

Means of Communication within the Nursing Profession and between Nursing and Other Professions and Other Occupational Groups

by

Veronica Awon-Khan

Executive Secretary, Trinidad & Tobago Registered Nurses' Association.

On Communication Generally

COMMUNICATION is primeval, as the beginning of consciousness in the mind of man. First wordless sounds, interpreted by man, who crystallized that interpretation into words. The ability to speak, to communicate with others, and to pass on to successive generations things learnt, has been man's best effective weapon in his struggle for survival. Today, technology has enabled speech to travel at such speed, that the score of a cricket match played here in Melbourne, is received in the West Indies, 12,000 miles away, as the ball leaves the bat. It can amplify the human voice—to fill this auditorium, for example; the tape recorder can preserve the human voice indefinitely—Caruso's can still be heard in all its magnificence.

The development of writing gave permanence to the spoken word. Technology, through printing and the manufacture of a cheap and plentiful supply of paper, has made it possible to reduplicate the spoken word millions of times.

"But print and reprint a thought a thousand times over, with material of any kind, carve it in word or engrave it on stone, the thought is essentially and identically the same thought in every case."

Writing evolved from pictures—the Reindeer men of 25,000 B.C. scratched pictures on the walls of caves. Chinese characters are the oldest known form of picture writing. Pictographs changed to ideographs to the present-day phonograms, in which the written characters become representations, not of things seen, but of sounds heard.

The media of writing have changed—chisel on granite, stylus on wax tablets, reed on parchment to metal on paper.

Communication seems a vast subject. In the study of communication, consideration must be given to the findings of: communication engineers, brain physiologists, perception, psychologists, linguists, grammarians, semanticists, cultural anthropologists, mathematicians (with their theory of universal language), studies in group dynamics, and techniques in listening.

Such consideration is beyond the competence of this speaker and the province of this paper, which is restricted to the "means of communication within the Nursing Profession, and between nursing and other professions and other occupational groups." The communication which links all these workers has for its eventual purpose, maintaining people in health, mentally and physically.

Talking is so natural and universal a means of communication that any analysis would seem unnecessary. Yet, which of us does not feel the necessity for better human relationships which depend on clearer verbal communication?

The interest in communication is timely. The International Council of Nurses has had sixty years of growth and development. Its record in human relationship is good, its achievements, assessable. The I.C.N. has grown from a membership of eight to forty-six full and twenty-one associate national member associations, with our varying languages and patterns of culture. Cannot the I.C.N., from its long

experience in international communication, give valued evidence in the formulating of a universal language?

Means of Communication within the Nursing Profession.

It is an essential function of a nurse to give accurate, precise information. It is a vital function, for upon her word, to some measure, doctors depend for confirming diagnoses and assessing treatment. Communication is thus an instrument used by the nurse in her daily duties.

How is the nurse prepared to use speech—words—as a means of communication? Schools of nursing demand a standard of academic education which ensures that the student is proficient in her native tongue, with all its niceties of grammar and semantics. The prescribed nursing course includes, in addition to medical subjects, studies in chemistry, physics, biology, pharmacy and social science; from these the nurse acquires the terminologies used in the particular disciplines. In this way, nurses are equipped to use not only their national language with care and precision, but what may be called "professional language".

How does this communication travel? Let us begin simply:

Let us regard—

The word as the unit of language.

The nurse as the unit of nursing organization.

The ward as the architectural unit in patient care.

The patient as the unit of

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those to whom our energies are directed.

Let us think of a situation which has been common to all of us, whatever position in the nursing world we now hold; we are once again in the ward.

Every patient has his case sheet, upon which are recorded observations made about him, the results of routine tests and the progress made under the prescribed treatment. Notes are written at least every four hours. This plethora of note-taking goes on wherever nursing duties are carried out. This has been going on for one hundred years, since 1860, when the first fifteen "educated" women became students of the Nightingale Training School, and nursing began its career as a Profession.

