Communication Skills for Nursing

How to make best use of YOU!
Objectives

- Discuss therapeutic nursing communication techniques
- Identify therapeutic and non-therapeutic responses.
- Discuss basics of good communication.
- Discuss responsibility of the LVN in communicating with patients, instructors, staff members and physicians.
- Identify barriers to effective communications.
- Discuss emotional needs of patients.
- Describe two types of communication.
- Differentiate between sympathy and empathy.
- Discuss the use of verbal and non-verbal communication.
What is Nursing?

- Caring for individuals
  - Understanding
  - Action
  - Concern
- Knowledge
- Skill
Relationships

- Social
- Business
- Therapeutic
The Therapeutic Relationship

- Goal oriented
- Focused on the patient
- Time limited
Characteristics of the Therapeutic Relationship

- Unconditional acceptance
- Empathy
- Attending and listening
- Open ended questioning
- Silence
- Concreteness
- Professionalism
- Warmth and genuiness
- Shared agreement on goals
- Integrate humor as appropriate and helpful
Phases of the Therapeutic Relationship

- Orientation
- Working
- Termination
Establishing a Therapeutic Relationship

- Tips for Building Rapport with Your Patient
  - Become visible.
  - Anticipate needs.
  - Be reliable.
  - Listen.
  - Stay in control.
  - Use self-disclosure.
  - Treat each patient as an individual.
  - Use humor when appropriate.
  - Educate.
  - Give the patient some control.
  - Show support with small gestures.
Holistic Nursing

- View people as whole individuals
- The patient is NOT a disease process
- All aspects of the individual must be taken into consideration
- All needs addressed

Florence Nightingale, who believed in care that focused on unity, wellness, and the interrelationship of human beings and their environment, is considered to be one of the first holistic nurses.
What is communication?

- From the Latin communicare, meaning to share, to impart, to partake,
- to make things common, communion, community
Communication Techniques

- **Therapeutic**
  - An exchange of information that facilitates the formation of a positive nurse-patient relationship and actively involves the patient in all areas of the nursing process

- **Nontherapeutic**
  - Prevents the patient from becoming a mutual partner in the relationship and may place the patient in a passive role
Overview

- Requirements for Communication
  - Sender
  - Receiver
  - One-way communication: highly structured with the sender in control and expecting and getting very little response
  - Two-way communication: requires that both the sender and the receiver participate equally
Fact or Fiction?

1. Listening is a passive activity.
2. The audience does not play a role in communication.
3. People who speak the same language do not have problems with communication.
4. Speaking directly is universally acceptable.
5. The more words used in communicating, the better.
6. It’s the speaker’s job to make me understand.
7. Communication is an inborn talent. Either you have it or you don’t.
8. Nonverbal signals are universally understood.
9. Silence is not feedback.
10. Communication means giving information.
Communication 1A

- “The message is received according to the mode of the receiver.”
  - St. Thomas Aquinas
Communication in Nursing

- To establish nurse-patient relationship
- To be effective in expressing interest/concern for patient/family
- To provide health care information
Challenges to Communication

- Anxiety
- Anger
- Culture
Essential skills

- Personal insight
- Sensitivity
- Knowledge of communication strategies
Levels of communication

- **Social**: safe
- **Structured**: interviewing, teaching
- **Therapeutic**: patient focused, purposeful, time limited
  Nurse comes to know the patient as a *unique individual*.
  Patient comes to *trust* nurse
  Context set for nurse to provide care and to help patient
  identify, resolve, or adapt to health problems
Types of Communication

- **Verbal:** conscious use of spoken or written word
  
  Choice of words can reflect age, education, developmental level, culture
  Feelings can be expressed through tone, pace, etc.
Types of Communication

- Verbal communication: spoken messages
  - Speak clearly
  - Speak professionally
  - Speak only about what you know
  - No slang
  - No medical jargon
  - Colloquial expressions may be appropriate
Types of Communication

- **Non-verbal**: use of gestures, expressions, behaviors (body language)
- 85% of communication
  - Less conscious than verbal
  - Requires systematic observation and **valid** interpretation
  - Nurse must be aware of personal style

*How we communicate non-verbally:*
- physical appearance, posture/gait, facial expressions, gestures, touch (tactile defensiveness)
Types of Communication

- Nonverbal communication: body language
  - Expressions, posture, movements, gestures, physical appearance
  - Clues to the truth of the spoken message
  - Indicators of patient discomfort
  - Physical appearance is a part of nonverbal communication
Communication Techniques

