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Communication & Education Technology



Jogindra Vati

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2
CHAPTER

Interpersonal Relations and Johari Window

CHAPTER OUTLINE

- Interpersonal Relations: Characteristics and Purposes
- Types of Interpersonal Relations
- Principles and Elements of Therapeutic Relationship
- Models of Interpersonal Relations
- Phases of Interpersonal Relations
- Barriers and Methods of Overcoming
- Johari Window

LEARNING OUTCOMES

After completion of this chapter, the learner will be able to:

- Understand the concept, meaning, and nature of the interpersonal relations
- Discuss the purpose and characteristics of interpersonal relations
- Describe different types of interpersonal relations
- Discuss phases of interpersonal relations
- Explain barriers of interpersonal relations
- Describe the methods of overcoming barriers of interpersonal relations
- Establish significant interpersonal relations with patients, families, and coworkers
- Explain the Johari window and its applicability in nursing

KEYWORDS

Interpersonal relations, therapeutic relationship, dyad, triad, empathy, self-awareness, self-disclosure, barriers, Johari window

INTRODUCTION

Human is a social being and prefers to live in groups. In a group, people communicate with each other in some meaningful way due to social interaction. Social interaction is the most elemental social phenomenon that creates social relations that may be friendly or unfriendly, specialized, or unspecialized. The interpersonal relationship (IPR) involves a social association between two or more people who interact with overtly, covertly, face-to-face, or remain unknown.

Interpersonal relationship is the core to nursing as it deals with patients and has a caring aspect. IPR in nursing as a nurse-client relationship is a therapeutic nature of the relationship. Nursing is a therapeutic process and demands a therapeutic association between nurse and patient. It is essential to both the nurse and the patient to nurture the quality and the integrity of IPRs. The therapeutic IPR between nurse and patient is the base of nursing care. The teacher-student relationship is also vital in learning. A positive relationship between teacher and student enhances the learning process, learning experiences, and learning outcome.

INTERPERSONAL RELATIONS: CHARACTERISTICS AND PURPOSES

An IPR is a shared social and emotional interaction between two or more individuals

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in a social environment. An IPR is a close association or strong bond between individuals who share common interests and goals. These are brief and long-lasting social connections and interactions with each other. These IPRs vary according to levels of intimacy and sharing. The social relationship is because of mutual interaction aiming at socialization.

Within the context of the nurse-patient relationship, it is a therapeutic, dynamic, and mutually respectful interaction to value understanding and embracing the patient's unique experiences, preferences, concerns, fears, and wishes using an acceptable and insightful approach. It is a conscious commitment on the part of the nurse to care for a patient. It is a type of agreement between nurses and patients to work together for the care of patients. She/he uses a patient-centered approach to develop a relationship and meet the patient's needs. The nurse maintains IPR within professional, legal, ethical, and personal boundaries.

Interpersonal relationships are powerful, changing systems that change continuously during their existence. Hildegard Peplau introduced the nurse-client relationship concept in 1952 and proposed that the nurse-client relationship facilitates forward movement for both the nurse and the client. According to Peplau, an IPR is a *growing force and an educative tool that involves* an interaction between two or more persons with a shared goal.

Travelbee (1966) viewed IPRs as a nursing process between two human beings, one who needs assistance because of illness and others who can give such assistance. According to King (1968), IPR is a process of human between nurse and patient, whereby each perceives the other in the situation, and they communicate, set goals, explore and agree on the means to achieve goals. Meleis (2000, 2012) conceptualized IPR as an interpersonal process in nursing between a person who needs and the person who is capable of giving help. Nurse-patient relationships are focused on relieving stress as well as enhance trust. In other words, it is a therapeutic relationship. An IPR within an academic setting is a connection shared between the teacher and the student.

Characteristics

Social-IPR: The main characteristics of social-IPRs are as follows:

- **Mutual interaction:** The social-IPR occurs because of mutual interaction.
- **Common goals and objectives:** The individuals must share common goals and objectives. Socialization and sense of security is the objective of social, IPR.
- **Common interest:** The individual has a similar or common interest to have good IPR.
- **Shared values and beliefs:** The persons accept sharing common values and beliefs with similar IPRs.
- **Intimacy and trust:** Intimacy and trust play a pivotal role in the IPR. The individuals having intimacy and trust each other have a healthy IPR.
- **Honesty and transparency:** This is an essential characteristic of positive IPRs.

Therapeutic relationship: The characteristics of the therapeutic relationship are:

- Nurse-patient relationship is a planned therapeutic relationship between client and nurse that focuses on the client's needs, feelings, problems, and ideas.
- It is health-focused, and the patient-centered with defined boundaries.
- Two or more individuals interact with a common goal.
- It is an objective to deliver a mutually agreed plan of care.
- It is temporary and for a limited duration. The length of interaction depends on nursing goals.

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- Nurse-patient relationships are not necessarily on shared values and beliefs than accepting patients as "here and now" without attaching judgment.
- The nurse has focused interest in patients as "professional closeness".
- The nurse focuses on goals during the relationship.
- The nurse plans and discusses the termination of the relationship with the patient.

