

Unit-IV.

Role & relationship

Communication

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- Communication is the fundamental element of the:-
 - nurse-client relationship,
 - client teaching,
 - case management, staff development, and all the activities performed by nurses.
- In order to be an effective communicator, the nurse must be aware of the different levels on which communication is conducted between nurses and among members of the health care team

THE COMMUNICATION PROCESS

- Communication, the process of:-
 - transmitting thoughts,
 - feelings, facts, and other information, includes verbal and nonverbal behavior.
- Meaning must be assigned to those facts for communication to occur.
- All people engage in the dynamic process of communication.
- The quality of the relationship between the nurse and the client is directly associated with the quality of communication between them.

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- In nursing, communication is the vehicle for establishing a therapeutic relationship with a client.
- There would be a void if the nurse did not relate to clients—if there were no fondness, no closeness, no bonding.

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- Components of the Communication Process.
- The five major components of the communication process are sender, message, channel, receiver, and feed-back.

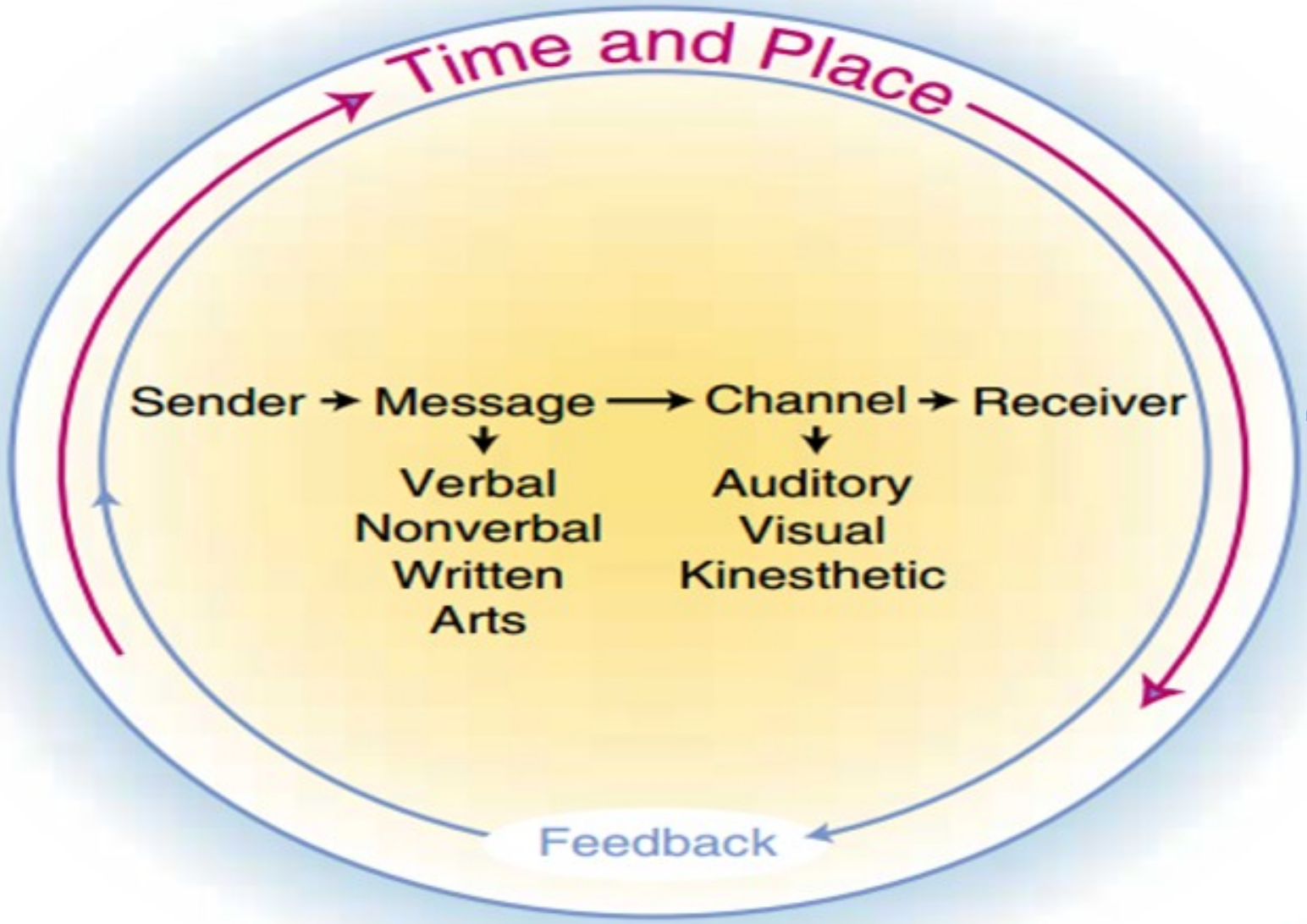


Figure 12-1 A Communication Model set By Dereje B.

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□ The Sender

- The communication process begins when a person, known as the sender, generates a message.
- Messages stem from a person's need to relate to others, to create meanings, and to understand various situations.
- Messages are generated by external factors, such as what the sender sees, hears, touches, tastes, or smells.

- However, the sender also perceives internal stimuli that generate messages.
- Examples of internal stimuli that affect communication include hunger, fatigue, or the mental activities of thinking and fantasizing (i.e., self-talk).
- The source (or encoder) is the stimulus, such as the idea, event, or situation.
- Encoding involves the use of language and other specific signs and symbols for sending messages.

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□ The Message

