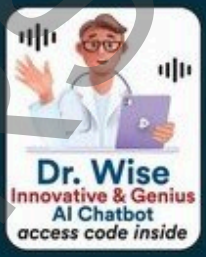
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Textbook of NURSING FOUNDATION

4th Edition



As per the INC Syllabus



Complementary Online Student Resource
Modules, OSCE Checklists and Perioperative Nursing

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UNIT 4

Communication and Nurse–Patient Relationship

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LEARNING OBJECTIVES

At the end of this unit, the student will be able to:

- Define communication and explain its levels, elements, and process in nursing practice.
- Describe the types and modes of communication and discuss the factors influencing effective communication.
- Explain the methods of effective communication and demonstrate the use of therapeutic communication techniques in patient care.
- Identify barriers to effective communication and differentiate between therapeutic and nontherapeutic communication techniques.
- Discuss the concept and importance of professional communication in healthcare settings.
- Describe the nurse–patient helping relationship, including its purposes and phases.
- Explain strategies for communicating effectively with patients, families, and healthcare team members.
- Discuss ways to maintain effective human relations and communication with vulnerable groups, including children, women, physically and mentally challenged individuals, and the elderly.

UNIT OUTLINE

- **Communication:** Levels, elements and process, types, modes, factors influencing communication
- Methods of effective communication/therapeutic communication techniques
- Barriers to effective communication/nontherapeutic communication techniques
- Professional communication
- Helping relationships (nurse–patient relationship): Purposes and phases
- Communicating effectively with patient, families and team members
- Maintaining effective human relations and communication with vulnerable groups (children, women, physically and mentally challenged and elderly)

Case Scenario

Mr S, 68-year-old, a retired farmer, has been admitted for a cardiac catheterization procedure. He speaks only Kannada and understands very little Hindi or English. When the nurse arrives to explain preprocedure preparation, she speaks quickly in English, hands him a printed consent form, and says, "Sign here, no need to worry, it is a routine procedure."

Mr S signs the form but later tells his daughter, "I did not understand what they are going to do to me. I am frightened." He refuses to eat his preprocedure meal and becomes tearful.

Reflect and Discuss

1. Identify all barriers to effective communication present in this situation and classify them.
2. Which nontherapeutic communication techniques did the nurse use? What should she have done instead?
3. What therapeutic communication techniques would now be appropriate to address Mr S's fear and anxiety?
4. At which phase of the nurse–patient relationship is the nurse, and what are her responsibilities at this phase?
5. How does effective communication relate to informed consent, patient autonomy and patient safety?

INTRODUCTION

The word 'communication' is derived from Latin word 'communis', which means common. It is a process of exchange of facts, ideas, opinions and a means that individuals or organizations share the meaning and understanding with one another. Communication is the process of transmitting information from one person to another. It is the act of sharing of ideas, facts, opinions, thoughts, messages or emotions to other people, in and out the organization, with the use of the channel to create mutual understanding and confidence **(Fig. 4.1)**.



Fig. 4.1: Therapeutic communication and the nurse–patient relationship.

CONCEPT OF COMMUNICATION

Communication is a two-way or reciprocal process involving exchange of ideas, facts and opinions **(Fig. 4.2)**. The process is not complete unless the receiver has understood the message and his response is known to the sender. Communication involves both informational and understanding. It provides for a feedback mechanism. It is a meeting of minds.

Definitions

- Communication is sharing of ideas and feelings in a mood of mutuality.

—Edgar Dale

- Communication is a means of persuasion to influence other so that desired effect is achieved.

—Aristotle

- Communication is a process of exchanging verbal and nonverbal messages. It is a continuous process.
- Communication is a process of sharing experience till it becomes a common possession. It modifies the disposition of both parties who partakes it.

—John Dewey

- Communication is "a process by which two or more people exchange facts, feelings or impressions in ways that each gains a 'common understanding' of meaning, intent and use of a message".

—Paul Leagens

Purposes of Communication

The fundamental reasons why we communicate. These are the broad, overarching aims behind any act of communication. Common purposes include:

- **To inform:** To convey knowledge, facts, data, and instructions.

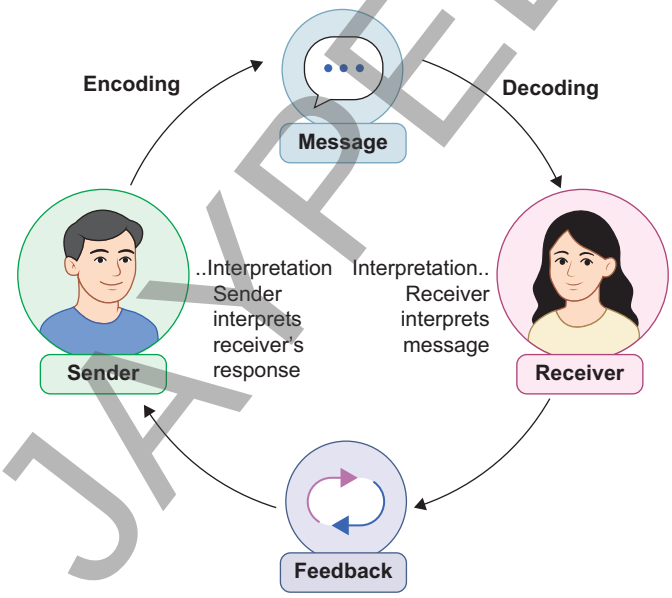


Fig. 4.2: Basic communication process.

- **To persuade:** To influence attitudes, beliefs, or behaviors.
- **To express feelings:** To share emotions, needs, and personal states.
- **To build relationships:** To establish, maintain, and strengthen connections with others.
- **To entertain:** To provide amusement and enjoyment.
- **To clarify:** To ensure understanding and resolve ambiguity.
- **To problem-solve:** To collaborate and find solutions to issues.
- **To make decisions:** To share information and perspectives to reach a conclusion.
- **To meet social expectations:** To fulfill social rituals and norms.

Goals of Communication

Goals are more specific than purposes and often relate to a particular situation or relationship. Examples include:

- **Achieving understanding:** Ensuring the receiver comprehends the message as intended.
- **Gaining agreement:** Persuading the receiver to accept a viewpoint or decision.
- **Building trust:** Establishing credibility and fostering a sense of reliability.
- **Motivating action:** Inspiring the receiver to take a specific step.
- **Improving relationships:** Strengthening bonds and fostering positive interactions.
- **Resolving conflict:** Addressing disagreements and finding mutually acceptable solutions.
- **Increasing awareness:** Making the receiver more knowledgeable about a topic.
- **Changing attitudes:** Influencing the receiver's feelings or opinions.
- **Gathering information:** Eliciting specific data or insights from the receiver.

Objectives of Communication

Specific, measurable, achievable, relevant, and time-bound (SMART) steps or actions that will help achieve the broader communication goals. Objectives are very concrete and focus on what needs to be done. Examples include:

- To explain the prescribed medication dosage and schedule to the patient before discharge, using simple language, by the end of the shift.
- To assess the patient's understanding of their postoperative care instructions by asking them to demonstrate the dressing procedure before discharge.
- To summarize the patient's chief complaints and current status accurately during handover to the oncoming nurse within five minutes.
- To provide written dietary instructions in the patient's preferred language before the end of the consultation.
- To reduce the number of medication errors in the ward

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by reinforcing the read-back protocol for all verbal orders.

LEVELS OF COMMUNICATION

The concept of communication can be broken down into different levels based on the number of participants and the nature of the interaction, and it involves several key elements that make the process function.