Purposes

Individual-related:

- To aid in personal growth and development.
- To establish personal identity.
- To provide a sense of security.
- To fulfill interpersonal needs.
- To provide background for understanding.

Nurse-related:

- To build a positive functional multi-disciplinary team.
- To build and improve mutual understanding, coordination, and cooperation among team members.
- To support and enhance the functioning.
- To understand oneself and patients.

Patient-related:

- To support patient and promote healing.
- To provide individualized and holistic nursing care.
- To promote a sense of security and confidence.
- To foster trust and confidence.
- To facilitate therapeutic communication.
- To improve socialization and develop positive feelings.

TYPES OF INTERPERSONAL RELATIONS

A relationship is an interpersonal process. The dynamics or kinds of relationships vary from person to person and situation to situation.

- **According to characteristics:**
  - **Positive IPR:** The IPR composed of trust, hope, understanding, empathy, respect, and admiration is a positive IPR. This type of IPR is vital for the growth and support of individuals.
  - **Negative IPR:** The distrust, anger, disrespect, disapproval, and dislike cause a negative IPR.
- **According to interactions:** Interpersonal relationship according to the number of individuals interacting in the interpersonal relation process is of four types:
  a. **Dyad:** It is an interactional process between two individuals either face-to-face or through mediated forms. It is a basic form of communication to achieve interpersonal goals. Both the sender and receiver share information in a particular context to create meaning.
     Dyadic relationship between nurse and patient is very vital to meet patients' health needs. The nurse and patient interaction should be goal-directed and should have a shared perception of the problem and explore how to achieve it. Both agree on a common consensus on achieving a goal to implement and evaluate whether the goals are attained **(Fig. 1)**.
  b. **Triad:** It is a group of three persons, and interaction takes place between them. One member may be dominant, or two will tend to unite against the other one. In the latter case, a triad is a far less stable arrangement than dyad. In a stable, mature triad, every member is responsible for preserving healthy relationships between all triad members.
  c. **Small group:** It is the interaction of one person with more than three or more individuals or a small group. Discussion, a teacher with a small group, say 4–5 of students in the

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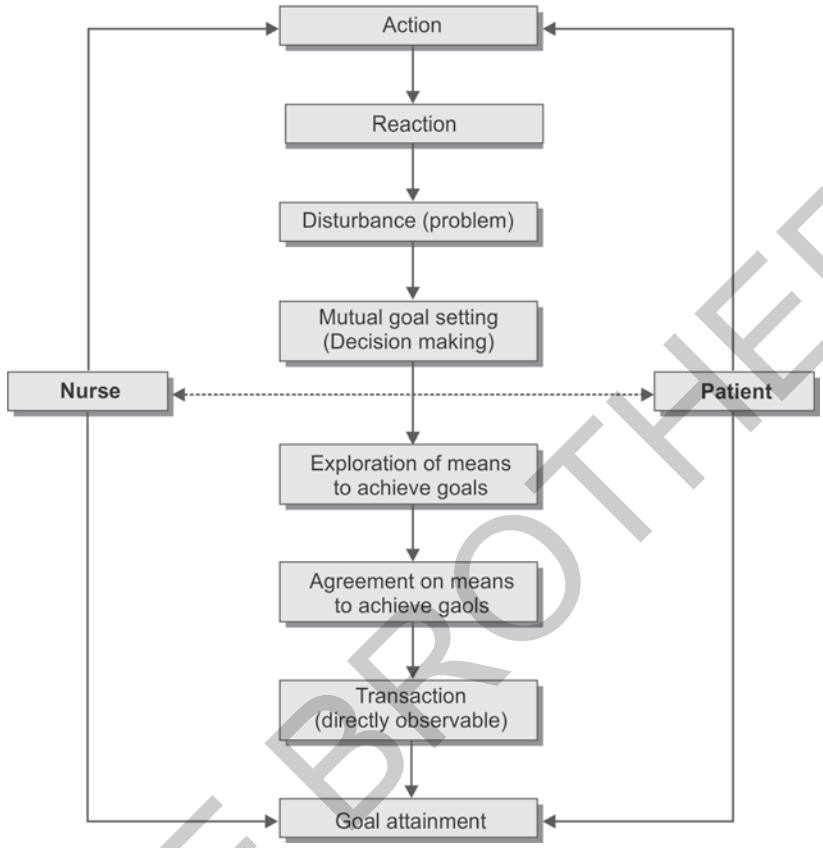


Fig. 1: Dyadic (nurse-client) relationship.

clinical setting, is an example of small group interaction. It is unstable and less cohesive than the dyad or triad form of interactions.

d. **Large group:** It is the interaction of one person with a mass of people. It is also unstable and less cohesive than the dyad or triad form of interactions. It is more of a one-sided relationship and remains until the receiver tries to interact.

