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Effective Communication in Nursing: Is it Necessary to Know your own Sociological Bias?

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Abstract

Through a discussion of the nursing literature and sociological theory, this Commonwealth Honors Thesis aims to answer the question; Is it necessary to know your own sociological bias in nurse to nurse communication. The focus begins with the qualifications of effective communication as a concept and then applies that specifically to communication between nurses. In addition, the discussion focuses on the topic of awareness vs. unawareness of sociological bias. The discussion includes passages and inclusion of nine pieces of nursing literature, including articles, books, and textbooks. Through out the researched literature connections were made between sociology and nursing. The result showed that is it absolutely necessary to be self aware of sociological bias in nurse to nurse communication.

Keywords: *Sociological Bias, Communication, Nursing, Nurse-to-Nurse interactions.*

Acknowledgments

This project was a labor of love for my two chosen disciplines of study; nursing and sociology. In nursing there are clear theories and actions that must be learned and followed. In sociology there are many varying theories that one must learn, and then apply to each specific situation they encounter. The goal of this project was to take the sociological theory of bias and apply that to the communication that nurses have with each other.

I would like to thank Charlene Campbell for allowing me to take on the project and fully supporting my ideas. Without her, this project would not have been possible. She allowed me to ask any question and attempt to work my way to the answer. She has helped me understand how to conduct my own research to complete this project, and to serve as a framework for possible future research.

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I would also like to thank my family; my Mom, Dad and sister Alex. They have always supported me and stood by me through out all of my ups and downs. I would never have been able to achieve so much if they hadn't been standing behind me. I love you dearly and appreciate everything you do for me.

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Introduction

"The ordinariness of things that we do everyday, such as communicating effectively, in fact is very important and deserves to be unraveled" (Usher and Monkley, 2001, pg. 100). Effective communication is a principle that seems simple at first glance, but when broken down it holds many questions. What does effective truly mean? What does communication mean? Does effective communication in life mean something different than effective communication in nursing? What creates the way we communicate? Why are there different communication styles? What is it that effects how we learn to communicate? All these questions circling back to communicating effectively create a sound basis of research.

Communication is a tool that everyone has developed throughout their lifetime allowing them to interact in any way with others. It is a learned skill that in part is created when we as humans are socialized into the world. The discipline of sociology studies bias, which in short is the way people are socialized, and how the environment surrounding them effects how they learn how to behave. The discipline of nursing relies heavily on the use of communication to facilitate effective care. The question that exists to unite the two disciplines is: Is it necessary to know your own sociological bias in nurse to nurse communication settings?

Discussion of the Literature

In the text *Communication in Nursing,* Kron states "Communication is necessary for survival" (1972, pg. 8). In regard to the nursing profession, communication is the cornerstone of effective care. It is an integral factor of the nursing process, allowing nurses to function and operate effectively.

Communication is the way nurses relay pertinent information in regards to the effective care of patients. While much research has been done analyzing the communication between nurses and the patients they care for, the focus here will be to look at how nurses communicate with each other. Further to see what type of role knowing ones own bias plays in communication situations between nursing staff.

"We cannot separate communication and culture. If we are to understand people, we must understand the culture from which they come from" (Kron, 1972, pg.11). In communication there are clear sociological implications. But what role do they truly play? What is the sociological bias and how is it created specifically for each person? Is the so call 'sociological bias' relevant, or is it another term just being used to explain something obsolete?

The topic of the sociological bias is either directly or indirectly noted in many nursing texts. The literature to be discussed shows the existence of this bias and intertwines it with the need for effective communication in nursing. There is evidence that will show how communication is created, transmitted, and cycled. In addition the two disciplines will work tighter to prove the fact that it is absolutely necessary to know one's own bias in nurse-to-nurse communication settings.

When discussing effective communication, the first step must be to find a working definition. Before the analysis of communication is applied to nursing staff situations, the basis of communication must be determined. Douglass (1992) states, "Communication is the process whereby a message is passed from sender to receiver with the hope that the information exchanged will be understood as the

sender intended" (pg. 151). This definition establishes what the fundamental basis of communication is.