The primary and immediate use of these communications is diagnosis and treatment. Its extended use is far-reaching. From them history is written; from them has come that body of knowledge from which the science of nursing has emerged and is developing; from them patterns of nursing education have been formulated; from them nursing skills have been evolved.

From selective search among this wealth of information has evolved a considerable volume of nursing literature; books written by nurses, for nurses on nursing.

Nurses have become not only literate, but literary.

There are now books on every aspect of nursing. Are these books, with the knowledge they can communicate for our wisdom and guidance, as well used as they can be? Miss Alice Thompson's article, "Nursing School Libraries," I.R.N. Vol. 7, No. 3, makes thoughtful reading.

The criterion of a scientific discipline is the constant analysis of its principles, and nursing is meeting this criterion, for research in nursing has become an increasing activity.

Nursing journals provide one of our most valuable means of communication. They are often the official organs of their association. The growth and development of a

profession can be traced through its literature, and its periodical literature provides a particularly rich source of information, because the development of trends, month by month, is reflected in magazine articles. Other types of professional literature—such as books, encyclopaedias, reports, and so forth, present facts that are well proved and authenticated over a period of time, whereas magazines present history in the making.

As I prepared this paper in Trinidad, my island of 1,864 square miles, I had around me nursing journals from countries all over the world. Many of these I receive through the courtesy of their editors and the generosity of their organization. How editors must wish for a universal language!

Most of them are edited by nurses. Good editorship is vital to the life of a magazine and an editor needs special communication skills. Communication must be kept constantly flowing from her outwards—to contributors; from them inwards—to her; and again from her outwards—to subscribers.

There may be said to be a coronary circulation among the editor, her staff or assistants, printers and proof readers.

The policy and opinion of an organization are communicated in the "Editorial" or "Leader" of its journal.

Within these journals are reports of case histories, written in such detail that we can follow the progress of a patient, day to day, and compare with that of a patient we may be nursing.

In them are papers on the latest development in medicine and nursing; reports of conferences and visits; and news and views on matters of interest to all nurses in all fields of nursing; they provide a mine of information.

Let us use as example an organization which is common to us all—The International Council of Nurses, and its official organ, our mouthpiece of communication—The International Nursing Review. Its activities epitomise those of its members and may be cited as example of

a group being more than the sum of its members.

Through its Nursing Service Division, for instance, a two-channel communication opens. A request from the Division goes, shall we say, to The Trained Nurses Association of India for a paper on "Tropical Diseases Nursing." On its receipt, it is discussed at executive level, a committee is formed to prepare the paper, its members begin their selective search for data by looking up records, and consulting those actively engaged in nursing each disease. The completed paper is sent back; it is then printed in its slim, aesthetic-looking pastel coloured, ready-reference volume, which is in turn circulated to nurses in 85 countries.

Shall we go back again to our ward. Here it is, in face to face converse, that communication can be most satisfactory and satisfying. Here the spoken word is qualified by the meaningful gestures—kinetics—the third part of physical communication. Here we are in close contact with each other, asking questions, answering them, discussing situations, carrying out decisions and noting reactions. This may be considered the prototype of all subsequent meetings in whatever organization we belong, voluntary or statutory; from whatever level we operate, local, national, or international; and by whatever name we call the gathering: meeting, conference, assembly, congress; and for whatever purpose it is convened.

The quadrennial congress of the International Council of Nurses, preceded, as they are, by meetings of the Board of Directors and Grand Council, may be called the archetype.

When it is considered that in a group of 12 people, the minimum number of two-person-unit combinations is computed at 2,102 the potentials of the Grand Council can be easier imagined than computed.

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Is its communication value proportionate to its size?

The value of face to face communication is further enhanced by visits to each other's place of work or country. Again the International Council of Nurses lives out this belief, not only are the quadrennial Congresses and Board meetings planned for a different country each time, but the honorary officers and the executive staff regularly visit member associations. In the Exchange of Privileges Programme nurses are offered an excellent means of communication, for giving and receiving, not only technical knowledge, but for becoming acquainted with other cultures for an extended period.