- **According to relationship:** According to relational interaction and mutual expectation level, IPR is of three different levels: (1) intimates, (2) associates, and (3) acquaintances.
  a. **Level 1—Intimate relationship:** Intimate relationship is with the family members and close ones in family, love, marriage, and platonic relationship.
  b. **Level 2—Associate relationship:** It is a type of relationship tied with those associated with each other, e.g., between friends, coworkers, or superior-subordinate. Each relationship has its unique features. In a friendship relationship, two friends have similar interests, likes, dislikes, and values. The same institution's individual exhibits different relationships in the professional relationship: a superior-subordinate relationship between coworkers. They have commitments to each other.
  c. **Level 3—Acquaintance relationship:** It is a type of relationship where individuals know each other without

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knowing personal details. This type of relationship exists in the initiating stages of developing an IPR between two strangers.

- **According to purpose:**
  - **Social relationship:** Social relationships form for friendship, socialization, enjoyment, or accomplishment of a task. Individuals share ideas, feelings, and experiences during social interaction.
  - **Intimate relationship:** This type of relationship occurs between two or more individuals who have an emotional commitment to each other. This type of relationship's primary purpose is procreation, sexual and emotional satisfaction, economic security, social belonging, and reduced loneliness. It has shared personal and intimate information to meet mutual needs. Each member cares about the other's needs for growth and satisfaction.
  - **Therapeutic relationship:** The relationship between nurse and client is a therapeutic or healing relationship that differs from a social or intimate relationship. There is a consistent focus on the client's problem and needs. The nurse's focus is on communication skills, understanding of human behaviors, and personal strengths to enhance the client's growth. The nurse identifies and explores the client's needs, tries alternate problem-solving approaches to develop new coping skills, and encourages behavioral change.

PRINCIPLES AND ELEMENTS OF THERAPEUTIC RELATIONSHIP

Principles

- **Trust:** Trust is the core of developing a relationship. It indicates that one person can rely or depend on another to follow through on promises or obligations. Initially, it is challenging to engender trust when the client has a poor IPR history. It provides an environment for openness. Trust evolves through nurse-client relationship which conveys acceptance, empathy, caring, and understanding.
- **Genuineness:** It is the ability to be oneself within the context of a professional role. It is a crucial ingredient in building trust. It is a willingness to be open and genuine and not hiding anything within the professional limit. Nurses can convey it through actions, showing interest, listening problems, expressing sympathy, etc., with patients within the therapeutic relationship.
- **Empathy:** Empathy is a complex multidimensional concept with moral, cognitive, emotional, and behavioral components. It is intellectual understanding and sharing of emotions, feelings, thoughts, and ideas of another person. It involves accurately perceiving the client's situation, perspective, and feelings and communicating them to the patient verbally or nonverbally. It includes the client's appropriate emotional distance to ensure objectivity and appropriate professional response to ensure a healthy relationship.
- **Respect:** Respect or unconditioned positive regard is the recognition given by one person to others, usually communicated indirectly by actions rather than directly by words. It is the ability to accept another individual's beliefs despite your personal feelings. A nurse might convey respect by showing a willingness to work, attending, and helping the patient. A mutually respectful relationship between nurses and clients is essential for getting accurate information and positive clinical output.
- **Professional intimacy:** Professional intimacy is one of the critical components in establishing a therapeutic relationship.

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It is inherent in rendering nursing care and nursing services. To provide care as per the client's physical, psychological, spiritual, and social needs brings closer professional intimacy.

- **Confidentiality:** Maintaining confidentiality is one of the ways of establishing a healthy IPR. Nurses have the legal and ethical obligations not to share patients' information with others, except in specific conditions. Nurses keep confidential information and help in building trust among patients.

Elements

The nurse-client relationship is essential in nursing care and critical in the practice areas. The IPR takes a combination of various elements. These are:

- **Self-awareness:** This is a professional obligation while nursing a sick person. It is an internal evaluation of oneself (self-introspection) and one's reaction to intense emotional situations, people, and places. It is a self-initiated process, accompanied by self-disclosure or by sharing perception. Self-awareness helps nurses to appraise their feelings, recognize their responsibilities toward patients, and provide insight regarding personal limitations to feel comfortable providing objective data and developing an accurate nursing diagnosis and goal setting.
- **Self-disclosure:** The person with self-awareness/disclosure is with great openness to the world and increased capacity for all kinds of experiences, with few defenses. Self-disclosure helps to develop authenticity in relationships and can interact more spontaneously and honestly with others.
- **Self-confidence:** It is a critical element in the IPR. Sureness about oneself worth and capability is essential to build trust.
- **Positive personal impression:** It helps in developing significant IPRs. One can develop it through opinions, contribution, the sound of their voice, the effect of silence and other positive expressions, and through nonverbal communication.
- **Outstanding performance:** The nurse's knowledge and skill in rendering care can help to develop positive IPRs with clients. It will help in creating trust and respect that is requisite for a healthy nurse-client relationship.
- **Communication skills:** Interpersonal communication is the ability to relate to people in writing and verbally. Effective communication can be achieved through active listening, dealing with different personality types, and positive nonverbal communication cues.
- **Interpersonal competence:** Interpersonally competent persons are those who are self-aware and using this awareness to understand others better and to adapt their behavior accordingly; build and nurture strong, lasting, mutually beneficial relationships and positively resolve conflict.

