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# Strengthening Communication Education in an Undergraduate Nursing Curriculum\*

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## Abstract

As effective communication is an essential professional competency that is conceptualized and developed during undergraduate education, the purpose of this study was to investigate and reinforce the role of communication in the nursing undergraduate curriculum. Analysis of faculty and student focus group discussions revealed the benefit of purposefully structuring and explicitly articulating communication education throughout the undergraduate curriculum for increased accessibility and visibility of communication education, expanded ranges of available teaching and learning methods and resources, and strengthened ability to address undermining mixed communication messages. These findings have implications for how to specifically include communication education in a learning-centered undergraduate curriculum.

**KEYWORDS:** communication education, undergraduate curriculum, communication competency, nursing, learning centered

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Reported and discussed in this paper are the results of a focus group study designed to provide a qualitative description of the current dynamics surrounding communication education in an undergraduate nursing curriculum. While the literature supports the critical importance of effective communication for quality health care (Lingard, et al., 2004), and communication proficiency is now a required entry level competency for professional registration and practice (College of Registered Nurses of British Columbia [CRNBC], 2006), preparing and assessing communication competency is challenging (Krautschied, 2008). However, direction is still necessary as to how best educate students for ‘practice preparedness’ and incorporate communication education in current learning processes.

In the fall of 2006, nine faculty members from one School of Nursing in British Columbia created the Communication Education Working Group (CEWG). The CEWG resolved to investigate and review current approaches to teaching communication in the undergraduate nursing curriculum in the context of an upcoming curriculum revision. The aim was to better understand communication education dynamics and challenges as experienced by faculty and students and explore opportunities for improvement. Reported herein, are the themes that emerged from this study and proposed recommendations for improvement. Specifically addressed are the strengths and areas requiring improvement related to the availability and accessibility, visibility and articulation, and learning and teaching of communication content in the undergraduate nursing program.

## LITERATURE REVIEW

As early as the 1950s, Peplau (1952) had argued that effective communication is the cornerstone of quality healthcare. Effective communication continues to be emphasized as vital to quality care, and has additionally been shown to have a critical impact on patient safety (Lingard, et al., 2004), patient assessments (Jones, 2007), and changes to care or reporting the patient’s status (Krautschied, 2008). Nurses and other health professionals are under increased pressure to enhance their communication abilities due to dramatic changes in health care such as more highly acutely ill patients, increased pressure on team and interdisciplinary communication, severe nursing shortages, a stronger patient and family members' voice, and advanced communication technologies (Care, Gregory, Whittaker, & Chernomas, 2006; Epstein, 2006; Leonard, Graham, & Bonacum, 2004; Miller, Riley, & Davis, 2009; Varcoe & Rodney, 2001). “The importance of communication in providing safe and quality healthcare clearly points to the need to ensure that every nursing student is prepared and assessed on

communication competency prior to exiting their program of study” (Krautschied, p.1).

The essential role of effective communication in daily healthcare practice and need for communication skills education is well documented (Brown, Crawford, & Carter, 2006; Sheldon, Barrett, & Ellington, 2006). Nevertheless, insights about ways to approach communication skill education in undergraduate nursing curricula vary and multiple dilemmas exist. These dilemmas range from difficulty demonstrating the effectiveness of skills training in practice, using counseling models which may not be transferable to all areas of practice, and encountering social barriers in the use of communication skills (Chant, Jenkinson, Randle, & Russel, 2002; Chant, Jenkinson, Randle, Russell, & Webb, 2002; Kruijver, Kerkstra, Francke, Bensing, & van de Wiel, 2000; Parry & Brown, 2009; Üstün, 2006). Parry and Brown demonstrated how communication education has positive effects on patient outcomes and practice. However, the complexity of communication extends beyond practice and education, and many factors must be taken into account, such as how communication is incorporated, evaluated and embedded in other aspects of care; faculty resources; commitment, and participation of the student (Parry & Brown). Scholars do agree that current communication education strategies should fit a broader learning-centered curriculum, which emphasizes the process of learning rather than content, and is consistent with process-oriented models of communication education (Brown, Crawford & Carter; Hubball & Burt, 2004, 2006; Sheldon, Barrett, & Ellington; Üstün).

