



COMMUNICATION COMPACT

*„Good communication begins with us
– we get back what we give“*

FOREWORD

The aim of this Communication Compact is to improve patient safety and to improve staff well-being. That we can achieve by means of clear, effective, warm and positive communication. This Compact applies to all employees' of the hospital, irrespective of position or profession.

In the spring of 2018 over 700 employees attended a series of fifty meetings and gave over 900 accounts regarding both positive and negative experiences of communication in their working environment. The reported cases were based both on professional experiences, personal interaction and conduct, as well as communications between hospital staff. This Compact is therefore based on real-life experiences of employees in all fields. The themes of the cases presented by employees are represented in the eight sections of the Compact. Each section sets out what should and should not be done.

Every staff member plays a role in implementing the Compact and every employee is important in the dynamics of the hospital. Mutual respect, clear communication, co-operation and empathy are important tools in improving the well-being of employees and services to patients.

*„Work together, talk to each other,
AND BE welcoming to people“*

Many have asked what happens if the Compact is broken. It is important to take all such incidents seriously, while obviously tailoring responses appropriately to specific cases. The last chapter of the Compact contains suggestions for ways to respond should employees feel that the Compact has been broken.

We trust that, in the future, we will all have this Compact in mind in our conduct and interactions with patients, their relatives and our colleagues. We must all make an effort to work together and create an atmosphere of safety, trust and good will.



I. WELCOME

“Say Good morning/or good evening’ always. It is a positive habit and a good start to the day.”

Always:

- Show people consideration and warmth
- Say ‘Good morning’ every morning
- Greet, smile and offer assistance
- Introduce ourselves with name and job title when speaking to new recruits
- Explain our professional role to people we have not worked with before
- Use people’s names and establish eye contact
- Be punctual
- Be welcoming to trainees and new staff and guide them in a positive manner

Be welcoming to patients, their relatives and our colleagues. Remember that first impression or the start of each new day affects everything which follows. Be warm, considerate and helpful from the outset. Politeness comes without a prize

“A smile can brighten the darkest day.”

Never:

- Bring negativity or grievances from our personal life to the workplace
- Look the other way to avoid helping people who need help
- Neglect people or fail to provide explanations
- Answer questions as if we are being disturbed
- Start a telephone conversation without introducing ourselves or end a telephone conversation without saying goodbye
- Behave in a manner which is gruff or brusque, even if others do
- Talk in a negative way about co workers, other units or divisions
- Get annoyed by colleagues or new recruits who approach us seeking information or help

“Treat people with respect – remember that you never get a second chance to make a great first impression”



II. RESPECT

“Good cooperation, positivity and respect for everyone yield results.”

Always:

- Introduce ourselves to patients with our name and job title
- Let someone know if we are running late or will be unable to perform our tasks
- Explain to patients what we are doing and obtain their permission
- Remain calm and be polite, level-headed and professional
- Appreciate the contribution and expertise of co-workers, other divisions and fields. Learn the names of co-workers, regardless of their profession or origin
- Interact positively with people of all professions and participate in social events in the workplace
- Step aside to allow others to pass in the corridor and hold doors open for others

Everybody deserves respect and to be taken seriously. Everyone has the right of his/her voice being heard, and every link in a chain is important. This applies equally to patients, their relatives and all colleagues.

“We shall appreciate and respect things which are done well.”

Never:

- Raise our voice, shout, hang up on someone shame them
- Talk down to people, interrupt, be bossy or discuss the problems of patients or colleagues in a joking manner
- Roll our eyes, snort or sigh
- Talk about patients or colleagues in the third person or use inappropriate nicknames
- Treat patients as medical conditions instead of treating them as individuals
- Talk about unrelated matters with colleagues while treating a patient
- Criticise staff members or question their competence in front of others
- Only talk to colleagues in the same profession



III. PROFESSIONALISM

“Good, harmonious communication depends on appreciating the circumstances of others and understanding that it is not always possible to get one’s own way.”

