Course Unit: Communication Process

Contents:

- Definition
- Types of Communication
- Theories and Elements of Communication Process
- Factors Influencing Communication
- Nurse-Patient Relationship
- Interpersonal Skills

Course Objectives:

- Provide the definition of communication
- Discuss different types of communication
- Explain the communication process

Definition of Communication

Communication is the exchange of information between two or more persons who are interacting with each other in such a way that the information is understood. It defines the transfer of meaningful information and the establishment of commonality with the audience.

The component of communication are easily remembered using the acronym: MSCREFS, which refers to "M" – message; "S" – source (sender); "C" – channel; "R" – receiver (audience); "E" – effects; "F" – feedback; and "S" – social. The characteristics of these elements are discussed as follows:

"M" – Message

The message is the information intended to be passed to the audience, and it needs to bear a purpose and relevant facts to be communicated to the audience. The content of the message should suit the level of the audience.

"S" – Source (Sender)

This is the origin of the message, conveying the message to its destination. The source of the message determines the clarity of the message to the audience, and it should consider the environment before communicating.

The characteristics of the "source" that influence communication include the mood, knowledge of the subject matter, attitude, language , knowledge of the audience, social-cultural background, economic status, and age/sex/religion.

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"C" – Channel

This is the medium that is used to convey a message from the source to the destination (receiver). The communication channel used to send the message should suit the needs of the audience. Communication is achieved through three main methods, namely verbal, non-verbal, and written communications.

- **Verbal communication** – verbal communication is expressed through conversations, including face-to-face interactions, telephone calls, radio and television broadcasts. It involves the act of talking and listening, and the tone of voice can communicate feelings and emotions that are as significant as the words being spoken.
- **Non-verbal communication** – this is what is known as body positioning, gestures and facial expression. It is also referred to as "body language" since it can be used to communicate as much as words. The most common body signs that can be observed from clients/patients include beckoning, crying, wriggling, facial expression, yawning and restlessness. It is through the body language that we express our attitudes towards an issue or a personal behaviour.
- **Written communication** – this involves circulating messages through the print media (such as newspapers, newsletters, letters, posters, circulars, memoranda), or through electronic media (including emails). In the health facilities, this mode of communication can be channelled through policy documents, procedure manuals, circulars, memoranda, letters, posters, journals, patients' notes or care plans, files, and observation charts.

"R" – Receiver (Audience)

This is the person(s) who receive the message conveyed from the source. The receiver (audience) should be psychologically ready to receive the message that has been sent to him/her. Such characteristics that influence the message conveyed include the mood of the receiver, attitude towards the message sent or language used, the education level, and the cultural and socio-economic background of the audience.

"E" – Effects

This is the impact or outcomes after sending the message to the receiver (audience). The effect may be defined as the desired impact or outcomes that are expected over a period of time after sharing the health message. The impact or outcomes are observed after individuals, families, or communities have acquired the desired knowledge, attitude and change in their behaviour, such as female genital mutilation (FGM).

"F" – Feedback

This is the process of finding out whether the communicated message has been understood as intended. To ensure that the receiver has understood the message, you should ask him/her to paraphrase the message. Feedback is important since it reinforces the understanding of the message.

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"S" – Social Setting

The social setting refers to the environment in which the message is conveyed from the source (sender) and that of the receiver (receiver). It is important to consider social setting when selecting avenue to share a healthy message, such which should be free from unnecessary noises and/or disturbances.

Types of Communication

Communication can be classified in formal, informal, or unconscious, and are detailed as indicated hereunder.

Formal Communication

Formal communication is the official way of communicating with people (employees) in an organization. The information may wither be oral or written. The message flows from the top to bottom, following the hierarchy or chain of command in a particular organization.

The communication mainly involves giving instructions to be followed and clarifying the staff in the organization it emphasizes the use of available resources to achieve the desired goals. Formal communication flows in three directions, namely downward, upward, and horizontal communication.