Tutors whose duties it is to guide the young into being nurses of tomorrow, need an added discipline to fit them for teaching. They must also have a broad base of knowledge, classical, current, and even local vernacular and folk-lore, to be able to use analogies which would aptly illustrate their teachings and make communication between their pupils and themselves easy and expressive. Teachers can avail themselves of various technological devices, the tape recorder, the camera, both to show the right and wrong ways of doing things, the epidiascope, etc., of which full and imaginative use can be made as a means of communication. A teacher, above all, must communicate both by example and precept; she should not only teach, but be the living embodiment of the ethics of nursing.

Such may be considered the means of communication within the Nursing Profession.

Have we any communication failures?

What causes infarcts in our flow of communication?

Does our nursing hierarchy tend to create autocracy and aloofness?

Does the aloofness create a dichotomy between "leader" and "led"?

Does the dichotomy present a communication hiatus?

Have our communication failures been reflected in any paucity in the membership of our respective associations?

Have our communication failures been reflected in any passivity in our average unit members?

Would the recording of the proceedings of our next congress by the cine-camera and the tape recorder be welcome?

Communication Between the Nursing and the Medical Profession

Am I being subjective, if I say that doctors are no longer "autocrats"? They are still the figure of authority with the responsibility for the cure of the patient or maintenance of a special department; but is not that authority now tempered; is not the attitude now rather one of dependence on our integrity for carrying out nursing functions, rather than obeying "orders"; are our reports not now regarded as "consultations" to be accepted and valued? This changed attitude requires the greatest skill on the part of the nurse in communication with doctors. However great our knowledge and skill, we must be aware of the limitations of our profession.

Would it be boasting if I say that in large measure this change has occurred because nurses have made nursing a science, and apply to nursing not only its scientific principles, but have managed to keep alive instincts which also keep nursing an art?

May we go back to our ward. The doctor's notes on our patient's case sheets are the significant parts of the record. His instructions to us and to the other members of the health team, should all be recorded. Particularly, the prescription for drugs, some drugs are controlled by law; besides, it is necessary for repeated checking when staff changes, as well as for record keeping. It is our duty, if orders are given verbally, by telephone, that we remind our busy doctors to endorse the orders in writing.

With our increasing extra-ward

activities we have taken our course with doctors out of the ward. Doctors have always been our lecturers in the classroom; now we invite them to chair our conferences, address its participants, and write papers for our journals. Significantly, too, they enter into round table discussions with nurses not only on matters affecting nursing, but also on general health matters, at both national and international level.

Nursing organizations are often in communication with their governments. When, as sometimes happens, doctors are ministers of health, do we not approach them with less hesitancy than otherwise; if the eye be more penetrating, do we not imagine the ear more sympathetic?

The International Council of Nurses is on the Consultative Register of the Economic and Society Council of the United Nations. This entitles us to a representative at the U.N. Headquarters, from whom regular reports are received.

The I.C.N. is in official relationship with the World Health Organization and is invited to attend meetings of the Executive Board of W.H.O. Member associations are able to attend, as I.C.N. representatives, sessions of the World Health Assembly.

In May, 1956, the subject for the Technical Discussions was "Nurses, their Education and their Role in Health Programmes." For the first time on an international basis, outstanding doctors met with nurses from seventy countries to consider together the problems of nursing. Material which formed the basis of discussion was invited from each I.C.N. member association. A golden opportunity was afforded to every nurse to communicate in discussions from which resulted the enunciation of the five functions which nurses should perform.

In 1957, nurses were admitted to membership of the Permanent International Committee on Industrial Medicine.

At international level, interpersonal communication goes on within all bodies concerned with

health matters and nurses are invited to participate fully.

In her address to the Nurses' Symposium at the 12th Biennial Congress of the International College of Surgeons, Rome, 1960, Miss Else La Cour, after detailing the preparing of theatre and patient adds, simply, "The surgeon has only to pick up the knife."

