



**Ach. Arfan Adinata, S.Kep., Ns., M.Kep.**

# **COMMUNICATION IN NURSING**

**Editors:**

**Sri Warsini, S.Kep., Ns., M.Kes., Ph.D.**

**Dr. Pujiriyanto, M.Pd.**

**Puji Rahayu, S.Pd., M.L.S.T., Ph.D.**



**COMMUNICATION  
IN NURSING**

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*Cerdas, Bahagia, Mulia, Lintas Generasi.*

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**Ach. Arfan Adinata**

**Editor :**

**Sri Warsini, Pujiriyanto & Puji Rahayu**

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Anggota IKAPI (076/DIY/2012)

Jl.Rajawali, G. Elang 6, No 3, Drono, Sardonoharjo, Ngaglik, Sleman

Jl.Kaliurang Km.9,3 – Yogyakarta 55581

Telp/Faks: (0274) 4533427

Website: [www.deepublish.co.id](http://www.deepublish.co.id)

[www.penerbitdeepublish.com](http://www.penerbitdeepublish.com)

E-mail: [cs@deepublish.co.id](mailto:cs@deepublish.co.id)

# PREFACE

This teaching material is part of the basic nursing course which will be your basis for applying nursing care, because communication skills will be used at every nursing stage. This teaching material is also an important part to underlie the professional attitude of nurses in carrying out nursing duties. All nursing activities always use communication.

In this teaching material you will study the theories and concepts of communication in general and therapeutic communication in nursing as well as the application of communication in the nursing care process carried out on clients (individuals, families, groups, communities) at various age levels in clinical cases and communities using strategies therapeutic communication.

This nursing communication instructional materials consist of six chapters:

- Chapter I : Basic Concepts of Communication in Nursing
- Chapter II : Therapeutic Communication
- Chapter III : Communication on Nursing Process
- Chapter IV : Ages-Based Communication
- Chapter V : Social Level-Based Communication
- Chapter VI : Communication to Patients with Special Needs and Mental Disorders

After studying this *Communication in Nursing* teaching material, students are able to apply therapeutic communication in client nursing care in order to provide accurate information to individuals, families, groups, communities about nursing care.

To make it easier for you to follow the learning process in this teaching material, as follows:

1. Carefully read the introduction to this teaching material until you understand the use of this teaching material.
2. Read the glossary at the beginning of this teaching material to provide an understanding of terms that may be new to you or difficult to understand, if there are still things you don't understand, please look them up in the nursing dictionary.
3. Study these teaching materials sequentially from chapter 1 to chapter 6, look at the examples presented and you can also study examples from other sources.
4. Read the summary at the end of each chapter to complete your comprehensive understanding.
5. Please do the available review questions to evaluate your understanding of the material in each chapter.
6. If you have difficulty, discuss it with your friends and consult the facilitator.
7. The success of your learning process in studying the material in this teaching material depends on your sincerity in doing the exercises. For that study and practice independently or in groups with your colleagues.

We hope that you will be able to follow all of this teaching material well. HAPPY LEARNING AND SUCCESS FOR YOU.

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# **CHAPTER I**

## **BASIC CONCEPTS OF COMMUNICATION**

### **IN NURSING**



#### **LEARNING OBJECTIVES**

After completing this chapter, you will be able to:

1. Describe the Definition of Communication
2. Describe the Purpose of Communication
3. Differentiate the Elements of Communication
4. Examine the Forms of Communication
5. Examine the Levels of Communication
6. Examine the Models of Communication
7. Examine the Barriers to Communication

From the earliest times, when humans began to evolve and live together in primitive environments, communication was one of the first skills to be learned. This communication ability allowed the people of that time to express their perspectives, secure one another, and develop new solutions to the daily problems they faced in order to survive. Communication is an essential part of life and one with our lives. Every time humans always communicate and use it in interacting with other humans.

Nursing is a branch of science that provides holistic health services. The success of these health services is highly dependent on the communication between the nurse and the client. A nurse's communication success is not only supported by knowledge but must be supported by good interpersonal skills, communication

techniques, and skills. Communication in nursing activities is an essential thing. It is the primary work tool for every nurse to provide nursing services/care because nurses are continuously with patients 24 hours a day. In every activity, nurses use communication, so knowledge of communication and therapeutic communication is critical, especially when carrying out nursing care and professional relationships with other health teams. As a prospective professional nurse, communication is an essential skill that must be mastered.

#### **A. Definition of Communication**

Communication is derived from the Latin word “*communicare*”, “*communicatio*” and “*communicatus*” which means a device associated with the system of transmitting and receiving news, such as the telephone, telegraph, and radio. The following experts convey some of the meanings of communication.

1. Everett M. Rogers and Lawrence Kincaid in the book *Communication Network: Toward a New Paradigm for Research* (1981) mention that communication is a process in which two or more people form or exchange information between each other, which in turn results in deep mutual understanding.
2. Bernard Berelson and Gary A. Steiner in the book *Human Behavior: An Inventory of Scientific Finding* (1964) states that communication is a process of transmitting information, ideas, emotions, skills, etc. through the use of words, numbers, symbols, pictures, etc.

According to some definitions, basic communication can be defined as the exchange, delivery, and receipt of news, concepts, or information from one person to another. Communication is defined more precisely as follows.

1. Communication is the complete process of conveying information from one person to another, whether through words, writing, facial expressions, or body language.

2. Communication is a dynamic process that changes according to ever-changing circumstances and environmental conditions.

Sincerity between the persons involved is necessary for efficient communication to occur. The party conveying must have sincerity or seriousness that the information transmitted is essential. In contrast, the receiving party must be sincere, pay attention to and understand the meaning of the information received and respond appropriately.

A more comprehensive understanding of communication refers to sharing information, ideas, and feelings, usually aimed at mutual understanding. In this way, you have to consider the sender, receiver, and the transaction. Simply put, the sender is the one who shares the message, the receiver is the one who receives and interprets the message, and the transaction is the way the message is delivered and the factors that influence the context and environment of the communication.

## **B. Communication Goals**

Communication aims to ask questions, give information, influence, entertain, ask for matters, and investigate subjects (Sibiya, 2018). One message can be used for one or more of the following:

1. For example, to share ideas and perspectives, “I have a headache” or “I am here to give you medication.”
2. To ask for feedback, views, and information or activity, for instance, “Are you allergic to penicillin?” or “Tell me more about the injury.”
3. To grant social acknowledgment, for instance, “Hello” or “Good morning.”

Each of these essential messages could be used in combination to establish communication. The goal of this communication could be broad. All interaction with patients by nurses is therapeutic in personality, that is, communication that is designed to support the well-being and health of the patient.

Based on some of the meanings/definitions above, the purpose of communication is as follows.

**1. Convey ideas/information/news**

The main objective when we communicate with others is to transmit or offer them an understanding of the thoughts that are on our minds or concepts. As a result, there is a conceptual connection between what we have in mind as communicators and what the audience has in mind as communicants.

Examples of appropriate nursing action:

The explanation provided by the nurse to the patient when communicating about the patient's condition, describing nursing problems, action plans to be carried out, multiple nursing action procedures, or evaluating actions that have been carried out.

**2. Influence others**

Our communication with others, whether we realize it or not, will affect other people's behavior. Consciously, if we communicate to motivate someone, we hope the person we motivate will do what we want. Unknowingly, when we are motivated to show a severe face, we will motivate the other person to listen and pay attention to what is conveyed.

Examples of appropriate nursing action:

Nurses communicate with patients when they motivate to maintain health and carry out a culture of healthy living through healthy eating patterns and regular exercise.

**3. Changing the behavior of others**

If we communicate to someone who performs differently than the norms and wants them to change, it signifies that communication seeks to modify behavior.

Examples of appropriate nursing action:

Nurses provide health communication through health beliefs, which try to change patients' beliefs and behaviors that are harmful to their health.

#### **4. Provide education**

In everyday life, a lot of communication occurs to provide education, for example, communication between parents and their children, teachers/lecturers with students/students, nurses with their clients, and others. This communication is carried out with the aim that the interlocutor (communicant) obtains/reaches a higher level of knowledge and shows better things than before.

Examples of appropriate nursing action:

When delivering health education or counseling to patients about preventing disease transmission, offering health education on the first aid at home for family members who have become sick with fever, and any other activities that aim to develop knowledge so that it is better than before, nurses communicate.

#### **5. Understanding (ideas) of others**

Communication between two or more people will be effective if the communicator and communicant understand each other's ideas and try to give meaning to the communication conveyed or received.

### **C. Elements of Communication**

Did you know that there are interconnected elements in communication that can influence it?

Each of the concepts discovered and explored in the model here can be considered universals of interpersonal communication because they are present in all interactions: source–receiver, messages, channels, noise, contexts, effects, and ethics:

### **1. Source–Receiver**

Interpersonal communication requires at least two people; each is a source–receiver. Each individual conducts source functions (message formulation and transmission) and receiver functions (message reception and comprehension). The word source–receiver highlights that each individual in interpersonal communication serves both roles. These roles do not imply that individuals who perform these functions are equivalent. As you may have noticed, some people are speakers, while others are the audience. And some people largely talk about themselves, whereas others engage more in exchange.

### **2. Messages**

The message is a stimulus to the recipient's senses. Such stimulation can be in the form of the sense of hearing (hearing), the sense of sight (seeing), the sense of touch (touching), the sense of smell (smell), the sense of taste (taste), or in the form of a combination. You communicate interpersonally through gestures and contact in addition to speech. The clothes you wear convey messages to others and yourself. How you walk, move your hands, head, sit, smile, or frown tells a lot about you. Likewise, the color or even the items you choose convey information about you.

### **3. Channel**

The communication channel is how messages are transmitted. It serves as a connection between the source and the receiver. Rarely is communication limited to a single channel; Several channels are commonly used simultaneously. Direct interaction, for example, involves the vocal-auditory channel while speaking and listening, but you also transmit and receive visual signals, which include the gestural-visual channel, and release and detect scents, which involve the chemical-olfactory channel. Frequently, you

express yourself through skin-to-skin contact. When chatting online, you frequently attach many files to a file, whether pictures, audio, or video. In most cases, many channels are implicated.

#### **4. Noise**

In technical terms, Noise is any element that corrupts a message or prevents the recipient from receiving it in its original form. One of the most extreme noises can inhibit a message from reaching its destination. A loud disturbance or line static can easily control your audience from receiving entire messages. On the other hand, the source and the messages that are received are almost identical when there is no noise interference. However, a part of the message delivered by a reference to a receiver is usually distorted by noise.

#### **5. Context**

The context or situation constantly affects the structure and substance of messages. Occasionally, this context is distracting, but it appears so natural that it is disregarded, like background music. Occasionally, context is relevant, and how to limit or stimulate your message is apparent. Compare the communication disparities between, for instance, an auditorium, a sports arena, a shopping center, and a music concert. There are at least four dimensions to the communication context, all of which interact and influence one another.

#### **6. Effects**

Interpersonal communication always impacts at least one of the parties involved. Every interpersonal interaction has some repercussions or effects. In general, three distinct categories of results can be distinguished.



- a. Cognitive effects. Cognitive outcomes are mental transformations. When you learn, for instance, the concert's start time from a friend's post, the result is primarily academic.
- b. Affective Effects. Shifts in your attitudes, beliefs, principles, and emotions impact your daily life. Therefore, the influence of hearing about the increase in gun violence is predominantly effective. Similarly, your perceptions of that culture may alter after interacting positively with someone from a different culture. Again, the effect is predominantly effective (but possibly also cognitive).
- c. Behavior Effects. Behavior effects include learning a new exercise, throwing a ball, painting the house, or using a range of verbal and nonverbal actions.

## **7. Ethics**

Questions related to ethics, learning about the difference between right and wrong, and moral and immoral behavior are needed when conducting interpersonal communication, mainly because it affects other people. It is the distinction between moral actions and behaviors, such as ethical, good, and right, and immoral actions and behaviors, such as unethical, harmful, and erroneous, that fall under the purview of ethics. Every one of our interactions with other people brings an ethical component.

## **D. Forms of Communication**

Verbal, non-verbal, and written communication are forms of communication whose differences will be explained as follows (Lapum et al., 2020).

### **1. Verbal Communication**

Verbal communication involves using pronunciation, articulation, and speaking tempo to convey information orally. This can occur in person, individually, in a group, over the phone, or via a video call. As a nurse, you will converse verbally with patients, families, coworkers, and multidisciplinary teams.

Examples of verbal Communication by nurses are as follows: When explaining nursing care plans to patients, explaining action procedures, conducting consultations, collaborating, reporting client conditions, etc.

### **2. Non-Verbal Communication**

After understanding verbal communication, you must know and be able to identify non-verbal communication that always accompanies verbal communication. Nonverbal communication includes facial expressions, eye contact, gestures, and body positions and movements. As a nurse, you will discover that nonverbal communication is crucial since it can support or contradict spoken communication. Furthermore, nonverbal communication is more common than oral communication. As a result, you must pay attention to your nonverbal communication.

### **3. Written Communication**

Written communication involves the application of words, symbols, images, and diagrams. You are probably familiar with informal forms of written interaction, such as sending messages via email or WhatsApp, uploading photos to social media, and using emojis in text messages. You may also compose letters and documents. In addition to scientific documentation and written documents, including essays, peer-reviewed publications, protocols, standards of practice, and best practice guidelines, written communication for nurses includes documentation notes. Some of these forms of

written communication may be unfamiliar to you now, but you will become more familiar with them as you progress through your nursing program.

Written communication includes nursing care documentation, recording doctor's instructions, writing collaboration results, recording client progress, and reporting. Medical writing requires more precision and clarity than personal or business writing. Since medical writings can be included in permanent health records, extreme caution is necessary. Errors can result in severe injury or fatality, lawsuits, and other negative outcomes. Strict usage standards govern using acronyms and characters, capitalization, numerals, and spelling in medical writing (Moini et al., 2023).

- a. Writing medical documents must ensure detail in every word and can use abbreviations or symbols. Every health facility has official abbreviations and symbols, so you should learn them and use them correctly. The use of symbols and abbreviations can save time in writing medical documents.
- b. The use of capital letters follows specific rules as well. When in doubt, consult with someone who knows the correct usage to ensure that all capitalization is used correctly.
- c. Numbers from one to ten are usually written in full, whereas if it is larger, such as 11, 15, 30, 50, or 100, it is written using the numbers. But it must be written as a number for writing numbers in unit sizes such as 10 g, regardless of the quantity. Numbers must be spelled out in a sentence that starts with a number.
- d. All written communications must be routinely proofread for misspellings, and this should be done even when using a computer spellchecker. Even if a word is correctly spelled, the device's software for word processing cannot detect incorrect word usage.

## **E. Levels of Communication**

Communication happens at different stages at different times in a person's life. Communication between nurses and patients happens on four levels: intrapersonal, interpersonal, small group, and organizational (Taylor et al., 2019).

### **1. Intrapersonal Communication**

Intrapersonal communication, often known as self-talk, occurs within a person. This communication is critical because it influences the nurse's conduct and can potentially improve or detract from positive relationships with the patient and family. Consider two nurses preparing for their first encounter with a critically ill patient. Both are terrified. "Calm down, you've been in difficult situations before and always survived," one assures herself. "You've got this." "There's no way you can survive this experience," the other assures himself repeatedly. You might as well accept defeat before you begin since the instructor will be all over you." The first nurse's positive self-talk is more beneficial than the second nurse's.

### **2. Interpersonal Communication**

Interpersonal communication takes place when two or more persons exchange messages. The nurse spends most of his/her day speaking with patients, family, and healthcare team members. Sharing, problem-solving, goal attainment, team building, and performance in essential nursing roles (e.g., caregiver teacher, counselor, leader, manager, patient advocate) are all influenced by your ability to communicate effectively at this level.

### **3. Small-Group Communication**

When nurses talk to two or more individuals, they communicate in small groups. Communication in small groups aims to attain the members' objectives. Consider nursing staff meetings, patient care conferences, instructional sessions,

and support groups as examples of small-group communication. The greater the number of persons participating in the communication process, the more complicated it becomes.

#### **4. Organizational Communications**

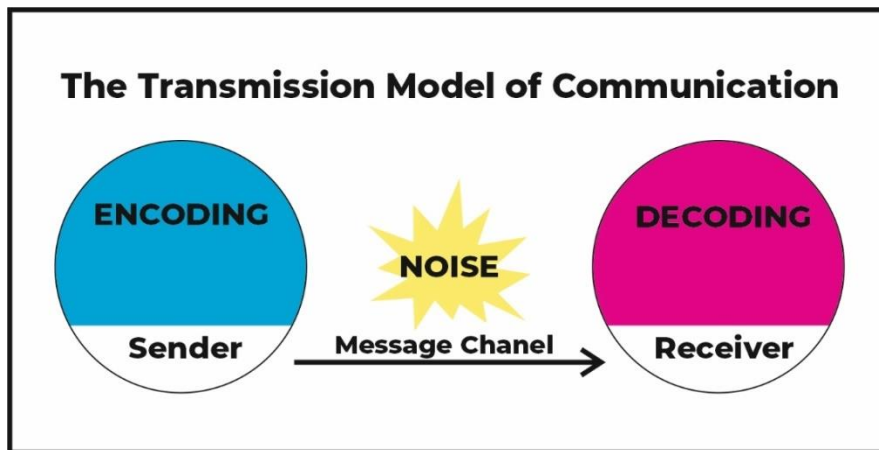
Organizational communication is when people and groups within a company talk to each other to reach goals already set. Nurses who attend practice board meetings want to review unit policies or work with multidisciplinary groups to make strategic plans or improve quality assurance. To do this, they use organizational communications.

#### **F. Models of Communication**

It is not easy to determine with whom and where communication occurs, as well as when it begins and concludes; therefore, communication is considered a complex process. Visually, the communication model facilitates the procedure by depicting different facets of the communication encounter. Some models provide a more exhaustive explanation of communication than others, but even the most complex models cannot adequately characterize what we experience in communication (DeVito, 2022). These are the three communication models covered in this chapter:

##### **1. The Transmission Model**

Linear single-directional communication, where the sender sends a message to the receiver, is described as a transmission model of communication (Lapum et al., 2020). This communication model focuses on the sender and message in a communication. The recipient's role in this communication model is considered more as a goal than an ongoing communication. In this circumstance, it is presumed that the recipient has received and comprehended the message. Consequently, this paradigm fails to depict effective communication regarding message reception.