Now that communication can be defined, we must ask what classifies an interaction as effective communication. What are the specific details that need to be a part of the communication interaction to be able to call that specific interaction effective? Douglass created a model to display all the components of the communication process. Figure 8-1 from the text shows how this system operates with inner and outer processes. (Douglass, 1992, pg.154)

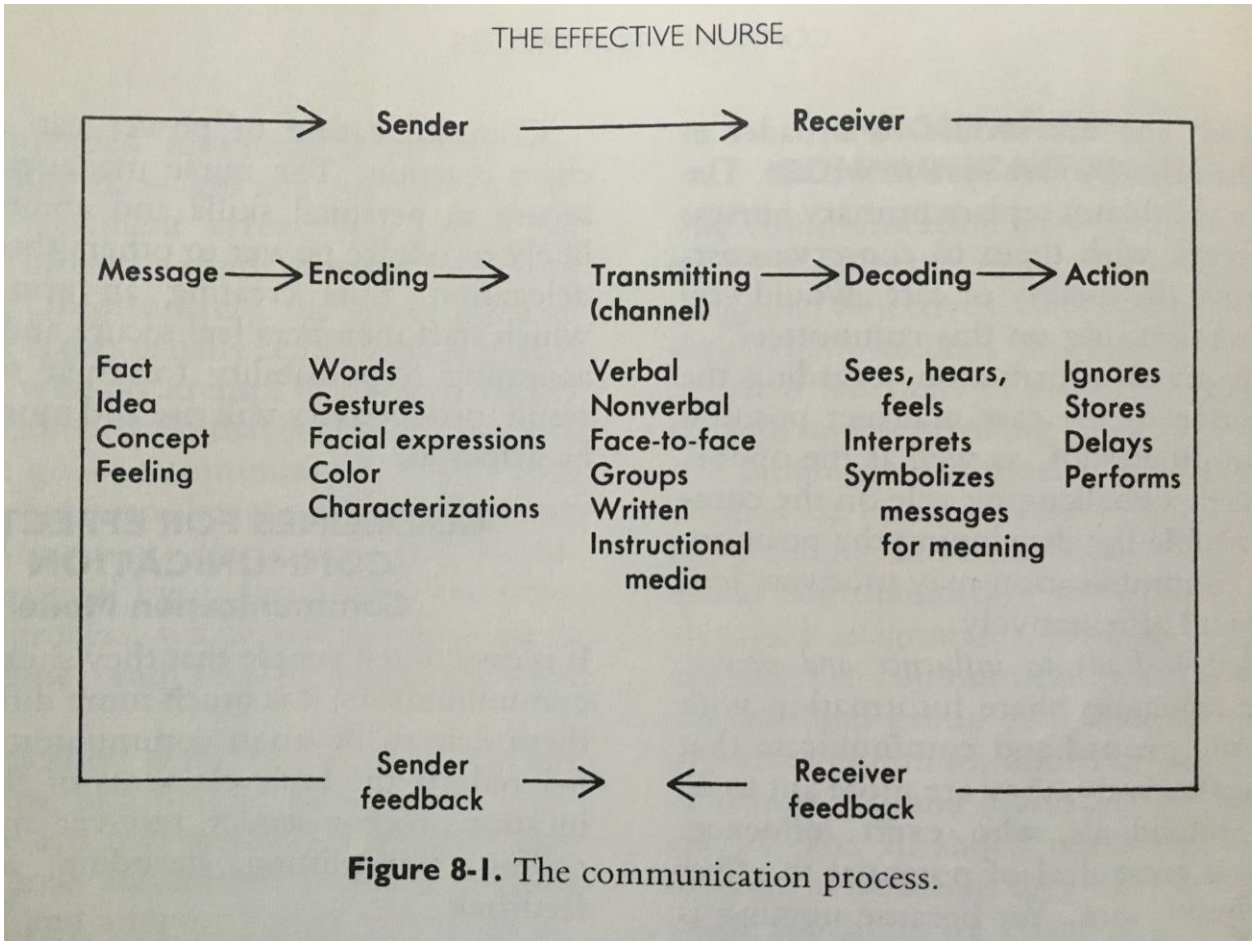

Figure 8-1. The communication process.

Note. Douglass, 1992, pg.154.

The outer flow shows that the initial information flows from the sender to the receiver. On the bottom of the outer flow, the graphic shows that feedback is fluid in movement, and can circulate in both directions relevant to the sender and receiver. The feedback stage is the last step in the communication process. Feedback can be verbal and nonverbal, and can include note taking, verbalizing concepts back, and simple nodding. The inner flow shows the stream of thinking needed in the exchange.