- **Downward communication:** this is where the communication flows from the top management to the lower level, and the communication channels used here include oral messages (such as telephone calls), written communication (such as circulars, letters, memos, pamphlets, or posters). The advantage of this communication is that the message is received immediately it is sent and it is not distorted; the disadvantage is that it does not receive feedback immediately.
- **Upward communication:** this type of communication flows from the staff at lower and middle levels to the top management. This enables a feedback to be provided immediately in indicating the success or failure in achieving the desired goals of the organization. The staffs at the lower levels are in a position of asking for clarification of unclear goals and request for resources to improve efficiency in the organization.
- **Horizontal communication:** in this communication, the flow occurs between the heads of the departments or supervisors, who are set and the same level, in which they exchange ideas on common goals in order to improve management operations in the organization.

Informal Communication

This is an unofficial form of communication between groups of people in an organization. The messages are discussed casualty and are not recognized by the management. This form of communication may also be referred to as "**grapevine**" communication whereby the message is considered to be half-truth. This may eminate from the staff at the lower or middle levels in the organizations.

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“Grapevine” communication is common in organizations where a certain cadre of staff feels that their management fails to clarify issues. The “grapevine” should not be ignored since it gives a warning of impending issues of concern to the employees, and likewise a chance to ventilate their feelings/views in the organization. The top management should give the organization current information so to avoid such gaps created by this form of communication.

Unconscious (Non-Verbal) Communication

This is a type of communication that is also known referred to as “**body language**” communication. It is where usually the sender of the message is not aware that their behaviours are sending wrong signals. Such example include when one appears quite casual when giving important information, and the recipient will therefore misrepresent the information because of the manner it was conveyed.

Essential Organizational Communication

This will include intrapersonal communication, interpersonal communication, small-group communication, and mass communication.

Intrapersonal Communication

This is a form of communication that is extremely private and restricted to one self, and it will include the silent conversations that people have within themselves, whereby they juggle roles between the sender and the receiver, who are processing their thoughts and actions. Analysing such process of communication it will be found that it can either be conveyed verbally to someone or stay conferred as thoughts.

Interpersonal Communication

This form of communication takes place between two individuals, which is a one-one-one conversation. Here, the two individuals involved will swap their roles between who is the sender and who is the receiver in order to communicate in a clear manner.

Small-Group Communication

This is a kind of communication that can take place when more than two people are involved. Here, the number of people will be small enough to allow each of the participants to interact and converse with the rest; for example, in a board meeting and press conference. Unless a specific issue is being discussed, small group discussions can become chaotic and difficult to interpret.

Mass Communication

This is a form of communication that is used to reach out to many people at the same time through the media of mass circulation or coverage for example television media, radio, and newspapers.

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Barriers to Effective Communication

Q. What are the various to effective communication?

Barriers are the factors that prevent communication, and the message may be interfered with by some disturbances such which increases the difficulty in perception or prevents some elements of the message from reaching the receiver. The barriers to effective communication may be due to any breakdown in the six elements of the communication process – including the source, message, channel, receiver, effect, and social setting. They are discussed as follows:

Barriers Resulting from the Source

The source (sender) should have a sound understanding of his/her audience and a good knowledge of the subject of the message. The audience will determine the level of the language and vocabulary to be used, and thus the source (sender) should appreciate the culture, values, and psychological factors of the audience. There are physical barriers such which may be attributed to climate – such as cold weather, etc. system overload may occur where an individual sends or receives too much information at the same time.

The use of appropriate language according to the level and age of the receiver is duly required. Privacy and confidentiality of the patient when taking history is important, and where such is not observed, then the readiness of the recipient to talk freely is restricted hence leading to communication breakdown.