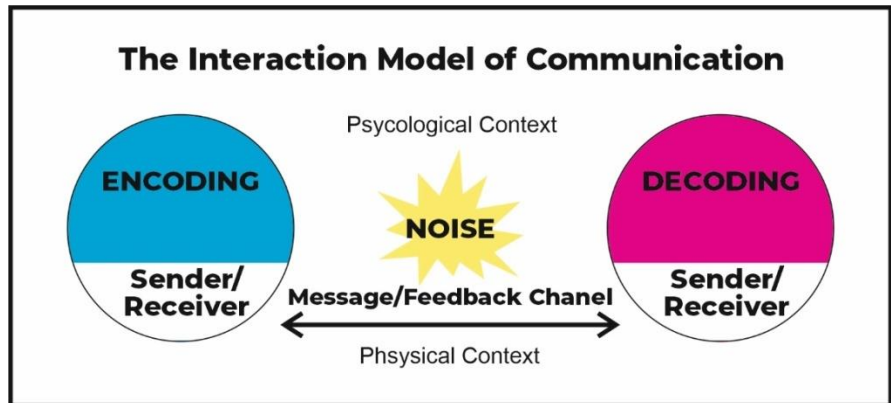


**Figure 1.1** The Transmission Model of Communication (Lapum et al., 2020)

The sender must ensure the message can be conveyed effectively because this communication model focuses on the sender and the message. Clarity and effectiveness of message delivery are emphasized in this model, but obstacles are unavoidable. Noise is a barrier that interferes with sending messages in the communication process. Noise will always be present in the communication process and interfere with the message being received and decoded, even when the speaker sends a clear message.

## 2. The Interaction Model

The process of communication alternates between the roles of sender and receiver, and meaning is generated by sending messages and receiving feedback in a physical and psychological context. This communication model is described as the interactional communication model. This model becomes more interactive by integrating feedback and two-way processes.

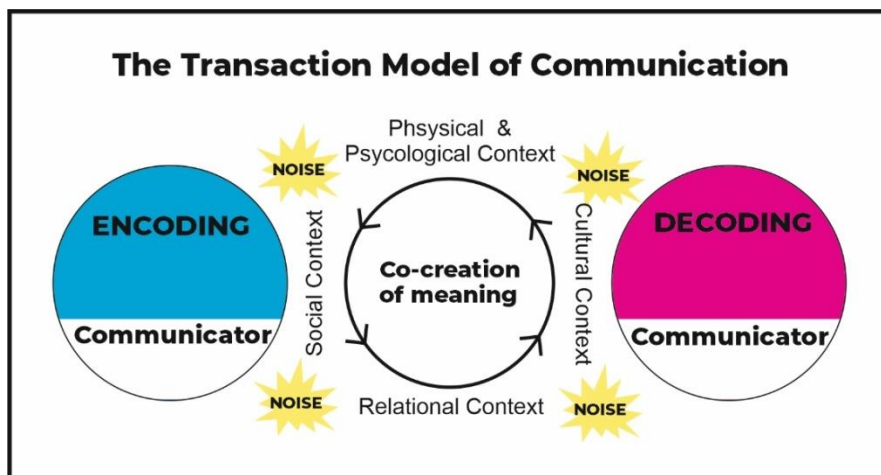


**Figure 1.2** The Interaction Model of Communication (Lapum et al., 2020)

Feedback is a message delivered in response to other messages. For example, a patient asks for information about his health, and you answer the question in response to the patient's question. This communication model is effective if the communicant gives feedback following the message. Whether or not the communicant understands the message conveyed by the communicator can be seen from how the communicant provides feedback. This model has two message senders who exchange messages so that communication runs effectively.

### 3. The Transaction Model

The communication process is carried out by the sender and receiver of messages, which in this model are referred to as communicators who produce social reality in the context of social, relational, and cultural relations. This communication model is referred to as the Communication Transaction Model.



**Figure 1.3** The Transaction Model of Communication (Lapum et al., 2020)

In the Transaction Communication Model, the roles of the sender and receiver will differ from the previous communication model, where the sender and receiver carry out their roles simultaneously, so they are called communicators. When the sender is still in the process of sending the message, the recipient sends a non-verbal reaction to the message delivered.

This model includes a more complete understanding of the context. Physical and psychological influences are described as contexts that can inhibit or enhance the flow of communication. However, this model emphasizes sending and receiving messages, so it is necessary to consider how the social context, in this case, is social, relational, and cultural relations limiting and influencing communication.

### **G. Barriers to Communication**

Effective communication is hindered by the roles of nurses as professionals, patients as recipients of services, and the environment. Barriers for nurses as health service providers include differences in perceptions, jumping to conclusions too quickly,



stereotypical views, lack of knowledge, difficulty conveying oneself, emotions, and certain personality types (Brinderjeet Kaur, 2020).

When nurses, patients, families, and other healthcare personnel can transmit their messages to one another, this demonstrates effective communication. However, effective communication skills are still not possessed by all nurses, which means that there is still miscommunication, in which the message received does not match the message received. Because of this, the meaning of a message is dependent not only on the primary message itself but also on the non-verbal messages accompanying it and the context in which it is delivered. Since this is the case, the error that occurs most frequently in communication is misunderstanding the received message. When there are consistent roadblocks in the way of communication, it makes communication more difficult.

## **SUMMARY**

Communication refers to sharing information, ideas, and feelings, usually aimed at mutual understanding. In this way, you have to consider the sender, receiver, and the transaction. Communication aims to inquire, inform, persuade, entertain, request, and investigate. There are interconnected elements in communication, source–receiver (including competence, encoding–decoding, and code-switching), messages (and the metamessages of feedback and feedforward), channels, noise, contexts, effects, and ethics. Forms of Communication consist of verbal, non-verbal, and written. Communication occurs at varying levels throughout our lives and our patients' lives. Nurses communicate on four levels during practice: intrapersonal, interpersonal, small-group, and organizational. Communication models are Transmission, Interaction, and Transaction.

## REVIEW QUESTIONS

1. There are several interconnected elements in communication, including elements that function as a liaison between the source and recipient of the message. What are these elements?
  - A. Noise
  - B. Context
  - C. Channel
  - D. Messages
  - E. Source-Receiver
2. A nurse maintains a cheerful and friendly facial expression when communicating with patients. What form of communication does the nurse use?
  - A. Verbal Communication
  - B. Non-Verbal Communication
  - C. Written Communication
  - D. Voice Communication
  - E. Letter Communication
3. A nurse communicates with a nutritionist to solve a diabetes patient's problem related to the diet that must be consumed. What is the level of communication between the nurse and the nutritionist?
  - A. Intrapersonal Communication
  - B. Interpersonal Communication
  - C. Small-group communication
  - D. Organizational Communications
  - E. Family Communication
4. A communication model focuses on the sender and the message in a communication encounter, but when the role of the receiver is included in the model, it is considered more as a goal as part of an ongoing process. What is the communication model?

- A. The Transmission Model
  - B. The Interaction Model
  - C. The Transaction Model
  - D. The Internal Model
  - E. The Transcript Model
5. A nurse provides health education or counseling to patients about preventing disease transmission to develop knowledge so that it is better than before. What is the purpose of the communication made by the nurse?
- A. Convey information
  - B. Influence others
  - C. Changing the behavior of others
  - D. Provide education
  - E. Understanding (ideas) of others

**Answer Key: C, B, B, A, D**

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## **CHAPTER II**

# **BASIC CONCEPTS OF THERAPEUTIC COMMUNICATION**



### **LEARNING OBJECTIVES**

After completing this chapter, you will be able to:

1. Describe the Definition of Therapeutic Communication
2. Identify the Purpose of Therapeutic Communication
3. Evaluate the Strategies for Therapeutic Communication
4. Differentiate the Phases of Therapeutic Communication
5. Describe the Communication as an Element of Therapy
6. Evaluate the Therapeutic Communication Techniques
7. Examine the Factors Influencing Therapeutic Communication
8. Examine the Self-Awareness in Therapeutic Communication

Maintaining consistency between verbal and nonverbal communication when interacting with patients is essential (Moini et al., 2023). Request patient feedback on what you said to ensure your message has been fully received. The answers to patient questions should be optimistic and forthcoming, and patients should be encouraged to pose additional questions as needed. If further clarification is necessary, it must be provided expressly. Again, the patient's response is requested to provide and confirm comprehension. In therapeutic communication, an ongoing exchange of information, queries, explanations, and clarifications is required. Important information a patient does not understand can result in unfavorable treatment outcomes; therefore, it is necessary

to supplement verbal communication with written instructions to strengthen and improve patient comprehension.

Because it was possible to provide tailored care, effective communication between the nurse and the patient is of the utmost importance. When nurses take the time to have a deeper understanding of the specific difficulties and worries that their patients face, they will be better equipped to become advocates for their patients and will be able to handle any problems that may crop up. During therapy and patient recovery, paying attention to the patient is very necessary to improve treatment adherence and build a sense of security, compassion, and confidence in the patient. As a result, this element of health needs to be enhanced, and it needs to be supported through training, learning, and practice in soft skills (Brinderjeet Kaur, 2020).

#### **A. Definition of Therapeutic Communication**

Therapeutic communication is an interpersonal process that focuses on patient understanding and engagement. It is based on nurse-patient knowledge, attitudes, and abilities, and it transmits information in a manner that is focused on the relationship between the nurse and the patient (Abdolrahmi et al., 2017). Therapeutic communication aims to increase mutual understanding while also contributing to developing a constructive relationship between the nurse and the patient. Communication that is beneficial to therapy In contrast to social communication, which may or may not have a defined purpose or direction, therapeutic communication places the client and the client's goals as its primary focus (Berman et al., 2021).

Therapeutic communication is the foundation of the relationship between a nurse and a patient. This is unlike the talks one would have with friends, peers, family members, or colleagues. In medical treatments, therapeutic communication is exchanged to achieve a particular goal. The objective is to encourage effective nurse-client interpersonal interactions that enhance patients' health

and guarantee that patients receive comprehensive, patient-centered care and the highest possible standard.

The term “therapeutic” is related to “therapy” because it heals and restores the body and mind without causing harm; therefore, it is essential to pay careful attention to how you communicate and how this affects the patient’s health (Lapum et al., 2020).

Therapeutic communication occurs in the therapeutic interaction relationship between nurse and patient. A nurse’s communication, like any effective therapeutic substance, has the potential to do both good and harm. Every posture, nuance, little emotion, gesture, phrase selected, and attitude held can damage or heal others by transmitting human energy. As we know that goals and actions directly impact health, nurses have an ethical commitment not to harm patients while providing treatment. Respond carefully to the power of communication and avoid using it recklessly to damage, deceive, or violently influence others. Capable and Skillful Communication allows people to express their beliefs and make decisions, critical components of the individualized healing process. Nurses can benefit themselves, their patients, and their coworkers through therapeutic dialogue (Potter et al., 2020).

## **B. Purpose of Therapeutic Communication**

Therapeutic communication is more than just social encounters. Social interactions are often aimed at entertaining participants, but nurses usually have clinical goals they want to accomplish through communication in healthcare settings. So the nurse can determine the purpose of the interaction before or immediately after starting the communication. Nursing is commonly used for the following purposes (Sibiya, 2018):

1. Determine the patient: To identify the patient’s difficulties, the nurse must learn more about the patient’s condition. An organized interview with an interview schedule might be used for this type of discourse. The goal of this discussion is always to gain a more profound knowledge of the patient.

2. Inform the patient: The information communicated can begin with a casual chat in which only a few facts are conveyed and progress to a full information session about the patient's health needs.
3. Problem-solving: Patients can communicate their problems with the nurse so that the nurse can help them analyze the situation, evaluate several alternative possibilities, and determine the best solution. The purpose of issue-solving is to help the patient, not to help themselves.
4. Provide emotional support: As a kind of nurse empathy for patients, nurses can put themselves in the patient's shoes and comprehend the patient's experience. Emotional support is particularly valuable for patients since it can lessen patient isolation during their healing process and raise their dignity.

### **C. Strategies for Therapeutic Communication**

After determining the objective of the therapeutic communication, the following guidelines can help you have a successful interaction:

#### **1. Keeping a low profile**

When communicating with patients, nurses must always do it with humility, especially from the beginning of their interactions. During communication, the nurse may use a more directive approach to obtain specific facts from the patient. There are frequent disparities between patients and nurses regarding age, gender, occupation, cultural background, and moral and religious principles and ideals. Nurses will not be able to completely comprehend the behaviors and responses of their patients due to these variances. Therefore, nurses must develop awareness and tolerance for cultural and religious differences among their patients. If your uncertainty persists, the nurse might inquire about the patient in greater detail. Once trust has been



established between the two parties, the patient will have no problem revealing additional information to the nurse.

**2. Use of acceptable language**

The nurse must know the level of understanding of the patient in communication and, if necessary, use language, comments, and questions that are easy to understand. Patients are worried and led to believe that they have a problem worse than the problem they are asking for help when the nurse uses terms the patient does not understand. The impact of questions that are difficult to understand, the information patients convey is wrong. Because of misunderstandings, they can respond decisively to questions about symptoms they do not experience. Nurses must explain their goals before expecting patients to participate in interactions. They had to admit that they understood each other's starting positions.

**3. Personalize the message to the individual**

The message conveyed in the communication process does not always imply that the message has been received and understood. Nurses must ensure that patients can well receive the messages conveyed in communication. Adjusting the patient's language, culture, and socioeconomic class to achieve communication goals is important. Not only that, communication disorders may arise due to the patient's mental or physical condition, especially difficulty hearing long or complicated messages or even any messages. Another disturbance that may arise at the communication's location is noise, which can prevent the patient from hearing or understanding the message. So the message to be conveyed must be adjusted to the message's recipient and the environment.

#### **4. Check the interpretation with the patient**

To validate the information, the nurse must first inquire whether the information is accurate with the patient. As a result, it is essential to ensure that patients verify the information the nurse receives from them to ensure that it is consistent with the information they have provided. When people interpret the words of others without evaluating their interpretation, there is a high likelihood of misunderstandings. Removing misunderstandings in communication is one of the primary goals of assuring patient interpretation.

#### **5. Listening actively**

When the nurse interacts with the patient, how the nurse conveys the message and actively listens to the patient's message is also important. Active listening means the nurse can focus all of her senses and mind on the patient while they are talking. In practice, listening is much more complicated than speaking. Nurses, in general, are people who can listen actively. Sometimes, it is not in their nature to 'just listen' without voicing comments or offering suggestions. Active listening is an important skill to learn before responding to what is being said.

#### **6. Examine your communication**

Nurses must assess whether their communication objectives are improving the nurse-patient relationship. The following factors can be utilized to ensure effective communication:

- a. Simple: Convey messages in a simple, uncomplicated manner, choose diction that is easy for patients to understand, and avoid using vocabulary unfamiliar to the general public.
- b. Clear: Convey what you want to convey clearly without deviating, and if necessary, use nonverbal cues to support the clarity of the message conveyed.

- c. Relevant: Make sure the message follows the situation, time, and person who will receive the message.
- d. Adaptable: Tailor the answer to the cues provided by the patient.
- e. Respect: Always respect the person and dignity of the person you are talking to.

#### **D. Phases of Therapeutic Communication**

However, some individuals call nurse-client connections interpersonal relationships, while others call them therapeutic relationships. The assisting relationship process can be divided into four consecutive stages, each with specific activities and skills. Because each step builds on the one before it, the relationship must proceed through the phases in order. The nurse can judge that communication is going well by ensuring the following phases in communication: pre-interaction, introduction, working, and resolution.

##### **1. Preinteraction Phase**

The interaction phase is analogous to the interview preparation stage. The nurse can collect information about the patient before the initial appointment, such as name, address, age, medical history, and social identity. The nurse may have some anxiety as she prepares for the first visit. Positive outcomes can emerge if the nurse acknowledges these thoughts and identifies particular facts to be conveyed.

##### **2. Introduction Phase**

The introduction phase is very important because it determines the continuation of the next phase, also known as the orientation phase. During this first encounter, the nurse and patient will intensively assess each other and base opinions about each other's behavior based on this assessment. The nurse's goal in this phase is to foster trust and safety in the nurse-patient relationship. Another important

goal in this phase is how nurses and patients build a sense of comfort in communication and build trust.

### **3. Working Phase**

The working phase is the main activity in communication, where nurses and patients interact with each other as a form of exchanging information. They begin to value their differences and care for one another. Caring is expressing genuine care for the well-being of another person. The possibility for empathy grows as respect grows.

During this phase, nurses can perform most of their roles, including those of educators, health providers, and counselors. These responsibilities increase the patient's willingness to learn, and nurses can engage in health promotion activities, assist patients in implementing nursing care plans, and convey patient complaints regarding their health problems and health developments, among other activities. Here, a nurse's interpersonal abilities will be evaluated. The breakup of the nurse-patient relationship at one of these levels can result in the communication objectives not being accomplished. By fostering an environment free of fear, anxiety, mistrust, and tension, satisfying relationships ensure the continuation of communication. Communication between nurses and patients will be effective if they collaborate to achieve a common objective (Taylor et al., 2019).

### **4. Resolution Phase**

Resolution is the final stage in therapeutic communication, and this stage begins when the actual problem has been resolved. There are many ways to end communication. Reviewing or summarizing procedures can generate a sense of accomplishment and may involve recalling how the communication at the initial meeting occurred and comparing it to the current one. In addition, it is beneficial for nurses and

patients to express their feelings when ending communication between them which is done honestly and openly. Therefore, a communication termination plan must be discussed before communication termination. Discussion This gives the patient time to prepare on his own. In some circumstances, follow-up communication is required, and it may be appropriate to offer a follow-up meeting to provide support. Email and telephone conversations are follow-up interventions that can facilitate the client's transition to independence.

#### **E. Communication as an Element of Therapy**

Do you know that our communication as nurses can have a therapeutic effect (healing effect) on clients?

Communication as a therapeutic element means that the communication carried out by the nurse has a medicinal purpose or provides a healing effect for the client. Communication is one of the most essential tools for nurses. With communication (verbal or nonverbal), nurses can provide healing for clients. The nurse's smile, patience, gentleness, and firm and soothing words or words conveyed clearly can influence the client's behavior to improve his health status.

