

Effective Teamwork and Communication

In this essay, I will discuss the impacts of effective and ineffective communication and teamwork in a care-providing situation, using examples from various different professions. We will discuss what makes communication effective (and ineffective) and analyse situations on how they could be improved by effective teamwork and communication.

Communication is the process of transmitting information and common understanding from one person to another (Lunenburg, 2010). Communication, whether direct or indirect, is involved in almost all functions of administration. We can use a care home as an example, more specifically the administration of a care home. The administration provides the layout for how the home is run and therefore the quality and effectiveness of care provided to service-users. All administrative activities and functions involve communication (Lunenburg, 2010.) and therefore to ensure the effective administration we must ensure effective communication occurs. Taking this into account, we can conclude that ineffective communication is one of the most inhibiting factors in effective organisational effectiveness. In a care home, our priority is to provide the best possible quality of care and this cannot be achieved with ineffective administration so communication has a huge role to play in all aspects of the home.

Effective communication can begin with active listening with physician communication expert Kenneth H. Cohn, MD, MBA, FACS suggesting that only 8% of communication is related to content with the other 92% coming from body language and tone of voice (Developing Effective Communication Skills, 2007). This can be applied in a practical manner in the care home when listening to service-users' requests and complaints. In order for service-users to feel as though their concerns are heard and acknowledged we can strive to be more active listeners. One example is when dealing with complaints, in many care homes I've worked in there are complaints boxes usually at the office where service-users can fill in a complaint form and periodically, usually during team meetings, complaints are reviewed. While it provides the option for anonymity, it removes the opportunity for active listening and often complaints can be overlooked. This could be improved by one-on-one meetings with service-users where they can raise their concerns and such an interaction could result in service-users feeling more heard and involved in the administration of the home, increasing end-user satisfaction. This, in conjunction to anonymous complaints boxes, would improve communication between service-users and providers. Cohn also suggests creating an accommodating listening environment, for example, by avoiding conversations where one party is seated and one is standing (Developing Effective Communication Skills, 2007). This is especially relevant for interactions between service-users and service-providers as many are limited in their mobility so spend vast amounts of time seated or lying down. In the busy, and often hectic, care home environment it can be tempting, and sometimes required to multitask, however we must ensure to refrain from multitasking when communicating and strive to give our undivided attention. By using acknowledging body language, such as slightly leaning forward and maintaining eye contact, while ensuring to conduct conversations where both parties are in similar positions e.g.

both seated, we can ensure that the other party feels heard. Furthermore, Cohn states that suspending judgement is an important part of active listening and suggests that we should encourage the speaker to fully express themselves - free of interruption, criticism or direction in conjunction to showing our interest by asking them to further develop their points which expressions such as "Can you tell me more about it?". Finally, we should reflect and respond, inviting elaboration from the speaker. This can be achieved by following up with the speaker at a later date, asking if they feel their concern has been resolved or if the measures taken haven't been effective.

To effectively communicate, we must pay attention to the entire process. Human error is the number one reason for plane crashes, and suboptimal verbal communication is the main cause of human error. There is also an increasing amount of evidence that the same statement can be said in health care, especially short-term medical care. In order to establish a shared mental model, coordinate tasks or centralise information flow, we must have good verbal communication skills. The difference between aerospace and medical fields is that verbal communication is emphasised in aerospace but less so in medical fields, with medical curricula rarely addressing communication norms during an impending crisis (Brindley and Reynolds, 2011). We can apply strategies used in aviation and apply them to a healthcare situation. For example, research shows that, during crisis, physicians often fail to communicate what they are doing and why and when they do communicate it's often only to other physicians, not the rest of the team. This results in large delays between the time a problem is identified and when it is shared with the team. This is an example of a failed shared mental model. This can be extrapolated to the care home too. Often, service-users have many different care providers who interact with the service-user on a daily basis. In the event of a health complication, delays in information relay could prove detrimental as important information about the service-user that only care providers can provide will be missing until proper communication occurs.