Levels of Communication

Communication can occur at various levels, each with its unique characteristics:

- **Intrapersonal communication:** This is communication with oneself. It involves internal thoughts, feelings, and self-talk. It's the basis for how we perceive and interpret the world around us and influences our other communication levels.
  Example: Thinking about what to say before speaking, reflecting on a past event, or having an internal monologue.
- **Interpersonal communication:** This involves direct communication between two people. It's characterized by a personal relationship and the opportunity for immediate feedback.
  Example: A conversation between two friends, a nurse talking to a patient, or a discussion between colleagues.
- **Small group communication:** This occurs when a small number of people (typically 3–15) interact with each other to achieve a common goal. It allows for more participation than public speaking but can also involve dynamics like leadership and conflict.
  Example: A team meeting, a study group, or a family discussion.
- **Public communication:** This involves one person speaking to a larger audience. The interaction is more formal, and feedback is often less direct and immediate.
  Example: A lecture, a political speech, or a presentation to a large group.
- **Mass communication:** This involves transmitting messages to a very large, widespread, and often anonymous audience through various media channels. Feedback is typically delayed and indirect.
  Example: Television broadcasts, newspaper articles, social media campaigns, or radio shows.
- **Extrapersonal communication:** This level involves communication between humans and nonhuman entities, such as animals or even inanimate objects. While the "response" might not be verbal or human-like, interaction and interpretation occur.
  Example: Talking to a pet and interpreting its body language, or attributing feelings to a favorite car.
- **Intercultural communication:** This occurs when individuals from different cultural backgrounds interact. It highlights the impact of cultural norms, values, and beliefs on the communication process.
  Example: A business negotiation between representatives from different countries, or a nurse caring for a patient from a different cultural background.



Nursing Consideration

A nurse reflects internally about how to explain a complicated treatment to a patient. Later, she discusses the plan with the patient and then presents the case during a team meeting. This situation demonstrates intrapersonal, interpersonal, and small-group communication used in nursing practice.

Concept Capsule

Levels of communication in nursing include:

- Intrapersonal communication
- Interpersonal communication
- Small group communication
- Public communication
- Mass communication

Understanding these levels helps nurses communicate effectively in different healthcare settings.

COMMUNICATION ELEMENTS AND PROCESS (FIG. 4.3)

The communication process is a dynamic and interactive sequence of steps involved in conveying information, ideas, feelings, and understanding from a sender to a receiver and vice versa. It's a cyclical process where feedback from the receiver influences the subsequent message from the sender.

Sender (Source)

The process begins with the sender, also known as the communicator or source. This is the individual, group, or organization that has an idea, thought, feeling, or piece of information they want to share.

The sender initiates the communication process.

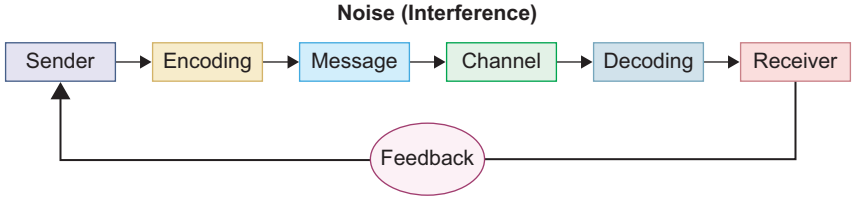


Fig. 4.3: Elements of the communication process.

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Encoding

Encoding is the process by which the sender translates their thoughts or ideas into a communicable form. This could involve:

- **Verbal encoding**: Choosing specific words and structuring sentences.
- **Nonverbal encoding**: Using gestures, facial expressions, tone of voice, and body language.
- **Written encoding**: Selecting appropriate words, grammar, and formatting.
- **Visual encoding:** Creating images, charts, or other visual aids.

The goal of encoding is to create a message that can be understood by the receiver.

Message

The message is the actual information, idea, feeling, or thought that the sender has encoded. It's the tangible form of the sender's intent.

The message can be verbal, nonverbal, written, visual, or a combination of these.

Channel (Medium)

The channel is the means by which the message is transmitted from the sender to the receiver. Common channels include:

- **Face-to-face conversation**: Direct verbal and nonverbal exchange.
- **Telephone:** Verbal communication over a distance.
- **Email:** Written communication via electronic mail.
- **Letter:** Written communication via postal service.
- **Text message**: Brief written communication via mobile devices.
- **Social media**: Various digital platforms for sharing information.
- **Presentations:** Often involve verbal and visual channels.
- **Body language:** Nonverbal cues transmitted through physical movements and expressions.

The choice of channel can significantly impact the effectiveness of communication.

Receiver

The receiver is the individual, group, or organization that receives the message sent by the sender.

The receiver is the target of the communication.

Decoding

Decoding is the process by which the receiver interprets the sender's message and tries to understand its meaning. This involves:

- **Interpreting verbal cues:** Understanding the meaning of words and sentences.
- **Interpreting nonverbal cues:** Understanding body language, facial expressions, and tone of voice.
- Reading and understanding written text.
- Analyzing visual elements.

The receiver's interpretation is influenced by their own experiences, knowledge, culture, and perceptions. Effective communication occurs when the receiver's decoded meaning closely matches the sender's intended meaning.

Feedback

Feedback is the receiver's response to the sender's message. It indicates whether the message was received, understood, and what the receiver's reaction is. Feedback can be:

- **Verbal:** Spoken responses, questions, comments.
- **Nonverbal:** Facial expressions, gestures, posture, silence.
- **Action-oriented:** A change in behavior as a result of the message.

Feedback is crucial because it allows the sender to know if the message was received and understood correctly, and it initiates a reciprocal process, turning the receiver into a sender.

Context (Environment)

The context is the situation or setting in which the communication takes place. It can include:

- **Physical context**: The actual location and environment.
- **Social context:** The nature of the relationship between the sender and receiver.
- **Psychological context:** The moods, feelings, and attitudes of the communicators.
- **Cultural context:** The shared norms, values, and beliefs of the communicators.

Context significantly influences the meaning and interpretation of messages.

Noise (Barriers)

Noise refers to any interference that can distort or hinder the communication process at any stage. It can prevent the message from being accurately sent, received, or understood. Types of noise include:

- **Physical noise:** Background sounds, poor signal, distractions.
- **Psychological noise:** Preconceived notions, biases, emotions, assumptions.
- **Semantic noise:** Different interpretations of words or symbols.
- **Physiological noise:** Physical discomfort, hearing impairment, illness.

COMMUNICATION TYPES AND MODES

Communication can be broadly categorized based on various factors. Here are some common classifications **(Figs. 4.4 and 4.5)**:

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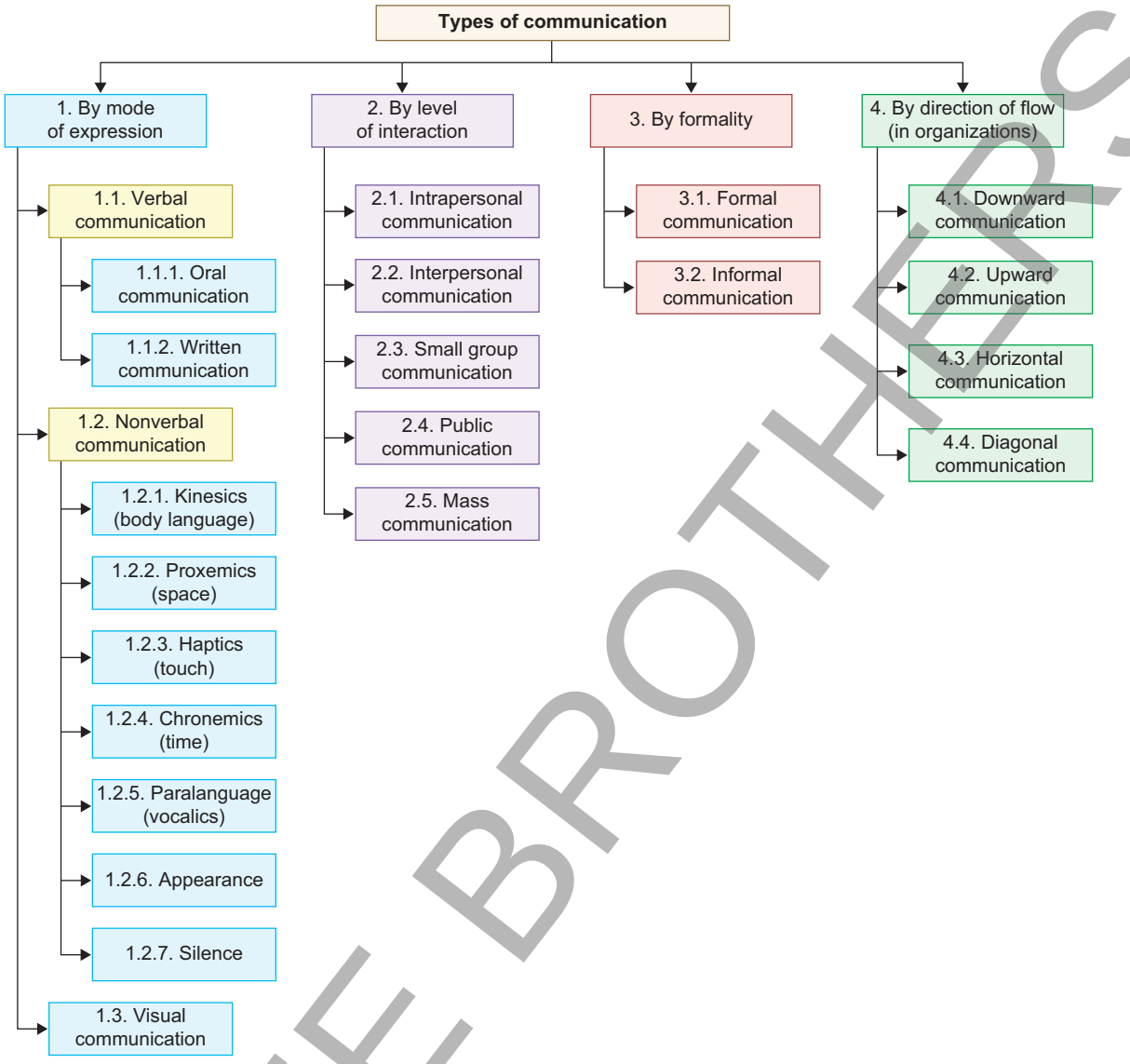