Communication begins when the sender has a message to share. This message is created with fact, ideas, concepts, and feeling. This is the first step in the process as the message is the foundation for the need to communicate. Encoding is the next step, which falls onto the sender as well. This is the process of physically and verbally relaying the message. Encoding also includes the decisions made by the sender regarding what will be said, how it will be said, when it will be said, and where it will be said. These decisions by the sender in part relate to how the message will be received. The transmitting channel is the method used to share the information. The sender must make a decision based on what modes they have available and what the situation requires. Decoding is the first active step for the receiver. In decoding the receiver must interpret that message into the information that they need to absorb. This step is all about understanding. The last step of the inner flow is the action taken by the receiver. Meaning, what the receiver does based on the information they have interpreted.

Douglass (1992) concludes that, “Effective two-way communications occurs when a receiver acknowledges a message and then sends meaningful feedback to

the sender" (pg. 156). This graphic below further shows how effective communication must include a majority portion of working together in order to be successful. Thus a definition for effective communication is created. It must include all of the different parts of the communication process, but it also must have an increased focus on commonality of experiences and involves the sender and receiver working together more than they work independently.

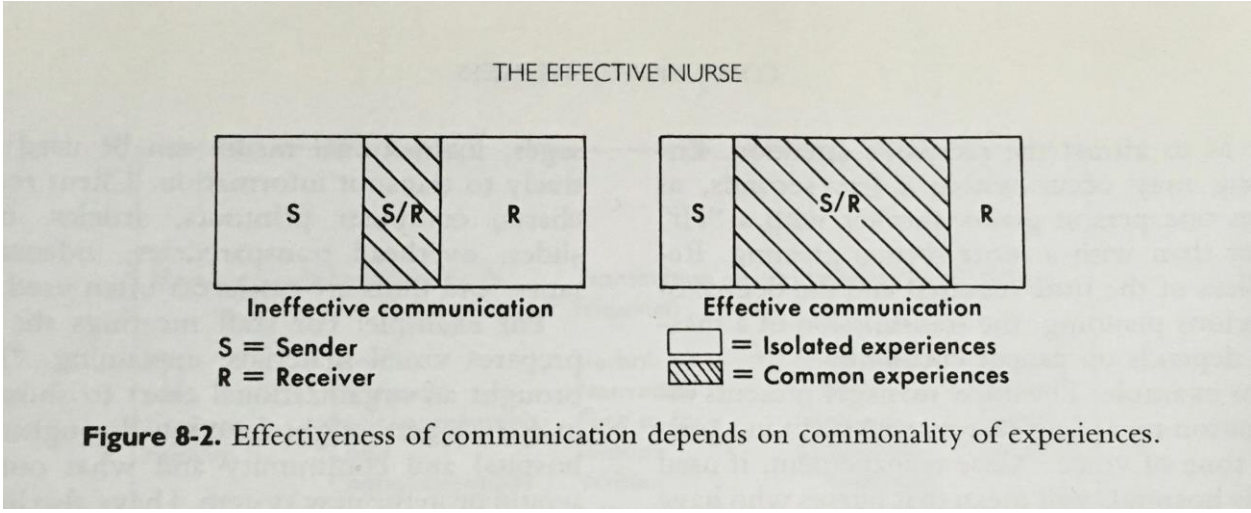

Figure 8-2. Effectiveness of communication depends on commonality of experiences.

Note. Douglass, 1992, pg. 156.

Encoding is the step that is crucial to the sociological interpretation of communication. It is in this step that the sociological bias begins to emerge. Douglass states, "Words, gestures, facial expressions, and all other symbols are learned through the influence of parents, culture, school, religious affiliation, friends and employment. Communication is never perfect because none of the symbols used in communication has universal meaning" (pg.154). The sociological bias of the

sender and receiver will be different, however how they will be sending and receiving the message is based on the bias.

The other step that has major ties to the sociological bias is decoding. Douglass states, “The decoding process is affected by the receiver’s experiences, personal interpretations of the symbols used, expectations, and mutuality of meaning with the sender. Even with the best of intentions, however, a receiver may not understand the intended message because perceptions of the two people are different” (1992, pg.155).