- The message is a stimulus produced by a sender and responded to by a receiver.
- Messages may be verbal, nonverbal, written materials, and arts.

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□ The Channel

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

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□ The Receiver

- The receiver is the person who intercepts the sender's message.
- Receiving is influenced by complex physiological (hearing), psychological, and cognitive processes.
- The psychological process refers to mental mechanisms that affect human behavior.
- This component may enhance or impede the receiving process.
- E.g. anxiety may restrict the perceptual field, causing the client to hear, see, or feel less accurately.

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- The receiver assigns meaning through his own brand of perceiving and “self-talk,” or communication with oneself.
- Engaging in too much self-talk may cause the receiver to do a poor job of listening.
- Controlling this self-talk requires continuous focusing and validating of the sender’s message.
- Through cognitive processing, the receiver decodes messages, interprets them, and then provides feedback to the sender.

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□ Feedback

- is the information the sender receives about the receiver's reaction to the message
- to provide the sender with information about the receiver's perception of a situation
- Communication is reciprocal in that both the sender and receiver must be involved; the sender must transmit the message, and the receiver must provide feedback for a communication to be complete.
- The accompanying display lists characteristics of effective feedback.

- Feed back should be on time, and start from positive ideas!

☐ Factors Influencing Communication

- Perception,
- Cultural Context
- Space and Distance
- time
- Levels of Communication

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❑ Levels of Communication

- Communication occurs at different levels, with each level influencing the others.

❑ Intrapersonal Level

- is the messages one sends to oneself, including self-talk, or communication with oneself.
- A person receiving internal or external messages organizes, interprets, and assigns meaning to the messages.
- The result of this process is the individual's unique way of perceiving.