Fig. 4.4: Types of communication.

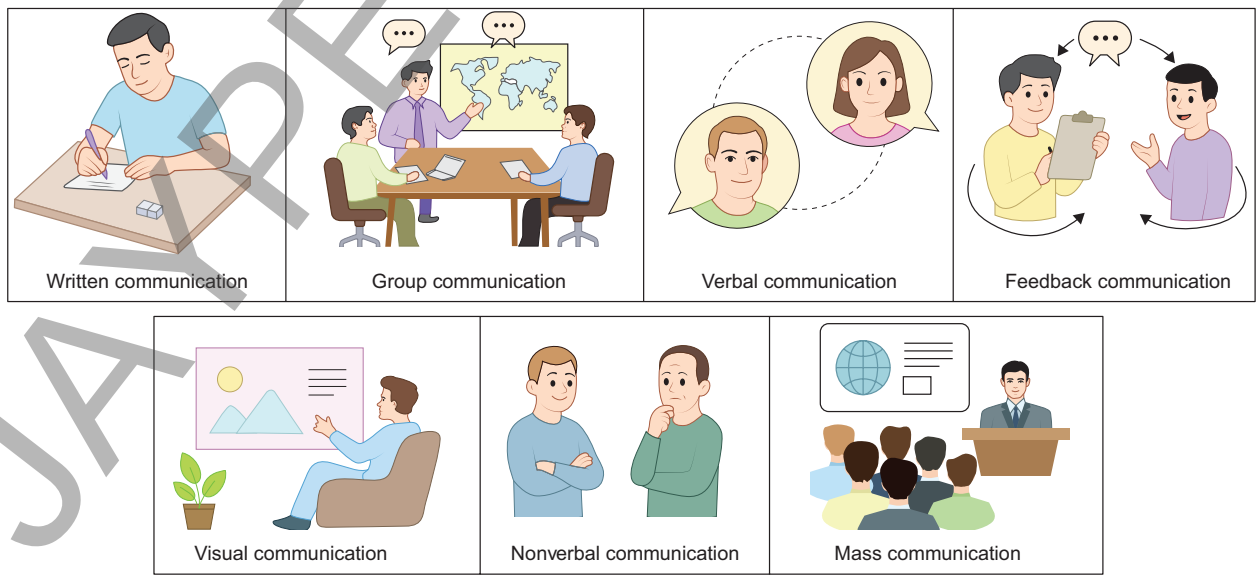


Fig. 4.5: Some of the common forms of communication.

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By Mode of Expression

- **Verbal communication:** Involves the use of spoken or written words.
- **Oral communication:** Face-to-face conversations, phone calls, speeches, presentations, discussions.
- **Written communication:** Emails, letters, memos, reports, articles, books, text messages.
- **Nonverbal communication:** Involves the transmission of messages without using words.
  - *Kinesics (body language):* Gestures, posture, facial expressions, eye contact, movements.
  - *Proxemics (space):* Use of personal space and distance.
  - *Haptics (touch):* Physical contact to convey meaning.
  - *Chronemics (time):* Use of time to communicate (e.g., punctuality, pauses).
  - *Paralanguage (vocalics):* Tone of voice, pitch, volume, speed, pauses, sounds.
  - *Appearance:* Clothing, grooming, artifacts.
  - *Silence:* Absence of verbal communication, which can convey various meanings.
- **Visual communication:** Uses visual aids to convey messages. Photographs, videos, charts, graphs, diagrams, illustrations, signs, symbols.

By Level of Interaction

- **Intrapersonal communication:** Communication with oneself (thoughts, self-talk).
- **Interpersonal communication:** Communication between two people.
- **Small group communication:** Communication among a small number of people.
- **Public communication:** One person communicating with a large audience.
- **Mass communication:** Communication to a large, dispersed audience through media.

By Formality

- **Formal communication:** Follows established rules, protocols, and hierarchies (e.g., business meetings, official reports).
- **Informal communication:** Casual and spontaneous exchanges (e.g., chats with friends, water cooler talk).

By Direction of Flow (in Organizations)

- **Downward Communication**: From higher levels to lower levels (e.g., instructions, policies).
- **Upward Communication**: From lower levels to higher levels (e.g., feedback, reports).
- **Horizontal Communication**: Between individuals at the same level (e.g., coordination among team members).
- **Diagonal Communication:** Between individuals at different levels who are not in a direct hierarchical relationship.

DO YOU KNOW?

INTERESTING FACT

Studies suggest that a significant portion of the meaning in face-to-face communication is conveyed through nonverbal cues—including body language, facial expressions, and tone of voice—rather than through words alone.

Note: The commonly cited '93% rule' from Mehrabian, 1967 applies specifically to the communication of feelings and attitudes, not to all communication.

Communication Modes

"Modes of communication" often refers to the sensory channels used to transmit and receive messages. These can overlap with the types mentioned above but focus more on the sensory experience:

- **Linguistic or alphabetic mode:** Relies on language, either spoken (aural/oral) or written (visual).
- **Oral mode:** Speaking and listening.
- **Written mode:** Reading and writing.
- **Gestural mode:** Conveys meaning through body movements, facial expressions, and gestures (primarily visual, but can involve tactile elements).
- **Visual mode:** Primarily relies on sight to understand messages (images, videos, diagrams).
- **Aural mode:** Relies on hearing to understand messages (spoken words, sounds, music).
- **Spatial mode:** Conveys meaning through the arrangement of objects, space, and the physical distance between people (related to proxemics).
- **Tactile mode:** Conveys meaning through touch (haptics).
- **Olfactory mode:** Conveys meaning through smells (less common in formal communication but present in social and personal contexts).

PRINCIPLES OF COMMUNICATION (FIG. 4.6)

Effective communication relies on several fundamental principles. Adhering to these principles can significantly enhance the clarity, impact, and success of your communication. Here are some key principles of communication:

Clarity

- The message should be clear, concise, and easily understandable.
- Use simple language, avoid jargon or technical terms unless your audience is familiar with them.
- Structure your message logically and ensure your points are well-organized.
- Be specific and avoid ambiguity.

Completeness

- Provide all the necessary information to the receiver.

