

* COMMUNICATION OR CONFLICT

roads to better understanding between nurse, patient, health team and public

By

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THIS topic, communication or conflict, will be dealt with by describing: firstly, the process of communication and the conditions necessary for it to be effective; secondly, some of the conflicts which may arise if communication is ineffective; thirdly, some ways in which conflicts may be resolved or used constructively; and finally, by indicating the only possible road to effective communication and better understanding.

Process of Communication

Communication means a variety of things to many different people according to their particular orientation. It is, therefore, necessary to begin by defining the word before relating it to our orientation, that is, to nursing.

In this paper the word communication is defined as that process whereby ideas, feelings and information are transmitted to and received from persons and groups. By definition it is therefore recognised as not a simple one-way process but rather a reciprocal exchange between people.

At its simplest, this dynamic process simultaneously involves a sender and receiver, each at any one moment taking over the role of the other during the interaction. The sender uses words, gestures or facial expression, and usually a combination of these, to convey a specific message to the receiver hoping to evoke a particular type of response. The receiver's response will be influenced by multifarious factors such as past experience, present interests, needs and attitudes; and because these factors combine in unique ways in each person, it is unlikely that any two people will respond in exactly the same way to the same message. It

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is therefore perhaps true to say that the feed-back to the sender is one of the most important parts of the process, enabling the sender to know how his message is received and interpreted and the extent of distortion; also, the response will dictate the next step in the dynamic process.

As nurses our purpose in communication is to reach mutual understanding between nurses as persons, between groups of nurses, between nurses and patients, between nurses and other professionals and between nurses and member of the community. Without achievement of effective communication the nurse cannot function to her full potential in association with her fellows, either as a professional person or as an individual in the community. Similarly, without effective communication between groups of nurses, the nursing profession cannot achieve maximum development.

Conditions necessary for effective communication

Communication is more likely to be effective when the following conditions are present:

1. The sender has achieved an adequate level of knowledge and understanding of the content of the message to be conveyed;

2. The sender has developed the ability to prepare his message in "language" which will facilitate understanding by the receiver. This means that the sender must have

some awareness of the background and needs of the recipient and must be able to relate his communication to the recipient's particular level of understanding;

3. The sender is both accurate and honest in his communications. This means, for example, that the spoken word, the tone of voice, gestures and facial expressions all convey the same message;

4. The sender provides adequate opportunities and takes sufficient time to determine whether or not the message has been received and interpreted as was intended;

5. A social climate is developed in which each individual has opportunity to satisfy his socio-emotional needs. These needs are powerful forces in the make-up of every one of us, giving direction to and sustaining behaviour; for all men, irrespective of who they may be or where they are, strive constantly to appear adequate as persons in the eyes of others and to be accepted by them.

Relationships between two or more people, which are based on a knowledge and recognition of these needs, produce a social climate in which each person feels that he is warmly accepted as he is; that he has a measure of independence and

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a sense of achievement and importance; and, further, that he can depend on understanding support in stressful, anxious or fearful situations. It is a climate in which each person is able to voice opinions freely even when they are not in agreement with the consensus of opinion, knowing that his contributions will be received objectively and that his opinions will be listened to with consideration and interest. It is a climate in which disagreement does not give rise to disruption but rather encourages co-operative effort towards solution of the problem through analysis of the causes of disagreement.

This type of social climate is established and maintained only with the expenditure of considerable time and with the guidance of at least one person who has a broad knowledge of human behaviour and who has developed a high level of interpersonal skill. This is not to imply that any one person is solely responsible for creating such a climate, although admittedly in a group the leader should be in the best position to do so, but rather that each person has an equal measure of responsibility. If this is accepted, then it is possible to develop a climate in which each person is able to convey true feelings and develop ideas not only with sincerity and integrity but also with the knowledge that any particular expertness will be recognised.

6. The nature of the structure of an organisation is such that a climate conducive to effective communication can be developed.

Considerable research in recent years into organisational structure in commerce, industry, hospitals and health organisations, has brought out clearly the need to develop a structure in which decision-making is possible at the levels where decisions can be made most effectively. If this can be done in hospitals and health agencies, better formal and informal communication will be achieved, resulting in increased work satisfaction and staff morale.