Nonverbal Therapeutic Communication

- Listening
  - Most effective methods but also most difficult
  - Conveys interest and caring
  - Active listening
    - Requires the nurse’s full attention
  - Passive listening
    - Nurse attends nonverbally to what the patient is saying through eye contact and nodding, or verbally through encouraging phrases such as “uh-huh” or “I see”
Nonverbal Therapeutic Communication
- Silence
  - Most underused
  - Requires skill and timing
  - Can convey respect, understanding, caring, support; often used with touch
  - Gives you time to look at nonverbal responses
Communication Techniques

- **Nonverbal Therapeutic Communication**
  - **Touch**
    - Must be used with great discretion to fit into sociocultural norms and guidelines
    - Can convey warmth, caring, support, and understanding
    - Nature of the touch must be sincere and genuine
    - If the nurse is hesitant or reluctant to touch, it may be interpreted as rejection
Types of Communication

- **Affective communication: feeling tone**
  - Tone of communication
  - Emission of energy
Communication Techniques

- Nonverbal Therapeutic Communication
  - Conveying acceptance
    - Patient may be reluctant to share information because he or she feels the nurse may disapprove of the patient’s values, beliefs, or practices or may even fear rejection
    - Acceptance is the willingness to listen and respond to what a patient is saying without passing judgment
    - The nurse must be careful not to nonverbally communicate disapproval through gestures or facial expressions
Relationship between verbal and non-verbal communication

- **Congruency**: are verbal and non-verbal messages consistent?

Nurse states observations and validates with patient

Nurse to crying patient: "You seem upset today."

Patient: "I'm fine thanks."
Styles of Communication

- Manner in which a message is communicated will greatly affect the mood and the overall outcome of an interaction

- Assertive Communication
  - Interaction that takes into account the feelings and needs of the patient, yet honors the nurse’s rights as an individual

- Aggressive Communication
  - Interacting with another in an overpowering and forceful manner to meet one’s own needs at the expense of others
Styles of Communication

- **Unassertive Communication**
  - Sacrifices the nurse’s legitimate personal rights to meet the needs of the patient at the expense of feeling resentful
Factors that affect communication

Nurse needs to assess and consider when communicating with patient:

- culture, developmental level, physical & psychological barriers, personal space (proxemics), territoriality, roles and relationships, environment, attitudes and values, level of self esteem
Communication Strategies

Active Listening

- Most important part of any therapeutic communication
- Key factors include purpose, disciplined attention, and focus
- A common mistake is to listen to the words, but not really hear the words
Communication Strategies

Active Listening Behaviors

- Restating
- Clarification
- Reflection
- Paraphrasing
- Minimal encouraging
- Silence
- Summarizing
- Validation
Communication Techniques

● Verbal Therapeutic Communication
  – Closed questioning
    ● Focuses and seeks a particular answer
  – Open-ended question
    ● Does not require a specific response and allows the patient to elaborate freely
  – Restating
    ● Nurse repeats to the patient what the nurse understands to be the main point
Communication Techniques

- Verbal Therapeutic Communication
  - Paraphrasing
    - Restating the patient’s message in the nurse’s own words to verify that the nurse’s interpretation is correct
  - Clarifying
    - Restating the patient’s message in a manner that asks the patient to verify that the message received is accurate
  - Focusing
    - Used when more specific information is needed to accurately understand the patient’s message
Communication Techniques

- **Verbal Therapeutic Communication**
  - Reflecting
    - Assists the patient to “reflect” on inner feelings and thoughts
  - Stating observation
    - Validates the accuracy of observation
  - Offering information
    - Nurse should make this interaction two-way
  - Summarizing
    - Review of the main points covered in an interaction
Communication Strategies

Types of Questions

- **Open-ended questions**
  - Permit variety of responses
  - Often begin with what, where, when, how, or why
    - “What happened to your leg?”

- **Closed-ended questions**
  - Require a specific answer
    - “When did you first notice the pain?”

- **Focused questions**
  - Provide more definitive information
    - “On a scale of 1 to 10, with 10 as the worst possible pain, how would you rate your pain right now?”
Use of Humor

- “Laughter is the best medicine”
- Laughter is a psychological and physical release
- It can enhance feelings of well-being, reduce anxiety, and increase pain threshold
- The use of humor can be effective and helpful, but it must be used with caution and discretion
- Never appropriate to laugh *at*—only *with*—a person
Factors Affecting Communication

- **Posturing and Positioning**
  - Where and how the nurse sits or stands conveys a message to the patient
  - The most therapeutic posture and positioning is for the nurse to assume the same position and level as the patient
Factors Affecting Communication

- Space and Territoriality
  - Comfort zone
    - Distance between two or more individuals that must be maintained to guard against personal threat or intimidation
  - Four personal space zones
    - Intimate zone: 0 to 18 inches
    - Personal zone: 18 inches to 4 feet
    - Social zone: 4 to 12 feet
    - Public zone: 12 feet or more
Factors Affecting Communication