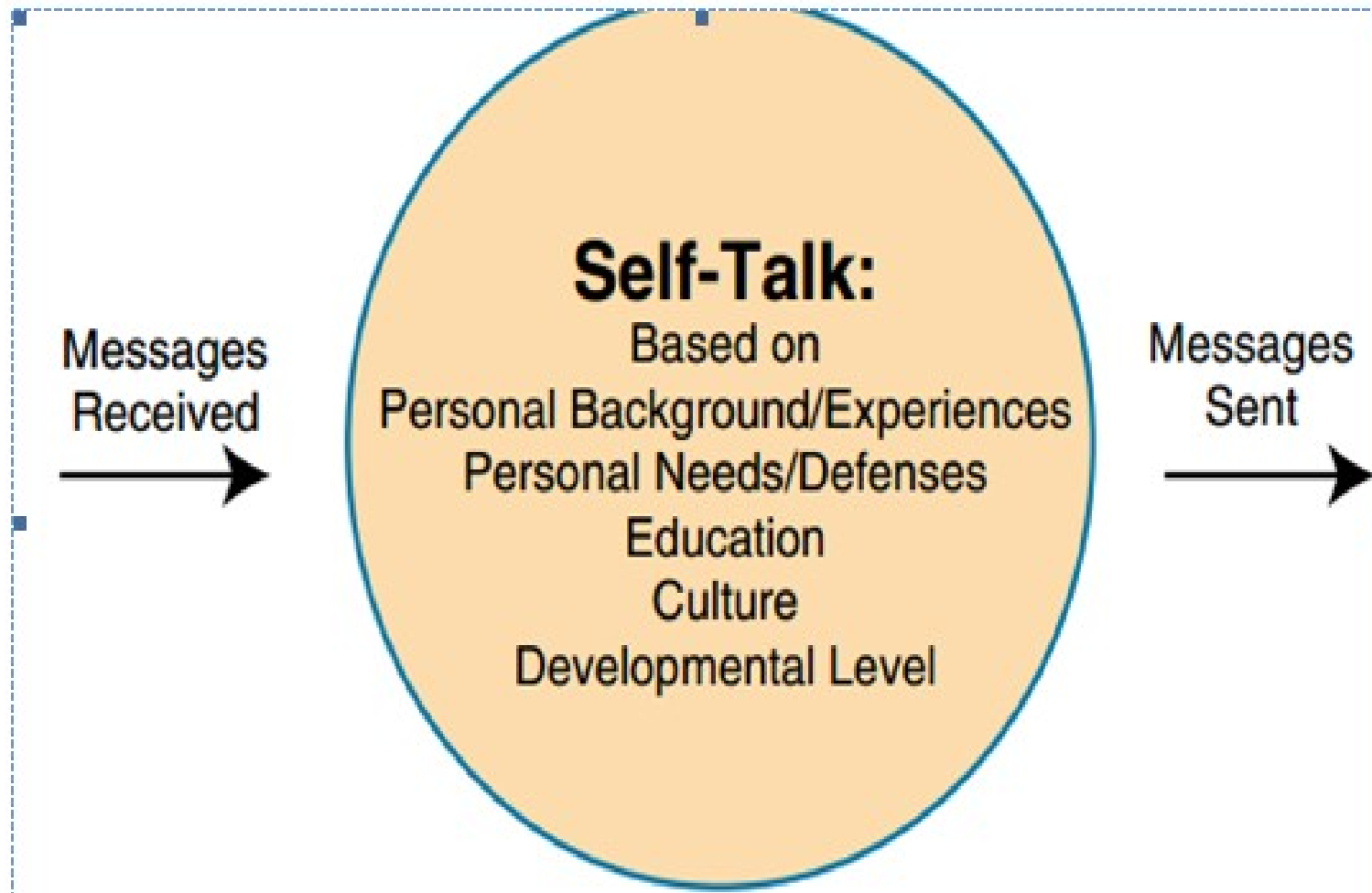


Figure 12-2 Intrapersonal Communication

□ Interpersonal Level

- is the process that occurs between two people either in face-to-face encounters, over the telephone, or through other communication media.
- builds on the intrapersonal level in that each person communicating must communicate with the self in order to communicate with others.
- An important outcome of interpersonal communication is the development of an interpersonal relationship.

❑ Group Communication Level

- -occurs when three or more people meet in face-to-face encounters or through another communication medium, such as a conference call.
- -is complex because of both the number of people communicating interpersonally and interpersonally and the combinations of the people involved.
- The study of the events that take place during group interaction is called group dynamics.
- The dynamics of any group can and will influence the productivity of the group.
- Nurses deal with groups constantly as they interact with families of clients, treatment teams, therapy groups, and committees within their health care setting.