This brief sentence expresses the integrity of nursing and defines the doctor-nurse relationship.

Between Nursing and the Pharmaceutical Profession

The doctor prescribes, the pharmacist dispenses, the nurse administers.

A trinity usually associated with patient care, each having a distinct function, yet each mutually dependent on the other for patient care.

Though the nurse and the doctor are in constant contact with the patient, somehow the pharmacist remains a remote figure. We have confidence in the integrity of the pharmacist, we administer, without question the medicine he dispenses, provided it is plainly and correctly labelled, yet we seem to move on parallel lines, never really meeting.

All communication is carried on in writing. It is the correct and safe way, but there is little personal contact.

At exhibitions during nurses' conferences, drug firms are asked to display their products, but there is a faint air of commerce rather than professionalism. However, if our communication to them is limited, theirs directed to us through the medical profession, is ever increasing. There has been a great change in the dispensing of medicines. No longer are there quantities of crude drugs in pharmacies, nor are medicines often compounded there. Medicines are produced by large drug companies, with well equipped laboratories, and vast manufacturing plants. Drugs are delivered ready-made to the dispensing pharmacist. Pharmacists have created by their use of applied chemistry and physics, this

vast array of drugs and can offer to doctors standardized preparations which ensure uniformity of treatment. The literature in which they do so is daily becoming more ingenious, attractive and generally informative.

The value to a nurse in all that communication, is that she can know what reaction to look for, and to observe the efficacy of the drug to the claims made. Her observations are reported to the physician who, in turn, if he confirms them, will advise the manufacturer accordingly. In this round about way, a means of communication may be said to exist between the professions.

We are members of professions with the same ideals. Pharmacists are experts in a field which is becoming more complex; we are giving what they are dispensing.

To increase our knowledge and efficiency, can we accept guidance from them?

Between Nurses and the Legal Profession

Legal documents are written in a language peculiar to themselves and not easily understood by others. Words in these documents must be so written that there can be no ambiguity as to their meanings.

As nurses, as well as citizens of a country, we are bound by laws. We must be conversant with those that relate to our profession and to the stringency of which we are subject. Nurses, through their professional organization, are concerned with laws which act as a public safeguard and those which govern their professional conduct.

Before these proposals are submitted to the legislature, they must be drafted in the accepted form by a legal draftsman, a lawyer with special training.

Over the past two years all the health laws of my country, Trinidad and Tobago, have been revised. Though the various professional bodies, including nurses, submitted proposals, yet the drafting was in the hands of a legal expert assigned to the local government by the W.H.O.

All laws impose obligations and confer rights, but it is not the persons who propose or the draftsman who writes them who eventually have to decide what those obligations and rights are. Should any dispute arise in interpretation, it can only be settled in a court of law on the words of the documents.

So nurses who propose, and those who in their official capacity have to interpret the law, must communicate with lawyers at times.

Many organizations retain a legal adviser, as do statutory nursing bodies; the Nursing Council of Victoria, our hostess State, includes a lawyer in its membership. Business transactions, on behalf of our organizations, also need the counsel of a lawyer.

In the eventuality a nurse is so unfortunate as to contravene any law which regulates her professional conduct, she often needs the advice and representation of a lawyer.

Though our communications with lawyers is brief, yet they are always meaningful.

Between Nursing and Ministers of Religion

Perhaps ministers of religion may not be considered members of a profession, but nurses communicate with them in the total care of their patients. Ill people wish their priests to visit them, and priests make it a duty to visit the sick.

The religious beliefs of a patient must be respected; this includes equal co-operation with priests of all religions.

Between Nurses and Chartered Accountants

Nurses communicate in the exact science of mathematics, when as treasurers of their organizations they prepare their books for auditing.

Nurse administrations who are responsible for preparing financial statements confer regularly with accountants.

Between Nurses and Architects

How many times have we not wished that we could

"with Fate conspire to grasp
this sorry scheme
of Things entire,

Would not we shatter it to bits
—and then

Re-mould it nearer to the
Hearts' Desire!"