Results of ineffective communication

If the conditions for effective communication are not present, frustrations and conflicts which every individual experiences, are

not only more difficult to resolve but also increase in number and intensity.

Frustration, a blocking of an ongoing goal-directed activity, and conflict, a state of indecision which occurs when a choice has to be made between goals, arise when the individual's socio-emotional needs are denied or when it is not possible to achieve what, according to the particular values and beliefs of the individual, is his purpose in life.

The factors involved in persistent frustrations and conflict which reduce the total personality, or impair its completeness, are the accompanying psycho-physiological reactions or in other words, the unpleasant feeling states which vary from apprehension to anxiety or from slight irritation to marked annoyance.

The particular kind of frustration with which we are concerned in this paper, is *conflict* which ranges all the way from personal conflict, role conflict to group conflict and involves a state of indecision as to the course of action to be taken by the individuals or the groups concerned.

Personal conflicts occur when a person's goals are perceived by him as having opposing values or when a goal has both desirable and undesirable features. Intra-group conflicts arise when different members of the group attach different values to the group goals. Inter-group conflicts develop when goals of one group are perceived by another group to be incompatible with their attitudes, values and beliefs.

Role conflict is a personal conflict of a particular kind which occurs when an individual perceives his role in any organisation structure as different from that expected of him by others or when the demands of one of his roles, conflict or interfere with meeting the demands of another.

In nursing, two kinds of role conflict frequently met are those in which the individual has to make a choice between personal goals and the goals of the organisation which, to that individual, appear incompatible, and where the individual's concept of the priorities of his functions

and responsibilities and the priorities as seen by others in the organisation are incompatible.

In Australia, for example, the following specific conflicts arise out of the apprentice-type pattern of nurse training:

One of the nursing service personnel's most serious conflicts arises from having to meet the learning needs of the student on the one hand and the nursing needs of the patient on the other.

One of the student nurse's most serious conflicts arises from having to assume nursing responsibilities for which she is inadequately prepared. This results in the sensitive intelligent student being aware of her inadequacy, having to decide whether to continue nursing—the work she has chosen—or to leave it for a less stressful occupation.

One of the nursing educator's most serious conflicts arises out of this system which does not permit the implementation of an educational programme which would meet the total learning needs of the students. The educator must decide whether she will continue in this role in order that the best can be achieved for the students, her co-workers and indirectly for the patients, under the circumstances, or whether she will transfer to a field of nursing in which she could achieve the goals of the particular position she would occupy, thereby gaining work satisfaction.

Conflicts also arise from the functional pattern of work assignment in many of our hospitals.

The nurse who believes that her role is to provide the best possible individualised patient care, may be in serious conflict because she finds that the time which must be devoted to assigned tasks reduces the time she can spend with the patients, and that many tasks have to be performed at a time and in a manner which prevents her from providing individualised patient care. She must decide, therefore, whether to continue trying to provide the best possible patient care and perhaps achieve little

apparent success, or to direct her energies at performing the specific tasks assigned to her to the best of her ability, thereby gaining the approval of her employers.

Serious and widespread conflicts arise from a salary structure which, according to the International Labour Office Report, is not based on an examination and appraisal of duties, responsibilities and qualifications of the various categories of personnel, in all fields of nursing.

Under our present salary structure for example, little account can be taken of special preparation and experience required for particular positions and the responsibilities entailed in them. Nurses, therefore, at a particular level in the structure, have to decide whether to move into a position in a higher category not requiring their special expertness but providing desired economic security, or to remain in the position where their particular expertness is used, but which does not provide the desired degree of economic security.

Group conflicts may arise between the nursing and management groups in a hospital if the organisational structure is such that nearly all major decisions, including decisions affecting nursing, are made by the management group.

Where this policy exists, the nursing group being deprived of decision-making in the area for which it is both qualified and experienced, is expected to accept a passive dependent role. Such dependency expected of a group, prepared to carry much greater responsibility, leads to conflict not only between senior nursing personnel and management but also between groups of nurses and other hospital personnel. This in turn leads to high nursing staff turn-over and a general lowering of morale within the organisation.