Nevertheless, recent studies on improvement of communication education in nursing curricula do present a faculty perspective, although the student voice is not included. Krautschied (2008) reported on the implementation of a clinical assessment simulation to better evaluate clinical communication competence of senior nursing students as determined by faculty. Jones (2007) demonstrated the effectiveness of providing ‘real’ practice-based learning opportunities in communication using analysis of audio-taped clinical encounters. However, no studies were found that explored the student perspective on effective communication education, or provided a thorough analysis of the challenges faculty experience in adapting communication education in nursing curricula to current learning needs and health education context. Therefore, providing a qualitative description of the dynamics and pressures surrounding current communication education as experienced by students and faculty seemed timely.

Drawing from Brown, Crawford, and Carter (2006), communication was defined as a core clinical ability encompassing specific skills or techniques, as

well as a broader, critical understanding of the health care encounter, dynamics of interpersonal and therapeutic interaction, the basic principles of reflexive practice, and therapeutic use of self. Increasingly, health communication is articulated as a complex interpersonal ability to engage in health care encounters with clients as well as colleagues, in a critical, reflective, and constructive way, in individual and group or team settings (Brown, Crawford, & Carter).

## METHODS

### *Design*

The study was designed to better understand the phenomenon of communication education as evolved over the last years in undergraduate nursing curricula from the perspective of students and faculty. Considering the exploratory and descriptive nature of this purpose, a qualitative descriptive research design was selected. Qualitative description fits well with a focus on representation of multiple perspectives offered by participants (Pope & Mays, 2006). The focus is on the description and content of the information, rather than on an a-priori theoretical or philosophical viewpoint (Sandelowski, 2000). This design allows for: a) description of the current status, content, and quality of communication education, and b) identified needs for improvement as expressed by students and faculty. Both these objectives were accomplished by conducting an inductive content analysis of focus group interviews with students and faculty (Krueger, 1994). Highlighted in this paper are key themes and findings that emerged from the focus groups, and subsequent recommended improvements.

### *Focus Groups*

Focus groups seemed a particularly useful method of data collection for this project since the goal was to describe current patterns of communication education and identify areas for improvement through inductive content analysis. Through the group format, capitalization on the communication between participants (Kitzinger, 1995; Krueger, 1994) was possible. During the summer of 2007, the CEWG hosted five homogeneous focus groups composed of undergraduate nursing students completing their final term, and all ranks of nursing faculty. Two student groups of three students each ( $n = 6$ ), and three faculty groups of three to five participants ( $n = 12$ ), were hosted. Each discussion was guided by broad open questions. To enhance a sound interview process and avoid interviewer bias, a graduate research assistant facilitated the student focus group discussions, while a non-nursing staff member of the education support service facilitated the faculty focus groups (Speziale & Carpenter, 2003). Ethical

approval for the study was obtained from the institution's behavioral research ethics board and all participants signed consent forms. The focus group discussions were tape-recorded and professionally transcribed in preparation for thematic analysis (DeSantis & Ugarriza, 2000). Two teams from the CEWG analyzed either the student or faculty focus group transcriptions line-by-line, and subsequently identified key themes within the data through inductive content analysis, classifying text into categories (Hsieh & Shannon, 2005). To enhance rigor, individuals independently identified key themes in the transcripts, after which the groups met separately to corroborate themes, and create thematic labels for their respective data (students or faculty) (Speziale & Carpenter). CEWG members then compared and contrasted their thematic analyses to identify the most important communication issues raised. The analysis revealed a set of thematic similarities and differences between students and faculty regarding communication education. Addressed in the next section are each of these themes.

## **FINDINGS**

### ***Importance of Effective Communication***

Both students and faculty reported that effective communication is essential to quality practice, and noted numerous competencies and skills necessary for communication proficiency. Students specifically identified assessing, interviewing, and counseling as key communication competencies, and emphasized specific clinical situations, for example, cases of sexual harassment where communication education was needed. Faculty members identified abilities such as advocacy, negotiation, and collaboration as key communication competencies, relational theory, and specific skills or techniques such as active listening and use of silence, as essential for general communication aptitude. In addition, faculty described effective communication as “the competence and ability to work with other health care professionals”. Both groups specifically identified conflict resolution and preserving cultural safety as fundamental communication competencies, and both noted excellent written and verbal skills as being vital to effective communication in health care.

Students also identified an increasing awareness of the value of communication as programs progress. They spoke of initially finding communication learning activities, for example, videotaping and analyzing communication encounters, as being less relevant than learning technical psychomotor skills. They recalled thinking that early communication assignments were “stupid assignment[s]” that they “loathed.” However, they also recalled that later

in the program, they recognized those same assignments as “not stupid” but that “I just wasn’t ready to get into it [before].” In fact, over time, some students came to value communication education as more relevant to undergraduate learning than technical psycho-motor skills. One student remarked about communication ability:

...this is what it takes to be a good nurse, and it’s not just about your psycho-motor] skills ‘cause really I’m beginning to learn...now... that those [psycho-motor] skills, I will learn in the next one or two years while I’m practicing. But I didn’t know that at the beginning.