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- Listed below are three mechanisms used by nurses to connect clients with health-promoting groups:
 1. Communication—the nurse actively listens to the client to determine needs.
 2. Critical thinking—the nurse uses cognitive processes to decide which groups is congruent with the client's needs.
 3. Collaboration—the nurse works with multidisciplinary team members (i.e., social workers, clergy) to start the referral process.
- Differences between One-to-One and Group Communication
- One-to-One Interactions Group Interactions
- One sender and one receiver, each with own unique perceptions.
- Influenced by dynamics of creating, maintaining, and terminating a therapeutic nurse-client relationship.

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- Requires understanding of nurse-client relationship theory, communication theory, and an overall theoretical approach
- Problem identification and problem solving are done by the client, with input from the nurse.
- The nurse is the major support for the client during the interaction.
- The logical outcome of one-to-one communication is the development of the nurse-client relationship.

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❑ Group Interactions

- Numerous senders and receivers, each with unique perceptions.
- Influenced by group dynamics.
- Requires understanding of underlying modalities as well as a theoretical framework to guide both interventions and interpretations (e.g., psychoanalytic approach, interpersonal model).
- Problem identification and problem solving are done by the group, with assistance from the leader.
- The group is the major support for the client during the interaction.
- The logical outcomes are group cohesiveness and group productivity

MODES OF COMMUNICATION

- Communication occurs in a variety of ways: through words, actions, or a combination of words and actions. When there is congruence (“a match”) between one’s words and actions, communication is enhanced.

Verbal Messages

- are messages communicated through words and language, either spoken or written.
- Verbal messages are accompanied by paraverbal (also referred to as paralinguistic) cues: tone and pitch of voice; speed, inflection, and volume; grunts and other non-language vocalizations.
- Paraverbal communication often influences the listener more than the actual words do.

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❑ Nonverbal Messages

- Unspoken messages often carry more weight than verbal and paraverbal ones, and they can be more reliable.
- are messages communicated without words: that is, through body language.
- Much of the communication between people is nonverbal.
- Nurses must pay attention to nonverbal communication

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- The followings are examples of non verbal messages
- Facial Expression
- Posture-
- Gestures-movement of body parts
- Touch:- Touch should be used cautiously with clients who are:

- Confused: They may misinterpret the intent of the touch.
- Aggressive: They may see the touch as a threat and lash out.
- Suspicious: They may think the touch is harmful.
- Victims of abuse: Touch may frighten them

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- Metacommunication
- Is the relationship aspect of communication. It refers to the message about the message.
- For example, a person who is silent is still sending out messages through nonverbal communication.

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- Metacommunication refers to all the factors that influence how messages are received.
- It involves focusing on the communication process rather than only on the content.
- The “reading between the lines” that occurs in metacommunication allows the receiver to better understand the sender’s true message.

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- TYPES OF COMMUNICATION
- There are several types of communication: social, therapeutic, and formal.
- Formal communication, which consists of written messages and the arts, may include lectures, reports, charting in the client's record, and public speaking.
- Usually, with formal communication, there is one sender transmitting messages to several others.

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❑ Interdisciplinary Communication

- The health care team consists of the client and all medical personnel involved in providing care.
- All members of the team perform important, though different, roles in the health care delivery system.
- It is important that all health care team members communicate with each other regarding assessment, intervention outcomes, and client status.

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- Therapeutic Communication
- Therapeutic communication is the use of communication for the purpose of creating a beneficial outcome for the client.
- The accompanying display lists characteristics of therapeutic communication.

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- purpose is to improve the client's ability to function.
- communication facilitates the establishment of the nurse-client relationship and fulfills the purposes of nursing.
- Therapeutic communication is:-
 - Is purposeful and goal-directed
 - Has well-defined boundaries
 - Is client-focused
 - Is nonjudgmental
 - Uses well-planned, selected techniques...

- The Elements of Therapeutic Communication
- Empathy
- Trust
- Honesty
- Validation
- Caring
- Active listening

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**Thank you, wish u the
best learning year for
all of you!!**