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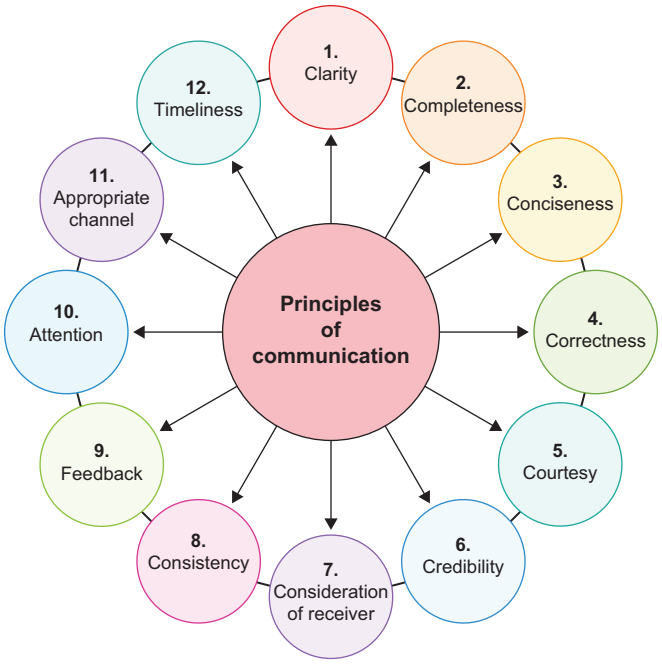


Fig. 4.6: Principles of effective communication.

- Answer all relevant questions and ensure the receiver doesn't need further clarification on essential points.
- Consider the receiver's perspective and what information they might need.

Conciseness

- Be brief and to the point. Avoid unnecessary words or lengthy explanations.
- Respect the receiver's time and attention span.
- Focus on the essential information.

Correctness

- Ensure the information you are communicating is accurate and factual.
- Verify data, check for errors in grammar, spelling, and punctuation.
- Incorrect information can lead to misunderstandings and damage credibility.

Courtesy

- Be respectful, polite, and considerate of the receiver's feelings and perspectives.
- Use a positive and friendly tone.
- Avoid offensive language or personal biases.
- Show empathy and understanding.

Credibility

- Be believable and trustworthy.
- Support your message with evidence, facts, and reliable sources.
- Maintain consistency in your communication.
- Your reputation and expertise contribute to your credibility.

Consideration of Receiver

- Understand your audience—their background, knowledge, needs, interests, and perspectives.
- Tailor your message and channel to suit the receiver.
- Consider their potential reactions and frame your message accordingly.

Consistency

- Ensure your verbal and nonverbal messages align.
- Maintain consistency in your message across different channels and over time.
- Inconsistent communication can lead to confusion and distrust.

Feedback

- Encourage and be receptive to feedback from the receiver.
- Feedback helps you understand if your message was received and understood as intended.
- It allows for clarification and adjustments in future communication.

Attention

- Capture and maintain the receiver's attention.
- Make your message relevant and engaging.
- Use appropriate channels and techniques to hold their focus.

Appropriate Channel

- Choose the most effective medium for your message and audience.
- Consider factors like urgency, complexity, confidentiality, and the need for interaction.

Timeliness

- Communicate at the appropriate time.
- Deliver your message when it is most relevant and useful to the receiver.
- Delays can reduce the impact and effectiveness of communication.

FACTORS INFLUENCING COMMUNICATION

Effective communication is a complex process influenced by a multitude of factors **(Fig. 4.7)** that can either facilitate or hinder the successful transmission and reception of messages. Understanding these factors is crucial for improving communication skills and fostering better

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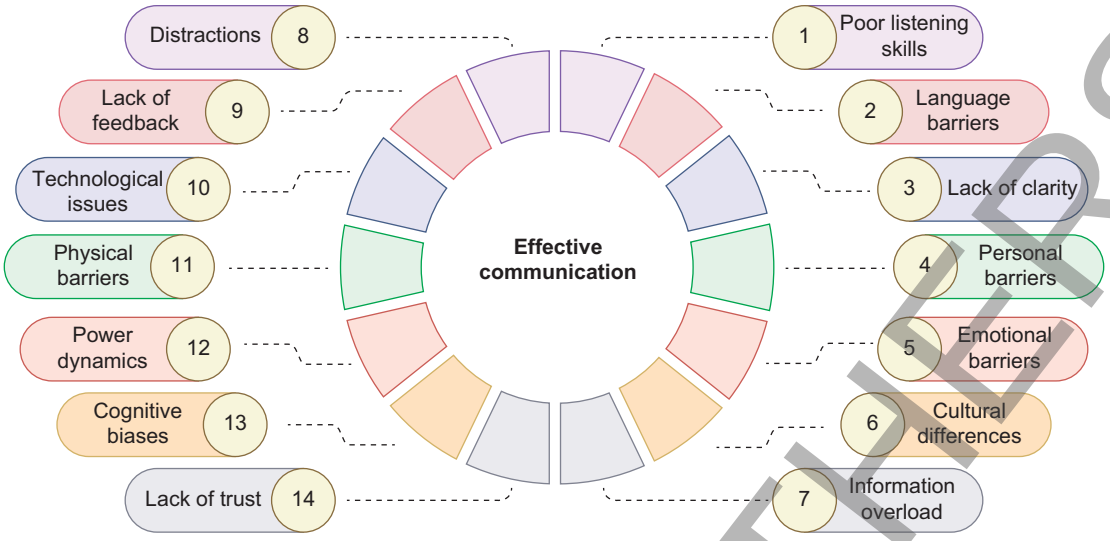


Fig. 4.7: Factors influencing communication.

interactions. Here are some key factors influencing communication:

Sender Factors

- **Communication skills:** The sender's ability to articulate thoughts clearly, use appropriate language, and effectively encode the message.
- **Knowledge and understanding:** The sender's familiarity with the subject matter influences the clarity and accuracy of the message.
- **Attitude:** The sender's feelings and beliefs about the receiver and the message can affect the tone and delivery.
- **Credibility:** The receiver's perception of the sender's trustworthiness and expertise.
- **Culture:** Cultural background influences communication styles, norms, and interpretations.
- **Emotional state:** The sender's current emotional state (e.g., stress, anger, happiness) can impact how the message is conveyed.
- **Purpose and intent:** The sender's clear understanding of why they are communicating influences the message's focus.

Message Factors

- **Clarity:** How easily the message can be understood. Ambiguous or vague messages are prone to misinterpretation.
- **Completeness:** Whether all necessary information is included in the message.
- **Conciseness:** The message being brief and to the point, avoiding unnecessary jargon or details.
- **Organization:** The structure and logical flow of the message.
- **Language:** The choice of words, grammar, and tone. Language barriers or differences in understanding can impede communication.
- **Complexity:** The level of difficulty of the information being conveyed.
- **Content:** The actual information, ideas, or feelings being communicated.

Channel Factors

- **Medium richness:** The channel's ability to convey nonverbal cues, provide immediate feedback, and personalize the message (e.g., face-to-face is richer than email).
- **Appropriateness:** Whether the chosen channel is suitable for the message content and the audience.
- **Efficiency:** The speed and cost-effectiveness of the channel.
- **Technical issues:** Malfunctions or limitations of the communication technology.
- **Noise:** Physical (e.g., loud environment), psychological (e.g., distractions), or semantic (e.g., misunderstanding of words) interference in the channel.

Receiver Factors

- **Listening skills:** The receiver's ability to actively pay attention, understand, and interpret the message.
- **Knowledge and understanding**: The receiver's familiarity with the subject matter and the language used.
- **Attitude:** The receiver's feelings and beliefs about the sender and the message can influence how they receive it.
- **Perception:** How the receiver interprets the message based on their own experiences, biases, and expectations (selective perception).
- **Culture:** Cultural background influences how messages are interpreted and responded to.
- **Emotional state:** The receiver's current emotional state can affect their ability to process and understand the message.

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- **Feedback:** The receiver's response (or lack thereof) can significantly impact the ongoing communication process.

Contextual Factors

- **Physical environment:** The setting where communication takes place (e.g., noise levels, privacy, comfort).
- **Social context:** The nature of the relationship between the sender and receiver, social norms, and expectations.
- **Psychological context:** The overall mood and feelings present during the communication.
- **Cultural context:** Shared beliefs, values, and communication styles of the individuals or groups involved.
- **Time:** The timing of the communication and the time available for the exchange.
- **Power dynamics:** The influence of authority or status differences between communicators.

THERAPEUTIC COMMUNICATION

Therapeutic communication is a planned and purposeful form of communication used by healthcare professionals, particularly nurses, to establish a helping relationship with patients. It focuses on the patient's needs and aims to promote their physical, emotional, and psychological well-being.