In a nursing setting there are many different types of communication necessary. Two main different types are interpersonal and organizational information. Interpersonal communication is the transfer of information between staff in nurse to nurse interactions. Organizational communication in the communication relayed to the staff as a whole from people in management positions and also communication from the organization to the community (Douglass, 1992, pg.152).

Douglass (1992) also states, “One difficulty with the communication process is that people are seldom totally effective in transmitting their intended meanings to others, frequently sending messages not intended.” Continuing on the argument stating, “The action taken to resolve these errors usually centers on resolution of the error, with no attempt to study the faulty communication process that exists in the clinical setting” (pg. 152). In the same way that people unconsciously stop focusing on things in life, the underlying factors of communication are not the focus. Over

time there has been a shift of the focus to damage control after an error has been made, instead of working on self-effectiveness to prevent that from even happening.

Communication is a necessary factor of care, as evidenced by the statements of how it is used in practice. "The communication channel can be used as a basis for planning and delegating." "Written or verbal communication are an essential part of controlling and evaluating a nurse's delivery of care" (Douglass, 1992, pg.152). In part the communication of the staff is directly related to the effectiveness of care and the success rate of the nurse themselves. "Staff participation and interest is positively influenced by good communication. Sharing information of mutual interest and benefit to the group gives vital support to an employee's sense of belonging"(Douglass, 1992, pg.152). Essentially concluding that if communication throughout the group is "good" then the group performs more effectively individually.

Madeleine Leininger is the founder of transcultural nursing. She focused her work around the ideal that caring is a central component of nursing, but further that behavioral patterns that we learn in childhood creates our cultural basis. She also acknowledged that a lack of cultural care and cultural knowledge lead to poorer health outcomes. Her work focused on recognizing your own specific behavioral patterns, and being able to accept the differences in other people's cultural backgrounds.

Leininger defines transcultural nursing as, "a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing

culture-specific and universal nursing care practices in promoting health or well-being or to help people to face unfavorable human conditions, illness, or death in culturally meaningful ways" (Eicrhelberger, 2010, pg. 94.) In her research, Leininger found that being able to recognize the cultural differences between others in they key to effective care. She termed her method as culturally congruent care. Stressing that a nurse must be aware of cultural differences in order to be effective, this can be applied to all aspects of care especially communication.

Leininger further explains the way that each person is taught his or her sociological bias through culture. Defining culture and the process as, "*Culture* refers to learned, shared, and transmitted values, beliefs, norms, and lifeways of a specific individual or group that guide their thinking, decisions, actions, and patterned ways of living." (Eicrhelberger, 2010, pg. 95) This process creates one's values, norms, beliefs, behaviors, social organization, attitudes and customs. These are the results of what an individual learns subconsciously in respect to the sociological bias.

In nursing, sociological factors are referred to as social determinants of health. This includes the specific factors that provide the framework of the culture around us. Social determinants include age, race, gender, religion, spirituality, occupation, living conditions, environment, family structure and dynamics, ethnicity, sexual orientation, and socioeconomic status. (Anderson, 2015)

Kron (1972) begins her book with a poignant statement, "We live in a world of words yet we have more difficulties in communication than ever before...Most, if not all, of our problems today can be traced directly or indirectly to a lack of communication" (pg.iii). This sentiment was expressed in the early seventies, before

all the new technological advances we have to today were even thought up. With this as the introduction to the text, the main goal of the text can be expressed as getting to the root of why communication is lacking in effectiveness.

In the preface, Kron (1972) also nods to the sociological implications of communication, "Communication *is* interpersonal relationships, and people react and interact because of their attitudes, prejudices, knowledge and understanding acquired through past experiences" (pg.iv) This text is one of many that non-intentionally relate the way we as nurses communicate to the sociological bias. The sociologic factor is the way we as humans are socialized throughout our lives. Our specific bias is created as we are socialized through our lives, family, and the environment we live and learn in.

Kron (1972) breaks down three different theories; the mathematical theory, the social psychological theory and the linguistic theory. The mathematical theory is defined as, "communication that is concerned mainly with the mechanical techniques used to transmit messages" (Kron, 1972, pg.4). The social psychological theory "is concerned with how language affect people and causes them to react both as individuals and groups" (Kron, 1972, pg.5). Lastly the linguistic theory is described as having, "emphasis is placed on the languages (verbal and nonverbal) of people throughout the world" (Kron, 1972, pg.5).