Therapeutic Communication, or professional Communication to heal the patient, is critical. Nurse's communication skills influence the perception of patients and nurses about themselves. The nurse employs therapeutic communication in all of her interventions. Therapeutic communication techniques are nurse skills that must be trained and practiced regularly. Nurses must analyze who will communicate, as interacting with pediatric patients and adolescents will not be the same as communicating with elderly patients, psychiatric patients, or patients in terminal conditions. With therapeutic communication skills, nurses will be able to more easily establish a relationship of mutual trust with clients, making them more effective in achieving the goals of nursing care that have been applied, providing professional satisfaction in nursing services, and improving the profession.

Communication as an element of therapy is authentic in treating patients who experience psychosocial problems or suffer from mental disorders. To change and assist the adaptation process of patients with mental disorders, nurses' only effective working tool to achieve patient recovery is communication. Communication by nurses, both verbal and nonverbal, can provide healing for clients.

## **F. Therapeutic Communication Techniques**

### **1. Listen attentively**

Attentive listening is an attempt to understand all the verbal and nonverbal messages being communicated. The skill of attentive listening can be demonstrated in the following manner. Maintain eye contact that conveys a desire to listen and avoid unnecessary movement while conversing with the client.

### **2. Empathy**

It is an attempt to enter the self of the interlocutor so that the patient can truly experience what the interlocutor feels without losing his identity. Through empathy, a nurse can maintain a close relationship with patients, making it simpler for nurses to explore the problems patients feel and aiding in the patient's recovery from illness.

Example:

Patient : "I feel a lot of pain in the part of my body that was after the operation,"

Nurse : "Yes, ma'am, I can feel what you feel."

### **3. Hope**

The nurse conveys the "sense of possibility" to the patient by encouraging appropriate and positive feedback.

For instance, "I'm sure you will be able to deal with this situation because I have seen courage in similar situations."

#### **4. Humor**

It is a technique used to create or aid in creating a tense ambiance between nurses and patients during communication interactions and to reduce the emotional level that had previously increased to reduce patients' anxiety. Nurses must be careful in using this technique because the inappropriate use of time can offend the client, resulting in the patient distrusting the nurse.

#### **5. Touch**

As a form of nonverbal communication, nurses can provide patients with a comforting touch by holding their hands when communicating with patients who are vulnerable and suffering from severe illnesses. For instance, a nurse explains that she understands the patient's grief. As feedback, the nurse can touch the patient by tapping the patient's shoulder or holding the patient's hand tightly to convey various messages, including sincerity, feeling safe and comfortable, providing support, being able to accept, and having a sense of empathy. The patient's dread, anxiety, and depression can also be reduced by physical contact.

#### **6. Silence**

Silence is an attempt by the nurse to interpret the patient's thoughts as if they were the other individual, giving the patient time to think and respond. Utilizing the silent method requires timing and expertise. The silent technique can also allow patients to converse with themselves in order to process the received information.

Example:

Patient     "I feel bored with the condition of the pain that I'm experiencing"

Nurse     : "Ehmmmm" (Pause)

## **7. Informing**

Nurses can provide appropriate information about a patient's condition, which is essential for making decisions, reducing anxiety, and feeling secure. For example, "Susie is getting an echocardiogram right now, which is a test that uses painless sound waves to create a moving picture of her heart structures and valves and should tell us what is causing her murmur."

## **8. Clarifying**

If the nurse wants to understand better what the patient is trying to convey with their face, she will use this method. This method is utilized when the nurse does not comprehend what the patient is saying, is unsure about what the patient is saying, or does not hear what the patient is saying. Clarification is necessary for nurses to equate patients' perspectives with their own.

Take this line of questioning as an illustration: "If you are willing, can you repeat what made you sad?"

## **9. Focusing**

This strategy is implemented to restrict the topics discussed in the conversation to make it clearer and more concise; even a single concept may be stated in a single word. An example is, "On a scale of 0 to 10, tell me the pain level you are experiencing in your great toe right now."

## **10. Asking Relevant Questions**

The nurse's question is aimed at gathering specific information about the patient. Open-ended questions and inquiries **ONLY** linked to the issue being discussed are preferable to receive an accurate explanation for a topic of conversation. For example, "What is your biggest problem at the moment?" or "How has your pain affected your life at home?"



## **11. Summarizing**

The information provided by the patient is gathered in a condensed form through summarizing. It conveys to the patient that the nurse is aware of their sentiments and can relate to them. The following is a summary of the most important aspects of a conversation. In most cases, summarizing occurs toward the conclusion of an interaction. Example "It is my understanding that your arm pain is a level 1 since you took Vicodin one hour ago. Taking your pain medication before physical therapy seems to help you complete the activities the doctor wants you to do for your rehabilitation. Is this correct?" The client responds, "Yes, It helps to take the medicine before I do my physical therapy because it helps reduce the pain in my arm."

## **12. Confrontation**

Patients can get a greater awareness of differences in their feelings, attitudes, beliefs, and behaviors with the assistance of nurses. This strategy can only be implemented once there is an established level of trust between the nurse and the patient, and it requires a great deal of sensitivity and receptivity on the part of the nurse: "You say you've already decided what to do, yet you're still discussing your options."

## **G. Factors Influencing Therapeutic Communication**

The success of achieving the goals of communication is very dependent on the influencing factors as follows:

### **1. Specification of communication purposes**

Communication will be successful if the goals have been planned. For example, communication aims to change client behavior, so communication is directed at changing behavior from maladaptive to adaptive.

## **2. Comfortable environment**

The purpose of a comfortable environment is an environment that is conducive to establishing relationships and communication between the parties involved. A calm/not noisy environment or a cool/not hot environment is a comfortable communication environment. An environment that can protect privacy will allow communicators and communicants to be open and accessible to each other to achieve goals.

Communication is most effective when the setting allows for simply sharing necessary information. A quiet and non-threatening environment is most favorable to the conversation. The idea is to keep distractions to a minimum while maintaining seclusion. Music, art, and home decoration may aid in relaxing the patient.

## **3. Privacy (maintaining the confidentiality of both parties)**

The key to effective communication is the ability of communicators and communicants to keep the privacy of each interlocutor and to foster a relationship of mutual trust.

## **4. Be confident**

The confidence of each communicator and communicants in communication can stimulate the courage to express opinions so that communication is effective.

## **5. Focus on the client**

Therapeutic communication can achieve its goals if directed and focused on the client's needs. Nurses make every effort to meet the client's needs.

## **6. Sociocultural Differences**

As a nurse, you have a responsibility to be conscious of how the patient's cultural roles, economic status, and way of life will shape the mode of communication they prefer. The nurse will have a better chance of understanding what the patient is

going through if they have this information. Culture is defined as means of interacting with one another, including language, behavior, customs, and beliefs handed down from one generation to the next. Being culturally competent means being aware of the nurse's individual cultural perspectives and recognizing any prejudices or attitudes that may influence the interaction between the nurse and the patient, which may create a barrier to communication.

## **7. Maintain personal distance**

The nurse must consider a comfortable communication distance to establish effective communication. The distance for establishing therapeutic communication is one arm ( $\pm$  40 cm). This communication distance varies depending on belief (religion), culture, and social strata.

Everyone has an innate understanding of how much space for interpersonal communication is required and the appropriate distance between people when it comes to establishing a conversation. The following activities are expected to occur during each of these zones:

- a. The interaction between parents and their offspring or between individuals desiring close personal contact is referred to as the intimate zone. (0-18 in)
- b. The space between interactions with intimate friends is known as the private zone. (18 in-4 ft)
- c. The distance provided when interacting with colleagues in social or professional settings is known as the social zone. (4-12 ft)
- d. The communication distance when addressing multiple audiences or small groups is referred to as the public zone. (12-25 ft)

## H. Self-Awareness in Therapeutic Communication

In nursing care, the nurse is a therapeutic tool for healing clients. As a tool, the nurse must be able to use herself therapeutically. How to use yourself therapeutically (for nurses), namely developing self-awareness, developing trust, avoiding repetition (avoiding stereotypes), and not judging (becoming nonjudgmental).

As a nurse, you must constantly analyze yourself to better your quality so that it is therapeutic for yourself and others. Self-analysis involves evaluating self-awareness and self-disclosure, clarifying values, exploring emotions, nursing as a role model, putting the interests of others first, being ethical, and being accountable.

A person's level of self-awareness can be measured by how well they understand themselves, including their positives and negatives, their thoughts and feelings, and their personality traits. Understanding the process by which one's self-concept is formed is one way to raise one's level of self-awareness. The more someone else is able to perceive us in that light, the more self-aware we will become. Viewing one's self-awareness through the lens of Johari's self-model allows for the acquisition of further knowledge about oneself (DeVito, 2022).

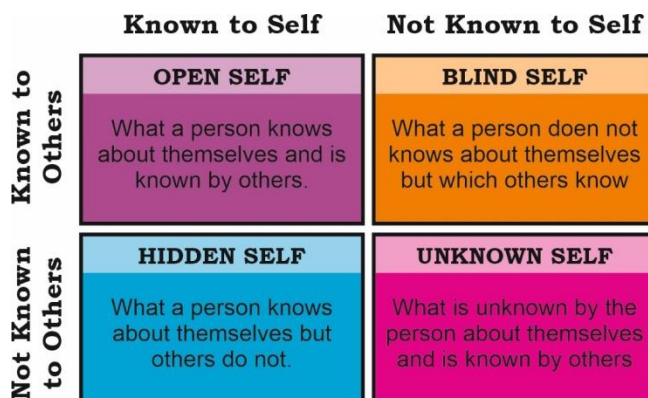


Figure 2.1 Johari Window (Luft & Ingham, 1961)

Everyone has their own Johari Window, which shifts and changes depending on the time of day and the circumstances of their lives.

**The open self** represents all the information you and others know, including your behaviors, attitudes, feelings, desires, motives, and thoughts. Your name, skin color, and sex may be included, as well as your age, political and religious affiliations, and financial condition. The size of your open self changes depending on the situation and the individual with whom you're communicating. Some people, for example, make you feel at ease and supported; to them, you may open yourself completely, while others may prefer to keep most of yourself closed.

**The blind self** reflects everything about you that others know but you are unaware of. These may include insignificant habits such as saying "You know," gestures such as rubbing your nose when angry, or traits such as a distinct body odor; however, they may also include details as significant as defense mechanisms, fight strategies, or repressed experiences.

**The hidden self** encompasses all you know about yourself that you keep hidden. The hidden self is the area in any engagement where you don't want to reveal anything, whether it's relevant or irrelevant to the topic. The over-disclosers and under-disclosers are at opposite ends of the hidden self spectrum. Overdisclosers reveal everything. They tell you about their marriage troubles, children's problems, financial situation, and pretty much everything else. The under-disclosers reveal nothing. They speak of you but not of themselves.

**The unknown self** symbolizes aspects of yourself that neither you nor others know. This unknown self is sometimes revealed through temporary changes caused by special experimental conditions such as hypnosis or sensory deprivation. Sometimes this area is exposed by specific projective tests or dreams. Mostly, it's revealed by the fact that you're constantly discovering new things about yourself (things that were previously in the unknown self)—for example, that you become defensive when someone asks you a question or expresses disagreement or that you compliment others in the hope of being approved back.

Here are five ways you can increase your self-awareness (DeVito, 2022):

1. Ask yourself about yourself.
2. Listen to others. You can learn a lot about yourself by viewing yourself through the eyes of others.
3. Actively seek information about yourself. Seek knowledge actively to lessen your blindness.
4. See your different selves. The individual you interact with sees you differently; you are a somewhat other person to them.
5. Increase your open self. You show yourself to yourself when you reveal yourself to others and develop your openness.

## **SUMMARY**

Therapeutic communication is the interpersonal process of transmitting information based on both parties' knowledge, dispositions, and skills that lead to patient understanding and participation. Nursing is commonly used for the following purposes, assessing a patient, informing a patient, problem-solving, and Providing emotional support. Strategies for Therapeutic Communication are keeping a low authority profile, use of acceptable language, personalizing the message to the individual, checking the interpretation with the patient, listening actively, and examining your communication. Nurses can assess the status of a

connection by understanding the following phases: interaction, introduction, working (maintaining), and resolution. Communication as a therapeutic element means that the communication carried out by the nurse has a medicinal purpose or provides a healing effect for the client. Therapeutic communication techniques are active listening, sharing observations, sharing empathy, sharing hope, sharing humor, sharing feelings, using touch, silence, providing information, clarifying, focusing, paraphrasing, asking relevant questions, summarizing, self-disclosure and confrontation.

The success of achieving the goals of communication is very dependent on the influencing factors as follows, specification of communication purposes, comfortable environment, privacy, being confident, focusing on the client, sociocultural differences, and maintaining personal distance. Self-awareness measures how well you understand yourself, your strengths and shortcomings, your thoughts and feelings, and your personality inclinations, looking at self-awareness through the Johari model of the self, or your four selves.

### **REVIEW QUESTIONS**

1. A nurse comes to empathize by putting herself in the patient's shoes and understanding the patient's experience to reduce patient isolation during their illness and increase their dignity. What is the purpose of therapeutic communication in the above case?
  - A. Assess a patient
  - B. Inform a patient
  - C. Problem-solving
  - D. Provide emotional support
  - E. Give motivation

2. A gerontic nurse communicates with an elderly person who has decreased hearing, so the nurse raises her voice slightly, touches her and speaks right in front of her. What is the communication strategy used by the nurse?
  - A. Keeping a low authority profile
  - B. Use of acceptable language
  - C. Personalize the message to the individual.
  - D. Checking the interpretation with the patient
  - E. Listening actively
  
3. A nurse reviewing the procedure generates a sense of accomplishment and may involve recalling how things were at the beginning of the relationship and comparing them to now. What phase of communication is the nurse doing?
  - A. Preinteraction Phase
  - B. Introductory Phase
  - C. Planning Phase
  - D. Working Phase
  - E. Resolution Phase
  
4. A nurse explains the procedure to a patient who is about to undergo an echocardiogram, which is a test that uses sound waves without pain to make moving pictures of the structures and valves of the heart so that the patient is not afraid or anxious. What communication techniques did the nurse use?
  - A. Sharing Feelings
  - B. Providing Information
  - C. Sharing Hope
  - D. Sharing Empathy
  - E. Sharing Observations
  
5. A nurse communicates with a small group to provide information related to maternal and child health. What is the recommended distance between the nurse and the target?



- A. 0-18 in
- B. 18 in-4 ft
- C. 4-12 ft
- D. 12-25 ft
- E. 24-40 ft

**Answer Key: D, C, E, B, D**

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# CHAPTER III

## COMMUNICATION AND THE NURSING PROCESS



### LEARNING OBJECTIVES

After completing this chapter, you will be able to:

1. Develop the Communication in Nursing Assessment
2. Develop the Diagnosing and Communication
3. Develop the Planning and Communication
4. Develop the Implementation and Communication
5. Develop the Evaluation and Communication

Communication is essential to the nursing process. In all phases of the nursing process, nurses utilize communication skills. When caring for clients with communication difficulties, communication skills are also essential. Sensory, linguistic, or cognitive deficits are even more critical when the client has sensory, linguistic, or cognitive deficits (Berman et al., 2021).

Effective nursing practice requires communicating with patients, other nurses, and other health care professionals. All phases of the nursing process require a fundamental understanding of the communication process and effective communication techniques. Simultaneously, the nursing process provides the guidance and direction necessary for communicating plainly, effectively, and compassionately in a professional setting.

Utilize the nursing process and critical thinking when caring for patients. The nursing process offers a clinical decision-making

methodology for the development and implementation of an individualized plan of care. It directs the care provided to patients who require special assistance with communication. Utilize therapeutic communication techniques in all interpersonal nursing situations as an intervention(Potter et al., 2020).

The nursing process is a systematic and logical approach to planning and administering individualized nursing care. Identifying a client's health status and actual or prospective healthcare problems or needs, establishing plans to meet those needs, and delivering nursing interventions to meet those needs are the goals of assessment. Clients may be individuals, families, communities, or groups.

### **A. Assessment**

The nurse determines communication impairments or hurdles, as well as communication style, to assess the client's communication ability. Remember that culture might impact when and how a client speaks—obviously, language changes with age and growth. The nurse observes noises, gestures, and vocabulary in youngsters.

The written word collects patient information and reviews patient records or charts before meeting them. The spoken word is utilized to report to and receive reports from other health personnel. This is standard when admitting patients to a hospital unit or before a home visit. Comprehensive nursing histories and physical examinations are obtained via one-on-one communication with patients. During this phase, effective communication techniques and observational skills are utilized extensively. The verbal and nonverbal data collected are analyzed, documented, and communicated orally and in writing to the appropriate parties.

During the assessment, a nurse investigates any personal biases and experiences that may hinder their ability to establish a therapeutic relationship. If the nurse cannot overcome the tendency toward a patient, care should be transferred to another person. Additionally, internal and external factors influence a patient's

capacity for communication. Assessing these factors allows you to maintain a patient-centric perspective throughout the communication. As you provide care centered on the patient, try comprehending the patient's perspective.

### **Interviewing**

An interview is a planned communication or conversation with a specific objective, such as obtaining or providing information, identifying issues of mutual concern, evaluating change, teaching, giving support, or providing counseling or therapy. The nursing health history, part of the nursing admittance assessment, is an example of an interview. In a focused interview, the nurse asks the client specific questions about the client's problem to gather relevant information. This enables the nurse to collect missed information and yield more comprehensive data.

As a nurse, you must ensure that the client interview is tailored according to the Standard of Therapeutic Nurse-Client Relationship, as therapeutic communication and relationships are the basis of an effective client interview. To meet this requirement, you must carefully consider how to communicate with the client during the interview.

The significance of effective communication cannot be overemphasized. It is a fundamental element of a successful interview. Frequently, the discussion is the impetus for therapeutic action. For instance, without a client disclosing chest discomfort, it would be challenging to interpret what is wrong or ailing the client. The quality of care nurses provide depends on the accuracy of the data they collect; therefore, nurses must cultivate their relational skills to accurately and comprehensively collect valuable data from clients. In the absence of data, nurses are unable to provide adequate care. For instance, clients may not disclose specific issues if they are dubious of your concern or interest. In addition, clients may be reluctant to disclose pertinent health information out of fear of judgment or ridicule, which could hinder their ability to address their health concerns (Lapum et al., 2020).

## **Stages of an Interview**

An interview has three major stages: the opening or introduction, the body or development, and the closing (Berman et al., 2021).

