




October 2020

Communicating Confidently: Skills for Nursing Student Clinical Success

Cari Granier

Nicholls State University, cari.granier@nicholls.edu

Follow this and additional works at: <https://repository.ulm.edu/ojihp>

 Part of the [Health Communication Commons](#), [Higher Education and Teaching Commons](#), [Interprofessional Education Commons](#), [Other Nursing Commons](#), and the [Scholarship of Teaching and Learning Commons](#)

Recommended Citation

Granier, C. (2020). Communicating Confidently: Skills for Nursing Student Clinical Success. *Online Journal of Interprofessional Health Promotion*, 2(2). Retrieved from <https://repository.ulm.edu/ojihp/vol2/iss2/4>

This Article is brought to you for free and open access by ULM Digital Repository. It has been accepted for inclusion in Online Journal of Interprofessional Health Promotion by an authorized editor of ULM Digital Repository. For more information, please contact lowe@ulm.edu.

INTRODUCTION

During a typical shift, nurses communicate with patients, visitors, other nurses, and various members of the interdisciplinary health care team, and how well they communicate directly affects their job satisfaction, quality of care, and patient outcomes. Chaharsoughi et al. (2014) reports that ineffective communication among care providers is a major factor in medication errors, delayed treatment, injury, mortality, and surgical site errors. Because of these correlations, it is crucial that nursing students begin learning effective communication techniques early. As noted by Gurdogan et al. (2016), when nursing students feel more confident, they are able to communicate more effectively.

As an educator, I have personally observed ways in which my own students have struggled to communicate effectively in the clinical setting. Common obstacles include initiating and maintaining conversations with patients, as well as how to organize and clearly convey patient information to other care providers. These problems can often be exacerbated when in the presence of other parties, such as visitors, patient family members, and other healthcare professionals. Fortunately, there are a few interventions that nursing educators can easily implement to help students begin building their confidence prior to entering the clinical setting. Once confidence is built, students should be able to communicate more effectively with patients, visitors, and other care providers.

METHODS

Prior to initiating research, approval was obtained from the Nicholls State University Human Subjects Institutional Review Board. There were no anticipated risks for participants. Prior to participation, written consents were obtained. The following statements were also included: You are free to refuse to participate in this research project or to withdraw your consent and discontinue

participation in the project at any time without penalty. Your participation will not affect your relationship with the institution(s) involved in this project.

To protect student participants, responses were anonymous, participation was not associated with a course grade, and contact information of an uninvolved party was available for concerns or complaints. To avoid conflict of interest, the author did not allow students in their own clinical group to participate

17 first-year baccalaureate clinical nursing students from Nicholls State University volunteered to participate in this study which focused on perceived confidence levels in communication abilities. Participation was not mandatory nor was it tied to a course grade or progression.

Participants were asked to anonymously complete a survey prior to and after interventions. The following four questions were included: How often do you feel confident communicating with patients one-on-one? How often do you feel confident communicating with a patient when family is present? How often do you feel confident communicating with your assigned patient's nurse? And, how often do you feel confident communicating with your clinical faculty? Questions were answered using an author-created Likert scale with the following response options: never confident, rarely confident, often confident, and always confident.

Before entering the clinical setting, participants were given copies of sample communication scripts, as well as an example of a conversation between a nurse and doctor utilizing the situation-background-assessment-recommendation (SBAR) technique. The scripted questions were geared towards initiating and maintaining conversations with patients and their families (see Appendix A). Students were then instructed to provide follow-up questions and/or comments that expressed an interest in the patient's life, hobbies, or preferences with a goal of

moving the conversation beyond patient care and medical needs. These types of conversations can help students create meaningful bonds and build trust with patients and visitors.

The SBAR technique is useful when communicating with other care providers because it is easy to remember and serves as a guide to relay information and communicate a patient's story. Students often struggle to organize patient information and report it clearly. This frequently results in missed information or misunderstandings which can result in fatal errors. When reviewing this method, students were instructed to first explain the patient's current situation followed by all relevant background information. Afterwards, they should explain their own assessment of the problem followed by any recommendations that may help to resolve the issue.

Prior to beginning their clinical rotation, students practiced these techniques in the lab with their clinical educator through role-play and simulation, allowing them to practice and build confidence in a low-stress environment and received immediate feedback. There were nine sessions of practice time prior to entering the clinical setting. Practice consisted of three sessions in small groups with students and faculty, three sessions of small groups with only students, and three sessions of one-on-one with faculty only. During these practice sessions, students were encouraged to use the SBAR technique during simulated conversations with healthcare providers. They were encouraged to use ideas from the conversation starter handout when simulating conversations with the patient. Eventually, students were able to apply these techniques to real conversations with patients, patient family members, nurses, and their clinical educator.

