The importance of communication and professional values relating to nursing practice

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Abstract
This is a discussion about communication and professional values: two areas of nursing that are important in delivering safe and effective care to patients/service users. Communication is defined and explored and barriers to communication are identified in line with how they impact patient care. The impact on patient care of a nurse's own values are also explored.

Keywords
Professional Values, Communication, Nursing, Patient Care.

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This article will discuss two elements of nursing: communication and professional values. The discussion will explore verbal communication relating to nursing practice. In addition, it will discuss professional values and how upholding these protects the patient and the nurse. The Nursing and Midwifery Council (NMC) is the regulator of registered nurses and midwives in the United Kingdom. All registered nurses and midwives have a set of regulations that they must always adhere to and these can be found in *The Code of Conduct 2015*. Following this code "…as a nurse or midwife, you owe a duty of confidentiality to all those who are receiving care." (NMC 2015, p.6). Which will be maintained throughout.

Communication

Communication is the transfer of information between a source and the receiver (Kennedy-Sheldon 2009). De Vito (2011) adds that the transfer of information can be between two or more people. Communication in relation to nursing is predominantly interpersonal; it helps the healthcare professionals convey compassion and support for patients. Information is shared by communication, and decisions are reached when healthcare professionals and the patient have communicated effectively (McCabe and Timmins 2013).

Nurses spend an extended amount of time with patients and they develop a trusting relationship, often referred to as building a rapport with patients. This relationship is very important to both the patient and the nurse. Patients need to be able to encounter an effective connection and a sense of being treated as an individual by the staff they come

into contact with (Webster and Bryan 2009; Thorne et al. 2005). Nurses can do this by asking the patient open-ended questions when they first meet them such as “How are you feeling today?” (Fleishcher et al. 2009; Williams 2001). Sometimes patients do not wish to share thoughts and feelings and it is up to the nurse to recognise/respect this (Dougherty, Lister and West-Oram 2015). Learning how to build a rapport with patients is something that student nurses need to focus on before qualifying; once they are qualified they are expected to understand the nurse-patient relationship (NMC 2015).

Throughout the NMC *Code of Conduct* (2015), it states that nurses and midwives must be able to communicate effectively with patients and colleagues to protect patient safety and work well in a team. Every standard set in the code relates to communication to some degree. Standard one (NMC 2015) recognises that people should be treated as individuals and their dignity must be maintained. Nurses and midwives need to understand the person to treat them as an individual, and this can only be achieved if they ask the right questions and actively listen to the answers. Silverman, Kurtz and Draper (2013) suggested that when healthcare professionals meet a patient they should consider how they greet the patient, they should introduce themselves and find out the patient’s name. Nurses should always make sure they have the correct name from the patient and that it matches patient records as this can help to reduce mistaken identity and potentially harmful errors (Makoul, Zick and Green 2007).

“Patients in their journey through the healthcare system are entitled to be treated with respect and honesty and to be involved, wherever possible, in decisions about their

treatment". (Kennedy 2001, p.280). If communication has been effective for patients then they will feel empowered to make decisions about their care and treatment (Hibbard and Greene 2013). Communication is also important when obtaining consent. Healthcare professionals need to inform patients of the risks and benefits of a treatment or procedure before the patient can make an informed decision about whether they would like to give or refuse consent (NMC 2015). The National Health Service (NHS) *Constitution* (Department of Health (DoH) 2012b) acknowledged that the NHS must reflect the needs and preferences of the patient and involve patients and their family members where possible.

Standard seven of the *Code of Conduct* (NMC 2015) relates to communicating clearly; it instructs nurses and midwives to use terms that people can understand. Standard seven (NMC 2015) also instructs nurses to take reasonable steps to ensure service users have their communication needs met and they should regularly check their understanding. Nurses and midwives must be able to communicate well in English and use a range of verbal and non-verbal communication.

Effective communication plays a big part in patient engagement, satisfaction and recovery (Dwamena et al. 2012; Webster and Bryan 2009). However, ineffective communication is one of the most common concerns raised by patients in healthcare (DoH 2013; Strachan 2004). During a health visiting placement, I witnessed miscommunication between the health visitor and the parent of the children we were visiting. The father asked if the children would always be small but the health visitor did not hear what he had said

because she was busy filling in the documentation. This was an example of ineffective communication because the father did not receive an answer to his question that may have been worrying him. This could be considered a barrier to communication. Barriers can be from the environmental conditions such as time pressures on nurses which mean they may not form good relationships with their patients (Hemsley, Balandin and Worrall 2012; Henderson et al. 2007). In addition, healthcare professionals and patients can also have personal barriers, such as attitudes and beliefs, defense mechanisms and prejudices which can negatively affect communication. Hindle (2006) calls them filters and when present they can distort a message.