Always:

- Familiarise ourselves with a given case before drawing conclusions or giving our opinion
- Respect confidentiality and keep to a minimum those who hear our conversations or receive information about a patient
- Watch how we express and conduct ourselves, especially when delivering bad news. Involve the
- patient and his relatives in conversations regarding medical treatment and endeavour to respect their wishes
- Be professional in appearance and follow rules on clothing, washing hands and infection control
- Reply to e-mails and requests, answer our telephone and ring back when we are asked to do so
- Pass on information, expertise and skills to other staff members to improve results
- Take responsibility for our conduct and remedy any case of poor communication as soon as possible

We are professionals. We shall adopt the habit of conducting ourselves in a level-headed and professional manner and foster trust between colleagues, divisions and fields as well as between our co-workers and patients. We shall properly familiarise ourselves with cases, allow others to participate in what we are doing, answer questions and respect confidentiality.

“As professionals, we must allow patients relatives to be involved and not be merely spectators, and empathise with those who have known the patient for many years.”

Never:

- Give opinions or conclusions before familiarising ourselves with the case at hand
- Discuss staff or personal matters in earshot of someone of no concern
- Allow patients to witness tensions between professionals or allow them to hear us criticise colleagues, other divisions, fields, professions or health institutions
- Raise unrealistic expectations or refer to services which are not available
- Take our annoyance or tiredness out on colleagues
- Forget the promises we have made
- Take credit for the work of others or understate their contribution
- Send e-mails containing negative messages when it would give better results to talk face to face or on the phone



IV. CARE

“It is good to feel that we are all on the same team and that we are there to help each other.”

Always:

- Acknowledge the feelings, pain and concerns of patients and colleagues who are unhappy
- Put ourselves in the shoes of patients and treat them as we would wish our relatives to be treated
- Show colleagues support and good will and consult each other
- Monitor the well-being of patients, their relatives and our colleagues and take action where needed
- Take care on how we express ourselves – not everybody has the same sense of humour
- Be positive, friendly, warm, reassuring and calming
- Discuss difficult cases in a considerate and kind manner

Show sympathy and consideration when communicating. We shall bear in mind that patients may be suffering and that colleagues may be dealing with their own problems. We shall put ourselves in others' shoes and show them understanding and consideration.

"We shall treat all people with respect and kindness.

Never:

- Trivialise the pain or suffering of the patient or make fun of why they came
- Trivialise the experiences or feelings of others
- Raise our voices in anger to colleagues, patients or their relatives
- Reveal sensitive information about a patient or colleague's case within earshot of a large number of people or to people who are not involved in the case.
- Treat patients in a robotic manner or be distracted when communicating with them
- Forget patients
- Enter patient spaces unannounced or disturb their rest unnecessarily
- Expect others to prioritise their work according to our needs



V. UNDERSTANDING

“No one knows everything or is involved in everything, therefore it is important to listen, communicate and make use of the expertise and experience of others.”

Always:

- Listen, so we can understand and respond to what the patient or colleague is saying
- Use open-ended questions to gain a better understanding regarding the case involved to avoid one-syllable answers
- Familiarise ourselves fully with new cases when we take them on and listen to the advice of colleagues
- Give clear information, either orally or in writing, – when handing to a colleague the responsibility of a case and ensure that he/she comprehends the delivered information
- Use everyday language, adapt our speed and volume of speech to the need of the listener, use supporting material and drawings where necessary, e.g. to overcome a language barriers
- Ensure that everyone has comprehended delivered information in the same matter
- Allow patients to follow the progress of their case and inform them of the advantages and disadvantages of treatment and of the next steps
- Inform patients of their rights

We shall take the time to listen and ask questions. This helps us to better understand cases before taking decisions and giving advice. We shall inform people clearly to avoid any confusion.

“Giving everyone in the team a voice leads to better work and service, to the benefit of the patient’s welfare and safety.”

Never:

- Interrupt people or prevent them from explaining something
- Assume that we know everything there is to know
- Assume that others in the team or those taking the following shift have all the necessary information
- Make patients repeat their medical story over and over again
- Use professional jargon, abbreviations or acronyms with patients
- Make patients wait too long without giving them any information regarding their case
- Use closed (close-ended) questions, e.g. “Don’t you feel much better now?”
- Send an e-mail to save time when a telephone call or conversation would give better results



VI. RESPONSIBILITY

“We often work in difficult circumstances and are confronted with all sorts of situations – it is therefore important to be able to trust our colleagues.”