MODELS OF INTERPERSONAL RELATIONS

George Levinger's ABCDE Model

George Levinger's ABCDE model (1980) describes five stages in the development of the IPR. These are **(Fig. 2)**:

- **A—Acquaintance stage:** Acquaintance or attraction is the first stage in an IPR. Acquaintance means knowing each other. The people meet each other and feel an initial attraction. They need to know each other well and agree to enter into a relationship.
- **B—Build-up stage:** In this stage, the relationship grows. It is a stage of self-disclosure and interdependence. During

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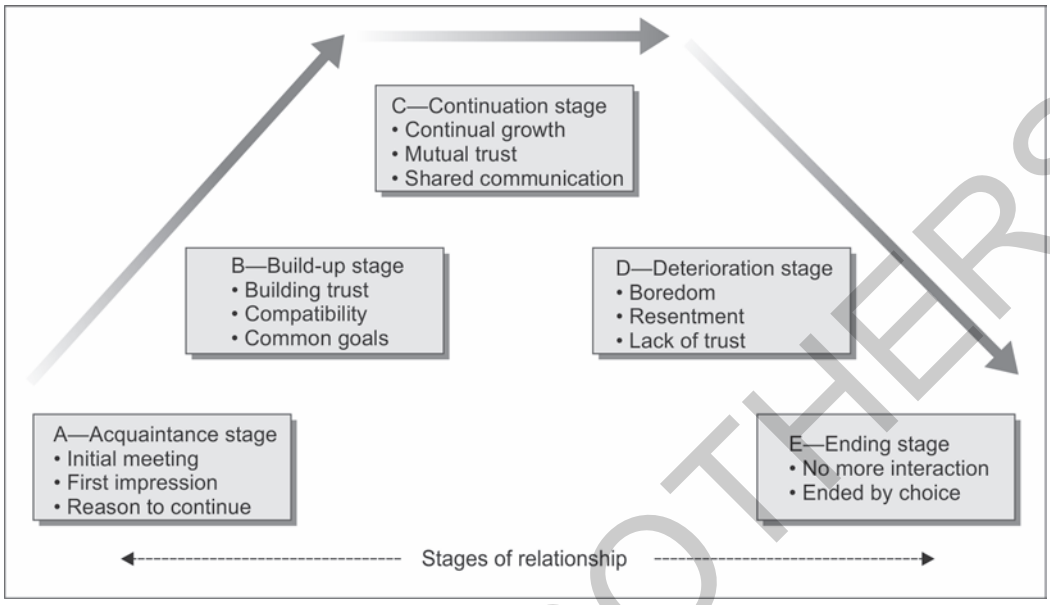


Fig. 2: George Levinger's ABCDE relationship model.

this stage, the individuals start trusting each other. They come close to each other, are passionate, and have feelings for each other. They develop shared interests and get mix up better and quickly with each other.

- **C—Continuation stage:** During this stage, the relationship matures and becomes consolidated. Both individuals are very close to each other and committed to each other. It is a stage when trust and transparency are extreme to stay in a relationship.
- **D—Deterioration stage:** During this stage, many relationships break up due to multifactors. Individuals having incompatibility, lose—trust, love, and care often pass through this stage. They have severe problems in a relationship and eventually decide to bring their relationship to an end. Sometimes they may think to compromise in relationships and continue.
- **E—Ending stage:** The deterioration stage may lead to the end of the relationships in the form of separation. There is no more interaction, and the relationship breaks up.

Knapp's Relationship Model

It is a ten-step model of relationship development between two people. The model explains how relationships grow and last and also how they end up. It comprises two phases of five steps: (1) relationship development and (2) relationship termination **(Fig. 3)**.

Phase 1: Relationship Development Phase

- **Initiation stage:** During the initiation stage, the individuals try to impress each other to enter the relationship. Physical appearance plays a vital role in startup relations.
- **Experimentation stage:** During the experimentation stage, both individuals try to explore each other's information to find out common interests and decide whether to maintain a relationship or not.
- **Intensifying stage:** The relationship becomes less formal and more intensified.

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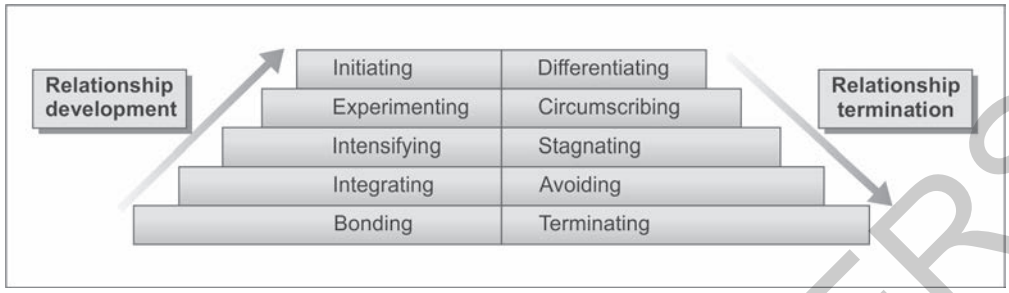


Fig. 3: Knapp's relationship model.

Both share personal information to have a strong IPR.

- **Integration stage:** During this stage, the level of intimacy increases. The relationship is more very closely than before.
- **Bonding stage:** During this stage, both recognize the relationship, honor it, and have a healthy relationship.