Another student concurred, stating:

[communication is] what I value now above all other nursing skills beyond anything. Because you can learn how to put in a tube into any part of the body but if you don’t know how to communicate with somebody, you’re hooped in nursing.

### ***Availability and Accessibility of Communication Content***

Students’ perceptions of the availability and accessibility of communication content varied. Some students perceived that communication content was available and accessible only through particular clinical electives (avenues). One student stated, “it [communication content] is an option through avenues, but we, you know, how did we know that mental health is going to be all about communication? It’s not really advertised.” Other students stated that communication training was mostly accessible through their own “personal initiative.” For example, this student remarked, “I think if you want to learn communication, you go seek it yourself, or seek opportunities within your clinical or outside experience to learn, but it’s definitely not given to us... as an option.”

However, despite comments like these, student groups specifically named many communication skills learned within the program, such as therapeutic, written, public speaking and presentation, teaching, and online communication skills. Most faculty members stated they incorporate communication content, theory, or strategies within their courses but also discussed their own broad range of expertise and suggested they may (variably) emphasize a variety of communication modalities. Faculty’s varying emphasis may account for students’ perceptions of partially accessible or available communication content. Students suggested communication content should be included in mandatory courses which would increase availability and accessibility.

### ***Explicit Articulation of Communication Components***

Both faculty and student groups discussed the lack of explicit articulation of communication components throughout the program. Faculty stated that many strategies for teaching and evaluating communication competencies exist in the curriculum, but are not always explicitly labeled as such. One faculty member noted, “Where I’m most explicit about communication is around academic writing.” Another faculty member stated, “We haven’t...articulated and made really clear how it threads through our curriculum [...]” Similarly, although students could identify communication skills they had learned, they had trouble identifying explicit communication content and describing specific evaluation processes. One student described communication content as embedded within other explicitly-labeled learning areas, such as cultural safety. This student stated, “training that we’ve done with looking at our own cultural lenses and also talking about equity and access to health care and stuff, I think that kind of training definitely factors into [communication.]” When the facilitator clarified, “So even though it might not be formal communication learning... it’s really affecting your communication... with your patients?”, the student agreed. Perhaps students’ difficulty to recognize implicit communication content also accounts for their perceptions of the variable availability and accessibility of such learning. Both faculty and student groups noted that communication content, expectations, and evaluation processes need to be explicitly articulated in an ongoing way throughout the curriculum.

### ***Consistent Articulation of Communication Components***

Students and faculty put forth similar ideas concerning inconsistent articulation of communication content, skills, techniques, and importance, in classroom and clinical settings. Both groups expressed that verbal and behavioral articulation regarding communication were at times, contradictory. Students stated they received mixed messages about communication content when instructors verbalized its importance and then gave infrequent attention to, or diminished emphasis on, actual communication content with very little in-class practice time. Students described communication content and practice as being relegated to a very short portion (“like, five minutes”) of class time. Similarly, faculty members stated that although communication content was essential, it might become “scrunched” within an accelerated curriculum and not given as much time as they would ideally like. Students also said they received mixed communication messages when faculty, who verbally taught the skills and techniques of effective communication, were perceived as failing to practice those skills with both students and colleagues. At times, students saw faculty as “not

listening” or as unavailable for communication encounters in busy instruction environments. They also noted that instructors' expectations around specific skills and behaviors varied within and between clinical and classroom settings, which to them indicated the necessity for more effective communication amongst faculty members.

### ***Teaching and Learning Strategies***

Faculty focus group discussions revealed that faculty members believe they are using a variety of communication teaching and learning strategies in classroom and clinical practice settings. They stated they are teaching important communication theory while also providing students with hands-on skills practice in the form of written assignments, role play, videotape analyses, and clinical post conferences. This group identified journaling as a useful, though perhaps overused communication teaching and evaluation strategy and suggested that other useful teaching strategies such as hands-on or active learning exercises (i.e., analysis of case-based scenarios or role play) could be used more frequently. Faculty members also identified their own intentional role modeling as a teaching strategy.