Resolving conflicts

How conflicts will be resolved depends upon many factors including attitudes towards and habits in solving problems. The individual may make a conscious and direct

approach to solving his problems or he may unconsciously adjust to them, leaving the problems unsolved but relieving, for the time being, the associated tension. The existence of a suitable climate will certainly encourage the conscious approach but where unconscious patterns of adjusting to conflict are firmly established, guidance from someone knowledgeable and skilled in interpersonal relationships will help an individual to gain insight into his behaviour and to face up consciously to his problems.

It should not be thought, however, that all conflicts are necessarily damaging in themselves, for if the principles of effective communication are applied, they can be important factors in helping individuals and groups to achieve worthwhile goals. This means that conflicts can be accepted, their sources located, their nature explored and solutions found, for as Dr. Michael Ramsay, Archbishop of Canterbury, in acknowledging his belief in freedom of speech has said "...out of the clash of ideas and views emerges the truth."

An article entitled "What is Real Nursing",* part of which refers to patterns of adjustment to conflict and the need to promote growth in a profession and within professionals through creative resolution of conflicts, gives support to the belief that effective communication is the greatest single factor in resolving conflict. The writers say :

The healthiest way in which nurses handle their conflicts is, first of all, to accept them and to locate their sources in the conflicting expectations of the persons concerned, including themselves. This may involve considerable investment of time in group situations with other nurses who are seeking clarification of their roles and situations.

Eventually the nurses must seek to communicate openly about the conflicts with the various persons involved. It is not enough to establish regular, formal, highly edited, surface communication between nurses and doctors, or between nurses at different organisational levels.

The communication must become free and probing enough to bring into the open, actual feelings and actually conflicting expectations. Commitments to some compromise or synthesis can be reached only if the fact of a problem is accepted and its nature explored by all concerned.

Learning to communicate

If all the implications in the above quotation can be recognised, it cannot be doubted that effective communication is the greatest single factor in resolving conflicts, nor can it be doubted that nurses must be educated in communication, not only to learn how to resolve conflicts, but also to help them develop to their full potential as individuals and as professionals, and to enable them to provide the highest possible standard of comprehensive nursing care.

For how can the nurse evaluate the individual's need for physical care, appreciate what he is feeling and provide the emotional support he needs, or understand the social problems he is facing and help him to solve them, unless she is able to communicate effectively with him, with his family and with all the members of the health team?

But how can she communicate effectively unless she knows what communication means, what prevents it from being effective, and understands the theory of human behaviour and the principles involved in developing interpersonal relationships?

How can she know how to communicate, what to communicate and at what level her communication should be, unless she understands the psycho-social and physical factors which influence health?

How can she know the importance of listening—know how to listen, when to listen and what to listen for—unless she understands the process of communication within the total human environment?

It seems to me, therefore, that there is a definite obligation on the part of the profession to ensure that sufficient time and expert teaching are provided to educate both student and graduate nurses in communication skills, at the

level necessary to enable them to give a truly professional service. For this to be achieved there are two fundamental requirements: firstly, adequate time for the nurse to acquire breadth and depth of knowledge in expertly selected aspects of the social and biological sciences, and to develop the intellectual and interpersonal skills essential for effective communication; and, secondly, that there are sufficient nurse teachers in both the class-room and the practice areas, to help the students to acquire these knowledges and to develop these skills.

Let me leave you now with one final thought: Is it not the responsibility of professional organisations to strive continuously to promote the education of nurses at all levels and in all areas of service, so that they will be able to communicate honestly and effectively, and so that they can face conflicts openly wherever and whenever they arise?

Then, and only then, can they truly understand themselves, their patients, their fellow-workers and all those whom they serve.

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ANNOUNCEMENTS

INDIAN NURSING COUNCIL

The Council has had many requests for the "Guide for Schools of Nursing in India" which is expected to be ready by the end of November. As soon as it is received from the printers an announcement will be made in the *Journal* and copies distributed.

ALL-INDIA WORKSHOP

In connection with the implementation of the revised syllabi and regulations for the general nursing and mid-wifery courses, and with the use of the Guide for Schools of Nursing, a series of workshops are being planned. These are sponsored by the Government of India in co-operation with the World Health Organisation and U.N.I.C.E.F.

The first workshop was held at the Lady Hardinge Medical College and Hospital, New Delhi from October 18-30, 1965 and was attended by 20 nurses from the Northern States.

A report of the workshop will be published in the December issue of the *Journal*.