Phase 2: Relationship Termination Phase

During the termination phase, the relationship fails due to misunderstanding or conflict. It has five stages: (1) differentiating, (2) circumscribing, (3) stagnation, (4) avoidance, and (5) terminating stage.

1. **Differentiating stage:** During this stage, differences arise in the relationship between two individuals. They start working individually and disintegrate their relationship. There are dislike feelings among them.
2. **Circumscribing stage:** Both create psychological distance and limit their conversations. They set their personal space and activities at this stage.
3. **Stagnation stage:** During this stage, both avoid communication, and the relationship still widens. There is less possibility for improvement or continuing relationship.
4. **Avoidance stage:** Both individuals have physical distance and intentionally avoid each other from any conversation and arguments.
5. **Terminating stage:** This is the last stage of the relationship, characterized by the end of the relationship and close contact.

PHASES OF INTERPERSONAL RELATIONS

Peplau (1952, 1999) described the nurse-client relationship as evolving through interlocking, overlapping four phases to attain any goal:

1. **Orientation phase:** It is a problem defining phase. It begins when the patient meets the nurse as a stranger. The nurse initiates this phase and involves the patient/family to gather relevant information. During this phase, nurse and client's values, beliefs, previous experiences, perceived ideas and expectations, styles and communication methods, and situations affect the nurse-patient relationship **(Fig. 4)**.

   Both nurse and client/patient interact to define the health problems and decide the type of services needed collaboratively. The client/patient may need to know about the nurse background and purpose of the meeting, mutual agreement on goals, etc. There can be a wide range of positive and negative emotional reactions from both sides.

   The nurse responds and explains roles to the patient within the therapeutic boundaries, helps identify health problems, and utilizes the available resources and nursing services. Trust is essential in the nurse-client relationship to

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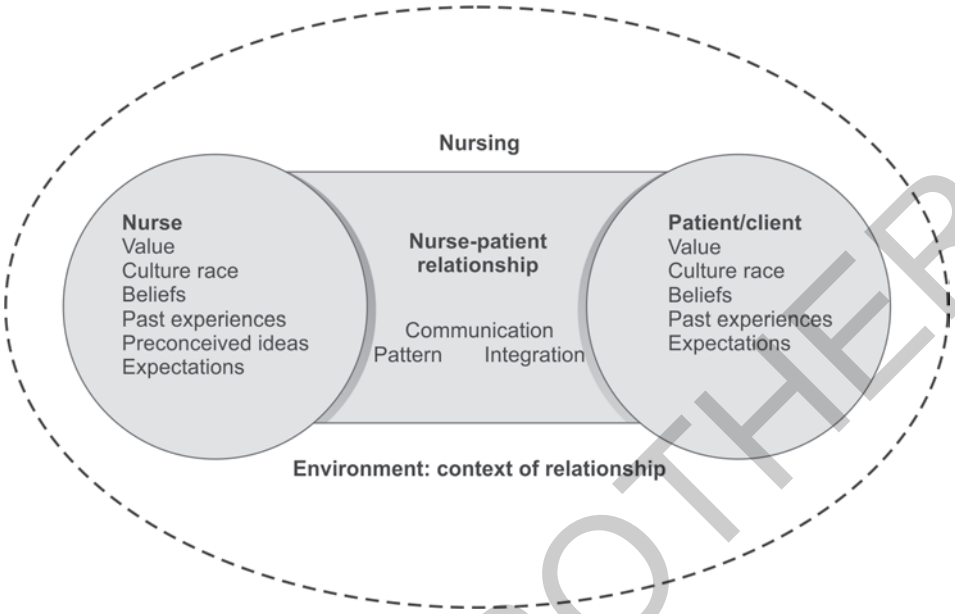


Fig. 4: Therapeutic nurse-patient relationship.

help in identifying health. After developing a trustworthy relationship, the client/patient seeks professional assistance, conveys the needs, and may ask questions and share perceptions and expectations for the future. In this way, the nurse and patient/client come to know each other and develop trust. Self-awareness among nurses is essential when interacting with the patient/client.

2. **Identification phase:** The phase begins when the patient collaborates with the nurse, expresses feelings, and begins to feel confident. During the identification phase, both nurse and client identify and explore the cause of health problems. The client identifies the nurse as a helper whom he/she can trust and facilitates healing and recovery. The patient/client begins to express feelings of belonging and the capability of solving the problem. The nurse nurtures, encourages, mobilizes resources to promote the client's adaptive behavioral changes.
3. **Exploitation phase:** During the exploitation phase, the client makes full use of nursing services. He attempts to explore, understand, and deals with the problem. He is thoroughly assured and confident to participate in his plan of care. With a positive and optimistic attitude, the client begins to feel more confident and takes self-care responsibility. The client begins gaining independence and may require minimal professional help. The relationship strengthens by trust and understanding and redefines the problems and goals. The client uses the services for alternative problem solving and feels like an integral part of a caring environment. At this stage, the client may seek attention. The nurse's awareness of personal feelings and reactions to the client, principles of interview techniques, and communication skills are vital for significant interaction with the client. The nurse aids the client in exploiting all approaches of help and progress toward the final stage.

