Effective Communication Skills for the ‘Caring’ Nurse
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‘People wouldn’t become nurses if they didn’t care …they’d become engineers ….’ This was a suggestion made to me as I set about writing Vocational English for Nursing (Pearson, 2010, 2012). At face value, this statement would appear entirely valid; nursing is after all the ultimate caring profession. However time spent in any healthcare environment reveals a more complex situation. It’s not simply a question of caring or having a compassionate nature – it’s human nature to care. (I’m sure even engineers care.) The issue is, does it come across? And, as far as our learners are concerned, does it come across in English? This article seeks to outline the nature of communication in a nursing context and the implications for the ESP classroom.

What is nursing all about?
Responsible nursing is not simply the ability to successfully carry out a series of routine procedures – be they taking a blood sample, dressing a wound or administering medication. Neither is it about treating the patient purely on a physical level. Nursing is a holistic process, taking into consideration not only the psychological, but any socio-cultural, environmental and politico-economic features of a disease and its treatment, not to mention the impact on patients and their families. From a communication perspective, the following functions, as outlined by the Nursing Code of Practice (NMC): respecting confidentiality; sharing, in a way they can understand, information people want or need to know about their health; accurate record keeping, reinforce the fact that effective spoken and written skills are essential to the toolkit of the responsible nurse and therefore should be integral to any course in this field.

Results of effective communication
The positive results of effective communication are well documented and are essential in achieving, amongst others, increased recovery rates, a sense of safety and protection, improved levels of patient satisfaction and greater adherence to treatment options. Aside from these, successful communication through a patient-centred approach also serves to reassure relatives that their loved ones are receiving the necessary treatment. Within the nursing field, such skills are considered indicative of best practice (McCabe and Timmins, 2006).

Effective communication and the ESP classroom
However, as with many things in life, it is often a question of perception. According to Timmins (2007) ‘Statistics show that [native speaker] nurses often rate their communication skills higher than their patients.’ So what constitutes effective communication skills in this particular context? Theorists from the field of nursing communications highlight the need for comprehensible pronunciation, active listening skills, non-verbal communication and the ability to bridge professional and lay language. To this skill-base I would also add written communication. In addition, cultural awareness, which, inextricably linked with language, plays a very important role in achieving effective communication in the healthcare environment.
Having established the professional outcomes, it is important to then consider how these might translate into the teaching of English to non-native speaker nurses.

- **Improving verbal communication skills** is about enhancing the ability to use effective strategies to repair or avoid possible breakdown in communication; encouraging the use of patient-friendly language and familiarizing the nurse with language (euphemisms, and colloquialisms) commonly used by patients. Patient education is an important aspect of the nurse’s role and learners should be familiar with the language used in patient educational leaflets and websites. Communication with other healthcare professionals also requires a certain level of comfort when employing medical terminology.

- It is often the nonverbal cues (or signs) or the paralinguistic elements of speech rather than what is actually said that betray true feelings and emotions. Developing **non-verbal skills** therefore means increasing an awareness of body language, enabling nurses to better read and interpret their patients' physical and emotional signs (expressions of anger, melancholy, etc.), while simultaneously mirroring their own verbal communication.

- Employing **active listening skills** helps to ensure a successful interaction through techniques that facilitate discussion (leaning slightly forward, using sounds of encouragement), demonstrating that the nurse is truly listening and assimilating the information provided by the patient in order to arrive at an eventual nursing diagnosis.

- **Voice management** not only refers to accurate pronunciation, essential in ensuring safe practice, but also relates to appropriate pitch and intonation, which help towards establishing and maintaining rapport with the patient. If a nurse’s tone of voice fails to match the lexical input, then efforts to employ the correct phrase to reassure or empathize with the patient are wasted. This aspect of voice management is especially pertinent when dealing with native speaker patients, where tolerance of inappropriate intonation patterns may be lower.

- **Cultural awareness** requires a widening of understanding not only of cultural issues in their broadest sense (professional, local, medical and ethical) but also the impact of the nurses own cultural background on their interactions with both patients and colleagues. It is becoming increasingly accepted that training nurses in cultural sensitivity is vital to their level of competency in the host country.

- Much of the written communication carried out by nurses is formulaic – filling in charts and documents. What is necessary therefore in terms of **written communication** is clarity and coherence, as well as accurate spelling, as is a knowledge of accepted medical terminology, abbreviations and acronyms, all of which are vital in avoiding potential fatalities.

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**Why nursing English?**

The English-speaking world has long drawn on the skills of overseas nurses to staff its hospitals, clinics and care homes. UK statistics from 2011 show that half of all nurses were recruited from overseas, with similar stories across Ireland, the US and Australia. In addition, it is estimated that the number of Americans over 85 will have doubled by 2030 (Scanlon, 2001), which yet further impacts on the numbers of overseas nurses required for its health service to function effectively. However, high profile cases of negligence involving native and non-native speaker practitioners have brought to light the very real need
for effective spoken and written communication skills. A report carried out by the US Joint Commission on Health in 2002 concluded that up to 55% of medication-related errors in US hospitals and more than 65% of deaths were as a result of ineffective communication. Hospitals in particular, are stressful, high-pressure environments, which are often seriously understaffed. The UK Health Commission in 2012 suggested that the risk to patients from poor levels of English was ‘less acute in the hands of nurses’.

While nursing is not a solitary function, the pressures of the ward are such that the lack of communicative competency amongst non-native speaker nurses places additional and unnecessary strains on an already overworked nursing staff, thus reiterating the need to train nurses to communicate effectively in English.

**Conclusion**

It is widely accepted that building and maintaining a good patient relationship is an essential aspect of the treatment and healing process and that effective communication skills are key to achieving this. It also goes without saying that patients spend more time communicating with nurses than with any other healthcare professional. Emphasis placed on the therapeutic nature of medicine means that, possibly more than any other learner, non-native speaker nurses have a very real need to communicate effectively from day one.

**References**

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