### **1. The Opening**

The opening can be the most crucial portion of the interview because what is said and done at that time sets the tone for the remainder. The objective of the introduction is to establish rapport and orient the interviewee.

Building goodwill and trust is the process of establishing rapport. It can commence with a greeting (“Good morning, Mr. Joni”) or an introduction of oneself (“Good morning. I’m Beni Namoto, a nurse,” accompanied by nonverbal cues such as a smile, a salutation, and a cordial demeanor. The nurse must be cautious not to overdo this phase; excessive superficial conversation can arouse anxiety about what is to come and may come across as insincere.

In orientation, the nurse explains the purpose and character of the interview, including what information is required, how long the interview will last, and what is expected of the client. The nurse explains to the client how the information will be used and typically informs them of their right to withhold information.

An example of an interview in the preliminary phase:

#### **Step 1. Build a Rapport**

Nurse : Hi, good morning, Mr. Ashraf; I am Mr. Ghani. I am a nurse who will help with your care today.

Client : Hi. Have you been working as a nurse in this hospital for a long time?

Nurse : Yes, I have been working here for almost seven years. Are you familiar with this hospital?

Client : Oh, yes! I have a son who also works at this hospital; he works in the pharmacy department and often talks about his activities.

Nurse : That's great! Sounds like fun.

Client : Yes, I really enjoyed it.

#### Step 2. Orientation

Nurse : May I discuss your care while here, sitting beside you here for about ten minutes?

Client : All right. What do you want to ask?

Nurse : I would like to ask for some information regarding your usual daily activities and what you can expect at this hospital for planning your care after surgery. I will note down the key points as we speak to get them and make them available to the other staff who will also be looking after you.

Client : OK. No problem for me.

Nurse : Everything we talk about I will keep private and will only share with people who have a legal right to know. If there's anything you don't want to say, feel free to let me know.

Client : Sure, that will be fine

## 2. The Body

In the body of the interview, the client expresses his or her thoughts, feelings, knowledge, and perceptions in response to the nurse's inquiries. Effective interview development requires the nurse to employ communication techniques that make both parties feel at ease and serve the interview's purpose.

## 3. The Closing

After obtaining the necessary information, the nurse closes the interview. In certain instances, however, the client terminates the session, for example, when deciding not to provide any additional information or when unable to provide

further information for some other cause, such as fatigue. The conclusion is essential for maintaining rapport and fostering future interactions. The following methods are commonly used to conclude an interview:

- a. Offer to answer questions: "Do you have any questions?" "I would be glad to answer any questions you have." Be sure to allow time for the individual to answer or the offer will be regarded as insincere.
- b. Conclude by saying, "Well, that's all I need to know for now," or "Well, those are all the questions I have for now." Preceding a remark with the word "well" generally signals that the end of the interaction is near.
- c. Thank the client: "Thank you for your time and help. The questions you have answered will be helpful in planning your nursing care." You may also shake the client's hand.
- d. Express concern for the client's welfare and future: "I hope all goes well for you."

## **B. Diagnosis**

In the nursing procedure, the diagnosis comes in second. In this phase, nurses interpret assessment data and identify client strengths and problems using critical thinking skills. Diagnosis is a crucial step in the nursing procedure. The antecedent activities are geared toward formulating nursing diagnoses; they are the care planning activities. The term diagnosing refers to the process of reasoning, whereas the term diagnosis is a statement or conclusion about the essence of a phenomenon. An etiology phrase follows a diagnostic phrase or diagnostic designation in the nursing diagnosis. The diagnostic phrase or designation describes the client's condition. The etiology is the relationship between the client's problem or risk factors and their underlying cause (Berman et al., 2021).

Most individuals struggle with at least one aspect of communication. As a result of illness, treatment side effects, or cultural and linguistic barriers, patients may lack skills in attending,



listening, responding, and self-expression. Impaired Verbal Communication is the primary nursing diagnostic label for a patient with limited or no verbal communication ability. This occurs when a person has trouble receiving, processing, transmitting, and using symbols due to various causes. Use this diagnosis if your patient cannot articulate words or has inappropriate verbalization, difficulty articulating words, and difficulty understanding. This diagnosis benefits a broad range of patients with communication-related particular problems and needs, such as impaired perception, reception, and articulation. Although Impaired Verbal Communication is a patient's primary issue, the associated difficulty in self-expression and altered communication patterns may also contribute to other nursing diagnoses, such as:

1. Communication Barrier
2. Difficulty Coping
3. Powerlessness
4. Impaired Socialization

The assessment findings for a patient with *Impaired Verbal Communication* concentrate on the causes of a communication disorder, which frequently involve physiological, mechanical, anatomical, psychological, cultural, or developmental factors. It is necessary to accurately identify assessment findings to select interventions that effectively resolve the diagnostic issue. For instance, you manage *Impaired Verbal Communication related to cultural differences (Hispanic heritage)* very differently than *Impaired Verbal Communication related to hearing loss*. This nursing diagnosis is useless when a psychiatric illness is the cause of a client's communication difficulties. For instance, a depressed client may have difficulty expressing emotions or a slower rate of thought or response.

Other nursing diagnoses used for clients with communication difficulties that have altered verbal communication as the etiology include: *anxiety related to altered verbal communication*, *social seclusion related to altered verbal communication*, and *potential for reduced social interaction related to altered verbal communication*.

A patient assessment may result in forming one or more nursing diagnoses relating to communication disorders. Impaired communication skills may also contribute to the development of other nursing disorders. Following the development of nursing diagnoses, the nurse conveys findings to other nursing professionals via written and spoken word. The printed diagnosis forms part of the patient's permanent medical record. An example of a nursing diagnosis with related etiologic factors and defining characteristics can be found in the box titled "Examples of NANDA-I Nursing Diagnoses: Communication" (Herdman & Kamitsuru, 2017).

<b>DOMAIN 5. PERCEPTION/COGNITION</b>	
The human information processing system includes attention, orientation, sensation, perception, cognition, and communication.	
<b>Class 5. Communication</b>	
<i>Sending and receiving verbal and nonverbal information</i>	
<b>Code</b>	<b>Diagnosis</b>
00157	Readiness for enhanced communication
00051	Impaired verbal communication
<i>Source: NANDA International, Inc. Nursing Diagnoses: Definitions &amp; Classification 2015–2017, Tenth Edition. Edited by T. Heather Herdman and Shigemi Kamitsuru.</i>	

### ***Readiness for enhanced communication***

#### **Definition:**

A pattern of exchanging information and ideas with others, which can be strengthened.

#### **Defining Characteristics:**

- Expresses desire to enhance communication

### ***Impaired verbal communication***

#### **Definition:**

Decreased, delayed, or absent ability to receive, process, transmit, and/or use a system of symbols.

**Defining Characteristics:**

- Total visual deficit
- Stuttering
- Slurred speech
- Refusal to speak
- Partial visual deficit
- Inappropriate verbalization
- Inability to use facial expressions
- Inability to use body expressions
- Inability to speak the language of the caregiver
- Inability to speak
- Dyspnea
- Does not speak
- Disoriented to time
- Disoriented to place
- Disoriented to person
- Difficulty verbalizing
- Difficulty speaking
- Difficulty maintaining communication
- Difficulty in the use of facial expressions
- Difficulty in the use of body expressions
- Difficulty in selective attention
- Difficulty forming words (e.g., aphonia, dyslalia, dysarthria)
- Difficulty forming sentences
- Difficulty expressing thoughts verbally (e.g., aphasia, dysphasia, apraxia, dyslexia)
- Difficulty comprehending communication
- Absence of eye contact

**Related Factors**

- Vulnerability
- Treatment regimen
- Psychotic disorder

- Physiological condition (e.g., brain tumor, decreased circulation to the brain, weakened musculoskeletal system)
- Physical barrier (e.g., tracheostomy, intubation)
- Oropharyngeal defect
- Low self-esteem
- Insufficient stimuli
- Insufficient information
- Environmental barrier
- Emotional disturbance
- Cultural incongruence
- Central nervous system impairment
- Alteration in self-concept
- Alteration in perception
- Alteration in development
- Absence of significant other

### **C. Planning**

The planning step of the nursing process involves being intentional and systematic. It also involves making decisions and finding solutions to problems. When developing the client's goals and preparing the nursing interventions that will be required to prevent, lessen, or get rid of the health problems that the client is experiencing, the nurse will look to the assessment data and diagnostic statements that were generated for the client as a source of guidance. Nursing interventions are any therapies given by nurses with the goal of improving patient or client outcomes based on clinical judgment and knowledge. Nursing interventions can take many different forms. The treatment plan for the client is the final product of the planning process.

Communication between the patient, the nurse, and the other members of the team is required at the planning stage in order to identify outcomes and interventions that are mutually acceptable to all parties. Because a single nurse can seldom carry out all components of a plan by herself, verbal and written communication

is essential to notify others of what must be done to fulfill the objectives or goals defined. Communication takes the form of a formal documented nursing care plan. The nursing plan could not be implemented, and continuity of care would be impossible without communication.

Consider various variables when establishing a care plan for a patient with communication problems. Motivation is essential in enhancing communication, and patients frequently seek encouragement to adopt new ways that entail significant change. To establish whether suggested procedures are appropriate, involving the patient and family in care plan decisions is vital. Before adopting new communication methods and approaches, consider how to address essential comfort and safety demands. Allow enough time for practice. To develop effective communication, participants must be patient with themselves and one another. When practicing communication, choose a tranquil, private location free of distractions such as television or visitors (Potter et al., 2020).

### **Goals and Outcomes**

When a nursing diagnosis of altered verbal communication is obtained, the nurse and client decide on outcomes and start preparing measures to increase successful communication. The overall client outcome for those with impaired verbal communication is to diminish or eliminate the causes that are impeding communication. Based on the etiology, specific nursing interventions will be determined. Following are some examples of outcome criteria for evaluating the effectiveness of nursing interventions and the achievement of client goals (Berman et al., 2021).

The client:

- Expresses that needs are being satisfied.
- Begins to build a communication method:
  - Uses vocalization or an agreed-upon bodily indication (e.g., eye blink, hand squeeze) to indicate yes or no to direct queries.

- Indicates needs via verbal or nonverbal cues.
- Accurately perceives the message, as shown by appropriate verbal or nonverbal replies.
- Effective communicator:
  - Using his or her dominant language;
  - Using a translation or interpreter;
  - Using sign language;
  - Using a word or image board; and
  - Using a computer.
- Retains all communication capability.
- Shows the least amount of dread, anxiety, frustration, and depression.
- Makes good use of resources.

Patients who have trouble sending, receiving, or properly comprehending communications can be under a nurse's care. This can interfere with the development of good interpersonal relationships. As a result of this scenario, the patient has difficulty communicating, which adds to additional nursing diagnoses such as impaired socialization and coping difficulties. Develop a plan to help these patients improve their ability to communicate with others and stick to it! In this circumstance, it is reasonable to anticipate a patient to display the ability to adequately articulate their wants, feelings, and concerns; convey their thoughts and feelings more clearly; engage in appropriate social discourse with colleagues and staff; and increase feelings of autonomy and assertiveness.

### **Setting Priorities**

It is critical to keep lines of communication available at all times so that patients can voice urgent needs or issues. This can include something as simple as maintaining the nurse call system accessible to a bedridden patient or providing augmentative communication devices (e.g., a message board or a Braille computer). When you have a long conversation with a patient, it is crucial to handle physical care concerns first to avoid interrupting

the conversation. Make the patient feel at ease by ensuring that any symptoms are under control and that any elimination requirements have been met.

### **Teamwork and Collaboration**

For the nurse to design a treatment plan that is both efficient and effective, she may need to involve other members of the health care team who are knowledgeable in various communication techniques. Speech therapists help patients who have aphasia, patients who speak foreign languages are assisted by interpreters, and patients who are angry or worried are assisted by mental health nurses so that they can communicate more effectively.

### **D. Implementing**

Implementing is the action phase of the nursing process in which the nurse performs nursing interventions. Implementing entails carrying out and documenting the precise nursing actions required to carry out the interventions. The nurse performs or assigns nursing tasks for the interventions specified in the planning step, and then the implementation step is completed by recording nursing actions and client replies.

When carrying out any treatment plan, it is important to choose a communication method tailored to the patient's specific requirements. It is imperative that, prior to learning how to modify communication methods in order to assist patients who suffer from severe communication problems, one first acquires a solid command of the communication strategies that serve as the foundation of professional communication. In addition to this, it is essential to have a solid understanding of communication patterns that stifle positive connections.

When implementing the nursing care plan, nurses play a variety of functions. During the implementation phase, patients and their families are taught, counseled, and supported using verbal and nonverbal communication approaches. Even a simple nursing intervention, such as "encourage the patient to drink 100 mL of fluid

every hour while awake,” necessitates the exchange of innumerable messages between the nurse and the patient, as well as the nurse and other nurses and health care providers. The nurse discusses the significance of appropriate hydration consumption and the amount and frequency of intake. The nurse communicates the plan to others involved in the patient’s care. The patient discusses their competence or inability to fulfill specific goals. The patient’s verbal and nonverbal messages are evaluated during each nurse-patient interaction. The nursing care plan’s implementation is documented in the patient’s record.

Nursing interventions that facilitate communication with clients with speech or language issues include altering the environment, offering support, implementing communication enhancement techniques, and educating the client and support person.

### **Manipulate the Environment**

clients and nurses should make an effort to communicate with one another, and chances for effective communication should be encouraged. It is especially important to have an adequate amount of light if either your visual or hearing acuity is impaired, as this will facilitate the transmission of nonverbal communication. To begin, the nurse should establish a comfortable environment for the patient in order to relieve their concerns. Keep in mind that the client’s feelings of frustration, anxiety, stress, or hostility could be triggered by anything that gets in the way of effective communication. The ability to communicate with a client often helps them feel more secure and gives them the impression that they are not alone. As a result, clients who are unable to communicate effectively may experience feelings of isolation and confusion. In order to alleviate these feelings even further, the nurse should pay attention to the client’s attempts at communication and offer appreciation for them.



### **Provide Support**

The nurse should encourage the patient and reassure them nonverbally, possibly by touching them if necessary. It is imperative to let the client know if the nurse is having trouble understanding so they can use different words or another form of communication to clarify. When speaking to a patient who will have trouble understanding, the nurse should often check to see if the patient has heard and understood what they have said. The nurse will be helped to learn the truth regarding communication effectiveness by using open-ended questions. For instance, a female client with poor English proficiency is being instructed on a Crohn's disease-related diet. The client may nod in agreement when the nurse asks, "Do you understand what to eat?" This does not, however, provide the nurse with proof that the client understood the message. The nurse should ask, "What do you think will be good for you to eat when you go home?" instead. The nurse should indicate acceptance and approbation with their movements, posture, facial expressions, and eye contact.

### **Utilize Methods to Improve Communication**

Determine how the client will best receive messages: by listening, looking, touching, or through an interpreter. Keeping terms short and concrete and discussing issues of interest to the customer might aid with communication. Using alternative communication tools such as word boards, drawings, or paper and pencil is frequently beneficial.

When a client lacks fluency in the majority language, interpreters can often help the client and nurse communicate. Some hospitals maintain a list of interpreters who can assist at the bedside in various languages. If the client's support person offers to interpret, obtaining the client's agreement is critical to maintaining confidentiality. Then direct the interpreter to translate as precisely as possible and without interruption.

### **Inform the Client and Assist Others**

Occasionally, clients and caregivers can be prepared in advance for communication difficulties, such as before an intubation or larynx surgery. When the nurse explains impending problems, the client is frequently less apprehensive when they occur.

### **Techniques for Therapeutic Communication**

Therapeutic communication approaches are reactions that encourage the expression of thoughts and ideas while also conveying acceptance and respect. These approaches can be used in a variety of scenarios. Although some techniques appear artificial initially, with practice, ability, and comfort improve. Developing therapeutic partnerships that accomplish targeted patient outcomes results in tremendous happiness.

### **E. Evaluating**

To evaluate is the same as to assess or appraise. The fifth phase of the nursing procedure is evaluation. In this context, evaluating is a planned, ongoing, and purposeful activity in which clients and healthcare professionals assess the client's progress toward achieving objectives or outcomes and the nursing care plan's effectiveness. Evaluation is an integral part of the nursing process because the conclusions derived from evaluations determine whether nursing interventions should be discontinued, continued, or altered.

Nurses often rely on verbal and nonverbal cues from patients to verify whether patient objectives or goals have been achieved. Communication facilitates revising parts of the nursing care plan by exchanging positive and negative messages between the nurse and the patient. Communication between the client and nurse can benefit from the evaluation:

- **For Client**

The nurse needs to be an active listener, monitor for nonverbal cues, and use professional therapeutic communication skills in order to assess whether or not the client's communication needs have been satisfied in order to assess effective communication. Examples of statements indicating achievement of an outcome include "Using picture board effectively to indicate needs" and "The client stated, 'I listened more closely to my daughter yesterday and found out how she feels about our divorce.'"

- **For Nurse**

Nurses frequently utilize process recordings to assess the efficacy of their communication with clients. A process recording is an exact transcription of a conversation. This encompasses any and all verbal and nonverbal exchanges that take place between the patient and the nurse. It is possible to record it or to write it down. As soon as the recording of the process is over, it needs to be examined using communication theory, looking at the relevance of the content and the interactions. Each nurse's statement was evaluated with regard to the communication abilities employed, the logic, and the effectiveness of the statement. It is possible to identify any obstacles that stand in the way of good communication as well as potential remedies. As a consequence of this, nurses should be able to achieve increased knowledge and understanding of a person's communication skills, as well as the identification of areas in which they can continue to enhance their skills in the future.

The nurse and the patient evaluate patient communication outcomes to determine the success of the treatment plan. The nurse determines which strategies or interventions were successful and which patient modifications (behaviors or perceptions) resulted from the interventions. Ask the patient if the nurse and other team

members met their expectations. For instance, does the patient think nurses responded promptly when the call signal was activated? Does the patient sense he can communicate his needs? Is the patient content with the information about his condition or hospitalization that has been provided? Successful nursing care about the communication requirements of patients results in clear and effective communication between patients and all members of the health care team, which can positively affect patient satisfaction and the delivery of safe care.

If the expected outcomes for the patient's plan of care are not achieved or if the patient's progress is unsatisfactory, you determine the factors influencing the outcomes and modify the care plan. If your evaluation data reveal a patient's difficulty communicating, you investigate contributing factors to address them. For instance, if using a pen and paper is aggravating for a nonverbal patient with shaky handwriting, the care plan is revised to include the use of a picture board instead.