RESULTS

Data in Table 1 indicates the number of participants who selected each response option in the pre- and post-survey. Table 2 displays the data as percentages.

Table 1:								
Response	Never		Rarely		Often		Always	
Category	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Patient	0	0	1	0	8	4	8	13
Patient's family	0	0	1	1	13	8	3	8
Assigned nurse	0	0	3	2	10	4	4	11
Clinical faculty	0	0	1	0	3	1	13	16

Table 2:								
Response	Never		Rarely		Often		Always	
Category	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Patient	0	0	5.8	0	47	23.5	47	76.4
Patient's family	0	0	5.8	5.8	76.4	47	17.6	47
Assigned nurse	0	0	17.6	11.7	58.8	23.5	23.5	64.7
Clinical faculty	0	0	5.8	0	17.6	5.8	76.4	94.1

CONCLUSION

Through exposure and practice, students can build confidence in their communication abilities. With this, patients should receive a higher quality of care and experience better outcomes. Thus, there is a need for baccalaureate nursing educators to provide students with the necessary tools and training to communicate effectively in the clinical setting. Using SBAR and scripted conversations in simulation is an easy and low-cost method of introducing and developing communication skills. Implementing these interventions into the curriculum allows students to reap the benefits of learning and practicing in a safe, low-stress environment with immediate feedback to better their communication skills.

APPENDIX A

Use the following examples to help initiate and maintain conversations with patients:

- How was your night? Did you get some sleep?
- How are you feeling today?
 - Is that better, worse, or the same as yesterday?
- If the patient has pictures, flowers, or gifts in the room, comment on them:
 - Those flowers smell lovely and really brighten up your room
 - Those balloons add some fun to the room. Who sent them?
 - That is a lovely picture. Would you mind telling me about it?
- I've noticed you've been watching TV for a while. Is there anything good on today?
- What TV show do you like to watch at home?
- Do you have any kids or pets at home?
 - If so, ask them questions about each, or ask if they have pictures to show.
- Ask about hobbies: What do you like to do when you're at home and feeling well? Then follow up.
 - What's your favorite fishing spot?
 - How often do you and your friends go to bingo?
 - Do you knit a lot of things for your family and friends?
 - What do you do with all those vegetables from your garden?
- Ask if they've watched the weather lately, and if so, ask about the forecast.
- Ask about their favorite restaurant or recipe.
 - Ask them to explain how they cook their favorite dish.
- If your patient introduces a difficult topic like depression or death, pull up a chair, tell them you have time to talk and would like to hear what is bothering them. Instead of offering advice, ask open ended questions that further the conversation and allow them to express their thoughts.

REFERENCES

- Bambini, D., Washburn, J., & Perkins, R. (2009). Outcomes of clinical simulation for novice nursing students: Communication, confidence, clinical judgment. *Nursing Education Research*, 30, 79-82. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19476069>
- Benner, P. (1982). From novice to expert. *The American Journal of Nursing*, 82(3), 402-407. doi:10.2307/3462928
- Chan, Z. C. Y., Lai, C. K. Y. (2016). The nurse-patient communication: Voices from nursing students. *International Journal of Adolescent Medicine and Health*, 29(6), 1-9. doi:10.1515/ijamh-2016-0023
- Charharsoughi, N., Aharia, S., Alikhah, S. (2014). Comparison the effect of teaching SBAR technique with role plan and lecturing on communication skills of nurses. *Journal of Caring Sciences*, 3(2), 141-147. doi: 10.5681/jcs.2014.015
- Gurdogan, E. P., Uslusoy, E. C., Kurt, S., Yasak, K. (2016). Comparison of the self esteem and communication skills at the 1st and senior year nursing students. *International Journal of Caring Sciences*, 9(2), 496-502. Retrieved from https://internationaljournalofcaringsciences.org/docs/14_%20Gurdogan_original_9_2.pdf
- Judd, M. (2013). Broken communication in nursing can kill: teaching communication is vital. *Creative Nursing*, 19, 101-103. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23798248>
- Kourhouta, L., Papathanasiou, L.V. (2014). Communication in nursing practice. *Academy of Medical Sciences of Bosnia & Herzegovina*, 26(1), 65-67. doi:10.5455/msm.2014.26.65-67
- Lundberg, K. M. (2008). *Promoting self-confidence in clinical nursing students*. *Nurse Educator*, 33(2), 86-89. doi:10.1097/01.NNE.0000299512.78270.d0