Kron (1972) comments on culture, referring to it as the ways of living being transmitted from one generation to another beginning at birth and continuing all through out one's life. Further stating, "His cultural background will continue to

influence his responses to his environment throughout his life" (Kron, 1972, pg. 10). In her own way describing the sociological bias and its effects on behavior. In addition, Kron (1972) comments on the many differences cultures have including; "time, space, progress, work, and personal relationships" (pg.11)

Further delving into the recognition of sociological factors in nursing communication, Kron provides some new terms to consider. "The meaning of any symbol, *semantics,* is learned and is based upon the person's cultural background. People react to perceived meanings. The study of reactions of people to signs and symbols (*i.e. language),* is *pragmatics*" (Kron, 1972, pg.6). The text then provides evidence to support the idea that knowing one's self bias can improve efficacy, "We must recognize that communication involves individuals and that problems in communication are in reality problems in human relationships, which can never be solved until we consider the individuals involved" (Kron, 1972, pg.7). The point being made is that the key to effective communication is not only acknowledging one's own bias but doing so and also recognizing the bias of the other individual involved in the communication. Further stating that "We must understand whom, in what way, about what, with what effect, and why" (Kron, 1972, pg.11).

In conclusion, Kron uses this text to implore the importance of self reflection and self improvement especially in the area of communication. Early on in the text she states, "We shall never achieve absolute perfection in communication, but we must keep trying to become more skillful in the use of tools of communication-listening, reading, speaking, doing, observing, and, of course, thinking, for without thinking all the other tools have no value."(Kron, 1972, pg.11) This sentiment is

incredibly pertinent to all the arguments presented. In essence the message is not only to focus on bias; both self-reflecting and recognizing that of others, but to always be thinking. The concept of thinking is the core of assessment. It is our main tool in practice. The mention of thinking above all else further reinforces the fact that nurses *should* be thinking about not just what they are communicating but *how* they communicate and *why* they communicate that way.

Gordon (2010) uses a platform of storytelling to share the perspective of real nurses discussing real life situations they have faced in their careers. She begins with a poignant statement about her own experience.

> *"For more than two decades, I've had a front-row seat on nurses' socialization in self-denial. Whether in nursing school or on the job, nurses are taught how to care for and be concerned about patients. They are constantly enjoined to advocate for patients. What they are not encouraged to do is advocate for, or acknowledge, their own needs either as human beings or as professionals" (pg.3)*

With a lack of focus on self, this nurse has seen the negative consequences first hand. She saw this problem, and her efforts to bring awareness to the topic culminated in a book about real nurses finding their voices. Gordon's work *When Chicken Soup isn't Enough* is a collection of stories by nurses for nurses; focusing on the importance of being confident in your communication. Without confidence in yourself and your practice, a nurse cannot effectively advocate for her patients or herself.

The research of Usher and Monkley focuses on the perception a nurse has of their own communication. This study was done to provide more information regarding communication in intensive care environments. Several studies had been done showing dissatisfaction in the patient population, citing "...many patients recover...with a less than favorable view of nurses' ability to communicate effectively" (Usher & Monkley, 2001, 91). This study sets up a way to look at the self-assessment of nurses in the specific area of communication.

This study focused on the communication between nurse and patient. In the ICU many patients have barriers to respond to communication, including levels of sedation, lack of consciousness or even restrictive medical devices. There is evidence that ICU nurses see the importance of communication areas including, "procedural/task orientations; orientational information; reassurances; apologies/recognition of discomfort; efforts to illicit a response; intentional and unintentional distraction; social conversation with colleagues while recognizing the patient's presence" (Usher & Monkley, 2001, 92). In addition, there have been some instances of the research showing indications that patients have felt communication from nurses while they were unconscious led to the prevention of feelings of isolation and alienation (Salyer & Stuart, 1985).

The research this study collected prior to completing their own showed that the overall consensus of the patients was negative in reference to the communication from nurses. Usher and Monkley (2001) concluded that, "Jarrett and Payne (1995) found that much of nurse's communication with patients is brief,

superficial, and often perceived by the patients as controlling. As a result, effective communication is restricted." They are showing that the way the nurses are perceived by the patients can be a barrier if that perception is negative. To support that Usher and Monkley (2001) found that "patients reported feelings of frustration, anger, exhaustion, and hopelessness as a result of nurses' poor communication" (pg. 92).