Evaluating the communication process enables nurses to develop self-assurance and proficiency in relational skills. Gaining practical communication skills increases your professional fulfillment and success significantly. There is no more real talent and no more effective tool.

## **SUMMARY**

During the assessment, a nurse investigates any personal biases and experiences that may hinder their ability to establish a therapeutic relationship. Additionally, internal and external factors influence a patient's capacity for communication. Assessing these factors allows you to maintain a patient-centric perspective throughout the communication. Diagnosis is a crucial step in the nursing procedure. The antecedent activities are geared toward formulating nursing diagnoses; they are the care planning activities. The term diagnosing refers to the process of reasoning, whereas the term diagnosis is a statement or conclusion about the essence of a phenomenon. The planning stage requires communication

between the patient, nurse, and other team members as mutually agreed-upon outcomes and interventions are defined. Because a nurse can rarely carry out all aspects of a plan alone, oral and written communication is required to tell others what must be done to fulfill the established objectives or goals. When implementing the nursing care plan, nurses play a variety of functions. During the implementation phase, patients and their families are taught, counseled, and supported using verbal and nonverbal communication approaches. Nurses often rely on verbal and nonverbal cues from patients to verify whether patient objectives or goals have been achieved. Communication facilitates revising parts of the nursing care plan by exchanging positive and negative messages between the nurse and the patient.

### **REVIEW QUESTIONS**

1. Explain what communication means at the assessment stage and give an example!
2. Explain what is meant by communication at the nursing diagnosis stage and give an example!
3. Explain what is meant by communication at the planning stage and give an example!
4. Explain what is meant by communication at the implementation stage and give an example!
5. Explain what is meant by communication at the evaluation stage and give an example!

Exercise Answer Instructions:

To answer these practice questions, re-read the material in Chapter 3 that corresponds to the practice questions above and use other related references to strengthen your answers.

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## **CHAPTER IV**

### **AGES-BASED COMMUNICATION**



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#### **LEARNING OBJECTIVES**

After completing this chapter, you will be able to:

1. Establish Communication with Infants and Children
2. Establish Communication with Adolescents
3. Establish Communication with Adult
4. Establish Communication with the Elderly

People of all ages and stages communicate in different ways. Knowing your audience's developmental communication stage can be incredibly beneficial as a communicator. For instance, more minor children solve problems or frustration through play, whereas older children can express their feelings and difficulties through speech.

Communicating with personnel of diverse age groups is a difficult task. The task becomes more complex in the hospital when the patient has a disease or a problem, as you must extract the patient's illness or problem history. Various age groups of hospital patients present with a variety of diseases. Nurses must be proficient communicators to communicate effectively with patients of all ages.

## **A. Communication with Infants and Children**

Communication is essential in a person's life, especially for infants and children. Communication in infants and children is a process of exchanging information or messages both verbally and nonverbally, which are conveyed from infants and children to the closest people or other people with the hope that the people who are invited to exchange information can meet their needs both physical, psychological, social and spiritual needs.

Communication with infants and children is also an integral part of the world of nursing, especially in providing nursing care to children in health facilities with the aim of healing. Through communication, nurses can interact and foster trusting relationships with clients (children) and families (parents/caregivers or people closest to the child), carry out assessments, interventions, implementation, and evaluation of nursing so that children's needs are met in health services. Nurses can also do communication through health education in the community.

In communicating with infants and children, nurses need to understand the principles of communication with infants and children, communication components, communication techniques, nurse strategies for communicating with children according to the stage of child development, and factors that can affect communication with infants and children.

Nurses can work well with children and their families by using the following ways to talk to them:

1. Play, the common language, lets kids use more than just words to say what they want.
2. Children who cannot communicate verbally may find that they can express themselves through sketching, painting, and other kinds of art.
3. Children may feel more comfortable speaking up about their emotions when they participate in story time, in which the nurse and the child take turns narrating new parts of the story or adding words to visuals.



4. Word games like “What if...?” put the child in charge or put them in a hypothetical setting. “If you could...,” or “If a genie came and gave you a wish...” can help a child feel stronger or think of ways to deal with the illness.
5. Read books with a similar theme to the child’s condition or problem, and then talk about the story’s meaning, the characters, and how it made the child feel. This can also be done with movies or videos.
6. Older children can use writing to think about their lives, make sense of them, and feel in charge.

In all interactions with children, it is essential to provide them with opportunities to express themselves, observe, and respond with words and concepts they comprehend.

The concept of “stage” underpins numerous psychological theories of human development. Understanding stages as distinct periods of growth, each characterized by unique communication characteristics, is fundamental to stage theories. Due to research in psychology and child development, every person goes through the same stages of development in the same order at the same time. Despite this, the rate of development between stages can be influenced by genetics and/or the environment, which can either speed up or slow down the process.

### **Early Years (Birth through 6 years)**

Most of the communication directed toward this population has been from the members of their caregiving communities (such as family members, early childhood educators, and health practitioners). However, books, lullabies, and other primary and creative forms of media that are targeted toward children of the proper age can promote holistic development in children and serve as a model for adults in the art of providing responsive care. There is a wide range of opinions regarding how much if any, electronic media young children (especially those under the age of two) should be exposed to and whether or not young children may

benefit from such media. Some people believe that young children should not be exposed to any electronic media at all.

These early years are considered to be the most critical periods in an individual's life, and the investments we make during this time frame will serve as a foundation for all future education. There is adequate evidence to support the positive potential of age-appropriate, high-quality media throughout the preschool years in preparing children for school entry and promoting their social, emotional, cognitive, and physical development. These goals are accomplished by preparing children for school and fostering children's overall development.

**Communication Needs and Implications** (Berman et al., 2021; Kolucki & Lemish, 2011)

1. Use loving tones and simple language to know they are loved and safe.
2. Young children acquire expressive (i.e., telling others what they feel, think, want, and care about) and receptive (hearing and comprehending) language skills.
3. Allow them uninterrupted time to complete verbalizing their thoughts.
4. Provide brief responses to queries, as their attention spans are limited.
5. Drawing can provide the child with another means of expression
6. Include examples of confident and resilient children who are fair and stand up for themselves and others to develop resilience by learning to "bounce back" and seek help.
7. Use gender terminology and portrayals of children and adults that are forward-thinking and don't conform to stereotypes of either group.
8. Provide children with concrete examples of other children who, with the support of caring adults, successfully overcame their fears and navigated difficult situations in a way that promoted their mental health.

9. The children who were present were engaging in straightforward decision-making and offering imaginative perspectives.
10. When children are introduced to peers of the same or a different age, they are more likely to engage in cooperative activities such as playing and working. These activities can cultivate pleasant attitudes toward themselves as well as others.
11. Recognize that the variety of feelings and concerns that they are experiencing is typical by exposing them to ordinary experiences, stories from other children, relatives, animals, and daily activities and routines that are appropriate for their age.
12. Set a good example for risk-free inquiry, natural curiosity, and self-assurance in one's newly acquired abilities so that people can feel at ease with new learning and experiences.

### **Middle Years (7 through 10 years)**

During the middle years, children progressively become more independent and separate individuals who can explore the world. They acquire many new skills, such as literacy, formal schooling, and knowledge of the world and its inhabitants; they also use a more sophisticated language, learn a vast quantity of new information, and use a more complex vocabulary. They gradually abandon an egocentric view of life in which they are the focal point and learn to position themselves in the shoes of others.

What adolescents see and hear in their homes, schools, communities, and via the media all have an impact on their behaviors, attitudes, and perspectives of the world. At the end of this period, certain children, particularly females, enter puberty and are confronted with tremendous changes in both their physical appearance and their emotional state.

## **Communication Needs and Implications**

1. Provide lengthier, more dramatic tales
2. Present stories and characters focused on children
3. Talk to the child at eye level to make them feel less scared.
4. When speaking with the parents, include the child in the discussion.
5. Model prosocial behaviors such as thoughtfulness, conflict resolution, and concern for others to cultivate positive attitudes towards oneself, others, and the larger world.
6. Present learning and academic achievement as an opportunity for students to investigate and evaluate their ideas, skills, and abilities while acquiring new, intriguing abilities.
7. Demonstrate to children that they can make a difference in their and others' lives, even under challenging circumstances, so that their emotions and concerns are acknowledged and respected.
8. Introduce sensitive topics that demonstrate how other children deal with social justice or complex issues, such as mortality, anger, abuse, disability, etc., in creative and healthy ways so that they can be guided to use their potential constructively.

## **Early Adolescent Years (11 through 14 years)**

Many people believe that adolescence is a potentially difficult and stressful time because it is a period in which young people face simultaneous changes in their physical appearance, social relationships, emotional states, and cognitive abilities. It is not uncommon for adolescents to go through this phase of transition to maturity with frequent shifts in mood as well as outbursts of either anger or sensitivity. They frequently separate themselves into those who engage in rational thought and those who engage in irrational risk-taking, as well as those who engage in adult responsibility and those who engage in childish mischief.

## **Communication Needs and Implications**

1. Present positive peer-group behaviors and other resilient and optimistic adolescents to inform and guide them into adulthood, including risky and responsible sexual behaviors.
2. Continue to portray positive parent-child and adult-child relationships while demonstrating a child's developing independence to instill robust, positive role models with high moral standards.
3. Present divergent points of view, opinions, and perspectives so that their ideas and opinions are acknowledged and respected.
4. Allow individuals to learn from their errors and correct self-destructive behaviors by presenting challenging narratives with inventive concepts, obstacles, and remedies.
5. Talk to them about important things to their age group, like drug use, unprotected sex, violence, bullying and discrimination, love relationships, and friendships.
6. Use a lot of humor and creativity.

### **B. Communication with Adolescents**

Adolescence is a challenging period. Adolescents are currently confronted with two contradictory situations: thinking and acting like infants and adults. This group frequently experiences tension because it is difficult to distinguish between childlike and adult-like behavior. This period is marked by conflict and difficulty. Changes in himself can cause conflicts, whereas dilemmas can be caused by differences in values, perceptions, and beliefs between him and adults.

The interpersonal communication skills of health care professionals with young adolescents are crucial for early problem identification, provision of emotional support, effective disease management, and health education. Typically, adolescents are mature enough to take an active part in the client interview and to articulate their experiences, feelings, and requirements in a clear and concise manner. As a consequence of this, it is essential to

address them in the first place as the consumer rather than the care partner. Even if care partners are regularly involved, you should make it possible for the kid or teenager to have one-on-one conversations with you on occasion (Lapum et al., 2020).

The development of adolescent communication has changed conceptually as a sign of maturation and has begun to enter a phase of embarrassment as an attempt to escape infancy. Adults can also communicate or convey information to adolescents by assuming the role of their peers; however, they must maintain confidentiality and avoid asking questions that make adolescents feel uneasy or inhibit their ability to express themselves freely (Kusumawaty et al., 2021).

### **Strategies to Communicate with Adolescents**

Adolescents are in a transitional phase in which they are still children but are approaching maturity. It is essential to acknowledge and respect their autonomy. Furthermore, emotional and cognitive capacity will vary between adolescents and situations. Therefore, you must adapt your communication strategies based on the adolescent and the circumstance. Overall, it would be best if you communicated acceptance, transparency, and regard. Avoid addressing them as a juvenile, as this is typically perceived as demeaning. Maturity level, as opposed to chronological age, is used in many jurisdictions as the criterion for determining whether or not an individual has the ability to agree. This capacity to consent includes the ability to understand and weigh potential risks and advantages.

It would help if you continued to combine verbal and nonverbal language and communication strategies. Regarding nonverbal communication, maintain eye contact with a relaxed and receptive posture that conveys interest in what the other person is saying. Depending on the subject, a smile may be appropriate. You should also facilitate the interview by nodding and using phrases that encourage the client to continue speaking (such as “Oh ya” and “Tell me more”). Be conscious of your facial expression and vocal

intonation to ensure that you are communicating empathy, acceptance, and a nonjudgmental attitude.

It is crucial, when exploring sensitive and intimate subjects, to keep in mind that adolescents frequently experience feelings of self-consciousness, embarrassment, and being judged. Acceptance and an understanding of their position have to be communicated through the communication tactics you choose. You should have an open mind and refrain from passing judgment on the customer in order to develop a relationship of trust with them. Statements of permission have the potential to be beneficial since they have the ability to normalize what a youngster may be going through.

When talking to adolescents, keep the following points in mind:

1. Adolescents require time to develop a sense of safety and trust. Try beginning the session with a group activity, such as playing a game.
2. They need to examine you for a while! Do not expect them to begin speaking immediately. Provide extra time and be patient.
3. They may experience fear and dread of being judged.
4. They may experience anxiety or embarrassment when requesting assistance.
5. Explain topics in simple terms.
6. Adolescents comprehend tangible objects that they can handle and see. Drawings, demonstrations, and visual aids can be used to concretize information.
7. The absence of inquiries from an adolescent does not imply that they are not considering what is being said.
8. Do not require adolescents to share. Reinforce their endeavors positively to express themselves.
9. Remember that a child's disrespectful or aggressive behavior may not be directed at you. They may be furious with adults for mistreating or letting them down. Be patient and avoid taking criticism personally.

## **Therapeutic Communication Techniques in Adolescents**

Communicating with teenagers is a crucial thing to do to build closeness and maintain good relationships with teenagers. Efforts that can be made by health workers when communicating with adolescents to explore the problems being faced by these adolescents can be made with several techniques, including:

1. There is a third party. The communication process can involve parents or those closest to adolescents. This involvement is expected to build a sense of trust among adolescents.
2. Facilitating Adolescents is part of the communication method that focuses on the expressions and responses expressed by adolescents. Every expression the teenager shows can be responded to by listening attentively and avoiding giving a negative response back to the teenager.
3. Asking to Mention Desires. This technique is done by asking teenagers to mention what they want or hope from the things that have been expressed to solve the problems they face
4. Choice of Pros and Cons. Carried out for teenagers to make decisions about the problems they face. The technique that can be done is to provide alternatives in the form of positive and negative things.
5. Writing. This technique is used for teenagers who struggle to express problems verbally. Health workers can ask adolescents to write down things that make them sad, angry, or disappointed.

## **Practical Techniques for Counseling Adolescents**

Skilled counselors are able to aid clients in the stages of discovery, comprehension, and action by utilizing both verbal and nonverbal listening and learning abilities in their sessions. In particular, healthcare practitioners should be able to utilize the following abilities when speaking with patients and providing counseling to patients:



1. **Apply Beneficial Non-Verbal Communication**  
Nonverbal communication refers to all conversational elements that convey information without the use of language. This includes gestural, ocular, postural, and facial communication. Nonverbal communication reveals the attitudes of individuals. Beneficial nonverbal communication promotes the client's perception that the healthcare provider is attentive and concerned with what is being said.
2. **Listen Actively and Show an Interest in the Client**  
Another technique to demonstrate your attention and encourage a client to speak is to use gestures such as nodding and smiling, replies such as "Mmm" or "Aha," and abilities such as clarifying and summarizing. These activities, often known as attending skills, show that the health professional listens attentively to the client. They also encourage the customer to unwind and chat about themselves.
3. **Ask Open-Ended Questions**  
Questions help identify, clarify, and deconstruct problems into smaller, more manageable components. Such inquiries begin with "how," "what," "when," "where," or "why." "When was the last time you used a cigarette?" is an example of an open-ended inquiry. This type of query encourages the client to speak freely and, in a manner, conducive to further discussion. They aid clients in articulating their emotions and concerns and aid counselors in gathering the information necessary to assist clients in making decisions.
4. **Reflect Back on the Client's Statements**  
"Reflecting back," also known as paraphrasing, refers to reiterating what a client has said to encourage them to continue speaking. Try expressing the client's words in a significantly different manner. For instance, if a client states, "I can't tell my boyfriend about my HIV status," the healthcare provider could respond, "It sounds like speaking with your partner is not something you feel comfortable doing now."

After the client confirms this is accurate, the healthcare professional could say, "Let's discuss this further."

5. Empathize – Demonstrate that you understand the client's feelings

Empathy is the capacity to comprehend (or grasp) the emotions of another individual. Empathy is distinct from sympathy, which implies pity or sorrow for the other individual.

6. Avoid Judging Words

Examples of judging terms include right, wrong, well, poorly, excellent, sufficient, and proper. Imagine for a moment that a healthcare staff member poses queries using a condescending tone of voice. If this is the case, adolescent clients may get the impression that something is wrong with them or that they are required to respond in a specific way in order to avoid disappointing the health practitioner. It is important for medical practitioners to steer clear of asking questions that could be construed as judgmental. This includes preventing the practice of asking clients questions that could drive them to respond in a certain way out of fear of upsetting the medical professional.

7. Assist the Client in Establishing Objectives and Summarize

The health professional should work with the adolescent client to establish "next steps" and then summarize the session as the session draws to a close.

### **C. Communication with Adults**

In theory, an adult is a person in a period of role transition who has responsibility and accepts a position in society, a period for work, is involved in social relations activities, and has relationships with the opposite sex. In addition, adults also have knowledge, skills, and attitudes that have been settled so that when there is a change in the order, it will be difficult. In communicating with people, knowing and applying good manners is also necessary. Because they feel that to share, they have to use the rules and norms that apply. For example, when speaking, one must pay attention to good

gestures and intonation, see the other person with respect or appreciation, not interrupt the conversation, and so on. This challenges health workers, especially nurses, in caring for adults. Therefore, a nurse needs to know the model of communication with adults. It is intended that communication can run effectively and that person can carry out nursing care properly.

### **Conducive Communication Atmosphere in Adults**

Communicating with adults does not only pay attention to the attitude shown, but we must also pay attention to or be able to create an atmosphere that can encourage the effectiveness of communication in the adult age group. Efforts to create an atmosphere of communication that can achieve the desired goals. Some situations to note are:

1. **Respectful atmosphere**

Communicating with adults needs to pay attention to this atmosphere because most adults will be able to communicate well if their opinions are respected, so they will also respect and want to communicate intensely. In this case, they are happier when they think and express their thoughts.

2. **Valuable atmosphere**

This atmosphere can be created when valued and involved in giving opinions, expressing feelings, thoughts, ideas, and the adopted value system. The existence of an attitude of belittling and putting aside their self-esteem will be an obstacle in the course of communication, so communication tends to be short.