Purposes

- To establish a therapeutic nurse–patient relationship based on trust and respect.
- To identify the patient's concerns, needs, and feelings.
- To assess the patient's perception of their situation and problems.
- To facilitate the patient's expression of emotions in a safe and nonjudgmental environment.
- To help the patient cope with their current problems and stressors.
- To promote self-understanding, self-acceptance, and self-esteem in the patient.
- To encourage the patient to explore and identify solutions to their problems.
- To promote the patient's autonomy and decision-making abilities.
- To provide information and education related to the patient's health condition and treatment.
- To modify maladaptive behaviors and encourage adaptive coping strategies.
- To improve the patient's socialization and interaction with others.

Objectives

- To establish a safe, nonjudgmental environment that encourages the patient to express feelings, concerns, and needs freely.
- To gather accurate and complete information about the patient's physical condition, emotional state, and psychosocial needs through purposeful interaction.
- To provide the patient with clear, accurate, and understandable information regarding their health condition, treatment plan, and expected outcomes.
- To identify the patient's personal strengths, available support systems, and existing coping mechanisms that can be utilized in care.
- To assist the patient in exploring and evaluating potential solutions to their health-related problems and concerns.
- To promote the patient's active participation in care planning and decision-making, thereby supporting autonomy and self-determination.
- To build and sustain a trusting, respectful, and therapeutic nurse–patient relationship throughout the course of care.
- To support the patient in developing adaptive coping strategies and a realistic, positive outlook toward recovery and well-being.

Goals

Goals in therapeutic communication are broader than objectives and represent the overall desired outcomes of the interaction or series of interactions. Examples include:

- To help the patient achieve self-realization, self-acceptance, and self-respect.
- To facilitate the development of a positive therapeutic relationship.
- To enable the patient to satisfy their needs and achieve realistic personal goals.
- To empower the patient to utilize new coping strategies effectively.
- To assist the patient in resolving internal conflicts and frustrations.

Modes of Therapeutic Communication

Therapeutic communication can occur in different forms depending on the situation and the patient's needs.

- **Verbal communication:** The use of spoken or written words to provide information, ask questions, and express empathy.
- **Nonverbal communication:** Communication through body language, facial expressions, eye contact, gestures, posture, and touch to convey understanding and attentiveness.
- **Active listening:** Giving full attention to the patient, observing verbal and nonverbal cues, and responding appropriately.
- **Silence:** Allowing the patient time to think, reflect, and express feelings without interruption.
- **Touch:** Using appropriate physical contact to convey comfort, care, and support while respecting cultural boundaries.

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Techniques of Therapeutic Communication (Table 4.1)

Therapeutic communication techniques are specific strategies **(Fig. 4.8)** used by nurses to encourage patients to express their thoughts and feelings.

- **Open-ended questions:** Encouraging patients to share more information about their experiences.
- **Closed-ended questions:** Asking questions that require short or specific answers when precise information is needed.
- **Reflecting:** Repeating or emphasizing the patient's words or feelings to encourage further discussion.
- **Clarifying:** Asking the patient to explain unclear statements to ensure accurate understanding.

Table 4.1: Techniques of therapeutic communication.

Technique	Communication
Offering self	Stay present with the patient and show genuine concern
Active listening	Give full attention, observe verbal and nonverbal cues, and respond appropriately
Silence	Allow pauses so the patient can reflect and express thoughts
Empathy	Acknowledge and validate the patient's feelings
Questioning	Use open-ended questions to explore thoughts in depth
General leads	Use neutral prompts to encourage the patient to continue speaking
Restating	Repeat the patient's words to show understanding
Verbalizing the implied	Rephrase to highlight the underlying meaning behind the patient's words
Clarification	Ask the patient to explain or give examples to ensure understanding
Making observations	Share observations to encourage patient discussion
Presenting reality	Gently distinguish between reality and perception without arguing
Encouraging description of perceptions	Ask the patient to describe their understanding of the situation
Voicing doubt	Express uncertainty to help the patient reconsider their interpretation
Placing events in time/sequence	Help the patient organize events in order to identify connections
Encouraging comparisons	Ask about similarities or differences in feelings or situations
Identifying themes	Help the patient recognize recurring patterns in thoughts or behaviors

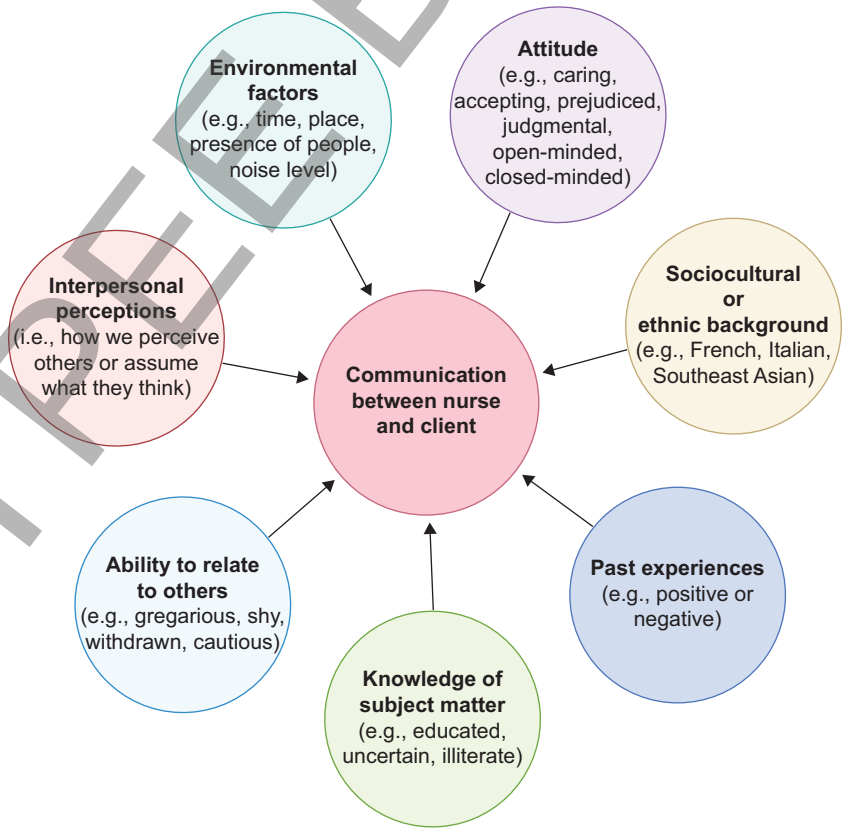


Fig. 4.8: Determinants of effective communication in nursing.

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- **Paraphrasing:** Restating the patient's message in the nurse's own words to confirm understanding.
- **Summarizing:** Reviewing key points of a conversation to ensure mutual understanding.
- **Sharing observations:** Noting and communicating observations about the patient's behavior or emotional state.
- **Providing information:** Giving accurate health-related information and explanations.
- **Sharing empathy:** Expressing understanding and acceptance of the patient's feelings.
- **Offering self:** Making oneself available to listen and support the patient.
- **Giving recognition:** Acknowledging the patient's efforts, progress, or positive behavior.
- **Motivational interviewing:** Encouraging patients to identify and strengthen their motivation for positive health behavior changes.



Note

Frameworks supporting therapeutic communication

- **SOLER technique: A guideline for active listening that includes:** Sit squarely, open posture, lean forward, eye contact, relax.
- **AIDET technique: A structured approach used in healthcare communication:** Acknowledge, introduce, duration, explanation, thank you.

Principles of Therapeutic Communication

These are the underlying guidelines that should guide all therapeutic interactions:

- **Focus on the patient:** The interaction should be centered on the patient's needs and concerns.
- **Respect and dignity:** Treat the patient with respect, valuing their individuality and worth.
- **Empathy:** Understand and share the feelings of the patient.
- **Genuineness:** Be authentic and sincere in your interactions.
- **Trust:** Establish and maintain a trusting relationship with the patient.
- **Confidentiality:** Protect the patient's privacy and information.
- **Acceptance:** Be nonjudgmental and accepting of the patient's feelings and beliefs.
- **Clear boundaries:** Maintain professional boundaries in the nurse–patient relationship.
- **Active listening:** Pay full attention to the patient's verbal and nonverbal cues.
- **Cultural sensitivity:** Be aware of and respect the patient's cultural background and communication styles.
- **Goal-oriented:** The communication should have a purpose related to the patient's well-being.
- **Nonjudgmental attitude:** Avoid making personal judgments or expressing disapproval.