Other high stakes professions such as aviation have, however, shown how much can be achieved by addressing communication norms. In the 1990s, Korean Airlines had a 17 times higher fatality rate than other major first-world airlines but neither inexperience nor lackluster equipment were to blame. Rather, speech patterns between junior and senior crews were the most frequent factors resulting in plane crashes, as was concluded by investigators. Now, Korean Airlines is an award-winning airline due to its acknowledgment of the importance of communication and its effect upon culture. Typically, airlines from cultures where questioning of authority is frowned upon experience more crashes. Therefore, national aviation regulatory boards now demand horizontal authority and communication which creates an environment where subordinates are able to speak up and where senior members are encouraged to listen. Some languages, Korean being a good example, require alternative word choices and sentence structure depending on the hierarchy of the speaker and the recipient which can complicate communication and perpetuate authority gradients (Brindley and Reynolds, 2011). In a care

environment, there is great racial diversity amongst all people involved from service-users to service-providers. Due to such diversity it is inevitable that we will meet people from a range of different cultures with similar ideas surrounding hierarchical communication. By employing a similar practice such as horizontal communication and authority, we should be able to reduce human error caused by miscommunication. "Mitigating speech" refers to language that de-emphasises or sugarcoats and is often used in times where we are unsure or to be polite (Brindley and Reynolds, 2011). We should strive to only use such language in a care home when the time calls for it, especially in regards to the care of service-users. The use of mitigating language is common before airline crashes, regardless of the airline/cockpit language. This phenomenon is also a feature of medical crisis mismanagement. In team building exercises, such language may actually be favourable, for example "Excuse me, when you get the chance, would you mind helping me move User A". In non-urgent situations, this type of language may elicit a greater feeling of team and respect between service-providers but during critical care providing situations use of mitigating language should be prohibited. The benefit of the restriction of mitigating language was seen when Korean Airlines demanded an end to the use of mitigating language. Some languages, such as Korean, are receiver-oriented where there is an expectation that the listener will make sense of what is being said. This is appropriate when time allows for the listener to pay close attention but it is wholly inappropriate in a cockpit situation often consisting of exhausted flight crews. Similarly, it is unlikely to help in a resuscitation bay or with a stressed medical team. Western languages, on the other hand, have a transmitter-oriented style where it is the responsibility of the speaker to coherently communicate, with little ambiguity. The revamped Korean airlines insisted upon an transmitter-oriented style (Brindley and Reynolds, 2011). This should also be taken on board by care facilities. By implementing a more transmitter-oriented communication style, especially in time-constrained situations, we can reduce any miscommunication between parties, reducing human error due to ineffective communication.

Non-verbal communication involves behaviours in which a message is conveyed without the use of words. An example of non-verbal communication is body language. Humans, in the presence of each other, provide each other with information about their intentions, interests, feelings and ideas whether they wish to or not (Goffman, 1963). This highlights to us how important understanding body language is. To avoid mixed messages, our non-verbal cues must match our verbal cues. A situation where this could be put into practice in the workplace would be in an interaction with service-users and the administration of medication. Often, service-users will refuse to take medication for one reason or another and will require verbal encouragement in order for them to take them. In a situation where body language doesn't match verbal cues, there is less likelihood for a favourable outcome where the service user takes their medication of their own will. However, if as a carer, we take time to learn and further understand how non-verbal cues convey their own message we will be able to adjust our own body language to match our spoken words. Hand movements behind the head suggest negative emotion and may be a sign of uncertainty, conflict, disagreement, frustration, anger, or

dislike (Developing Effective Communication Skills, 2007). Therefore, we could make sure to keep hand movements in front of the head to remove any negative messages conveyed by alternative hand movements.

Effective team communication training is vital as the majority of work done in most medical practices are done so in teams (Developing Effective Communication Skills, 2007). I have also found this to be true of care practices, for example when moving service-users. Often, service-users are immobile due to a number of reasons and thus require assistance for day-to-day activities such as bathing. In order to move service-users safely, a group lift must be performed, involving multiple different carers. Ineffective communication is the leading cause of errors in patient care (Cooke, 2016). Therefore effective communication here is vital to ensure the safety of the service user as well as carers.

In conclusion, evidence from both the medical and aviation fields can be applied in order to effectively communicate and, in doing so improve, the quality of care provided to service-users. The positive effects of incorporating effective communication techniques and therefore teamwork are clear as seen in the revamp of Korean Airlines and the drawbacks of ineffective communication are seen by the shortcomings of the airline originally.

References

Brindley, P. and Reynolds, S., 2011. *Improving verbal communication in critical care medicine. Journal of Critical Care*, 26(2), pp.155-159.

Cooke, M., 2016. *TeamSTEPPS for healthcare risk managers: Improving teamwork and communication. Journal of Healthcare Risk Management*, 36(1), pp.35-45.

Journal of Oncology Practice, 2007. *Developing Effective Communication Skills*. 3(6), pp.314-317.

Lutgen-Sandvik, P. (2010). *Destructive organizational communication: Processes, consequences, and constructive ways of organizing*. New York, NY: Routledge.

Lunenburg, F., 2010. *Communication: The Process, Barriers, And Improving Effectiveness*.

Schooling, 1. Goffman, E., 1963. *Behavior In Public Places*. Free Press of Glencoe.