Chapter II: Communication

Lecture outlines:

- Elements communication
- Process of communication
- Methods of communication
- Factors influencing communication
- Nurse-client communication
- Communication with health care team
- Therapeutic communication
- Phases of therapeutic communication

Learning objectives

At the end of this chapter, the student should be able to:

1. Describe the concept and kinds of communication.
2. Discuss communication process.
3. Describe the modes or forms of effective communication.
4. Describe the means of non-verbal communication.
5. Utilize the communication model.
6. Discuss the principles of therapeutic communication.
7. Explore the barriers to effective therapeutic communication.
Communication

Communication is the process of exchanging information, thought, ideas, and feelings from one individual to another.

Communication is a two way process by which a message is passed from the sender to the receiver with the objective that message sent is received and understood as intended.

Kinds of Communication

1. Social Communication: it is the unplanned communication that gives satisfaction to patients/families. It is often carried out while caring for the patient/family. e.g., the Communication whiles a nurse performing a nursing procedure.

2. Structured Communication: it is a planned communication. e.g., teaching a patient who has diabetes about self-insulin injection.

3. Therapeutic Communication: it is a planned or unplanned communication that are used by nurses in many situations to relieve anxiety and fear of patients, e.g., patient with end-stage renal failure, patient with cancer.

The Basic Elements of Communication process

1. The Sender.

The communication process begins when a person, known as the sender, generates a message. Messages stem from a person’s need to relate to others, to create meanings, and to understand various situations.
2. The Message.
The message is a stimulus produced by a sender and responded to by a receiver. Messages may be verbal, nonverbal, written materials, and artistic.

3. The Channel.
The channel is the medium through which a message is transmitted. There are three major communication channels: visual, auditory, and kinesthetic. The visual channel consists of sight and observation. The auditory channel consists of spoken words and cues. The kinesthetic channel refers to experiencing sensations.

<table>
<thead>
<tr>
<th>Channels</th>
<th>Mode of transmission</th>
<th>Congruent words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual</td>
<td>Sight</td>
<td>“I see what you mean.”</td>
</tr>
<tr>
<td></td>
<td>Observation</td>
<td>“It looks perfectly clear that.”</td>
</tr>
<tr>
<td>Auditory</td>
<td>Hearing</td>
<td>“I hear you.”</td>
</tr>
<tr>
<td></td>
<td>Listening</td>
<td>“Tell me what you mean.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Sounds like you’re saying.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Tell me what you mean.”</td>
</tr>
</tbody>
</table>
4. The Receiver.
The receiver is the person who intercepts the sender’s message. Receiving is influenced by complex physiological, psychological, and cognitive processes. The physiological component involves the process of hearing.

5. Feedback.
Feedback is the information the sender receives about the receiver’s reaction to the message. The function of feedback is to provide the sender with information about the receiver’s perception of a situation. Having this information, the sender can then adjust the delivery of the message to communicate more effectively.

Modes or forms of communication

1. Verbal communication
The spoken and or written words are the most frequent modes for conveying information, one's ideas, thoughts and feelings to others. Examples of spoken words are; face-to-face meeting, recording messages on tapes, telephoning, radio, and television.

2. Non-Verbal communication
It is the exchange of a message without the use of words. About 80-90% communication is non-verbal. It tell others more about what a person is
feeling than what is actually said because it is controlled less consciously than verbal communication.
Non-verbal communication is sometimes called body language.

The means of non- verbal communication

1. **Physical appearance including adornment**
   Personal appearance, body shapes, size, hair styles. Clothing and adornment are sometimes rich sources of information about a person.
   Clothing may convey social and financial status, culture, religion and self-concept.

2. **Posture and gait**
   The way people walk and carry themselves are often reliable indicators of self-concept: mood and health, e.g., erect posture and an active, purposeful walk suggest a feeling of well-being, while tens posture suggests anxiety or anger.

3. **Facial expressions**
   The face is the most expressive part of the body. Feeling of joy, sadness, fear, surprise, anger and disgust can be conveyed by facial expressions.
   Many facial expressions convey a universal meaning, e.g., the smile conveys happiness.

4. **Eye Contact**
   The eyes may provide the most revealing and accurate of all communication signals, because they are a focal point on the body. Mutual eye contact acknowledges recognition of the other person and a willingness to maintain
communication, e.g., patient who feels weak or defenseless often avoids eye contact.

5. **Body movements and gestures**
Body movements may sometimes take the place of speech, e.g., a shrug of the shoulders to say, "I don't know". Some of the basic communication gestures are the same throughout the world and convey the same message, e.g., nodding the head is almost universally used to indicate yes, and the hand shake is a victory sign.