3. **Mutual trust atmosphere**

Communication goes well if there is a relationship of mutual trust between individuals. The mutual trust that what is conveyed is true will undoubtedly have the impact of bringing the expected results. If the communication contains denial or rejection, this can damage trust and result in the expected communication goals not being appropriately achieved.

#### 4. Open atmosphere

In addition to the emergence of mutual trust between individuals, another atmosphere that needs to be formed is the existence of openness in communication, which is necessary for adults. An open atmosphere can be in the form of being open to self-expression and listening to others. Only in an atmosphere of openness can all alternative problems be explored

In addition to a conducive atmosphere, it is essential to pay attention to verbal and nonverbal communication, which must mutually support one another. As with communication in children, nonverbal behavior is just as important in adults. Facial expressions, body movements, and tone of voice provide clues about the emotional status of adults. Sick and hospitalized adults can feel helpless, insecure, and inadequate. This results in an emotional response to being less good

### **Application of Therapeutic Communication with Adults**

When working with adult patients in sensitive situations, it is crucial to cultivate and improve communication skills. The Concise Oxford Dictionary describes adults as mature or 'grown up.' However, it is essential to recognize that becoming a patient can be a distressing experience and that not everyone will react in an adult-like manner. Therefore, Consideration is given to improving one's observation and listening skills, particularly concerning patient assessment. Basic empathy and compassion are discussed in assessment, awful news, advocacy, 'sensitive' issues, peace, and reassurance (Kraszewski & McEwen, 2010).

#### **1. Empathy and Sympathy**

The capacity for empathy is essential to effective communication. When addressing sensitive topics, it is to the advantage of relationship building to do so. In the field of medicine, the phrases "empathy" and "sympathy" are sometimes used interchangeably with one another. Nevertheless, there is a

substantial distinction in meaning that is straightforward to explain but challenging to put into practice: Feeling with another person instead of feeling for them is what empathy means.

In order to put things into perspective, a sympathetic person could feel sad for another person or the difficulty that the other person is going through. When they do display empathy, though, you should think about how they themselves would react if they were in that person's shoes. This is a lot more helpful action, as it can assist the other person with identifying and expressing their feelings, and it can also help them do both.

## **2. Dealing with Sensitive Issues**

Assessment and communication in nursing inevitably entail handling personal information and, at times, discussing sensitive topics. Therefore, nurses must demonstrate courtesy, employ tact and diplomacy, and be mindful of the boundaries that people use to safeguard themselves. First and foremost, the nurse must possess self-awareness. Establishing trust, keen listening, and observational skills are indispensable.

A sensitive issue is any topic that a person finds challenging to discuss in public or that causes them disgrace or emotional distress. However, identifying a person's sensitive issues is not always straightforward. The term 'sensitive' can be applied to almost any personal topic, as different individuals find different topics sensitive. Few individuals feel at ease discussing intimate aspects of their lives, even with their partners, closest friends, and family members.

In most cases, careful observation and attentive listening will show whether or not a topic is a challenge for the patient. There can be a shift in the person's body language, such as their posture changing to become more closed or guarded, avoiding eye contact, or their face getting redder. Other obvious signs include inappropriate laughter, coughing that is uncomfortable, and shifting topics of conversation.

Awareness of our limits is also essential. Sometimes, knowing what we are willing to discuss helps us to comprehend the information others are willing to share. When people are asked open-ended inquiries that are not time-sensitive, they may respond more freely. Noteworthy is the use of a nonjudgmental approach coupled with attentive hearing.

### **3. Breaking Bad News**

Both the person who receives and the one who delivers bad news experience a level of distress. There is a possibility of a significant gap between the patient's understanding of terrible news and the understanding of the health professional. It is critical to determine the impact of the news as quickly as possible since the patient's reaction to the 'news' will be influenced by their health beliefs, and it is important to do so. For instance, a patient who is told that they have prostate cancer may be horrified because several members of their family had previously passed away from the same ailment. On the other hand, someone else might not be as worried as the health expert because two of his buddies have already been treated and are still alive. In spite of this, giving unfavorable information needs a level of self-control that is comforting to the receiver; it is about maintaining composure without being dispassionate, reserved without appearing soulless, soft while remaining direct, and sensitive while remaining honest.

The bad news is a message that has the potential to shatter hopes and ambitions, resulting in drastically different lifestyles and futures. The question is not which form of loss is more or less deserving of support; they all deserve it. The challenge is imparting the news compassionately without conveying false hope or hopelessness.

Before delivering bad news, staff must consider several factors, including how well they know the patient and how much the patient is aware of the situation, where and when the news will be delivered, and who will provide aftercare and support.

Diverse communication skills are required when delivering bad news, including active listening and reading body language, speaking clearly and concisely, avoiding jargon and cliches, and displaying empathy, warmth, and respect.

#### **4. Providing Comfort and Reassurance**

Giving comfort is a crucial nursing duty that requires a wide range of interpersonal and communication skills. While the spoken word can be highly encouraging, the tone of voice is most comforting. Reassurance may thus be determined less by what the nurse says and more by how they say it. A smooth or gentle voice that does not demand quick judgments or detailed responses can be immensely soothing. Using the person's name or preferred form of address is also vital here; it shows respect and informs the person that they are the center of attention.

Sometimes, just the presence of a nurse is sufficient to aid a distressed individual. In such situations, it is reassuring to know that there is another individual with whom they can safely share their emotions. Actions such as accompanying patients to a different department or simply sitting with them in solitude are greatly appreciated.

The ability to figure out when to speak and when to remain mute is a crucial skill. Occasionally, silence speaks louder than words. Accepting and feeling comfortable with it may require experience, but it is essential not to "jump in to fill the gaps" when someone considers something or needs time alone.

If the patient is distressed, looking for quick solutions to their problems may be tempting. However, individuals should be encouraged to discover their solutions whenever possible. The most effective communicators empower patients to make decisions and solve their problems. Occasionally, this may necessitate helping them understand that there is not always a quick fix.

#### **D. Communication with Older People**

Words have great power. Millions of health providers regularly contact millions of older persons within the vast aging services network. Each professional engagement involves a dance of words and gestures that delivers information. This dance conveys a meaning that might be encouraging or discouraging, reassuring or frightening. An increasing number of older persons are dissatisfied with service providers. The main factors cited are inadequate provider/older adult connections and ineffective interpersonal communication. Unsatisfactory communication can impact both the quality of services provided and the consequences of those services (Storlie, 2015).

Each party's expectations and stereotypes influence the interactions between older adults and healthcare professionals. For instance, there is evidence that when interacting with elderly adults, healthcare professionals are more condescending and less patient. In addition, they spend less time with older patients, adopt a more authoritarian stance, provide less information (e.g., about medications), and frequently neglect to address crucial psychosocial and preventive factors (e.g., ceasing smoking). In contrast, elderly patients may withhold diagnostically relevant information about symptoms or conditions they perceive as "normal" for their age, such as pain (White & Verdusco, 2018, ...).

Even if the individual in question is a nurse, it is not uncommon for older adults to find it challenging to provide personal information to others, particularly when that other person is much younger. It is extremely important for the nurse to demonstrate respect for the patient. One way in which the nurse can do this is by enquiring about the patient's preferred mode of address rather than presuming that first names are acceptable. It is the responsibility of the nurse to confirm that the aid being offered is both desired and necessary. Establishing a connection with an elderly patient takes time, a laid-back attitude, and the ability to multitask efficiently, despite the fact that time is frequently constrained as a result of increased work demands (Kraszewski & McEwen, 2010).



Providing care to the elderly can be both rewarding and challenging. Communication between healthcare providers and older persons is frequently seen as demanding and challenging. Effective communication can improve rapport, mutual respect and understanding, accurate information exchange, compliance with provider recommendations, positively impact outcomes, and often save time while reducing frustration and stress for the provider and the older adult.

### **Essential Changes in Older People**

It is essential to remember that older adults are not a homogenous group but have diverse life experiences that influence their perception of illness and ability to communicate with healthcare professionals. (Waterworth et al., 2017) discovered that senior individuals, particularly those with multiple health conditions, may attribute their symptoms to aging, discouraging them from seeking medical attention. Nurses should be aware of personal and cultural differences and the care preferences of senior individuals while keeping in mind that biological and social changes can influence communication during consultations.

As individuals age, their appearances alter. All body systems undergo physiological changes, and cells and organs function differently. Those with a neurodegenerative disorder, such as Parkinson's or Alzheimer's disease, or who have suffered a stroke experience changes in brain function that can lead to speech and cognitive difficulties. Dysarthria, dysphonia, and aphasia, as well as difficulties with reading, writing, modulating thought and behavior, and recall, can all impair an older person's ability to communicate with others effectively.

### **General Guidelines for Enhancing Face-to-Face Communication with Elderly**

As the population of older adults grows, healthcare workers are increasingly likely to face the issue of communicating successfully with them. The list below includes evidence-based

suggestions for increasing face-to-face communication with elderly patients. Experts in gerontology and communications contributed to the recommendations (White & Verdusco, 2018). The goal is to encourage behaviors that consider older adult patients' specific talents and limitations, resulting in satisfying, successful relationships among all parties involved.

### **1. Monitor and control your nonverbal behavior**

Maintain eye contact with patients rather than focus on something else (such as a patient chart or a computer screen), and this will help improve the quality of care provided. If you think the other person may have trouble hearing, you should try to talk a little more clearly, a little more slowly, and a little louder than normal. It is important to refrain from shouting since speaking abnormally loud tends to elevate the pitch of the voice, which makes it more difficult for hearing-impaired listeners to understand what is being said. Refrain from indulging in actions such as checking your watch frequently, giving the impression of impatience or sounding impatient, standing while speaking, and "talking with one hand on the doorknob."

### **2. Reduce background noise**

When you are talking to someone who is above the age of 60, you should make sure that the atmosphere around them is as calm as possible. It is of the utmost importance to steer clear of having competing conversations disrupt you. If it is at all possible, go from a public area to a private office, or at the very least, shut the door to a noisy hallway. If the background noise is always there, you might want to think about remodeling the surroundings to get rid of the noise sources. In some waiting areas, for instance, there is background music that is played over the speakers, and other areas have televisions.

### **3. Face older adults when you speak with them**

If the older adult you're chatting with is sitting, face them directly. Face that individual directly if they are standing or sitting on a raised bed.

### **4. Pay careful attention to sentence structure**

When communicating important information, break up the information into separate sentences. Long and complex sentence structures are difficult to remember because they require the simultaneous storage of multiple "pieces" of information in short-term memory. Extensive research demonstrates that older individuals have difficulty understanding sentences with multiple embedded clauses.

### **5. Use visual aids to help clarify and reinforce comprehension of key points**

For visual aids to be useful, they need to be well-designed, with easy-to-spot and prominently displayed components. The graphical components should be relevant to the written content, clearly portraying and elaborating on the presented ideas. Visual aids that convey irrelevant information may be extremely distracting for older people because age-related issues in suppressing irrelevant information make it more difficult for older people to ignore irrelevant information. During the discussion, make use of visual aids in an engaging manner to ensure that both you and the listener are focusing your attention on the pertinent topics.

### **6. Ask open-ended questions and listen carefully**

Avoid clear of bombarding the person with yes-or-no queries like "Are you sticking to your diet?" "Do you still have trouble sleeping?" Your doctor should have given you specific instructions on how to take your medication. Instead, make an effort to phrase inquiries in a more open-ended manner so that patients can respond using their own words and based on their own experiences ("Tell me about how your diet has been working for you."). "How has

your sleeping been going?” “How did your physician instruct you to take this medication?” When the patient begins to speak, maintain eye contact and attempt to interpret their nonverbal behavior. In addition to the message’s content, could you pay attention to how it is expressed? Ask clarifying questions and paraphrase the patient’s words to demonstrate that you are listening attentively.

### **Core Barriers to Effective Communication with Older Adults**

There are five fundamental barriers to effective and mutually gratifying communication between healthcare providers and older adults (Storlie, 2015):

1. Professional communication skills are underdeveloped: Professional communication skills include establishing rapport, using observation and listening, mindfulness, and asking questions.
2. Inability to commit to a person-centered service delivery system: In contrast to a provider-centered strategy, a person-centered approach prioritizes the needs of the older adult over those of the provider.
3. Inappropriate use of professional jargon: Overly sophisticated, technical terminology is frequently perplexing and detrimental to respectful, person-centered communication.
4. Ageist attitudes and language: Ageism discriminates against someone depending on their age. It is based on aging myths, prejudices, and language, creating unfavorable stereotypes about older persons. Ageist attitudes and language can substantially impact communication and the relationship between a provider and an older adult. Ageism is to old age what racism and sexism are to skin color and gender. In its worst form, ageism leads to elder abuse, mistreatment, and neglect.
5. Cultural variations, as well as age-related physical, social, and psychological changes, provide difficulties.

## **Common Health Problems that Affect Communication in the Elderly**

Physical or cognitive issues in older adults may necessitate nursing interventions to develop communication skills. Among the most frequent are the following (Berman et al., 2021):

1. Cognitive impairment, as in dementia
2. Psychosocial issues, such as major depressive disorder.
3. Impairments in one or more of the senses, including vision and hearing
4. Neurologic deficiencies brought on by strokes or other neurologic diseases, such as expressive or receptive aphasia and a lack of movement in the patient

Recognizing individual client requirements and obtaining adequate resources will considerably improve their socialization and personal satisfaction. The following tactics are aimed at increasing communication among clients with these particular needs:

1. Assistive equipment, glasses, and hearing aids should all be used and in good working order.
2. Make appropriate referrals, such as to speech therapy.
3. When possible, use communication aids such as message boards, computers, or photographs.
4. Keep outside distractions to a minimum.
5. Speak in short, essential words about one issue at a time, reinforcing or repeating what is said as needed.
6. When speaking, always face the client—coming up behind someone can be terrifying.
7. Include relatives and friends in the discussion.
8. Use reminiscing, either alone or in groups, to help older adults preserve memory associations and boost self-identity and self-esteem.
9. When verbal and nonverbal expressions contradict each other, trust the nonverbal. Clarifying this and attention to the client's feelings can assist in developing a sense of caring and acceptance.

10. Discover what has been vital and meaningful to the client, and strive to keep these things as much as possible. Even simple things like bedtime rituals become vital when clients are in a hospital or long-term care facility.

## **SUMMARY**

Communication in infants and children is a process of exchanging information or messages both verbally and nonverbally, which are conveyed from infants and children to the closest people or other people with the hope that the people who are invited to exchange information can meet their needs both physical, psychological, social and spiritual needs. The interpersonal communication skills of health care professionals with young adolescents are crucial for early problem identification, provision of emotional support, effective disease management, and health education. Communicating with adults does not only pay attention to the attitude shown, but we must also pay attention to or be able to create an atmosphere that can encourage the effectiveness of communication in the adult age group. The main factors cited are inadequate provider/elderly connections and ineffective interpersonal communication. Unsatisfactory communication can impact both the quality of services provided and the consequences of those services. Older adults are not a homogenous group but have diverse life experiences that influence their perception of illness and ability to communicate with healthcare professionals.

## **REVIEW QUESTIONS**

1. A pediatric nurse is caring for a 5-year-old child with asthma and wants to initiate therapeutic communication. What communication strategies do nurses need to do?
  - A. Provide lengthier, more dramatic tales.
  - B. Present stories and characters focused on children.
  - C. Talk to the child at eye level to make them feel less scared.

- D. When speaking with the parents, include the child in the discussion.
  - E. Use loving tones and simple language to know they are loved and safe.
2. A community nurse communicates with adolescents to explore the problems faced by these adolescents. The teenager has difficulty expressing his problems verbally. Is the therapeutic communication technique appropriate to the case?
- A. Involving third parties
  - B. Facilitating adolescents is part of the communication
  - C. Asking to mention desires
  - D. Choice of pros and cons
  - E. Writing
3. A nurse communicates with an adult patient; the nurse makes sure the explanation is easy to understand by speaking not too fast. Nurses also use names to address patients. What is the application of therapeutic communication chosen by the nurse?
- A. Empathy and sympathy
  - B. Dealing with sensitive issues
  - C. Breaking bad news
  - D. Providing comfort and reassurance
  - E. Trust and believe
4. A nurse is communicating with an elderly patient. To increase the goal of achieving communication, the nurse closes the bedroom door and reduces the volume of the television that is on. What is the nurse's goal of action?
- A. Monitor and control your nonverbal behavior.
  - B. Reduce background noise.
  - C. Pay careful attention to sentence structure.

- D. Ask open-ended questions and listen carefully.
  - E. Face older adults when you speak with them.
5. An elderly person is being treated for dementia. During interaction and communication, the client always asks questions and explanations that the nurse gives to repeat. Clients seem less focused and easily switch and say they don't understand. What should the nurse do in communicating with the client so that goals can be achieved?
- A. Face older adults when you speak with them. Maintain eye contact
  - B. Give extra time to clients
  - C. Reduce background noise.
  - D. Ask open-ended questions and listen carefully.
  - E. Pay careful attention to sentence structure.

**Answer Keys: E, E, D, B, B**

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## **CHAPTER V**

### **SOCIAL LEVEL-BASED COMMUNICATION**



#### **LEARNING OBJECTIVES**

After completing this chapter, you will be able to:

1. Conduct therapeutic communication with family
2. Conduct therapeutic communication with groups and the community

Along with the development of nursing and health services in the community, numerous types of communication are based on circumstances and requirements. The communication skills nurses develop are utilized when providing services in hospitals and communicating with families, organizations, and the community. The principle of communication utilized is, of course, practical and therapeutic communication to enhance the level of public health. In conducting family, group, and community communication, nurses aim to increase community-wide efforts to promote health and prevent disease. As is common knowledge, nurses may confront obstacles when communicating with families, groups, and communities with unique characteristics. Therefore, a nurse must comprehend the principles of effective and therapeutic communication in the context of the family, the group, and the community.

## **A. Communicating with Families**

Many nursing situations, particularly those in the community and at home, require you to establish human relationships with the entire family. The same principles that govern one-on-one helping relationships also apply when a patient is in a family unit; however, communication within families requires a deeper comprehension of the complexities of family dynamics, needs, and relationships.

The health-care staff must utilize supportive, consistent communication tactics that advocate for a family's expectations. Furthermore, excellent health-care team communication clarifies medical terminology and allows the family to comprehend health-care challenges, decision kinds, and probable health-care outcomes.