Barriers Affecting the Message

The message is what the sender wishes to convey to the audience. For the message to be well and effectively received, the sender must plan it well with the need of the audience in mind. The sender may ask himself/herself of what he/she wants the receiver to know, how does he/she expect the receiver to feel upon conveying the message to him/her, and does he/she want to change the behaviour of the receiver? In order to avoid failure in communication, one has to address the following:

- The message must be expressed in simple language, and it should be short and clear to the point. The delivery of the message should involve proper communication posture, and a stressing of the keywords
- The message must be problem-cantered. It must address a felt health concern or issue affecting the individual or the community
- The message should be culturally relevant and not offensive to the values and believes of the community or individuals and religious beliefs.
- The message must fall within the socio-economic abilities of the audience. Do not propose solutions that are beyond the reach of your audience

Barriers Resulting from the Receiver

The receiver of the message should be prepared physically, psychologically and socially,

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such which should enable him/her to readily understand the issue with the message.

If the sender slammers and speaks in audibly this could result to poor delivery of message. If the message is received in a noisy environment, then the receiver will not hear it well; nor likewise if it is transmitted to the receiver when he/she is emotionally disturbed.

Barriers Resulting from the Social Setting

The social setting is the environment in which the message is transmitted, and the selected venue for receiving the message had different posters that are not relevant to the health message given, hence, they will at as distractors and hence decreasing the level of concentration. Noise or rain can also result in communication broken down.

Barriers Affecting the Communication Channel/Medium

Communication channels are means by which a message travels from the source to the receiver. A breakdown in communication may occur due to the following factors:

- In verbal communication, the sender may speak in such a low voice that the receiver cannot hear well; for example, when one talks to a large crowd in a low voice without an amplifier;
- When the channel selected to transmit the message is through the mass media like the radio, television or print media, such as newspapers, films, and magazines, without considering the socio-economic status of the receiver.

Barriers Affecting the Effect/Impact of Communication

The receiver of the message may be emotionally disturbed and therefore does not understand the message as intended. The sender of the message may fail to involve the receiver (audience) in the planning phase and therefore disregard the cultural beliefs of the community

Barriers Affecting Feedback

Feedback is an evaluation to assess if the intended message is understood by the receiver (or audience). A breakdown in communication occurs when the sender receives a negative response, indicating that he message is not understood.

Breakdown in communication may occur:

- If the sender of the message does not clarify all points to enable that the receive understand it;
- That sometimes the receiver does not understand the message and fails to ask for clarification;
- That the sender of the message might use symbols that the receiver interprets wrongfully without asking for clarification;
- That the sender of the message may speak in an inaudible voice, for the audience might not understand the questions asked during the evaluation hence giving a

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wrong feedback;

- That the receiver of the message may have a negative or different attitude towards the message given. This can lead to misleading the seriousness of the message; and
- Overload of the system (too much messages) sent as thus the receiver does not comprehend all the messages

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Communication Techniques of a Therapeutic Relationship

Therapeutic Communication

By definition, **therapeutic communication** is defined as a purposeful form of conversation designed to help a client to achieve identical health-related goals through participation in a focused relationship. Therapeutic conversation helps to make illness bearable by reinforcing self-esteem and supporting the natural healing powers of a person.

The Purpose of Therapeutic Communication

The purpose of therapeutic communication is to provide a safe place for the client to explore the meaning of the illness and provide information and emotional support that the client needs to achieve to gain maximum health and wellbeing. That is, in short, the nurse functions as a skilled companion, using communication as a primary tool to achieve health goals.

Therapeutic Communication Skills

These include active listening, observation, asking questions, and listening responses, which are further classified as follows:

- **Active listening responses**: minimal verbal cues, clarification, restatement, paraphrasing, reflection, summarization, silence, and touch;
- **Observation**: facial expression, vocal tones, gestures, and body positions; and
- **Asking questions**: open-ended questions, closed-ended questions, and circular questions.