6. **Touch.**
Touch is the most personal form of communication because it brings people into a close relationship, e.g., hand patting, put your hand on patient's shoulder.

7. **Tone of voice**
It can cause people to listen to speech or to be inattentive and unresponsive. An individual's personal warmth, honesty and competence is often displayed by the tone he uses with others, the pause, volume, and rate of speech.

8. **Symbols**
A symbol is a sign that represents an idea. e.g., means male, and means female.

9. **Signals**
A signal is assigned to give instructions or warning. E.g., the patient puts on the signal light when he wishes to call a nurse, traffic signals, etc.

**Level of Communication**

1. **Intrapersonal Level.**
   Intrapersonal communication consists of the messages one sends to oneself, including self-talk, or communication with oneself. A person receiving internal or external messages organizes, interprets, and assigns meaning to the messages.

2. **Interpersonal Level.**
   Interpersonal communication is the process that occurs between two people either in face-to-face encounters, over the telephone, or through other communication media.

3. **Group Level.**
   Group communication occurs when three or more people meet in face-to-face encounters or through another communication medium, such as a conference call or webinar. This level of communication is complex because of the number of people communicating intrapersonally and interpersonally and the combinations of the people involved.

**Communication model**
<table>
<thead>
<tr>
<th>Message</th>
<th>Encoding</th>
<th>Transmitting Channel</th>
<th>Decoding</th>
<th>Action</th>
<th>Feed back</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Facts</td>
<td>- Words</td>
<td>- Verbal</td>
<td>- Sees, hears</td>
<td>- Ignores</td>
<td>- Exchange information</td>
</tr>
<tr>
<td>- Idea</td>
<td>- Gesture</td>
<td>- Non verbal</td>
<td>- Feels</td>
<td>- Stores</td>
<td>between sender and receiver</td>
</tr>
<tr>
<td>- Concept</td>
<td>- Facial</td>
<td>- Face to face</td>
<td>- Interprets</td>
<td>- Delays</td>
<td></td>
</tr>
<tr>
<td>- Feeling</td>
<td>- Expressions</td>
<td>- Group</td>
<td>- Symbolizes</td>
<td>- performs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Color</td>
<td>- Written</td>
<td>Messages for meaning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Instructional media</td>
<td></td>
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</tbody>
</table>

- **Encoding**: means translating the message into verbal (words) and non-verbal symbols (gestures, facial expression) that will communicate the intended message to the receiver.

- **Decoding**: the receiver perceives and interprets or decodes the sender's message into information that has meaning.

**Therapeutic communication**

Therapeutic communication, sometimes called effective communication, is purposeful and goal directed, creating a beneficial outcome for the client. The focus of the conversation is the client, the client's problems, or the client's needs, not the problems or needs of the nurse.

**Characteristics of therapeutic communication:**

1. Is purposeful and goal-directed
2. Has well-defined boundaries
3. Is client-focused
4. Is nonjudgmental
5. Uses well-planned, selected techniques

Principles of Therapeutic Interaction

1. **Plan to interview at an appropriate time:** It is unwise to plan to talk with a client during visiting hours, during change of shift, or when the client is distracted by environmental stimuli.

2. **Ensure privacy:** It is both a legal mandate and an ethical obligation that nurses respect the client’s confidence; this includes spoken words and medical records. No one wants to discuss private matters when or where other people are listening.

3. **Establish guidelines for the therapeutic interaction:** the nurse should share certain information such as the nurse’s name and affiliation, purpose of the interaction, the expected length of the contact with the client, and the assurance of confidentiality.

4. **Provide for comfort during the interaction:** Discomfort can be distracting. Pain interferes with a person’s ability to concentrate, thus, communication becomes impaired.

5. **Accept the client exactly as is:** Being judgmental blocks communication.

6. **Encourage spontaneity:** The nurse gathers more data when the client is talking freely. Also, the client experiences relief and freedom from worries by talking without inhibition.

7. **Focus on the leads and cues presented by the client:** Asking questions just for the sake of talking or for the satisfaction of one’s own curiosity does not contribute to effective interviewing.
8. **Encourage the expression of feelings**: Simply allowing the client to talk is not interviewing.

9. **Be aware of one’s own feelings during the interaction**: The nurse's feelings influence the interaction. For example, the nurse who becomes anxious may change the subject or make comments that finalize the session.

**Barriers of Therapeutic Communication.**

1. **Language Differences.**
   When English is the clients’ second language, they may have problems navigating through the health care system. An inability to communicate effectively with health care providers adversely affects clients’ responses to interventions.

2. **Culture Differences**
   Some of the communication variables that are culture specific include eye contact, proximity to others, direct versus indirect questioning, and the role of social small talk.