Nurses consider communication with families an essential aspect of their role as nurses. Nurses strive to build trusting relationships with families by listening to and interacting with them. Support is given for families' spiritual needs, needs for hope, and need for close contact with their loved ones. The nurse should be able to help families understand the big picture of the patient's situation if she has good communication skills (Adams et al., 2017).

Assist the family in identifying ways to keep lines of communication open with the interprofessional health care team to anticipate patient and family member requirements. For instance, when caring for a patient with ovarian cancer, how will the use of compassionate practices assist the patient's spouse in communicating the patient's progress and care plan to family members? Determine who makes decisions for the family and consistently communicate with that person. In certain instances, the decision maker requires assistance in devising a method for effectively communicating decisions (Potter et al., 2020). In this digital era, some families provide consistent information through blogs or social media. Assist the family in determining whether this approach is optimal for their requirements and structure.

## **1. Family Communication**

Communication happens in every family because it helps people understand what is going on and builds relationships. Families discover ways to adjust to changes and try to keep their families stable by talking to each other. In families that work well, members put in time and energy to keep lines of conversation open so that they can stay close (Kaakinen & Robinson, 2018).

The nurse's role is to encourage family interaction, which may include holding a family discussion about a specific topic or providing listening skills, reflective skills, and summarizing skills frequently when families feel overwhelmed by changes that occur with their members, such as the birth of an infant, issues with children's growth and development, when family members get ill, or the death of family members. The nurse's role is to facilitate family dialogue to achieve healthy results.

## **2. Engaging Effective Communication with Family**

The skills listed below may also assist the nurse in engaging with family members more effectively. It is essential to include family members in the conversation. Include them in your greeting and "small talk," and maintain eye contact with them in addition to the patient. A patient whose family feels listened to and respected will be a more efficient communication partner. And families will be able to better communicate with the nurse if they observe their loved one being listened to and respected (Lowey, 2015).

### **a. Be Yourself**

When talking to a patient, the nurse might not always be themselves. As they have been taught, they use this persona to keep an "invisible boundary" between themselves and their patients. This efficiency level is needed and expected, but there are ways to stay true to yourself while being professional. This is something that can be hard for nurses to understand. How can I be myself while keeping a business attitude and setting limits? If a patient asks you a simple

question like “Do you have kids?” or “Have you always lived in this town?” There is no wrong reason for the nurse not to answer unless she is uncomfortable with the case. Most nurses have honest, casual talks with their patients and their families. This helps the patients and the nurses get to know each other better. It also helps people feel more comfortable around you. This helps build trust between the nurse and the patient, making it more likely that the patient will do what you tell them to do as part of good nursing care. Patients may be sick, but they are not stupid and can tell when a nurse isn’t themselves.

b. Be Honest

As a nurse, you should be truthful with the patient and their family. If a patient asks a question that the nurse doesn’t know the answer to, the nurse should be honest and tell the patient that she doesn’t know the answer but will get the correct answer for the patient. The nurse should then follow through and get the correct answer. When a patient asks you a question about their health that is within your scope of work, you should never lie to them. This is something that the nurse needs to know. The provider’s job is to do that, so if a patient asks you about it, you should tell them to ask the provider. It would help if you didn’t ignore their questions because every question is essential to the patient. The nurse must follow up and find the right person to give the patient that information.

c. Be Genuine

We have discussed being oneself and truthful, two essential qualities for effective nurse-patient communication. What is the difference between honesty and authenticity? Being genuine is similar to being oneself, so long as you are not excessively acidic, which could hinder the nurse-patient relationship. Being simple means being actual, accurate, or true; being sincere and trustworthy. To be authentic is to be genuine, to demonstrate devotion is to demonstrate genuine concern for the individual and to be sincere is to be devoid of

dishonesty. If the patient believes the nurse is genuine, devoted, and sincere, they will be more inclined to interact with the nurse.

d. Show that You Care

Being polite, respectful, and following through are the finest ways to show patients you care. When addressing patients, nurses should use some formality. Because many patients are likely to be of an older generation, they are used to being addressed by their surname. Unless otherwise instructed, the nurse should always address the patient in this manner from the first contact. It is allowed to address the patient by their first name if they request it.

Make eye contact with patients to demonstrate your concern. If the nurse's visage is focused more on the computer or the patient's medical record than on the patient, this does not demonstrate concern. Maintain eye contact, smile, and communicate that you are pleased to be their nurse. Consider nonverbal communication carefully. Body language and other nonverbal signals can communicate a great deal. Possessing an open attitude can aid in demonstrating to patients that the nurse cares. If possible, attempt to be at eye level with the patient instead of standing above them.

### **3. Therapeutic Communication Principles within the Family**

The family is the smallest unit of society and the primary focus of nursing care. There will be an interaction between the nurse and the family when the nurse provides family nursing care. The ability of the nurse to communicate is critical during the implementation of the interaction. These communication skills must also be tailored to the scope or goals of the service, such as selecting and employing appropriate words to ensure that the family understands messages.

The nurse can use the following guidelines to interact with the family:

a. Principle of Openness

The nurses must be able to communicate or clarify the patient's health condition openly in the presence of the patient's family members.

b. Principle of Empathy

The nurse can communicate with the family with an emphatic attitude. When the family discusses their health problems, the nurse can sense it but should not become immersed in these conditions. Nurses can use effective sentences to increase family motivation so that the family can find solutions to their problems.

c. Principle of Encouragement

When a nurse communicates with the family, the nurse can remember the importance of supporting the family. The assistance provided can undoubtedly increase the family's confidence to overcome and find solutions to solving health problems faced by the family.

d. Principle of Positiveness

Nurses might employ pleasant emotions when communicating with families to convey their feelings. In this scenario, nurses must be able to employ language that can influence positive ideas or feelings in the family. Of course, nurses carrying out communication by prioritizing pleasant thoughts can promote the mental well-being of all family members and impact improvements in family members' healthy behavior.

e. Principle of Equality

The principle of equality requires that nurses can communicate with patients' families. Regarding family decision-making, the principle of equality is crucial. When nurses have conversations with all family members, they can apply the principle of similarity. The discussion will result in an agreement representing all family members' consensus.

#### **4. Communicating with Groups and Communities**

Effective community communication requires communicating with the entire community. Communities are unique. People of all ages and diverse cultural backgrounds, people with impairments, and people with additional access and functional requirements, such as limited literacy, are included. How can you effectively communicate with a varied audience? The first thing to do is learn about your target audience and any elements that can impact how you interact with them. When you know your audience, you'll be able to communicate in ways that capitalize on their communication skills.

- a. Ensure that the message you intend to convey is plain and understandable.
- b. Adapt your requests to the community's requirements, particularly for people with cognitive or language impairments.
- c. Be aware of cultural differences involving nonverbal messages, and communicate to bridge those differences.
- d. Consider methods of communication that will improve the likelihood that the public will accept your message.
- e. Communicate respectfully; it will increase your ability to reach out to the entire community, including those who have impairments and other access and functional requirements.

#### **Understanding the Communication Needs of Your Community**

To increase the effectiveness of receiving the information you submit, you must:

- a. Recognizing the difficulty of the community, you'll determine who your target audience is. Such as knowing about the demographics of your community.
- b. Understanding the community's communication practices and language shows not only what language individuals speak and comprehend but also how they share new information and which sources they trust. Be conscious of falsehoods and generalizations.



- c. Discover where the actual conversations and decisions were made; decisions are typically made in settings other than council chambers, such as community centers, residences, social communities, or venues of worship. Take advantage of this opportunity to listen and learn more about the neighborhood. Create strategies for reaching out to people in the community and including them in topics that are important to them.
- d. Implement engagement interventions, such as strengthening contacts with volunteers to assist in interacting with diverse groups and developing alliances with disorder advocacy organizations.

### **The Role of Communication in the Community**

Following Recommendations regarding the role of communication in society's participating communities (Aruma, 2018):

- a. To reach the diverse elements of society that engage, we need to examine communication correctly. This will result in the creation of fresh ideas, opinions, and information, which will eventually spark community development programs centered on individuals in participating communities.
- b. In communications with relevant stakeholders and community leaders, dialogue and discussion should be thoroughly explored. This will provide a chance for appropriate stakeholders to share pertinent information, opinions, ideas, and data in order to facilitate the delivery of effective services to the community.
- c. Continuous interaction with community leaders should take place. It will also provide an ideal chance for finance agencies and development professionals to educate community leaders on progress made and obstacles encountered during community development activities in participating localities.

- d. Continuous interaction should also be maintained with the various segments and community-based organizations (CBOs) in the communities that are involved. This will encourage members to engage in collective action and participation.

### **The Function of Communication in the Community**

In community health nursing, communication serves numerous purposes. It provides data for community health decision-making at all levels. Effective communication improves decisions ranging from the selection of objectives for a small client support group to health-care policies impacting a vulnerable population. Effective interaction enhances the expression of emotions and facilitates the development of closer working relationships. It also regulates behavior by establishing distinct requirements and limits for the actions of group members (Allender et al., 2014).

There is a function of the communication itself in communicating with the community; the following are some of the functions of communication in the community:

- a. Monitoring

Community or mass communication can be used for both social control and persuasive movements. Preventive movements might be used to provide supervision or social control. When a disease outbreak occurs, mass communication plays a crucial role in controlling disease spread. When information is transmitted concurrently or simultaneously, the public becomes more aware of disease outbreaks and can take preventive steps. At the same time, the persuasive function is an attempt to reward and penalize the community based on their actions. The mass media can provide community incentives that are helpful and functional for other members of society, but they can also provide punishment if their actions are not useful or even damaging to other social purposes.

b. Social Learning

Mass communication serves as a means of education for the larger community. Through mass communication, individuals can learn to share. Obviously, this is supported by the widespread availability of information through the media. Currently, as a result of technological advancements, mass communication is also evolving. Examples include online mass media. Through online mass media, it is very simple to obtain information in modern society.

c. Information Transmission

The main purpose of mass communication is to spread knowledge to a large group of people. There are many different kinds of information that are shared with the larger community, such as knowledge about health, education, entertainment, and so on. Mass communication makes it easy to send information, gets it to the sender quickly, and has a pretty high level of information accuracy.

d. Cultural Transformation

The essential aspect of mass communication as a characteristic of mass culture is that it becomes a process of cultural information that is carried out jointly by all components of mass communication, particularly those supported by the mass media. It is crucial to provide information about cultural transformation in order to preserve cultural values and facilitate social learning through the interchange of information on current cultural developments. As a cultural transformation, the dissemination of mass information is typically global in scope.

e. Social System

Mass communication has the purpose of exerting a positive influence on a collection of elements that are regularly interconnected and comprise a unified whole.

## **Interpersonal Skills**

Interpersonal skills are also required for successful communication in community-based nursing. Three categories of social competencies build on sending and receiving abilities but go beyond message exchange. They are demonstrating respect, empathizing, and establishing trust and rapport (Allender et al., 2014).

### **a. Demonstrating Respect**

Respect is the attitude that clients and others have interest, dignity, and self-esteem; it is one of the fundamental notions of nursing practice. Respect can be demonstrated by regarding the client's suggestions and comments as important and worthy of consideration and by demonstrating a desire to comprehend the circumstance from the other person's perspective.

### **b. Empathizing**

In this context, empathy refers to an awareness of the emotions, mental states, and perspectives of others. Nurses express empathy by attempting to place themselves in the client's position, mirroring their emotions, and communicating in the recipient's language. This action enables the attendant to communicate. To ensure that the message is properly decoded, the nurse must perpetually confirm the speaker's actual emotions. If feasible, the nurse should use the same terminology and tone of voice as everyone else. For instance, you must be serious if the speaker appears to be sincere. Effective empathy responses facilitate the growth of mutual trust and comprehension.

### **c. Building Trust and Relationships**

Developing trust and a relationship with the client is typically the primary objective of a community health nurse, and communication is the most effective instrument for fostering such a relationship. Effective communication can aid in establishing a relationship with clients that is open, sincere, and demonstrates genuine concern.

## **Developing Health Communications Models in the Community**

Within the community, the nurse's intended audience consists of individuals, families, groups, and numerous subgroups. Nurses use a systematic approach, particularly in design development, and include health education programs when delivering health messages.

This model concentrates on programmatic communication strategies whose basic elements can be applied to individual, family, and group systems. Nurses should not anticipate applying the model sequentially but rather should transition back and forth between stages. These steps are similar to the nursing process and offer a step-by-step plan for continuous evaluation, feedback, and improvement so that a communication program can be successful. This Model for Building Health Communications model has ideas that can be used to plan and carry out health education communications programs (A. Nies & McEwen, 2019).

### **a. Planning and Development of Strategies**

The planning phase is the foundation for the communications program planning process and is crucial in laying the groundwork for exceptional communications. Understanding the need to research the intended population and tailoring programs or communications to that audience is crucial to successful health education.

### **b. Creating Concepts, Messages, and Resources**

Earlier decisions made by the nurse can assist her in determining suitable communication channels and creating effective, pertinent materials. Utilize media and supporting materials that are visually appealing and designed to reach the target audience. Channel denotes the method by which the nurse finds the communication site. Nurses can solicit audience feedback on its comprehension and acceptance to verify that the message is pertinent and meaningful.

### **c. Developing the Program**

Nurses present health education communications and programs to their target audience and revise them as

necessary. Nurses also evaluate the effectiveness of health programs and messages and monitor procedures using process evaluation. This method of organizing the implementation process investigates the procedures and tasks associated with the program or message, such as media monitoring, identifying the likely reactions of the targeted audience, and managing internal functions.

d. Evaluating Efficiency and Effectiveness

Determine whether knowledge, attitudes, and behavior changes occur due to the program's communication implementation. In addition to process evaluations, information on how the nine programs operated guided future modifications. The nurse prepares for a new development cycle by utilizing information gleaned from audience feedback, communication channels, and the intended effect program. This phase assists in refining the health message and tailoring it to the target audience's requirements. The new information assists in validating the program's strengths and enables any required adjustments. Feedback is required to refine and direct future messages continuously.

## **SUMMARY**

Nurses consider communication with families an essential aspect of their role as nurses. Nurses strive to build trusting relationships with families by listening to and interacting with them. It is essential to include family members in the conversation. The skills may also assist the nurse in engaging with family members more effectively: be yourself, be honest, be genuine, and show that you care.

Effective community communication requires communicating with the entire community. Communities are unique. People of all ages and diverse cultural backgrounds, people with impairments, and people with additional access and functional requirements, such as limited literacy, are included. To increase the effectiveness of receiving the information you submit, you must recognize the

difficulty of the community, Understand the community's communication practices and language, discover where the actual conversations and decisions were made, and Implement engagement interventions.

### **REVIEW QUESTIONS**

1. The nurse prepares to care for a dying client, and several family members are at the client's bedside. Which therapeutic technique should be used when communicating with family? Encourage families to express their feelings, curiosities, and fears by implementing the above communication exercises!
2. The 55-year-old Mr. Sukanto's household is composed of his wife and three children. The family is currently enduring health issues. His wife and child both have tuberculosis of the lungs. The patient stated that he was unaware of how to protect other families from infection. The nurse intends to take preventative and health promotion methods so that the illness does not spread to other family members. Which therapeutic technique should be used when communicating with family? Carry out communication exercises according to the cases above!

Instructions for the Exercise Answers:

To answer these practice questions, you will need to reread the material in Chapter 5 that corresponds to the practice questions that are located above, and you will also need to use other connected references to enhance your answers.

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# **CHAPTER VI**

## **COMMUNICATION WITH PATIENTS WITH SPECIAL NEEDS (PSYCHICAL AND MENTAL DISORDERS)**



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### **LEARNING OBJECTIVES**

After completing this chapter, you will be able to:

1. Construct communication with patients with special needs
2. Construct communication with patients with mental disorders

Interacting with people with communication-impairing conditions requires special consideration and sensitivity. For instance, patients who have experienced a stroke or laryngectomy may require communication aids such as a writing or image board or a specialized call system. Adapting communication techniques to these patients' unique circumstances, developmental levels, or cognitive and sensory deficits is enormously beneficial. A nurse caring for a patient with cognitive impairment-related Impaired Verbal Communication may use pictures or demonstrations to help the patient comprehend the caregiver. The nurse interacts with the patient and family caregiver, aiming to facilitate as much clarity of understanding as possible without causing undue frustration due to communicating an overly complex message.

A nurse directs actions toward achieving the plan of care's objectives and expected outcomes, addressing the communication impairment and its contributing factors. There are methods available for enhancing, restoring, or replacing verbal communication. Ensure

that a patient is physically capable of using the chosen method and that it does not cause frustration by being overly complex or challenging.

Effective communication is necessary for patient-centered care. However, access barriers and assumptions about communication preferences pose risks such as inaccurate and incomplete medical information, medical errors (e.g., incorrect medication dosages), and misdiagnoses (Agaronnik et al., 2018).

## **A. Communication with Patients with Special Needs**

### **1. Autism Spectrum Disorder**

Autism is a developmental disability with a lifespan. A person with Autism Spectrum Disorder may experience developmental difficulties in some areas but not others. Communication, social interaction, and behavior are the most affected. Autism Spectrum Disorder is the preferred term presently. The term spectrum is used because no two individuals with Autism Spectrum Disorder are identical.

## **Communicating Techniques with People Who Have an Autism Spectrum Disorder**

- a. Be patient (the interaction may take longer than anticipated).
- b. Give the person time to think about what you're saying. Some people with Autism Spectrum Disorder may require additional time to process information.
- c. Give instructions one section at a time, with slight pauses in between. You might also offer to write out instructions.
- d. Please do not force the individual to make eye contact with you; do not expect them to establish eye contact.
- e. Some persons with Autism Spectrum Disorder excel at learning visually. Provide visual clues, such as stating, "Please take a seat," and pointing to the vacant seat.
- f. Reduce external distractions. If the setting is busy or noisy, move to a quieter location where you can concentrate more readily. Some persons with Autism Spectrum Disorder are

sensitive to noise, which can cause anxiety, irritability, or distraction.

- g. Speak in an age-appropriate tone.
- h. Be careful that common expressions and sayings can be taken literally
- i. A person with Autism Spectrum Disorder, for example, may not grasp that 'pull your socks up' indicates they must put more effort into a task.
- j. Use irony, sarcasm, and other indirect modes of communication with caution, as they may be misread.
- k. Avoid open-ended queries, as some people with Autism Spectrum Disorder may prefer to give short, direct responses.
- l. Remember that while some persons with Autism Spectrum Disorder may repeat words or phrases you say to them, this does not always reflect their viewpoint, decision, or understanding. This is referred to as echolalia.

