briggs Type Indicator (MBTI) can help 'support effective practice and communication'. However, there is much literature to refute such tools, particularly MBTI, suggesting it is not scientific and has no credible evidence base (Stein and Swan 2019, Emre 2018). Therefore, any such tool should be used with caution. Effective communication occurs when all team members feel equal, valued, and appreciated, which subsequently leads to increased collaborative working and improved patient outcomes (Lyubovnikova et al 2015).

Von Knorring et al's (2019) study suggests that good teamwork between nurses and doctors is important for their respective professional groups and directly affects increased consistency of communication with patients. However, in many healthcare spaces, communication with other health professionals may be infrequent and therefore may affect the meaningful development of professional relationships (Sutherland et al 2022). Starting from a position of trust is needed to scaffold team building. Listening and hearing other's views and opinions and feeling empowered to challenge constructively should be fostered by all leaders. Although we strive for effective communication in teams, it is acknowledged that in reality there will be episodes of poor communication which can lead to unintended consequences. Lencioni (2002) suggests that there are five dysfunctions of a team:

- **Absence of trust**: This can occur when individuals are secretive with information, break confidence, undermine others rather than openly constructively challenging, agree/disagree and subsequently say the opposite to others, display malicious behaviours verbally and non-verbally, hold grudges, avoid communicating with others in the team.
- **Fear of conflict**: Productive conflict communication can build trust within in a team. Fear of conflict can be due to hierarchical structures where individuals spend energy on engaging in positive communication to avoid confrontation of a problem. Team members agree with everyone else/or those with the loudest voice/power even if they have opposite views.
- **Lack of commitment**: This can relate to the above dysfunction as individuals may want to wait for others to take a side/opinion before communicating their

commitment to a goal. This can delay team decision making and lead to missed opportunities.

- **Avoidance of accountability**: This can be due to lack of confidence or knowledge, but honest communication about the issues involved can help to avoid this. Being comfortable to challenge ideas and also actions and mistakes is needed to build team accountability. Reliance on the team leader to give feedback reinforces avoidance.
- **Inattention to team objectives**: Individuals may have their own personal goals which do not align with the team goals. If these are not communicated to the team it will be seen as disinterest or not being a team player. Again, honest communication is key, otherwise team success will be difficult to achieve.

Acknowledging these potential dysfunctions can help individual team members to understand and appreciate where improvements can be made.

Approaches to improve communication in teams

There is continuing evidence that simulation-based education and training improves learning outcomes, and this has been demonstrated when focusing on team communication within undergraduate nursing programmes. The learning approach of simulation practice can be drawn from Kolb's model of experiential learning where activity, experience, and reflection improve understanding of the situation, deepening and refining knowledge. Kerr et al's (2020) systematic review identified the effectiveness of training interventions on nurses' communication skills in seven Randomised Control Trials (RCT). All showed some improvement following training and all trials had an element of role play/simulation. Raurell-Torreda et al's (2021) RCT supports this, specifically relating to Situation-Background-Assessment-Recommendation (SBAR) simulation training.

Interprofessional simulation as teams has also shown to improve understanding of other's roles and gives a safe space to practice and improve communication in teams (Tervajarvi et al 2021). Valdes et al's (2021) pilot study explored the impact of escape-room simulation experiences on US nurse communication, leadership, and

teamwork, drawing on external organisations to facilitate the activity. The findings saw increased situational awareness, with participants recognising the importance of critically engaging and communicating with others to see the bigger picture.

The evidence of simulation-based learning as an effective learning tool for improving communication continues to grow, therefore teams can explore ways of integrating this into their workplace. This could be a structured time out activity for small groups based around case scenarios, or part of organisational-wide strategies. Using video and immersive technologies can help all team members engage with the process. In addition to simulation or role-playing activities, shadowing staff from other teams can offer insights of similarities and differences that can be utilised for improvement. Sarver et al's (2020) study implemented a shadowing programme where nurses actively observed other teams to gain insight to improve collaborative working and team communication. Their findings demonstrated perceived improved communication, teamwork, and respect.

An activity which has continued to prove effective in improving team communication is coaching. Richardson et al's (2023) integrative literature review suggests that coaching can reduce communication conflict through constructive probing, and that leaders and managers can shape individual team members communication skill development via a coaching approach. However, there are potential limitations to utilising a coaching approach, when coaches are not given the appropriate education, time, and resources to implement coaching within a team. Factors such as confidence, pre-existing perceptions, motivation, and commitment have been found to either hinder or increase the success of coaching for improved communication (Rafferty and Fairbrother 2014). Nevertheless, coaching fosters an inquiring learning relationship if implemented correctly. The NHS Leadership academy has a variety of mentoring and coaching offers to all health professions and grades which can help in developing this approach available at: Regional Coaching and Mentoring Offers – Leadership Academy [accessed 04.10.23].

Conclusion

This article has considered the evidence base relating to communication within healthcare teams. Cultivating effective communication in teams is complex and is dependent on a variety of factors which can be explored by both individual members,

and together with others, to identify where improvements can be made. Self-awareness is paramount prior to seeking perceptions and views of team members. An open, constructive learning approach is needed in order to reflect and understand the communication approaches used, and a willingness to unpick how they can be enhanced to facilitate effective teams and relationships. This article has discussed a number of evidence-based approaches that can be utilised, although it is acknowledged that each one has its limitations. Nevertheless, it is important to constantly strive for improvement to ultimately deliver safe patient care.

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