Always:

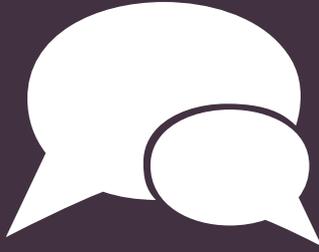
- Be professional in our conduct and promise only what can be delivered
- Use accepted forms of communication to pass on information so that everybody is on the same page
- Follow up on issues and answer when asked a question
- Follow standard working procedures and encourage others to do so
- Speak up on behalf of the patient where necessary or in order to secure his safety
- Report and register all accidents and incidents
- Apologise straight away if we make a mistake

Follow standard procedures and communicate clearly and effectively to guarantee the safe handling of cases. We should report incidents where appropriate and ensure that the service chain does not break following our intervention.

“We all make mistakes, but it is important to apologise when we do. It is good for the soul.”

Never:

- Talk about unrelated matters when colleagues need to be concentrating on the patient
- Disturb colleagues when they are concentrating on something, except in case of an emergency
- Jump to conclusions before familiarising ourselves with a case or following standard procedures
- Assume patients are informed of the situation
- Criticise those who mention patient safety or correct working procedures in front of patients
- Tell people that we are too busy to deal with their concerns
- Omit to register incidents or fail to flag things that go wrong
- Shift responsibility onto others when a difficult situation arises



VII. HONESTY

“Talk – particularly when you are unhappy, it is vital to talk to find a solution.”

Always:

- Present advice and criticism in a balanced and constructive way, without making it personal
- Give constructive advice directly to the person concerned, preferably in private – not to a third party. We shall talk to people, not about them
- Speak up when we feel that patient safety is in jeopardy or that the correct working procedures are not being followed
- Explain to people when there are delays or when things do not progress as expected
- Receive advice and constructive criticism positively and say thank you – this is how we learn
- Intervene when we witness unpleasant attacks, bullying or harassment
- Praise each other for a job well done
- Apologise straight away when we make a mistake

We shall speak up when a patient's safety or treatment is compromised or when the well-being of colleagues is in jeopardy. We shall not keep quiet. We shall present any criticism in an objective manner and say thank you when given advice. We shall give praise when things are done well.

"I was tired and had had a bad day. A colleague of mine praised me on my performance and this cheered me up. It doesn't take too much of an effort to make others feel better."

Never:

- Downplay the advice and concerns of others
- Take feedback and advice personally or take offence
- Be complicit in bullying, violence or harassment
- React negatively when it is pointed out that we are not following the correct working procedures
- Force our opinions on others and always need to have the last word
- Judge colleagues when things go wrong before seeking explanations
- Talk behind the backs of patient's or colleagues

"We must be able to take criticism on board and talk to each other if we feel that communication could be improved."



VIII. EQUALITY

“Every link in a chain is equally important –Landspítali can neither function without cleaners nor doctors.”

Always:

- Bear in mind that we are all different, from different backgrounds and with different experience
- Treat all patients and colleagues equally, irrespective of age, gender, nationality, religion, sexual orientation or any other ground
- Treat all patients with same respect, regardless of their illness or symptoms
- Celebrate diversity and respect different cultures and religions
- Treat everybody equally when, for instance, applying to hospital rules
- Respect the boundaries of others and avoid coarse language or a conduct that may be interpreted as harassment

We shall ensure equality in our interactions and service. We should enforce rules and regulations the same way for everybody, irrespective of background, profession or position. Disrespect, arrogance, harassment, bullying or any other type of unacceptable behaviour is not accepted at Landspítali.

“Sometimes we need to put our job title the side and do what needs to be done. When it comes down to it, we are all working together for the patient’s well-being.”

Never:

- Bully others, engage in gender-based or sexual harassment, or be complicit in any such conduct
- Tolerate any prejudice of people of foreign origin
- Make ‘jokes’ that may be interpreted as harassment or malice
- Allow friendships or family connections to affect our conduct
- Be arrogant or forget our manners, even if we are under pressure
- Pass around gossip, engage in slander or tell tales at the workplace
- Interrupt or raise our voice when others are talking



IX. RESPONSES

“A good friend is not afraid to tell us our faults.”

Step 1

The best thing is to respond immediately and give feedback in a friendly way directly to the person in question. You can e.g. do this by

- Mirroring:
 - » Do I understand you correctly when you say...?
 - » Did I hear you say that...?
- Informing:
 - » I felt bad when you said...
 - » I felt uncomfortable when you said...
 - » When you said....then I felt like you were...
 - » When you said...I experienced...
 - » I don't think this is in line with the Communication Compact...
- Set boundaries:
 - » This was not OK...
 - » I do not feel this is in accordance with the Communication Compact.
 - » We decided that we would not speak to each other like this here.