- Environment
  - Should provide a calm, relaxed atmosphere
- Level of Trust
  - Trusting relationship essential for effective nurse-patient interaction
- Language Barriers
  - Interpreter if available; messages must be kept simple
- Culture
  - Significant component of a patient’s psychosocial well-being
Factors Affecting Communication

- Age and Gender
  - A significant age difference between the nurse and the patient may be a barrier to communication.
  - Male and female patterns of communication are often related to cultural, familial, and lifestyle patterns.
Factors Affecting Communication

● Physiologic Factors
  – Patients may experience physiologic factors that can interfere with effective communication.
    ● Pain
    ● Altered cognition
    ● Impaired hearing

● Psychosocial Factors
  – Stress
  – Grieving
  – Fear/anxiety
Communication Strategies:

- **Active Listening** is most critical strategy
- **Strategies that encourage Conversation and Elaboration:**
  - broad opening statements, general leads, reflecting, open-ended and directing questions
- **Strategies that help patient express thoughts and feelings:**
  - stating observations, acknowledging feelings, reflecting, using silence
- **Strategies that insure mutual understanding:**
  - clarifying, validating, verbalizing implied thoughts and feelings, focusing, using closed questions and summary statements
Blocks/Barriers to Communication

- Behaviors or comments of the nurse that have a negative effect:
  
- **Not Listening** is most harmful behavior!

- reassure clichés, giving advice, expressing approval/disapproval, requesting an explanation (asking why?), defending, belittling feelings, stereotyped comments, changing the subject
Blocks to Communication

● Nursing Process
  - Phases of the nursing process
  - Nursing diagnosis “Impaired verbal communication”
    ● Describes “decreased, delayed, or absent ability to receive, process, transmit, and use a system of symbols” (Ackley & Ladwig, 2008).
Communication in Special Situations

- **Ventilator-Dependent Patients**
  - Assess the patient’s ability to use a particular alternative method of communication
    - Communication board
    - “Signal system”

- **Aphasic Patients**
  - Expressive aphasia
    - The patient cannot send the desired message
  - Receptive aphasia
    - The patient cannot recognize or interpret the message being received
Communication in Special Situations

- Alternative Methods of Communication
  - Lip reading
  - Sign language
  - Paper and pencil/magic slate
  - Word or picture cards
  - Magnetic boards with plastic letters
  - Eye blinks
  - Computer-assisted communication
  - Clock face communicator
Communication in Special Situations

- **Unresponsive Patients**
  - Anyone interacting with the unresponsive patient should assume that all sound and verbal stimuli may be heard
  - Speak to the patient as if he or she were awake
  - Always explain to the patient any procedure or activity that is to take place involving the patient
Male/Female Differences

- Most males and females follow certain patterns with regard to:
  - Conversation
  - Head movements
  - Smiling
  - Posture

- Differences in patient communication have important nursing implications
Cultural Differences

- Understanding cultural differences will help nurses respond respectfully and therapeutically.
- Differences apply generally to groups as a whole.
- Individual patient differences should still be identified.
Role Changes for the Patient

- Dependent position
- Set tone by providing respect and information; do not use first name unless specifically requested by patient
- Avoid medical jargon
- Ask if patient has questions
- Be sensitive to personal or environmental factors that may cause anxiety
Life Span Communication

Each age group has different communication needs

- Infants
  - Cries have different meanings
  - Influenced by the sound of the voice
  - Respond to calm, low tones
- Preschool
  - Cannot verbally express frustration, leading to tantrums
  - Communicate by pointing
  - Can help if coached
Life Span Communication

- School-age
  - Can be part of many discussions
  - Can use drawings or pictures to explain an illness

- Teenage
  - Extend same courtesy as to adults
  - Encourage expression of feelings
Life Span Communication

- Adult
  - Collect data at all three communication levels
  - Limit questions to medical areas

- Elderly
  - Check which side is best for hearing
  - Read directions aloud
Conflict Resolution

- Accept conflict as a natural part of life
- Shift your own attitude and behavior
- Take time to think critically before reacting
- Treat conflict as an opportunity to voice your own opinion and listen to the other side of the story
- Choose your approach
- Listen and learn
- Discover what is important
- Respect each other
- Find common ground, generally the patient’s highest good
Electronic Communication

- Fax machines
- Computer patient charting
- E-mail
  - Keep sentences and paragraphs short; check spelling, punctuation
  - Skip a line to separate topics
  - Send message to the right person
  - Write “subject” line carefully
  - Be specific
  - Be cautious with humor
  - Avoid all CAPS
Electronic Communication

Cell Phones and Text Messaging
- Shut off cell and text messaging phones during class and clinical
- Avoid behaving in ways disruptive to the instructor and other students
- Identify yourself