Like faculty, students made a distinction between lecture style learning (“talking about it”) and active or hands-on learning. The students emphasized that lecture style learning alone is insufficient for communication education and expressed concern that, with access to only communication lectures, they will graduate without the skills necessary for entry level practice. Those students who did have opportunity to engage in active learning strategies found them to be “productive learning tool[s].” Whereas students who participated in lecture style learning or “just being told what it [effective communication] looks like” found such training “just doesn’t transfer at all...into...actually how you do it at all.” Similar to faculty suggestions, students recommended video or audio tape analysis and role-playing simulations as appropriate and desired learning strategies and opportunities to practice communication skills. They added that smaller seminar work as opposed to “big lecture forum classes,” is a helpful learning strategy that “...really brings out communication within each other.” Students stated they appreciated faculty role modeling of effective communication skills, but also noted this as somewhat inconsistent and infrequent.

In addition to fewer lecture style learning, students suggested they needed less general communication theory in the curriculum, and more content addressing specific communication challenges in practice. They proposed

instances of horizontal violence, sexual harassment, crisis management, and working with aggressive clients as specific areas where they require and want communication skills education. One student stated, "I think it becomes more tangible when you offer it in sort of specific ideas...like here's how to communicate with an aggressive patient rather than...here's how you communicate." Faculty members similarly noted a need and desire to prepare students for analogous specific communication challenges such as "how to deal with verbal abuse" and "how to ... interrupt and respond to ... unethical, unsafe abusive behaviors on the part of others."

Finally, faculty groups expressed the need for additional teaching aides to support communication content delivery. They suggested purposefully devising and explicitly implementing a program-wide curricular communication framework, incorporating a consistent textbook or series of textbooks throughout the program, and requested more professional development for teaching innovative communication strategies. Finally, faculty members suggested that additional communication laboratory equipment and simulation materials would further support their teaching.

### ***Building and Leveling***

Both student and faculty groups indicated the necessity to advance, level, and connect communication content and skills education as the program progressed. Students emphasized that content did not build or advance from course to course, but instead repeated from "... the very beginning again, regardless of what we were talking about." They wondered, "How many times do we have to go over this stuff?" One student suggested, "Having a curriculum that builds on itself each semester, I think, in communication skills would be far more productive, for me anyways." Participants also indicated a lack of content leveling between terms, and emphasized the value of assessing students' learning needs and subsequently teaching communication at an appropriate level. Students stated a lack of leveling resulted in "repetitive" and "unchallenging" communication content. Faculty members explained that leveling communication content is especially difficult and complex because in human interaction, the novice is simultaneously exposed to the same complexity as the expert and, therefore, must "know everything now." Additionally, faculty remarked that an advanced student population with a variety of experiences and learning needs adds to the challenge of leveling content. One faculty member stated, "...it's also really hard to level out the bottom end besides the top, the more advanced end." Another faculty participant agreed and stated, "it'd be hard to say what would be the baseline."

## DISCUSSION

Faculty and students confirmed the importance of an integrated, learning-centered communications curriculum (Hubball & Burt, 2004). They agreed on key themes related to learning-centered curricula, such as creating clear learning goals that are linked to other curriculum content and leveled throughout the undergraduate program. While participants acknowledged the professional value of effective communication (without it, “you’re hooped in nursing”), they also admitted that students often fail to recognize the importance of communication until later on, that building communication competence is an ongoing process where, “the significance of interpersonal skills in nursing practice is sometimes difficult for beginning nurses to fully appreciate” (Stein-Parbury, 2009, p. 4). The findings also support Atkins' (2004) claim that reflective practice and communication competencies are “developed gradually through practice over time rather than in any one course or package” (p. 26). Some faculty remembered the past practice of a separate communication education course, an approach they did not want to revisit. While wanting to hold on to the integrated curriculum, they were well aware that integration had generated its own problems in that communication education had become less prominent and some components had disappeared altogether. Recommended improvements from both faculty and students emphasized a stronger focus on process-oriented learning, relational practice, and on consistency in threading this focus in the curriculum, confirming current trends towards process-oriented models of communication education (Brown, Crawford, & Carter, 2006).