Benefits of Therapeutic Communication

- Increased patient trust and rapport with healthcare providers.
- Improved patient satisfaction with care.
- Enhanced patient understanding of their health condition and treatment.
- Greater patient adherence to treatment plans.
- Reduced patient anxiety and stress.
- Improved coping skills and emotional well-being.
- Facilitation of open and honest communication.
- Better identification of patient needs and concerns.
- Enhanced problem-solving and decision-making abilities in patients.
- Increased patient involvement in their own care.
- Improved health outcomes.

Advantages

- Empowers patients to take an active role in their health.
- Provides a safe space for patients to express difficult emotions.
- Strengthens the nurse–patient relationship, leading to better collaboration.
- Can uncover valuable information that might not be revealed through direct questioning.
- Promotes healing and psychological well-being.
- Can lead to more accurate assessments and effective interventions.

Disadvantages

- Can be time-consuming, especially with patients who are highly emotional or talkative.
- Requires significant skill and training on the part of the healthcare provider.
- Can be emotionally demanding for the provider.
- May be challenging with patients who have communication barriers (e.g., language, cognitive impairment).
- Cultural differences can sometimes lead to misunderstandings.
- Establishing trust can take time and effort.
- The patient may misinterpret the nurse's intentions or responses.



Nursing Alert

- Always listen without interrupting the patient.
- Observe nonverbal cues such as facial expressions and body language.
- Clarify unclear statements to avoid misunderstanding.



Nursing Consideration

A patient admitted for surgery appears anxious and repeatedly asks questions about the procedure. Observing the patient's anxiety, the nurse sits beside the patient, listens attentively to the concerns, explains the surgical procedure in simple and clear language, and reassures the patient to reduce fear.

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By encouraging the patient to express feelings and providing emotional support, the nurse demonstrates therapeutic communication through active listening, empathy, and effective information sharing, helping to build trust and reduce the patient's anxiety.

BARRIERS TO EFFECTIVE COMMUNICATION (FIG. 4.9)

Effective communication, the successful transmission and reception of a message with shared understanding, can be hindered by various barriers. These obstacles can arise at any stage of the communication process, from the sender encoding the message to the receiver decoding and providing feedback.

Physical Barriers

- **Noise:** Any external sound that makes it difficult to hear or understand the message (e.g., loud machinery, traffic, other conversations).
- **Distance:** Physical separation between the sender and receiver can limit the use of nonverbal cues and make verbal communication challenging.
- **Time constraints:** Lack of sufficient time for communication can lead to rushed or incomplete messages and misunderstandings.
- **Physical discomfort:** Uncomfortable temperatures, poor lighting, or other physical distractions can impede attention and focus.
- **Health issues:** Hearing impairments, visual limitations, or other physical conditions of the sender or receiver.
- **Channel limitations:** Technical issues with communication devices (e.g., poor phone line, slow internet).

Psychological Barriers

- **Selective perception:** Receivers tend to see and hear what they want to based on their beliefs, values, and expectations, potentially distorting the message.
- **Attitudes and opinions:** Preconceived notions, biases, and judgments about the sender or the message can filter or distort reception.
- **Emotions:** Strong emotions (e.g., anger, fear, anxiety) can cloud judgment and affect both sending and receiving messages.
- **Closed-mindedness:** Unwillingness to consider different viewpoints or new information.
- **Defensiveness:** Feeling threatened can lead to misinterpreting messages and reacting negatively.
- **Stress and anxiety:** High levels of stress or anxiety can impair focus and the ability to process information effectively.
- **Lack of trust:** If the receiver doesn't trust the sender, they may be skeptical of the message.
- **Assumptions:** Making assumptions about the receiver's understanding or intentions without verification.

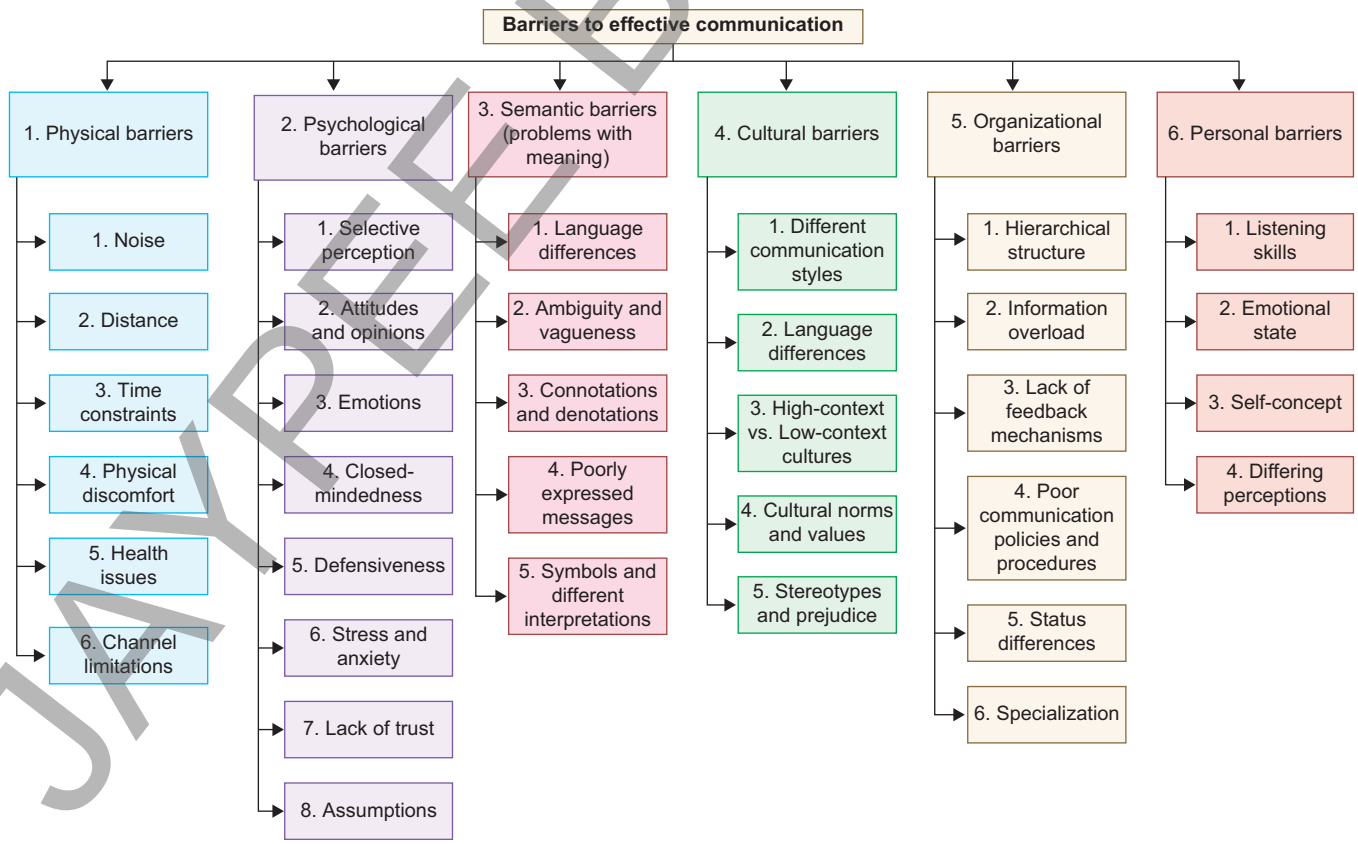


Fig. 4.9: Barriers to effective communication.

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Semantic Barriers (Problems with Meaning)

- **Language differences:** Using jargon, technical terms, or complex vocabulary that the receiver doesn't understand.
- **Ambiguity and vagueness:** Messages that are unclear, imprecise, or open to multiple interpretations.
- **Connotations and denotations:** Words can have different emotional or cultural associations (connotations) than their literal meanings (denotations).
- **Poorly expressed messages:** Lack of clarity, organization, or logical flow in the message.
- **Symbols and different interpretations:** Using symbols or nonverbal cues that have different meanings for the sender and receiver (especially across cultures).