3. **Gender**
   Sending, receiving, and interpreting messages can vary between men and women. The effect and use of nonverbal cues are often gender dependent. For example, women tend
to be better decoders of nonverbal cues, and men prefer more personal distance between themselves and others than do women.

4. Health status
The client who is oriented will communicate more reliably than a client who is delirious, confused, or disoriented.

5. Developmental level.
Communicating with children requires the use of different words and approaches than those used with adults because a child cannot think in abstract concepts. Relating at the client’s developmental level is necessary for understanding.

6. Emotion
When the nurse or the client is anxious, communication may change, stop, or take a nonproductive course. Nurses should be aware of their own feelings and try to control them in order to ensure progress in the interview.

7. Use of health care jargon.
Nurses and other health care providers have a language unique to their subculture. Nurses who use health care jargon with clients are likely contributing to blocked communication. Terms or phrases such as “CBC,” “BP,” and “take your vitals” are often misinterpreted by clients and families. It is important that nurses use language that is easily understood and explain medical terminology so that it is clear to clients and families.

Techniques of therapeutic communication
1. Clarifying/validating
Clarifying or validating are used when the nurse is not sure of the meaning of a message. Clarifying is the technique used to understand verbal messages.

2. Open-ended questions
   Open-ended questions encourage clients to express their own thoughts and feelings. How, when, where, and what are words with which to begin an open-ended question.

3. Open-ended statements
   An open-ended statement calls for a response from the client. Because it is a statement and not a question, the client does not feel quizzed. Open-ended statements allow the client to determine the direction of the conversation, thus helping the client maintain a feeling of independence.

4. Reflecting
   Reflecting is repeating all or part of a message back to the sender. Often, reflecting focuses on feelings and helps the sender "hear" the message from the receiver.

5. Paraphrasing / Restating
   Paraphrasing is restating the message in the receiver's own words. This lets the sender know how the receiver interpreted the message.

6. Summarizing
   Summarizing is stating in a sentence or two the major points of a conversation to let the sender know what was heard.

7. Focusing
   Keeping communication focused on the topic being discussed can sometimes be difficult. Clients may wander off to other topics, or the topic may shift to the nurse.
8. Silence
Silence is one of the most difficult but effective techniques to use. Silence can be a valuable therapeutic technique, allowing the client time to gather thoughts or check emotions.

Nurse-Client Communication
1. One of the most important aspects of nursing care is communication. Good communication skills are essential whether the nurse is gathering admission information, taking a health history, teaching, or implementing care.
2. Interpersonal communication is an exchange of information between the nurse and the client. This basic level of communication occurs between 2 or more people in small group and is the most common form of communication in nursing.
3. Nurses have both an ethical and a moral responsibility to use any information gathered from the client in the client's best interest.

Phases of Nurse-Client Communication
1. Introduction: Fairly short; expectations clarified; mutual goals set
2. Working: Major portion of the interaction; used to accomplish goals outlined in introduction; feedback from client essential.
3. Termination: Nurse asks if client has questions; summarizing the topic is another way to indicate closure.

Factors affecting Nurse-Client Communication
1. Nurse: many factors pertaining to the nurse influence nurse-client communication. Include:
a. The nurse's state of health
b. Home situation
c. Workload
d. Staff relations
e. Past experiences as a nurse can all impact the attitude, thinking, concentration, and emotions of the nurse.

2. Client: factors related to the client that must be considered include
   a. social factors
   b. religion
c. family situation
d. visual ability
e. hearing ability
f. speech ability
g. level of consciousness
h. language proficiency
i. state of illness.

Communication with the Health Care Team

1. Oral communication
Oral communication takes place among all health care team members.
To provide continuity of care to the client, all persons who provide that care communicate orally concerning that care.
   a. Nurse-student nurse
   b. Nurse-nursing assistant
c. Nurse- nurse
d. Nurse-physician
e. Nurse-other health professionals
f. Group communication
g. Telephone

2. Shift report
Vital to continuity of client care is the shift report (report about each client between shifts). An oral report is the most common. The charge nurse of the outgoing shift may report to all members of the incoming shift or only to the incoming charge nurse who, in turn, shares the information with the appropriate caregivers on the incoming shift.

3. Written communication
Most written communication relates to the client's chart. All aspects of a client's care are recorded on that client's chart. Requisitions to x-ray or to physical or respiratory therapy and requests for laboratory services for a client are all forms of written communication.

4. Electronic communication
Computers are being used extensively in the business offices of health care agencies and have been so for years. The introduction of computers into the departments of direct client care has been slower. In many places, computers are used by client care departments to send requisitions to other departments and to receive test results.