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4. **Resolution phase:** It is the stage of terminating a professional relationship. During this phase, the client may not require professional services and become independent by nurse and patient's collaborative efforts. The nurse-client relationship ends at this stage. The client attains a greater sense of identity and develops more adaptive behaviors. Sometimes it may be difficult for both as psychological dependence persists. The nurse must be aware of various techniques to resolve it. The patient gives up and discontinues the bond with the nurse. While terminating a relationship, both nurse and patient must demonstrate a healthier emotional balance. At the end of the resolution phase, both become mature individuals.

BARRIERS AND METHODS OF OVERCOMING

Barriers

Barriers are the obstacles or hurdles that interrupt healthy and positive IPRs between individuals. Following are the barriers to an IPR:

- **Personal barriers**
  - **Lack of self-awareness:** Lack of self-awareness or poor insight into personal responses hinders the communication process and creates distrust in the nurse-client relationship. The behavior and feelings of a person with little self-awareness are limited in variety and scope. The nurse may not understand the client's experiences, needs, and values, resulting in inappropriate nursing diagnosis, thereby affecting nursing action and clinical outcomes.
  - **Feeling of insecurity:** Due to fear of insecurity, the individuals do not prefer to share their feelings and information with others. Lack of faith and trust in another person is the cause of insecurity. Such people have poor IPRs.
  - **Lack of flexibility:** Rigid individuals usually find difficulty in adapting change behaviors. There is less scope in the mutual sharing of information and have poor IPRs.
  - **Inappropriate self-disclosure:** The role of self-disclosure in the nurse-client relationship is unclear, but an optimal self-disclosure level is essential for healthy relationships. Inappropriate self-disclosures include sharing personal information such as a home address, phone number, etc.
  - **Failure in collaboration:** Failing to collaborate with the client and family members results in interpersonal tensions, conflict, mistrust, and causes stress to both nurse and client. The negative influence of the nurse's behavior and nature of nurse-client communication prevents the client from discussing their need for information and explanation. Clients can feel disempowered and unable to achieve their health goals. Lack of sufficient explanation results in poor patient understanding, and a lack of consensus between nurse and client may lead to therapeutic failure.
  - **Poor interpersonal communication skills:** Interpersonal communication skills are essential in maintaining a healthy nurse-client relationship. Knowing is the first step toward good communication. Poor interpersonal skills, including poor listening, acknowledging others' thoughts and feelings, and using passive, aggressive, or passive-aggressive communication styles instead of assertiveness, are the client-nurse relationship barriers.
  - **Cognitive and psychomotor incompetency:** Incompetency in terms of knowledge and skill on nurses creates

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mistrust. Trust is the core of a healthy nurse-client relationship.

- **Interpersonal incompetence:** Interpersonal skill is the set of behaviors exhibited to communicate effectively and unambiguously in a face-to-face setting, to make and keep healthy relationships. Good interpersonal skills lead to interpersonal competence. Interpersonal competence includes initiating relationships, self-disclosure, providing emotional support, asserting displeasure with others' actions, and managing interpersonal conflicts.

- **Sociocultural barriers**
  - **Cultural barriers:** The cultural factors such as customs, traditions, backwardness, social and cultural bias, religious and spiritual experiences shape beliefs, values mores, and perceptions of health and illness, and finding difficulty in adapting situations affect a nurse-client relationship. The perception gap may negatively affect understanding and decision making and thereby may affect clinical outcomes.
  - **Language differences:** Language differences affect interpersonal communication.
- **Environmental barriers**
  - **Lack of privacy:** The place and climatic situation also vital in maintaining a healthy IPR. Privacy and confidentiality is the key to sharing information that helps in maintaining a good IPR.
  - **Lack of therapeutic environment:** Appropriate caring and conducive and safe environment are essential for the client to promote a sense of security and help express feelings. The lack of a caring environment may result in a poor IPR, clients being unwilling to disclose problems, which could delay and adversely impact their recovery.
  - **Lack of time and time of conversation:** It takes time to understand each other and an appropriate time to develop a healthy relationship. Sometimes, due to lack of time and conversation during adverse situations, individuals may not develop trust and confidence resulting in ineffective IPR.

Methods of Overcoming

The methods of resolving IPR barriers are:

- **Communication skills:** Healthy and therapeutic nurse-client interactions require warmth, trust, empathy, and mutual respect. Communication skills involve both style and content. Attentive listening skills, assertiveness, clarification, empathy, and use of open-ended questions focusing, giving and imparting information, humor, reflection, and silence are some examples of skillful communication. Improved nurse-client communication tends to increase client involvement and adherence to nursing care; influence patient satisfaction, adherence, and improve care and health outcomes. Nurses need training to properly utilizing communication skills to improve the nurse-client relationship.
- **Collaborative communication:** Collaborative communication is a dynamic relationship involving the two-way exchange of information. Nurses should collaborate with their clients/patients to provide the best care because nurses tend to make decisions based on quick assessments, which may be biased. It requires the nurses to discuss choices with clients and share the responsibility and control with them. Nursing care options need to be collaborative to ensure the best clinical outcome.
- **Conflict management:** Conflict is a part of human interaction and often challenging situations that can evoke feelings of helplessness, frustration,

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confusion, anger, uncertainty, failure, or sadness. Conflict is often not expressed due to status, gender, cultural differences, religion, personality, socioeconomic status, poor communication skills, values, beliefs, perceptions, etc. The nurse should recognize the cause of conflicts and negative feelings and develop skills to identify inappropriate responses in the client or themselves to improve the situation and build a significant IPR. Assertive communication, negotiation—a shared decision making is critical and integral to successful conflict resolution.