Student and faculty perceptions of inconsistent articulation, variable availability, and partial accessibility of communication content within the program validated the decision to re-vision the undergraduate communication education curriculum. That these perceptions emerged as key themes in focus group discussion emphasizes the importance of explicitly and consistently locating and articulating communication content, opportunities for critical reflection, expectations of outcomes, teaching and learning strategies, and evaluation processes within the formal curricular structure. Focus group participants emphasized having a variety of teaching and learning strategies, particularly less lecture and more hands-on techniques. This observation confirms the findings of Jones (2007), in which students listened to a taped nurse-patient interaction and critiqued it with respect to best practice standards from the nursing literature. This approach “added dynamism to the teaching session” (p. 2303), and encouraged students to reflect upon their own practice and difficulties they might experience in transferring communication skills from classroom to patient interaction. Experiencing differences and potential conflict between the

culture of classroom learning grounded in a formal ideology of practice, and the more hidden norms and actual realities of practice is sometimes referred to as the "hidden curriculum" (Jones; Reisman, 2006). For example, the commitment to a patient-centered approach may counter a workplace culture of 'efficiency' defined by limited time spent with clients. One faculty member stated, "In nursing practice, students often see examples that are not what we teach...and there can be a lot of... discomfort with that. And they feel a lot of stress with that." Students need opportunities to reflect on such conflicting feelings. Offering opportunities to role play 'real' clinical situations in laboratory environments is one such teaching/learning strategy that advances professional development while simultaneously allowing for explicit acknowledgment of, and tactics for, working with the hidden curriculum embedded in the practice setting (Lane & Rollnick, 2007).

### **RECOMMENDATIONS**

In order to enhance understanding of the place of communication education in nursing curricula, and to improve the teaching and learning of communication, recommended is to explicitly articulate all curricular communication components. This articulation includes not only specific topics, expectations, and evaluation processes, but locating communication content and opportunities for critical self-reflection within individual courses to subsequently outline the overall leveling of communication education throughout the program. Suggested is curriculum concept mapping (schematically identifying communication competencies and their location throughout the program), and including specific communication textbooks as appropriate tools to assist with connecting, linking and articulation. As participants observed, the past practice of using specific communication education textbooks had disappeared. In the revised curriculum, this practice was re-established, using several communication texts simultaneously as a guide to implement a series of communication laboratory experiences and reflective exercises for classroom use, and as program-wide references (Bulman & Schutz, 2004; Doane & Varcoe, 2005; Stein-Parbury, 2009). Threaded through the revised curriculum is a systematic focus on relational practice and critical reflection. Furthermore, in selected core courses (i.e., leadership) students role play the use of the contemporary communications strategy SBAR: Situation, Background, Assessment, Response, in simulated practice situations to enhance interprofessional team work (Leonard, Graham, & Bonacum, 2004; Miller, Riley, & Davis, 2009). Explicitly articulating communication components and attending to them systematically in the curriculum should improve communication visibility, and help close the perceived gaps between communication education and professional competence.

Recommended communication teaching and learning strategies include those that draw from ‘real life on the wards’ (and in the community for that matter), and emphasize active learning such as role play, videotape analysis and other hands-on practice (Jones, 2007). Using these strategies from the beginning of the program and in all teaching environments including clinical and classroom settings, is suggested, and also in designated communication labs with appropriate active learning equipment such as simulation material. Participative learning strategies to evaluation processes are proposed as well, which have already begun to be implemented in the revised curriculum. Recommended are evaluation methods that strongly emphasize critical self reflection and follow a process of continuous student comparison of practice experiences and key theoretical concepts. These continuous processes provide additional content leveling and linking, as students fine tune competencies while continuously addressing foundational and advanced communication topics. Furthermore, ongoing professional development in communication education for faculty of all ranks by way of workshops, comprehensive resources and continuing professional education is recommended.

It is to be noted that the transferability of the findings is limited by the small number of focus group participants, especially in student focus groups. Students chosen to be interviewed were in their last term, because of their added experience, but this is a very busy term, which may have affected participation. Furthermore, the study was conducted in one school, which limits the range of experiences incorporated. However, the student voices have provided a unique, and missing, contribution, along with inclusion of faculty with different roles across all ranks.

## **CONCLUSION**

This research has provided evidence that both students and faculty highly value communication competency for safe, quality practice, and also perceive undergraduate education as an appropriate arena for communication competency development. Their comments provided insight into the benefit of purposefully and explicitly structuring communication components within the undergraduate curriculum. Focusing on areas of improvement, particularly in relation to increasing the accessibility and visibility of communication components, expanding the range of available teaching and learning methods and resources, and acknowledging and addressing contradictory or mixed messages about communication, has produced a series of explicit strategies and recommendations to enhance communication competency. An additional important finding was that

as education advances, communication is increasingly valued not only as a set of practical skills and techniques, but also as a critical professional practice and understanding embedded in all aspects of nursing care, ultimately described as “everything we do.”

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