Miss Nightingale's criticisms on hospitals and her suggestions for their reconstruction were sought and accepted. With the increasing participation of nurses in all things concomitant to their work, we are now consulted when construction plans are drawn up.

Many nursing associations build new buildings for their headquarters and the members of the building committee must be able to discuss plans with the architects.

Blueprints will lose their mystery if we follow the example of our hostesses. A course of architectural lectures was arranged for nurses by the Royal Victorian College of Nursing.

Between Nurses and Public Health Inspectors and Their Field Workers

It is said that the price of freedom is eternal vigilance; this can mean freedom from unsafe drinking water, inadequate sewerage disposal, vectors of malaria, recrudescence of many communicable diseases now under control, ill-designed houses, hazards in factories etc.

To give us this freedom armies launch campaigns, and foremost among them are the public health inspectors.

For example, the eradication of the vectors of malaria and yellow fever, needed tens of thousands of field workers to spray millions of homes.

The public health inspector treats the homes, the nurse treats the patient.

Between Nurses and Teachers in Schools, Colleges and Universities

Nursing education is a function of the nursing profession. The profession plans its educational programmes whether in schools of nursing attached to hospitals, independent colleges or faculties in uni-

versities, either under the aegis of the Ministry of Education or Health.

Nursing educators must be conversant by close liaison, and by reading current literature with general educational standards and trends.

Nurses' associations plan courses through universities in subjects like chemistry, physics, biology for its older members, to keep them up-to-date. They also plan, in conjunction with head mistresses, pre-nursing school courses. The Registered Nurses' Association of Trinidad and Tobago has been awarding pre-nursing scholarships yearly to college students.

Between Nurses and Social Service Workers—Almoners, Case Workers, Psychiatric Social Workers

The indivisibility of body and mind in illness is well recognised; also recognised is the effect which social conditions have on illness.

Nursing can be regarded as a social service and nurses are in a unique position to find out distresses that cause or aggravate illness.

But nurses, except perhaps health visitors, are confined to immediate patient care, therefore to seek out and better any adverse social conditions, a new discipline has evolved with added co-workers.

Different countries, different societies, have different forms of social services, according to the expressed needs of its peoples and the services the country can support.

Nurses, as an added part of their service, must know the social services available in their area, so they can advise both patient and social service worker.

Between Nurses and Dietitians

Close collaboration exists between the dietitian and the nurse, for diet is an important factor in the treatment of patients; often, it is the form of treatment.

Between Nurses and Physiotherapists, Remedial Gymnasts, Occupational Therapists, Prosthetists.

The services of physiotherapists are required for medical, surgical

and obstetrical patients; those in the other groups are chiefly concerned with rehabilitation following surgery.

Treatment is usually given in their respective departments. Patients pass from the care of nurses into that of these specialist groups of workers and communication is maintained by written reports.

Nurses and Laboratory Technicians

The clinical laboratory is a diagnostic tool upon which the doctor depends; communication is usually carried on by means of standard forms—requests from the wards, results from the laboratories.

Between Nurses and Domestic Staff

There is better co-operation when work schedules are drawn up with their knowledge, and when their suggestions are given consideration.

The polished floors of our hospital wards communicate the share taken by these fellow team-mates in their responsibility for total patient care.

Between Nurses and Stenographers and Filing Clerks

The former group of workers may be regarded as the transportation department in our communication system. To them we have delegated the sending and receiving of the correspondence which links all members of the health team together.

In the hands of the filing clerk are our treasured records, the preservation of which will pass communication onwards for the wisdom and guidance of those who follow.

The essence of a paper like this lies not in the facts it presents but in the exercise which may be expressed from it.

Bibliography

1. The Power of Words—Chase.
2. The International Nursing Review, Vol. 5, No. 3—Beeby.
3. The International Nursing Review, Vol. 6, No. 5—La Cour.
4. The Age of Reason—Paine.