Dementia may create barriers to communication. Dementia is defined as an umbrella term which describes a syndrome (Westerby and Howard 2011). It is not part of the normal ageing process and it is both progressive and incurable (Weatherhead and Courtney 2012). It can be hard for health professionals to communicate with people living with dementia but it can be equally challenging for the person with dementia. Jootun and McGhee (2011) found that healthcare professionals often avoid communicating with people living with dementia, which consequently has a negative impact on the patient's behaviour. Tonkins (2011) argues that allowing the individual living with dementia to indicate what they want by pointing can help communication. This kind of communication can take longer, but would be beneficial to both the nurse and the patient. It can be hard for the healthcare professional to build up a good rapport with a patient who has dementia, which is why giving personal care sensitively can help build that relationship (Baillie, Cox and Merritt 2012).

Professional Values

Values are important in nursing as they underpin all aspects of professional practice. They can influence attitudes in both a positive and a negative way, which is why it is very important for nurses to understand how this can affect patient care (Baillie and Black 2015). Rassin (2008) stated that values are at the heart of the diverse world of human behaviour and are demonstrated in every human action and decision. Rokeach (1973) provided an in-depth definition of values; he argues that a value is a persistent belief that one manner of conduct is more socially acceptable or personally acceptable than the opposite manner of conduct.

The NMC (2010) suggested that newly qualified nurses should have an awareness of their own values and how they can have an influence on interactions with others. Naden and Eriksson (2004) conducted a study in Sweden and found that nurses who had a genuine desire to help patients also possessed personal values such as honesty, respect and responsibility. Rokeach (1973) suggested that personal values were learned, and recognised that society, culture and personality contributed to a person's values. According to Chan and Chan (2009) stigmatisation of people with dementia is entrenched in our society. McSherry and Coleman (2011) noted that older people sometimes feel useless or unwanted in a society that values beauty and youthfulness over experience, knowledge and wisdom.

As well as adhering to their own personal and professional values nurses must observe the values of the National Health Service if they work within the NHS (Baillie and Black

2015). The Department of Health (DoH 2013) published the *NHS Constitution* which set out the core values that patients and NHS staff should expect. These include compassion, respect and dignity, quality of care, working together for patients, improving lives and everyone counts. The *NHS Constitution* was created so that all members of staff and even those who do not have to adhere to a professional code, such as porters and catering staff, would understand how to provide the best level of care to patients. However, as the Francis Inquiry shows not all staff possess the values of the *NHS Constitution* (Francis 2013).

The DoH (2012b) published *Compassion in Practice: Nursing, Midwifery and Care Staff: Our Vision and Strategy* which is based around six core values that all members of NHS and social care staff should be adhering to. These six values are: care, commitment, courage, competence, communication and compassion. They were proposed by Roach (2002) who studied caring in health care. She believed that these values were needed to humanise and counteract the technology used.

All nurses are required to register with the Nursing and Midwifery Council (NMC). In 2015 *The Code: Professional Standards of Practice and Behaviours for Nurses and Midwives* was updated, setting out the core principles of what is expected of a professional nurse. *The Code* is there to safeguard the public and give registered nurses a set of guidelines to follow when they are caring for service users.

Keeping clear and accurate records is essential for a nurse. Irving et al. (2006) stated that

information contained in nursing documentation can be lost to the reader. In addition, Hyde et al. (2005) argued that advocating for a patient and teaching them is less likely to be recorded in patient documentation. The NMC (2015) published a sixteen-step guide for nurses to follow. Glasper (2011) suggested an easy to remember mnemonic, CIA: records must be Clear, Intelligible and Accurate. All records are accessible to service users/patients so they should not contain judgmental phrases or emotive language (Prideaux 2011).

The DoH (2009) stated that people have the right to say what happens to their body therefore valid consent must be obtained before any personal care, treatment or examination takes place. The legal view of children and young people giving consent is different from that of adults. The *Family Law Reform Act* (1969) advised that young people aged 16-17 years old do have the capacity to consent to treatment. Furthermore, children under 16 years of age can give consent to medical treatment or procedures if they have been assessed by the nurse or health care professional under the Gillick competency test (1986). Children who are assessed as having sufficient intelligence and understanding do not have to seek the involvement of their parent or guardian. Nevertheless, children who are deemed to be Gillick competent and who refuse treatment may have their withdrawal of consent overturned if failure to have treatment may cause death or permanent injury (DoH 2009).