- **Cultural competence:** Culture competence is a compilation of knowledge, skills, behaviors, and policies that help nurses to collaborate and work with clients of different backgrounds. Nurses must develop cultural competence skills to deal with patients of different cultures.
- **Use of appropriate self-disclosure:** The nurse should not use self-disclosure to resolve personal problems. Consider carefully to disclose the type of information. Use appropriate self-disclosure to maintain healthy boundaries to foster trust, empathy, shared decision making, and motivation.
- **Emotional intelligence:** Emotional intelligence is the ability to recognize, understand, manage, and utilize one's emotions and the emotions of others. It enables the nurse to establish a means of trust, thus obtaining accurate information about clients' internal states. Nurses must know themselves, their strengths, weaknesses, attitudes, and perceptions. They should also regulate their personal beliefs and opinions so that they do not adversely affect their clients. Avoid personalized and adverse reactions, which may create mistrust and ineffective communication.
- **Rapport:** Rapport is a harmonious and mutually respectful relationship between two persons. A warm, acceptable, confidential, and secure environment facilitates trust, improves decision-making skills, and promotes adaptive and healthy lifestyles. Active listening and empathy are useful means to establish rapport.
- **Trust:** Trust is the heart and art of the therapeutic nurse-client relationship. It is indicative that a person can rely on another and follow through on obligation. The use of attributes such as competence, confidence, motivation, empathy, trustworthiness, consistency, responsibility, kindness, and fairness are essential attributes to engender trust among clients.
- **Empathy:** Empathy means the sharing of feelings, thoughts, and ideas of another. Empathetic behavior includes a range of skills, including active listening: attending behaviors, verifying content, and listening for feelings. These empathetic behaviors build a trusting nurse-client relationship, and the client able to disclose openly.
- **Professional competency:** Nurse-client interaction requires all the nurse's senses, attention, interest, and competence to analyze the emotional and behavioral responses of clients in a particular situation.

JOHARI WINDOW

The Johari window is a graphic "disclosure/feedback" model and a technique developed by American psychologists Joseph Luft and Harry Ingham in 1955. The model can help people to understand themselves and how others perceive them. It is incredibly helpful in demonstrating and improving IPRs. It provides insight into the personality/behavior of the individual and others.

There are four panes/quadrants of the window; each quadrant in Johari window is of the same size, but size varies according to information known or unknown by the person

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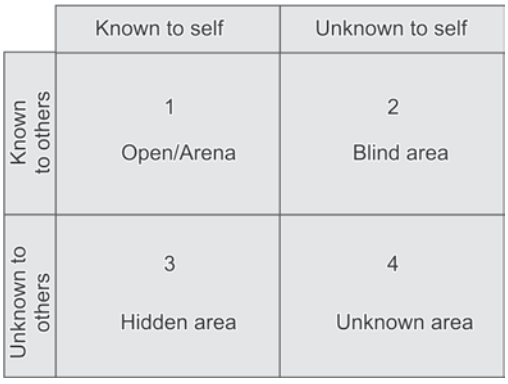


Fig. 5: Johari window model.

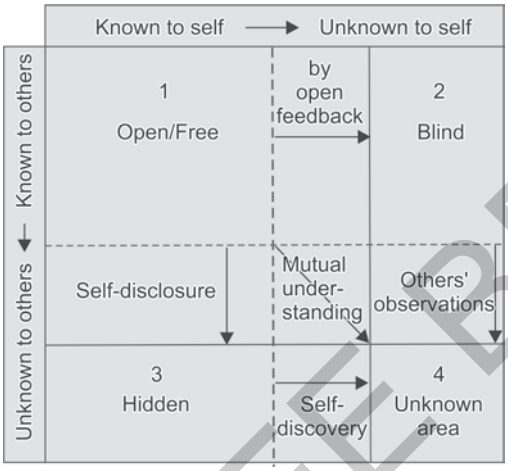


Fig. 6: An ideal Johari window.

(self) or others **(Fig. 5)**. One should try to expand "open area" and reduce the other three quadrants by using various interpersonal skills to improve an IPR **(Fig. 6)**.