If you experience a breach of this Compact, it is very important to let the person involved know as soon as possible. We cannot change our conduct if no one helps us see what we can improve.

- » I do not feel this is an acceptable way to communicate and not in accordance with the Communication Compact
- » I do not think our communication went well
- » I am not happy with this way of communicating.
- Offer advice
 - » Did you perhaps forget yourself?
 - » May I point out to you something that I have noticed?
 - » We have agreed to be an exemplary department when it comes to communication
 - » I would like to point to the Communication Compact
- The best way to confront someone is with a light tone and a smile.
- These sentences may be used as an immediate reaction to a breach of the Compact or in private after asking the person in question to step aside with you.
- You may also ask a third party (e.g. another colleague or a union representative) to accompany you if you feel uncomfortable speaking to the person in question alone.
- It is important to also look to your own behaviour

Please note: It would be good for every department to decide what sentences to use. What fits each group is different. Another possible response would be to use signals e.g. "time out" or "respect card".

Taking advice... when it is given to you

- “Oh, thank you. I’m sorry!”
- “Thank you for pointing that out. I was out of line.”
- “Yes, that is quite right. I’m sorry.”
- “Thank you for the advice.”
- “Thank you for pointing that out, but I’m afraid I disagree.”
- “Thank you for reminding me of that.”
- “Please forgive me. I really didn’t mean it like that.”
- Thank you for pointing this out. Can you perhaps advise me on how to do this better:
- I am very sorry, please forgive me.

Try to not get defensive and do not question the good will of the person offering you advice.

Take this as an opportunity to look into your style of communication as well as how you are feeling yourself. Is this something that you should think about in general? Did you forget yourself on a busy day? Are you lacking sleep? Feeling worried, sad or insecure?

Looking at yourself:

- It is important to consider how you want to respond; usually it is best to respond directly, as is discussed in step 1 – it is helpful for everyone.
- It is also important to take a good look at oneself:
 - » Why did I feel like this when he/she said that?
 - Are my personal boundaries being violated?
 - Have I not said something in response to what happened yesterday/the day before/last week and this was the last straw?
 - Am I sensitive today because...
 - I slept badly; I’m worried, stressed or sad?

- Am I unhappy because someone else was nasty to me before?
- » Did I forget to practise good communication and this is a response to that?
- If I did something first, then a good way is to start by apologising for that.

Please note: Even though you may have practised bad communication, you are allowed to respond to other people behaving badly towards you.

Step 2

On top of these first responses – or instead of them if you do not feel comfortable responding in that way – you can take the following steps:

- Ask a manager to talk to the person in question (or to the person-in-question's manager, where appropriate).
 - » Please note that the manager may possibly not be able to tell you how he/she reacted as this is a human resource issue.
- Ask a third party or somebody neutral to have a word with the offending person.
 - » Please bear in mind that involving a third person could be more time-consuming than acting yourself and may lead to misunderstandings.
- It is also good to bear in mind that a third party intervention may not guarantee that your name does not come out; an offender has also rights and it can be difficult to demand behaviour changes unless the person is told what specifically happened.
- Enter the incident in the staff incident registration system.

Step 3

Serious or repeated breaches should generally be taken to a manager or reported via a formal complaints procedure:

- To lodge a formal complaint about bullying or (sexual) harassment: <http://innri.lsh.is/starfsmadurinn/heilsa-oryggi-og-vinnuumhverfi/einelti-ofbeldi-kynerfdisleg-areitni/formleg-kvortun-um-meint-einelti-a-landspitala/>
- Breaches may lead to a caution or reprimand (cf. Law No. 70/1996).

Bad communication can also be found in e-mails

Here are some points to keep in mind:

- Say hello and goodbye (greetings and farewells)
- Take proper care as if you were speaking to a person eye to eye
- DO NOT USE UPPER-CASE – people may interpret that as an attack or screaming
- Read the e-mail over twice – and leave it overnight if it is very angry – and/or borrow someone else's judgement (get someone to read the e-mail for you before sending)
- React and respond if someone breaches communication protocol in an e-mail
 - » A good way is to call instead of responding with an angry e-mail yourself.

This translation was made possible by the support of the Brynja Bragadóttir Memorial Fund.



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