Cultural Barriers

- **Different communication styles:** Variations in directness, formality, use of silence, and nonverbal cues across cultures.
- **Language differences:** Speaking different languages or having different levels of fluency.
- **High-context vs. Low-context cultures:** In high-context cultures, much of the meaning is conveyed through nonverbal cues and shared understanding, while low-context cultures rely more on explicit verbal communication.
- **Cultural norms and values:** Differences in beliefs about time, space, individualism vs. collectivism, and power distance can affect communication.
- **Stereotypes and prejudice:** Preconceived notions about individuals or groups based on their culture.



Nursing Consideration

Poor communication in healthcare can lead to:
- Medication errors
- Incorrect procedures
- Patient safety incidents

Nurses must ensure clear, accurate, and timely communication with patients and the healthcare team.

Organizational Barriers

- **Hierarchical structure:** Formal communication channels can be slow and prone to distortion as messages travel up or down the chain of command.
- **Information overload:** Receiving too much information can lead to processing difficulties and missed messages.
- **Lack of feedback mechanisms:** Insufficient opportunities for receivers to ask questions or provide feedback.
- **Poor communication policies and procedures:** Lack of clear guidelines for communication within the organization.
- **Status differences:** Power imbalances can inhibit open and honest communication, especially upward communication.
- **Specialization:** Different departments or teams may develop their own jargon, creating semantic barriers.

Personal Barriers

- **Listening skills:** Poor listening habits, such as interrupting, being distracted, or not paying attention.
- **Emotional state:** The sender's or receiver's current emotional state can significantly impact the communication process.
- **Self-concept:** How individuals perceive themselves can influence their communication style and how they interpret messages.
- **Differing perceptions:** Individuals may have different ways of viewing the same situation.



Nursing Consideration

A nurse explains medication instructions to an elderly patient in a noisy ward environment. Although the patient nods in response, the surrounding noise and lack of clear feedback prevent effective understanding. Later, the patient takes the medication incorrectly, indicating that the instructions were not fully understood. This situation illustrates a communication barrier caused by environmental noise and inadequate confirmation of understanding, which led to misunderstanding and improper medication use.

NONTHERAPEUTIC COMMUNICATION

Nontherapeutic communication techniques are verbal and nonverbal responses that hinder the nurse–patient relationship and impede effective communication. Instead of fostering understanding, trust, and exploration of feelings, these techniques can block communication, make patients feel defensive, misunderstood, or devalued, and ultimately negatively impact their well-being and treatment outcomes.

- **Giving advice:**
  - *Example:* "If I were you, I would just tell him how you feel." or "You should really try to eat more."
  - *Why it's nontherapeutic:* It takes the focus away from the patient's problem-solving abilities and implies the nurse knows what's best for them, undermining their autonomy.
- **Minimizing feelings:**
  - *Example:* Patient: "I'm so worried about the surgery." Nurse: "Oh, don't worry, everything will be fine." or "At least it's not cancer."
  - *Why it's nontherapeutic:* It discounts the patient's feelings and prevents them from fully expressing their concerns. It can make them feel unheard and that their emotions are not valid.
- **False reassurance:**
  - *Example:* "You'll be alright." or "Everything will work out."
  - *Why it's nontherapeutic:* It provides comfort without a realistic basis and can prevent the patient from preparing for potential negative outcomes. It can

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also erode trust if things don't turn out as "alright" as predicted.

Difference between Therapeutic and Nontherapeutic Communication

Aspect	Therapeutic communication (paraphrased)	Nontherapeutic communication (paraphrased)
Goal	Builds trust, understanding, and a positive relationship	Can block understanding, create distance, or cause conflict
Focus	Centers on the patient with empathy and attentive listening	Focuses on self, often lacking empathy or real engagement
Verbal communication	Uses clear, supportive, and straightforward language	Uses unclear, critical, or dismissive wording
Nonverbal cues	Shows openness through eye contact and attentive body language	Displays closed posture, avoids eye contact, or shows distracting behaviors
Empathy and validation	Recognizes and affirms the patient's feelings and experiences	Ignores or dismisses feelings, may give insincere reassurance
Active listening	Listens carefully, reflects, and seeks clarification	Interrupts, listens poorly, or responds without full understanding
Patient involvement	Promotes participation and shared decision-making	Limits involvement, encouraging a passive patient role

- **Asking "why" questions:**
  - *Example:* "Why did you do that?" or "Why are you feeling this way?"
  - *Why it's nontherapeutic:* It can make patients feel defensive, interrogated, and pressured to justify their feelings or actions, which they may not fully understand themselves.
- **Asking excessive questions:**
  - *Example:* Rapid-fire questioning about numerous unrelated topics.
  - *Why it's nontherapeutic:* It can make the patient feel overwhelmed, anxious, and like they are being interrogated rather than having a conversation.
- **Giving approval or disapproval:**
  - *Example (approval):* "That's good that you're finally deciding to quit smoking."
  - *Example (disapproval):* "You shouldn't think like that."
  - *Why it's nontherapeutic:* It imposes the nurse's own values and judgments on the patient. Approval can make patients feel they need to please the nurse, while disapproval can make them feel ashamed or rejected.
- **Changing the subject:**
  - *Example:* Patient: "I'm really scared about going home alone." Nurse: "Did you sleep well last night?"
  - *Why it's nontherapeutic:* It shows a lack of empathy and avoids addressing the patient's concerns, making them feel unimportant or ignored.
- **Self-focusing:**
  - *Example:* Nurse: "This reminds me of when I..." or "I know exactly how you feel because..." (and then talks about their own experience excessively).
  - *Why it's nontherapeutic:* It shifts the focus away from the patient and onto the nurse's experiences or feelings, minimizing the patient's concerns.
- **Giving personal opinions:**
  - *Example:* "In my opinion, you should..."
  - *Why it's nontherapeutic:* Similar to giving advice, it takes the focus away from the patient's decision-making process and can impose the nurse's values.
- **Stereotyping or generalizing:**
  - *Example:* "Older people are always confused." or "People with your diagnosis are usually very demanding."
  - *Why it's nontherapeutic:* It discounts the patient's individuality and can lead to biased care and communication.
- **Showing sympathy instead of empathy:**
  - *Example (sympathy):* "Oh, I feel so sorry for you."
  - *Example (empathy):* "It sounds like you're feeling really overwhelmed right now."
  - *Why it's nontherapeutic:* Sympathy expresses pity and can create distance, while empathy focuses on understanding and sharing the patient's feelings.
- **Arguing or challenging:**
  - *Example:* Patient: "I don't think I need this medication." Nurse: "Yes, you do. The doctor prescribed it."
  - *Why it's nontherapeutic:* It creates defensiveness and can damage the nurse–patient relationship. It's better to explore the patient's concerns.
- **Being defensive:**
  - *Example:* Patient: "The nurses here are so slow to respond." Nurse: "We are all very busy and doing our best."
  - *Why it's nontherapeutic:* It shifts the focus to the nurse's feelings and doesn't address the patient's concern.
- **Communicating disapproval nonverbally:**
  - *Example:* Frowning, rolling eyes, looking disgusted while the patient is speaking.
  - *Why it's nontherapeutic:* Nonverbal cues can be powerful and can convey judgment and negativity, even if words are neutral.
- **Probing:**
  - *Example:* Tell me everything about your personal life and relationships.

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- *Why it is nontherapeutic:* Asking excessive personal questions beyond what is clinically relevant violates professional boundaries and can make the patient feel interrogated or exposed. It differs from clarifying in that it goes beyond the patient's immediate health concerns.

Impact of Nontherapeutic Communication

Using nontherapeutic communication techniques can have several negative impacts on patients:

- **Blocks communication:** Patients may become hesitant to share their feelings or concerns.
- **Damages trust:** Patients may feel misunderstood, judged, or that their needs are not being taken seriously.
- **Increases anxiety and distress:** Dismissing feelings or offering false reassurance can heighten anxiety.
- **Reduces patient autonomy:** Giving advice or making decisions for the patient undermines their ability to make their own choices.
- **Creates defensiveness:** Asking "why" questions or challenging their views can make patients feel attacked.
- **Hinders the development of a therapeutic relationship:** A strong, trusting relationship is essential for effective care.
- **Leads to poorer treatment adherence:** Patients who don't feel heard or understood may be less likely to follow treatment plans.
- **Negative impact on psychological well-being:** Feeling devalued or misunderstood can worsen emotional distress.

