Communication - Kim Baily RN, MSN, PhD

- Communication is:
  - The exchange of thoughts, ideas, or information
  - The heart of all relationships
  - A dynamic process
  - The primary way through which change occurs in nursing
  - Includes all modes of behavior
    - Conscious/unconscious
    - Verbal/Nonverbal
  - Begins the moment two people become aware of each other’s presence
  - WE CANNOT NOT COMMUNICATE

- Elements of Communication Process
  - Sender
  - Message
  - Receiver
  - Feedback
  - Context

- Complex
  - Six people involved in communication
    - Person 1
      - The person you think you are
      - The person your partner thinks you are
      - The person you believe your partner thinks you are
    - Person 2
      - The person your partner thinks he or she is
      - The person you think your partner is
      - The person your partner believes you think he or she is

- Irreversible and Unrepeatable
  - Each interaction is totally unique
  - You can never undue the interaction
  - Interactions are spontaneous

- Contexts
  - Psychological
  - Physical
  - Social
  - Cultural
  - Temporal
  - Who, what, when, where and how
  - Cannot separate interaction from context

- Verbal Communication
  - Speaking, reading, writing
  - Only a small part of communication

- Nonverbal communication
  - Conscious and unconscious
  - More reliable expression of feeling
  - Congruence versus Incongruence
    - E.g. important when assessing pain

- Proxemics
  - Use and relationships of space in communication
- Intimate space – within 6 inches
- Personal space – 6 inches to 4 feet
- Social space – 4 to 12 feet
- Public space – more than 12 feet
  o Comfort zones

- Kinesic
  o Movement e.g.
  o Facial expressions, posture, gestures and body movement

- Metacommunication
  o Communication has two parts
  o Literal message
  o Instructions on how to decode message

- Touch

- Types of Relationships
  o Social
  o Therapeutic

- Therapeutic Relationship
  o Purpose
    ▪ Restoring the health of the pt or resolving the problem that exists.
    ▪ Focuses on needs of the client.
  o Assessment
    ▪ Sensory impaired
      • Hearing or visually impaired
      • Speech impaired
    ▪ Physiologically impaired
    ▪ Psychologically impaired

- Therapeutic Communication
  o Conveying respect
  o Active Listening
  o Broad opening statements
  o Door openers
  o Reflection
  o Paraphrasing
  o Reflecting feelings
  o Reflecting meaning
  o Restating
  o Providing information
  o Seeking clarification
  o Focusing
  o Sharing observations
  o Summarizing
  o Sharing empathy
  o Sharing hope
  o Humor
  o Touch
  o Self-disclosure
  o Confrontation
  o Silence
• Perhaps the most important thing we ever give each other is our attention. A loving silence often has far more power to heal and to connect than the most well-intentioned words.
  • Rachel Naomi Remen

• Guidelines for effective communication
  o Keep message simple
  o Match content to age, developmental level, education and learning readiness
  o Repeat key ideas
  o Keep language simple
  o Limit medical jargon
  o Present one idea at a time
  o Make sure NV match verbal
  o Seek feedback to validate accurate reception of information
  o Use as many sensory communication channels as possible
  o Relate new ideas to familiar ones when presenting new information

• Blocks to communication
  o Judging
  o Criticizing
  o Name calling
  o Disapproving
  o Agreeing
  o Disagreeing
  o Blocks to communication cont.
  o Sending solutions
  o Moralizing
  o Probing – why questions
  o Indicating existence of external sources
  o Advising
  o Avoiding other’s concerns
  o Reassuring
  o Diverting
  o Using denial
  o Make stereotyped or trite remarks
  o Giving literal response
  o Rejecting
  o Defending
  o Belittling

• Culture
  o Family relationships
  o Proxemics
  o NV communication
  o Male/female relationships

• Language barriers

• Interviews
  o Factors affecting interviews
    • Internal
    • External
o Orientation
  ▪ Introduce self
  ▪ State purpose of interview
  ▪ State how long interview will take
  ▪ Focus on chief complaint
  ▪ Develop therapeutic relationship

o Working Phase
  ▪ Gather data
  ▪ Open-ended questions
  ▪ Closed-ended questions
  ▪ Use therapeutic techniques

o One question at a time

o Ten traps of interviewing
  ▪ False reassurance
  ▪ Unwanted advice
  ▪ Using authority
  ▪ Avoidance language
  ▪ Distance
  ▪ Medical jargon
  ▪ Leading or biased questions
  ▪ Talking too much
  ▪ Interrupting
  ▪ Ask why

o Nonverbal Communication which affects interview
  ▪ Yawning
  ▪ Body language which says you are not interested – turned away
  ▪ Facial expression
  ▪ Lack of eye contact

• Termination
  o Summarize important findings
  o Check with client to see if there is anything else they would like to discuss
  o The next step?
    o DC planning - includes client teaching, information re: meds, lifestyle changes, support groups and other resources,
    o Health care services - home health, SNIF or rehab facility
    o Schedule another appointment?

• Giving report
  o Read pages 495-497
  o Review ERES documents
    ▪ Suzanne Malestic