

Connecting or Nonviolent Communication as a key to effective transdisciplinary communication and collaboration

S. (Susan) Jedeloo, PhD¹, E.J.M. (Ellen) Bakker, RN PhD¹, P.D.D.M. (Pepijn) Roelofs, PhD^{1,2}

- 1) Rotterdam University of Applied Sciences, Research Centre Innovations in Care, Rotterdam, the Netherlands
- 2) Department of Health Science, Section of Nursing Science and Education, University of Groningen, University Medical Center Groningen, Groningen, The Netherlands



BACKGROUND

Our nursing students often do not experience a basis of equality and trust during their clinical placements, in their interactions with patients, clinical supervisors, or other healthcare professionals¹. Connecting or Nonviolent Communication¹⁻⁴, which focuses on interpersonal rather than job specific communication skills, may provide a common language and basic attitude to shape transdisciplinary communication skills and contribute to educationally safer learning and working climates, vitality and mental health of students and healthcare professionals¹⁻⁵.

AIM

- Develop and implement educational Connecting Communication modules in the curricula of the Bachelor of Nursing degree program of the Rotterdam University of Applied Sciences.
- Provide training for teachers and clinical supervisors.
- Improve transdisciplinaire communication & collaboration competencies.

METHODS

We build upon on our previous Connecting Communication training courses pilots e.g.;

- a 12 hours elective with second year nursing students (n=22) and a 2 day's training with clinical supervisors & teachers (n=9) both focused on *Working on resilience with words that work*;
- a feasibility study among third years of the Bachelor of Nursing programme focused on *Conflict or Connection*¹ (n=24).



Figure 1. Kirkpatrick's four-level training evaluation model

The Kirkpatrick Model⁶ is used for evaluation and analyzing the results of the training and educational programs at four levels (Figure 1).

data is gathered by:

- focusgroup discussions with stakeholders;
- analyzing participants educational assignments and reflections;
- pré a post intervention survey's.

SETTINGS

Connecting Communication requires specific skills, as well as reflection and practice at different levels of complexity^{2,3,6}. We therefore implement Connecting Communication in three settings with an increasing degree of complexity of transdisciplinary communication involved (May 2022 - October 2024).

- A. Basic skills training for first-year nursing students.
- B. 'Urban Health Program' in which second-year health care students collaborate on solving realistic problems.
- C. Clinical placements in year 2-4 of the nursing degree program.

EXPECTED RESULTS

- Basic module for integration into the propaedeutic year of college.
- Modules usable in more complex work situations such as internship environment and inter- and transdisciplinary education.
- Support modules for professionalization of teachers and clinical supervisors, developed into a train-the-trainer program.
- International peer-reviewed publications.

Model Connecting Communication

To get clear what is going on in **me** and (possibly) express this without blaming or judging

Empathic listening to what is going on in **you** without hearing criticism or blame

1. Observation When I see/hear/think	1. Observation When you see/hear/think...
2. Feeling I feel...	2. Feeling do you feel...
3. Need because I need/value/wish for...	3. Need because you need/value/wish for...?
4. Request am I/are you willing to...?	4. Request are you willing to...?

Central to Connecting Communications is the intention with which you connect with the other person. The model is supportive.

Awareness of mutual feelings/needs contributes (in my opinion) to better/safe communication (teacher)

I am better able to empathise with people and I don't judge them quickly, I first try to ask myself why they react the way they do (female student, age 22, clinical placement in mental health care)

This course teaches you not only things to apply as a supervisor, but especially as a person, partner, friend... (clinical supervisor)

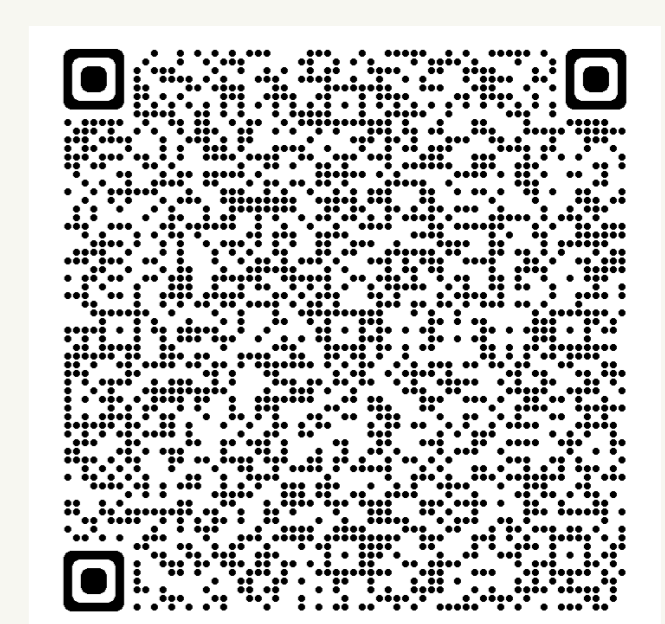
I now know better how to express my feelings and wishes in un pleasant situations (female student, age 23, clinical placement in general hospital)

REFERENCES

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CONTACT

Susan Jedeloo, Comenius Senior Fellow
email: sjedeloo@hr.nl
website: QR-code



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