PROFESSIONAL COMMUNICATION

Professional communication in healthcare refers to the clear, respectful, and accurate exchange of information among nurses, patients, families, and other healthcare professionals. It is essential for effective teamwork, patient safety, and quality patient care.

In nursing practice, professional communication includes verbal, nonverbal, and written communication used in clinical settings such as patient interviews, nursing reports, documentation, and collaboration with the healthcare team.

Purposes

The main purposes of professional communication in nursing include:

- To provide accurate information about the patient's condition, treatment, and care plan.
- To promote effective teamwork among healthcare professionals.
- To ensure patient safety through clear communication and documentation.
- To educate patients and families about health conditions and treatments.
- To support patient-centered care by understanding patient needs and concerns.
- To coordinate patient care among different healthcare departments.
- To maintain professional relationships within the healthcare team.

Objectives

The objectives of professional communication in nursing are:

- To improve clarity and accuracy of patient information.
- To promote effective collaboration among healthcare professionals.
- To reduce errors and misunderstandings in patient care.
- To ensure timely reporting and documentation of patient information.
- To improve patient understanding and participation in care.

Goals

The goals of professional communication in healthcare include:

- To provide safe and high-quality patient care.
- To promote effective teamwork in healthcare settings.
- To build trust between nurses, patients, and families.
- To improve patient satisfaction and health outcomes.
- To maintain professional and ethical standards in nursing practice.

Principles of Professional Communication

Effective professional communication in nursing follows these principles:

- **Clarity:** Use simple and clear language.
- **Accuracy:** Provide correct and complete information.
- **Respect:** Treat patients and colleagues with dignity.
- **Confidentiality:** Protect patient privacy and information.
- **Courtesy:** Maintain polite and professional behavior.
- **Active listening:** Pay attention to both verbal and nonverbal messages.
- **Cultural sensitivity:** Respect cultural differences in communication.
- **Timeliness:** Share information promptly when needed for patient care.
- **Professional boundaries:** Maintain appropriate nurse–patient relationships.

Types of Professional Communication

Professional communication in healthcare occurs in different forms:

Verbal Communication

- Nurse–patient interaction
- Nurse–doctor communication

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- Patient education and counseling
- Nursing shift handover reports

Written Communication

- Nursing documentation
- Patient records and charts
- Nursing care plans
- Incident and progress reports

Nonverbal Communication

- Body language and posture
- Facial expressions
- Eye contact
- Therapeutic touch

Digital Communication

- Electronic health records (EHR)
- Telehealth communication
- Clinical messaging systems

SBAR—Standard Framework for Clinical Communication

SBAR (Situation – Background – Assessment – Recommendation) is a structured communication tool widely used in healthcare settings to ensure clear, concise, and accurate information transfer—particularly during patient handovers, referrals, and emergency communications.

Component	Meaning	Example
S—Situation	What is happening right now?	"Mr S in Bed 4 is having chest pain and shortness of breath."
B—Background	What is the clinical context?	"He is a 68-year-old postcardiac catheterization patient admitted yesterday."
A—Assessment	What do you think is the problem?	"I am concerned he may be developing an acute coronary event."
R—Recommendation	What action do you recommend?	"I request immediate physician review and a 12-lead ECG."

SBAR reduces communication errors, ensures no critical information is omitted, and is particularly important during shift handover and emergency escalation.

Benefits of Effective Professional Communication

- **Improved patient safety:** Clear communication helps prevent medical errors.
- **Better teamwork:** Encourages cooperation among healthcare professionals.
- **Improved patient satisfaction:** Patients feel informed and respected.
- **Reduced misunderstandings:** Clear communication prevents confusion.
- **Better patient outcomes:** Accurate communication supports effective treatment.
- **Efficient healthcare delivery:** Proper coordination improves workflow.
- **Professional development:** Enhances nurses' interpersonal and communication skills.

NURSE–PATIENT RELATIONSHIP/HELPING RELATIONSHIP (FIG. 4.10)

The nurse–patient relationship is a therapeutic and professional alliance between a nurse and a patient (individual, family, group, or community). It is patient-centered, goal-oriented, and based on trust, respect, empathy, and professional intimacy.

Purposes

- To facilitate the patient's health and well-being.
- To establish trust and rapport between the nurse and the patient.
- To gather essential information about the patient's health status, needs, and concerns.
- To provide emotional support and reduce anxiety.
- To educate the patient about their condition, treatment, and self-care.
- To collaborate with the patient in planning and implementing care.
- To empower the patient to actively participate in their healthcare decisions.
- To advocate for the patient's rights and needs.
- To help the patient cope with their illness, pain, and emotional distress.
- To promote the patient's self-esteem and sense of control.

Objectives

- The patient will verbalize their concerns, fears, and feelings openly.
- The patient will demonstrate an understanding of their health condition and treatment plan.
- The patient will actively participate in decision-making regarding their care.
- The patient will develop trust in the nurse and the healthcare team.
- The patient will utilize available resources and support systems effectively.
- The patient will demonstrate improved coping mechanisms.
- The patient will achieve their agreed-upon health goals.
- The patient will express satisfaction with the nursing care received.

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Fig. 4.10: Nurse–patient relation in healthcare settings.

Goals

- To promote the patient's optimal health and well-being.
- To foster a therapeutic and healing environment.
- To enable the patient to achieve maximum functional capacity.
- To support the patient's psychological and emotional adjustment to their health status.
- To facilitate the patient's self-management of their condition.

Skills Needed

- **Therapeutic communication skills:** Active listening, empathy, genuineness, respect, concreteness, confrontation, immediacy, self-disclosure (used judiciously), humor (used appropriately), etc.
- **Empathy:** The ability to understand and share the feelings of another.
- **Genuineness:** Being authentic and sincere in interactions.
- **Respect:** Showing valuing the patient as an individual with worth and dignity.
- **Active listening:** Paying full attention to both verbal and nonverbal cues.
- **Self-awareness:** Understanding one's own biases, values, and emotional responses.
- **Cultural sensitivity:** Being aware of and respecting the patient's cultural background and beliefs.
- **Boundary setting:** Maintaining professional boundaries to ensure the relationship remains therapeutic.
- **Collaboration:** Working effectively with the patient and other healthcare team members.
- **Problem-solving:** Assisting the patient in identifying and exploring solutions.
- **Observation skills:** Paying attention to the patient's verbal and nonverbal behavior.
- **Patience:** Allowing the patient time to process information and express themselves.

Elements of the Nurse–Patient Relationship (Fig. 4.11)

- **Trust:** The foundation of the relationship, built through consistency, honesty, and reliability.
- **Respect:** Recognizing and valuing the patient's individuality and worth.
- **Empathy:** Understanding and sharing the patient's feelings.
- **Professional intimacy:** Involves caring for the patient's physical and emotional needs, respecting their personal space and privacy.

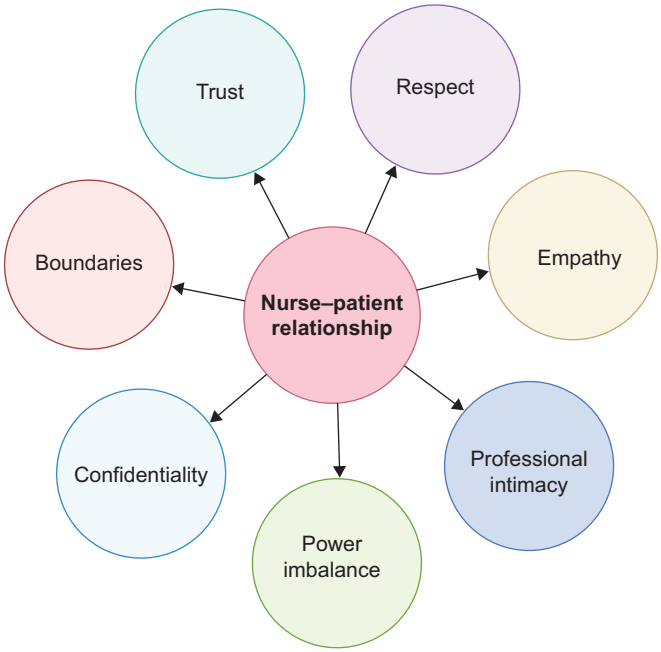


Fig. 4.11: Elements of a nurse–patient relationship.

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