## **2. Speech and Language Disorders**

Dysarthria, apraxia, stuttering, voice disorders, and aphasia are examples of speech and language disorders. This section discusses the most common speech disorder, dysarthria, and the most common language disorder, aphasia.

### **Dysarthria**

Dysarthria is a speech disorder that results from neurologic impairment of the control of speech-producing muscle movements. Numerous clinical manifestations of dysarthria appear to be correlated with specific neurologic lesions. Dysarthria can be caused by upper and lower motor neuron (LMN) lesions and extrapyramidal system lesions (Enderby, 2013).

A quiet background, a familiar audience, and contextual cues can enhance the intelligibility of a person with dysarthria. The presence of a speech disorder should not lead to the assumption that a patient with dysarthria has an intellectual disability, as the

American Academy of Paediatrics recommends (Espinoza & Heaton, 2016).

## **Aphasia**

Aphasia is a language disorder that can be caused by a stroke, traumatic brain injury, or degenerative conditions that affect the language-processing regions of the brain. There is a wide range of communication abilities among people with aphasia, which can strengthen or deteriorate over time, depending on the cause and severity of the brain injury. Those with aphasia frequently require a communication partner to assist with communication requirements.

## **Communicating Techniques with People Who Have Speech and Language Disorders**

- a. Listen carefully, wait your turn, and don't talk over people.
- b. Ask simple "yes" or "no" questions.
- c. Give people time to understand and answer.
- d. Use visual cues (such as words, pictures, and objects) when possible.
- e. Don't let more than one person talk at a time.
- f. Encourage the patient to talk.
- g. Let the person know if you don't understand them.
- h. Work with the speech trainer when necessary.
- i. Use tools to help with conversation, such as letter boards, flashcards, and computer programs that make a speech.

## **3. Intellectual Disability**

Intellectual disability (ID) or developmental disorder refers to significantly sub-average intellectual and adaptive functioning based on clinical assessment and as measured by individually administered, appropriately normed, standardized, and validated intellectual functioning and adaptive behavior tests, with onset between infancy and adolescence (Patel et al., 2020).

Intellectual disability is the most common type of developmental disability. It is caused by problems with abstract

thinking, planning, remembering, and communicating with others. An intellectual disability starts before age 18 and lasts until the person is an adult. People with an intellectual disability can communicate in many different ways.

Communication difficulties are common among adults with ID and are influenced by various complex factors. Interventions designed to improve the interaction and quality of life of people with ID should consider communication opportunities, requirements, and barriers (Smith et al., 2020).

### **Expressive Communication**

Individuals with Intellectual Disabilities have a wide range of expressive communication talents. Many have good language abilities and can easily convey their questions and worries. Some employ simple phrases or words, but others are confined to one or two-word combinations from a limited vocabulary. Nonverbal communication may be the primary form of communication, including reaching actions such as pointing, body orientation, facial expression, eye gaze, and vocalizations. People with substantial intellectual disabilities are less likely to communicate purposefully and rely on interpreting their behaviors, facial expressions, and body language to indicate their moods and preferences.

### **Receptive Communication**

As with expressive speech, people with Intellectual disabilities have a wide range of abilities when it comes to receiving information. In general, this group of people tends to have better listening skills than speaking skills. People with Intellectual disabilities may be able to understand different levels of abstract or concrete words and nonverbal messages.

## **Communicating Techniques with People's Intellectual Disability**

- a. Maintain eye contact with the patient to keep their attention.
- b. Communicate critical information in a peaceful setting with few distractions for the patient's attention.
- c. Keep communication straightforward and concrete. Avoid long explanations by breaking instructions down into simple actions. Use no pronouns or abstract terms. When applicable, use illustrations or drawings.
- d. Avoid open-ended queries wherever feasible. Instead of "What would you like to wear?" ask, "Would you like to wear brown trousers or grey trousers?"
- e. Allow enough time for the patient to reply. If the patient hasn't responded after 2 minutes, repeat it. If no reaction is received, take a break before continuing the dialogue, so neither you nor the patient grows frustrated.

### **4. Hearing Impairment**

Hearing impairment is a diminished or impaired capacity to perceive. As opposed to deafness, many individuals are hard of hearing, indicating a diminished hearing capacity. Visual media is the primary mode of communication for clients with hearing loss. The client deciphers the message not by listening to the voices of others but by observing the features of the interlocutor. Visual conditions are essential to this client, so attempt to capture their visual senses with your attitudes and movements when communicating.

#### **Type of Hearing Impairment**

Recognizing the type and severity of hearing impairment can contribute to an accurate diagnosis and a more holistic approach to managing communication, development, quality of life, and learning access (Brown, 2019).

- a. Sensorineural: Damage to the inner ear's cochlear and eighth cranial nerve.

- b. Conductive: Inability of sound waves to pass over the middle ear ossicles, the eardrum, or the outer ear
- c. Mixed: Sensorineural and conductive hearing loss
- d. Auditory neuropathy: The eighth cranial nerve and nerve pathways throughout the brainstem cannot transmit a distinct auditory signal.
- e. Auditory processing: The brain has difficulty processing the sounds that are recognized.

### **Communicating Techniques with Hearing Impairment**

It's crucial to note that many people with hearing impairments rely on lip-reading and/or facial expressions to comprehend what's being said. The following are some strategies for communication that can be employed while communicating with deaf patients (Kraszewski & McEwen, 2010; Taylor et al., 2019):

- a. Introduce yourself to the patient before initiating discourse. This can be accomplished by carefully touching the patient or moving it so that you can observe its condition.
- b. Directly address the patient while confronting him. If the patient can lip-read, use basic sentences, and speak naturally and quietly. Pay attention to nonverbal communication.
- c. Even if someone is wearing a hearing aid, they may not be able to hear you. Ask if lip-reading is required.
- d. Do not chew gum or conceal your mouth when speaking with the patient.
- e. As appropriate, demonstrate or mime the ideas you desire to express.
- f. As appropriate, use sign language or finger spelling. Write down any information that you cannot otherwise convey to the patient.
- g. Ensure that hearing aids are adequately cleaned, functioning, and inserted.

## **5. Visual Impairment**

Vision problems affect individuals of all ages and from all walks of life and cultures. People with complete or partial vision loss will learn new methods to perform daily tasks, and their communication requirements should be considered. When communicating with a blind individual, it is essential to keep calm and not feel compelled to alter your behavior. If possible, you should avoid speaking in a noisy environment, as it may cause distraction and make it difficult for the other individual to hear you. It would help if you continued to speak ordinarily and used ordinary gestures and words. The tone of your voice is affected by your body language, and this conveys meaning in conversation. A blind person may not always recognize when a conversation is directed toward them; therefore, it is essential to use their name when speaking in a group and to introduce other individuals present. Do not exit the room without telling the person you have finished speaking (Kraszewski & McEwen, 2010).

Vision impairment can impede communication, negatively affecting a patient's health and well-being. There are ways to accommodate the vision needs of individuals with vision impairments to ensure effective communication. This frequently depends on the communication's duration, complexity, nature, and significance. Planning can prompt an organization to analyze many aspects of ensuring effective communication with individuals who are blind or have low vision that it might not have considered otherwise.

### **Communicating Techniques with Visual Impairment**

- a. Recognize that you have entered the patient's room.
- b. Introduce yourself by your name.
- c. Consider that the visually impaired patient will miss the majority of nonverbal communication indicators.
- d. Normalize your tone of voice.



- e. Before contacting the patient, explain the reason for doing so. Inform the patient when the conversation has concluded, and you will exit the room.
- f. Keep a summon light or bell easily accessible to the patient.
- g. Orient the patient to the environment's stimuli and the room's layout and furnishings.
- h. Ensure that the patient's eyeglasses or contacts are clean and in position.

## **6. Physical Impairment**

Numerous members of society have a physical impairment. People with missing limbs—paraplegics, hemiplegics, and quadriplegics—have unique requirements and may encounter challenges or barriers when expressing their health concerns and emotions. They may not be able to use the same nonverbal cues as non-disabled individuals, and nurses must be aware of this. There may also be logistical obstacles, such as a lofty counter that makes it difficult for a person in a wheelchair or someone of short stature to communicate with a receptionist.

### **Communicating Techniques with Physical Impairment**

- a. Always ask wheelchair users if they need assistance before providing it. It may not be necessary or desired.
- b. Whenever feasible, wheelchair users should be seated so they do not have to look up. Communicate with the person at eye level.
- c. Communicate directly with the individual, not with anyone who may be assisting them.
- d. Do not shout. Physical disability and deafness are not related.
- e. Avoid patting someone on the head or shoulders or slapping them on the back as a cordial gesture. This may be patronizing or cause the individual to lose equilibrium if they use a mobility device.

- f. Never assume that a non-verbal person does not comprehend what you are saying. They may only need a communication aid such as a photo board or talking device.

## **B. Communication with Patients Mental Disorders**

Mental disorders encompass a broad spectrum of diseases, including organic, symptomatic, neurotic, and affective diseases, schizophrenic and craziness diseases, mental retardation, and other mental disorders, as well as mental disorders and behavioral diseases caused by the use of psychoactive substances, such as alcohol, tobacco, and other substances, which are traditionally referred to as diseases of addiction (Ilievski & Coneva, 2013).

Communication is an essential element of all therapeutic interventions in mental health nursing. The knowledge and interpersonal skills a mental health nurse uses to communicate are crucial for assisting a person with mental health issues and fostering the development of a positive nurse–service user relationship. As a result, we believe that nurses must demonstrate a variety of successful interaction and engagement skills with individuals with mental health issues, their carers, and other important people involved in their care (Morrissey & Callaghan, 2011).

Inpatient admission rates for mental health patients have consistently increased over the past decade. This increased demand for education with practice techniques, such as therapeutic communication skills, is necessary to provide safe, high-quality nursing care and attain optimal quality improvement outcomes (Nill, 2021). When therapeutic relationships exist, communication is greatly improved, and care is patient-centered, making recovery and wellness possible since patients are more likely to complete their therapies.

Communication is a two-way process between the nurse and the patient, or more depending on the circumstances. To achieve within the mental health continuum of care, nurses and leadership must adhere to evidence-based practice guidelines delineating the

knowledge, skills, attitudes, safety and quality care, and competency-based curriculum.

There was a strong correlation between communication skills and psychological well-being. Additionally, practical communication skills are essential in promoting patients' mental health. Given the significance and consequences of communication skills and their dimensions on mental health and improving health status, it is recommended to develop and implement support programs that enhance communication skills through nursing health programs (Yusefi et al., 2022).

### **Conducting Communication with Patients Mental Disorders**

Communication difficulties with people suffering from mental illnesses are frequently linked to the nature of their disability. Psychotic individuals have developed and saved their senses but have difficulty processing and interpreting what they hear, see, and touch. People with mental disorders have poor speaking and a limited vocabulary. A deficit in mental processes, emotions, and motivation characterizes it. Persons with severe mental disorders have facial expressions that do not correspond to the verbal message and are frequently expressed as irrational thinking processes in the form of illusions and hallucinations (Ilievski & Coneva, 2013).

To enable people with mental disorders to communicate, we must take the following steps:

- a. To effectively communicate with users, we must be patient, tolerant, and respectful of their individuality.
- b. A shorter transfer of communication is preferable, a shorter exchange, using simple, brief sentences, providing different forms of social support, such as organizing different games, walks in nature, and compiling a person's psychical appearance to encourage a particular type of interaction.
- c. It is undesirable to interfere with the hallucinogens in the user's system.

- d. Comprehending, embracing, and supporting their emotions is necessary to build mutual trust.

### **The Nurse-Patient with Mental Disorder Communication**

The relation nurse-patient has fundamental meaning in the therapeutic treatment of persons with mental disorders (Hartley et al., 2020). The first meeting leaves significant and lasting impressions on both patient and the nurse. At the first meeting, it should be established clear and open communication. The nurse should actively involve the patient and their family to establish a positive transfer in cooperation and build mutual trust.

Persons with mental disorders cannot comprehend the significance of their actions and cannot control their behavior during certain periods, as they require nurse assistance. These individuals have the same right to health protection and promotion.

When communicating with individuals with mental disorders persons, one must observe the following:

- a. To find adequate leisure for conversation;
- b. The conversation must occur in an appropriate space;
- c. To clarify the purpose of the discussion;
- d. To avoid assistance and facilitation (“I see that you find it difficult to discuss this”);
- e. To recognize verbal and nonverbal cues;
- f. To use brief sentences when giving individual instructions;
- g. The touch during communication is calming—arms, back, and shoulders are frequently stroked, and the touch reinforces the verbal message;
- h. If the patient repeats the same information repeatedly, you should attempt to maintain your interest in the topic;
- i. In the case of aggressive outbursts, the circumstance that led to the person’s outburst must be eliminated;
- j. Utilize active listening.

## **Interpersonal Skills in Mental Health Nursing Communication**

Effective interpersonal skills are essential to a mental health nurse's ability to establish an effective therapeutic relationship and their role. Every intervention in mental health nursing is founded on communication abilities. Each mental health nurse must possess strong interpersonal skills to provide care. These are the fundamental skills and principles in which all mental health clinical practitioners must be proficient. To communicate efficiently, a mental health nurse must be fluent in basic communication tools; this includes knowing what skill s/he is using and why and being able to move deftly from one skill to another as the nature of the interaction dictates (Morrissey & Callaghan, 2011). The following are descriptions of interpersonal skills that are often utilized in mental health practice:

### **a. Listening Skills**

Listening is the most essential and frequently the most difficult trait. Mental health nurses frequently worry about what they will say, what questions they should ask, and whether or not they have asked the right question. A common error made by mental health nurses is excessive talking. When we are talking, we are not hearing! The most effective and therapeutic action is to speak less and listen more. Listening to a client does not imply that you are doing nothing; rather, you are providing a space for the client to speak, which has both a value and a therapeutic effect.

Listening entails more than simply receiving the person's words; it requires active listening. Active listening entails providing the speaker your full attention—physically, mentally, and emotionally. This attention must be communicated to the speaker. Thus, effective listening is a cognitive, behavioral, and affective process.

To be a good listener, you need to use a variety of verbal and nonverbal cues to keep the conversation going. Verbal prompts include: 'Mmm,' 'Yes,' 'Absolutely,' 'I see,' 'Please continue,' 'Oh,' 'Say more about,' 'Really,' 'Go on,' 'So.'

Nonverbal actions include displaying it on your face, such as facial expressions of interest and concern, and sustaining eye contact, displaying it through body language, such as head nodding and bending forward.

b. Reflecting Skills

Reflecting skills enable the mental health nurse to focus on the client's perspective and promote person-centered communication. The fundamental idea behind using reflective skills is to find the person's key message and repeat it to them in your own words. When employing reflective skills, the mental health nurse listens to what the client is saying, seeking to be person-centered rather than leading the conversation and imposing what s/he believes is important, as is the case with nurse-centered communication. Reflective abilities can help to encourage exploration, create trust, and communicate acceptance and understanding to clients.

c. Paraphrasing Skills

The essence of paraphrasing is to restate the original message in your own words. When paraphrasing, the meaning is fundamentally unchanged, but the words are changed. In that it demonstrates to the client that the mental health nurse is attending and has heard what they have said, paraphrasing is a valuable tool that can be very therapeutic. Paraphrasing can be an alternative to queries to check for clarity and comprehension.

d. Summarizing

This ability involves providing the client with a synopsis or summary of the information. A summary is a lengthier paraphrase but should not be presented as a list of facts. If the distressed person has provided you with much information, summarizing can be an effective intervention. A summary of what the client has said can clarify and reassure them that the nurse has heard accurately. It also allows the client to clarify any misunderstandings, elucidate further, and reiterate the gist of their story.

e. Probing Skills

Skills in probing entail questioning. The most effective inquiries are open-ended, beginning with 'when,' 'what,' 'how,' 'who,' or 'where.' Asking an open-ended query invites a full descriptive response. For instance, if you were investigating a person's experience with hearing voices, you could use the following open-ended questions:

When did you first start hearing voices?

How many different voices do you hear?

What do the voices have to say to you?

When are the voices the most audible?

Who knows, you can hear voices?

## **SUMMARY**

A nurse directs actions toward achieving the plan of care's objectives and expected outcomes, addressing the communication impairment and its contributing factors. There are methods available for enhancing, restoring, or replacing verbal communication. Ensure that a patient is physically capable of using the chosen method and that it does not cause frustration by being overly complex or challenging. Communication is an essential element of all therapeutic interventions in mental health nursing. The knowledge and interpersonal skills a mental health nurse uses to communicate are crucial for assisting a person with mental health issues and fostering the development of a positive nurse–service user relationship. As a result, we believe that nurses must demonstrate a variety of successful interaction and engagement skills with individuals with mental health issues, their carers, and other important people involved in their care. Communication difficulties with people suffering from mental illnesses are frequently linked to the nature of their disability.

## REVIEW QUESTIONS

- A. Explain the concept of communication disorders in children with special needs!
- B. Identify the characteristics of patients with special needs!
- C. Identify the various communication disorders in patients with special needs!
- D. Explain communication techniques and strategies to patients with special needs (Autism et al.)!
- E. Practice communication with patients with special needs!
- F. Practice communication with patients with mental disorders!

Instructions for the Exercise Answers:

To answer these practice questions, you will need to reread the material in Chapter 6 that corresponds to the practice questions that are located above, and you will also need to use other connected references to enhance your answers.

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## **Ach. Arfan Adinata, S.Kep., Ns., M.Kep.**

The author is a permanent lecturer in the nursing department of Poltekkes Kemenkes Surabaya; the author completed his Bachelor of Nursing and Nurse Professional Education at STIKES Hang Tuah Surabaya. After graduating from professional nurse education in 2015, the author joined the STIKES Hang Tuah Surabaya as a lecturer assistant before joining as A lecturer at Poltekkes Kemenkes Surabaya. In 2019 the author completed his Master's in Nursing Education with a specialization in Community Nursing at Airlangga University of Surabaya. To realize a career as a professional lecturer and as a form of dedication in the Tri Dharma of higher education, the author continues to work on writing books, especially professional nursing books that reputable publishers have published. In addition to writing books, the author is also active in research with the hope of making a real contribution to the world of education in general and nursing education in particular so that nursing education is well-developed and of good quality.

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