As previously discussed, nurses must adhere to the NMC (2015) *Code of Conduct* which sets out standards of expectations and behaviours for nurses to follow. In addition, nurses

must also comply with the *Seven Principles of Public Life*, which aimed to have a comprehensive set of standards for all workers who are in a public position (Nolan 1995). The Committee was established to combat the fear among the public that people who work in public life such as health and social care workers, politicians and teachers do not always behave in an acceptable manner (Baillie and Black 2015). The Committee recommended that these seven principles should be included in the NMC (2015) *Code of Conduct*. However, in 2013 a report produced by the Committee of Standards in Public Life stated that they still had concerns about the behaviour of some nurses. This shows that work still needs to be done to follow these principles (Baillie and Black 2015).

The *NMC Standards for Competence for Registered Nurses* (2014) stated that nurses must work in partnership with patients, carers and families and they should practice in a holistic manner. Holistic care is an approach which provides care to a patient based on them as a whole person. It takes into account the patient's physical, sociological, spiritual and psychological elements (Byatt 2008). McEvoy and Duffy (2008) agreed that holistic nursing encompasses the mind, body and spirit of the patient. Sessanna, Finnell and Jezewski (2007) argued that there was evidence to suggest that there was a link between spirituality and health and wellbeing. Miner-Williams (2006) advised that nurses could ask questions such as "How are your spirits today?" which allows nurses to find out about a patient's spirituality and the patient feels that the nurse is genuinely interested in them.

The *Equality Act (Sexual Orientation)* (2007) stated that lesbian, gay, bisexual and transgender (LGBT) people cannot be refused treatment that would be given to anybody

else (Edwards 2010). However, Phillips-Angeles et al. (2004) found that healthcare workers behaved in a judgmental and negative way when a woman stated she was a lesbian. Although this does not show that healthcare professionals are refusing to treat a patient, this kind of prejudice can be alienating and can encourage disengagement with healthcare services. The Royal College of Nursing and Unison (2004) instruct healthcare workers that they should not make a record of a patient's sexual orientation without permission. Although this is maintaining patient confidentiality by not disclosing information that is not relevant to the care of the patient, healthcare professionals do not need to know the sexual orientation of a patient to deliver effective care. Patients should be treated as individuals. A study by Neville and Hendrickson (2006) showed that approximately three quarters of participants were "always" or "usually" presumed to be heterosexual by healthcare professionals.

Sexual health is an area of nursing that many would think is at the forefront of challenging this kind of prejudice, A study by Stonewall (2008) emphasised that less than half of the 6,000 homosexual and bisexual women who participated in the study had never been screened for sexually transmitted diseases. Four percent of the women were told by healthcare workers that they did not need to be tested for sexually transmitted diseases. This study also highlighted that 15% of the over 25-year-old group have never had a cervical smear test, compared to the 7% of women in general. One in five of the women had been told by healthcare professionals that they were not at risk of cervical cancer. This shows that patients may be put at risk because of some healthcare professionals' own views and beliefs. In addition to that, nurses can be held accountable, the NMC

(2015) states that if a nurse does not follow national screening guidelines and a woman later develops invasive cancer the nurse will be held accountable for her actions.

To conclude, two very important topics have been discussed, which are essential in nursing. An explanation has been given to highlight the Nursing and Midwifery Council's (NMC) role in protecting patients and nurses. How effective communication can improve the patient's experience of healthcare has been explored. The article highlights the importance of adhering to professional values and guidelines. Communication and professional values are intertwined. For a nurse they go hand in hand, one cannot be effective without the other. I have also learned about the importance of adhering to professional values and guidelines.

Without effective communication patient care may be negatively affected. Nurses are in a unique position as they are very close to the patient but also heavily involved in the multi-disciplinary team. Therefore, they need to be able to adapt to interact with a wide variety of people. If nurses do not adhere to their professional values, they may put their patients at risk of serious harm as well as themselves. The most crucial point is that behaving like a professional and communicating like a professional at all times is vital to becoming a competent nurse. Nurses should never presume things about their patients, and they should use their communication skills to ask relevant questions even about sensitive issues. This enables the nurse to be fully informed about the patient and for them to be able to treat the patient as an individual.

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