1. **Open/Arena:** The first quadrant of the Johari window is "open" or "arena". It represents feelings, views, intentions, attitudes, knowledge, skills, actions, and information about a person who is known to that person as well as those who are around them. This information is public and can available through communication and shared between individuals and others. The communication occurs through a two-way process. The person socializes with others and gets feedback from them. The person even can increase this area through:
   - Exchange of information and give and take feedback, thus reduces the blind area
   - Self-disclosure or listening to oneself
   - Exploring thoughts, feelings, memories, and impulses to reduce hidden area.
2. **Blind:** "Blind" or "blind spot" is the second quadrant of this window. In this area, certain information about a person's personality is known to others, but the person himself is not aware. The information may be harmful or positive and include hidden strengths and weaknesses that may need improvement. It provides insight into individuals that how other people around them perceive them. It will be a starting point for improvement. Good interpersonal relations and communication can help to reduce this area. The person can reduce this area by:
   - Associating with others; listen and learn from them
   - Seeking nonjudgmental feedback from others to increase self-awareness and broaden the self-perception.
3. **Hidden:** The "hidden" or "facade" is the third pane of the Johari window. It includes information about a person that is known to that person but not known to others. It may be secret information, and the person does not want to share or disclose it to anyone due to fear of adverse reactions. Once the individual trusts, the group may like to disclose some of the confidential information. For good interpersonal relations, the person needs to reduce this area through self-disclosure, listen to oneself, and judge and trust people.
4. **Unknown:** "Unknown" is the last quadrant of the window. It contains the information known to a person as well as to others. Generally, the subconscious

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mind's information falls under this area, such as previous memories, undiscovered talents, etc. To improve IPRs, the person needs to reduce this area through a mutual understanding between you and others, knowing others' observation and perception about you, and self-discovery or improving insight about your behavior.

CHAPTER HIGHLIGHTS

- A nurse-client IPR is a dynamic and mutually respective interaction between nurse and client.
- The nurse-client relationship is therapeutic and is a core and mutually reciprocal partnership in nursing with a clear therapeutic objective of caring.
- Effective IPRs' critical characteristics are common goals, similar background, intimacy, trust, honesty, and transparency.
- Trust, self-awareness, empathy, respect, professional intimacy, and expert power are essential components for developing IPRs.
- Peplau (1952, 1999) described the nurse-client relationship as evolving through interlocking, overlapping phases: orientation phase, working phase, and termination phase.
- The elements of IPR are self-awareness, self-disclosure, self-confidence, positive personal impact, outstanding performance, communication skills, and interpersonal competence.
- It is important to identify barriers in IPRs and use methods to facilitate effective IPR.
- The Johari window is a graphic "disclosure/feedback" model and "information processing" tool. Having four dimensions helps understand and training self-awareness, personal nursing development, communication, IPRs, group dynamics, team development, and intergroup relationships.

REVIEW QUESTIONS

I. Essay Type Questions

1. Define interpersonal relationship and describe its nature and importance.
2. Enlist characteristics and purposes of interpersonal relationship.
3. Describe briefly different types of relationships.
4. Explain the phases of the nurse-client therapeutic relationship.
5. Discuss barriers in interpersonal relationship and how to overcome those barriers.

II. Short Notes

1. Johari window model
2. Dynamics of interpersonal relationship
3. Barriers in interpersonal relationship
4. Elements that facilitate interpersonal relationship

III. Multiple Choice Questions

1. The essential element of valuing the needs of the client as well as the nurse's own in interpersonal relationship is:
   a. Self-awareness
   b. Interpersonal skills
   c. Communication
   d. Negotiations
2. The interpersonal relationship composed of concepts such as trust, hope, understanding, empathy, respect, and admiration is:
   a. Intimate relationship
   b. Associate relationship
   c. Positive relationship
   d. Social relationship
3. Which of the following component in the interpersonal relationship indicates that one person can rely on another to follow through on promises or obligations?
   a. Trust b. Empathy
   c. Respect d. Power
4. The type of interpersonal relationship in which the nurse identifies the needs of the client, explores; considers alternate problem-solving

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approaches; and encourages behavioral change is:
   a. Social
   b. Acquaintance
   c. Therapeutic
   d. Negative
5. In Knapp's relationship model, the stage in which both individuals try to explore each other's information to find out common interests and decide whether to maintain a relationship is:
   a. Intensifying stage
   b. Experimentation stage
   c. Bonding stage
   d. Circumscribing stage
6. In the therapeutic nurse-client relationship, the phase in which the client begins to express feelings of belongingness is:
   a. Orientation phase
   b. Identification phase
   c. Exploitation phase
   d. Resolution phase
7. Which of the following barrier in the client-nurse relationship results in poor listening, low acknowledging others' thoughts and feelings, passive, aggressive, or passive-aggressive communication style?
   a. Interpersonal incompetence
   b. Failure in collaboration
   c. Inappropriate self-disclosure
   d. Lack of communication skills
8. Which of the following area in Johari window represents unknown by the person about himself/herself but the team members (others) know?
   a. Open area b. Blind area
   c. Hidden area d. Unknown area

Answer Key

1. a	2. c	3. a	4. c	5. b
6. d	7. d	8. b		

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She has guided and evaluated dissertations and theses of doctorate, master and undergraduate level of many nursing students of different universities and conducted viva-voce of master and doctorate nursing candidates. She has also undertaken many departmental research projects and remained a member of various committees, including the Research Development Committee, Advisory Committee, Curriculum Committee, Academic Accreditation Committee, Board of Studies, etc.

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