The material presented show that effective communication as a pillar of care is well recognized, but may not always be executed in practice. The authors of this work cite the only unknown to be the perception of the nurses in regard to effective communication in ICU situations. This is the purpose of this study; to explore what a nurse perceives as effective communication.

The research design is a descriptive qualitative study, which used stories to collect the data. There were 10 participants selected randomly from a group of qualified registered nurses currently working in an ICU setting. In the interviews participants were asked to tell stories of effective communication in their practice. (Usher & Monkley, 2001, pg.93)

Interestingly the researchers themselves commented on bias. Usher and Monkley (2001) commented, "In this journal, recorded were thoughts, feelings and attitudes about the interview and data received. This allows the researcher to identify any biases towards the data and the subject as a whole" (pg.94). These researchers showed the importance of knowing your own biases to maintain an effective process. While they are applying this to the research process itself, this point is pertinent to all areas of communication.

In the data analysis phase the researchers found that “There is no one quality or aspect of communication that stands alone as the key to establishing effective communication” (Usher & Monkley, 2001, pg. 94). However they did find several themes to correlate the data including; nurse’s perceptions, presencing and reassurance. Concluding that effective communication occurs when these three components are used together and properly. The findings described how the quality of information is a fundamental need of effective communication.

In describing the perception of nurses the study describes the positive effect of tone of voice and timing. They also note the importance of verbal communication being matched by appropriate non-verbal communication, terming this to be ‘congruence’. The use of congruence allows nurses to convey an authentic and sincere message. Usher and Monkley (2001) states that “The use of empathy is no less important than in any other area nursing...Without empathy, the nurse decreases personal involvement, and responses appear standard, professional and detached” (pg. 95). Stressing the point that care given through communication is some of the most important in any hospital setting. Further in defense of the necessity of understanding of communication, Usher and Monkley (2001) note, “Good timing of communication involves being aware of events preceding and following the interaction” (pg.95). It is essential for the nurse to be thinking globally and holistically in regards to what and when to tell the patient things. A nurse is the one caregiver that will create a level of trust with the patient that they will value. If the nurse is not thinking about the timing of communication they may create a very negative interaction, and thus break the trusting relationship with the patient.

Concluding that the nurse must consider the patient's emotional status and cultural bias as they applied to their condition.

The study also showed that a majority of participants noted the necessity of presencing; or the availability of the nurse to the patient through human relating. Usher and Monkley (2001) describe this further as, "Presencing involves situating of the nurse's self sensitively and imaginatively in the world of those being cared for" (pg.97). This is a practice that is remarkably similar to that of identifying the bias of yourself and others. Described in this study is the need for the nurse to assess their communication with mind, body and soul all things that are specific to the culture the nurse was socialized into. The use of this practice is critical to care as it is what allows nurses to provide culturally competent care. The authors further express confirmation of this ideal, "Presencing involves sharing humanness, and that sharing humanness involves some self-disclosure on the nurse's part" (Usher & Monkley, 2001, pg.97).

This article concludes with the discussion of the last theme identified. "Effective communication has been achieved when the patient feels reassured. Simple, honest, genuine communication, together with the nurses' physical and spiritual presence, appears to create an atmosphere of trust and security for patients" (Usher and Monkley, 2001, pg.98). This simple sentiment describes all the fragments of knowledge a nurse must fuse together to create a practice of effective communication, and further a practice with emphasis on culturally competent care. This study used the platform of ICU nurse's experience to highlight the importance of effective communication.

Recommendations for Further Research

The main goal of this research was to collect all nursing literature that pertained to the need for awareness of sociological bias. While there was a great deal of literature available, most was fairly dated. This research focused on nine sources, eight print texts and one published article. The topic of communication in nursing is something that should always be the topic of research. The best platform to further this research would be qualitative interviews of nurses. Allowing for the analysis of the level of self-awareness and how that awareness affects the effectiveness of their communication by asking actual practicing nursing their experiences.

Conclusion

This research asks many questions with sociological origins and applies them to the nursing field. It asks what is the sociological bias? And is it necessary for a nurse to know his or her own bias? The review of the literature presented shows a clear pattern that understanding and self reflection of the sociological bias is necessary to communicate effectively. Through the many nursing texts, this idea of culture and how it creates people's own specific bias has been described. All of the findings presented support the notion that in order to communicate effectively in nursing, one must be aware of their sociological bias.

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