Active Listening

This is defined as dynamic and interactive process in which a nurse hears a client's message, decodes its meaning and provides feedback to the client, regarding the nurse's understanding of the message. The following are therapeutic listening responses: minimal verbal cues, clarification, restatement, paraphrasing, reflection, summarization, silence, and touch.

Minimal Verbal Cues

Minimal verbal cues should be simple and encouraging hence leading to ease of communicating interest, which occurs through body languages (such as smiling, nodding, leaning forward, etc), and will be to encourage the clients in order to continue with the story. Having minimal cues will also promote client with comfort in sharing intimate information; and having short phrases, such like "go on", "and", "then", will also provide a steam towards going on.

Clarification

Clarification seeks to understand the message of the client by asking for more information or for elaboration on a point. The strategy is most useful when parts of a client's

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communication are ambiguous or not easily understood. Failure to ask for clarification when part of the communication is poorly understood means that the nurse will act on incomplete or inaccurate information.

Restatement

This is an active listening strategy used to broaden a client's perspective or when the nurse needs to provide a sharper focus on a specific part of the communication. It is like bracketing a phrase in a paragraph, acting as a brief interruption designed to highlight a defined element of a message.

Restatement is effective when the client overgeneralizes or seems stuck in a repetitive line of thinking; for example, "let me see if I have the right…" as a way of putting emphasis onto a point.

Paraphrasing

This is a response strategy designed to help the client elaborate more on the content of a verbal message. The nurse takes the original message and transforms it into his/her own words without losing the meaning. For the client, hearing his/her own words in a slightly different way provides a new means of hearing these concerns within a broader framework. The paraphrase statement is shorter and a little more specific than the clients' initial statement, such as, "let me see if I have this right…"

Reflection

This is a listening response that focuses on the emotional overtones of a message, such which helps the client to classify important feelings and experience in relation to a particular situation or event. Such is used in the following ways:

- Reflection on vocal tone:
  "I can feel the sense of anger and frustration in your voice…"
  "I understand how you feel or I know how you feel…"
- Linking feelings with the content message:
  "It sounds like you feel _____ because _____"
- Linking current feelings with the past experience:
  "It seems as if this experience reminds you of the feelings you had with other health workers."

The nurse needs to know enough about the client to respond emphatically and accurately to the clients' feelings.

Summarization

This is an active listening skill that is used to review the content and process. Summarization pulls several ideas and feelings together, either from one interaction or a

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series of interactions. The nurse reduces a lengthy interaction or discussion to a few sentences. A summary statement is particularly useful before moving on to a different topical area.

Silence

Silence used deliberately is a powerful listening response. The use of a pause can be very helpful during this type of interaction since it allows the client to think and/or rethink; while at the same time allowing the nurse to step back for a moment and process on what he/she heard before making his/her response. Long silence becomes uncomfortable, and the silent pause should just be a brief disconnection followed by a verbal comment.

Touch

This is a vital form of communication throughout life, whereby it gives a powerful response for used when words would seem to break the mood. A hand tenderly placed on a frightened mother's shoulder or a gentle squeeze of the hand can speak for more adequately than words in times of deep emotion, whether sadness or joy. Touch can deepen the meaning of the language.

Observation

This is an important skill of communication that normally elicits non-verbal clues. It is a situation whereby the client communicates without putting the communication in words. There are very many different 'channels' of non-verbal communication, including facial expression, vocal tones, gestures, and body positions (including body movement, touch, and personal space).

It is necessary to watch non-verbal clues as they signal how the patients are feeling over a given situation, which are best evidenced through body language. Facial expressions, particularly around the eyes, are a major source of information that can be received when interpreted immediately and accurately. A person's facial expression indicates whether the person is happy, confident, sad, hostile, annoyed, pleased, among other interpretations.

Asking Questions

Questions are important forms of communication in all phases of the nurse client relationship, and they are a primary means of obtaining information from a client. The information needed and condition of the client help dictate the number and type of questions. These questions fall into three categories, including open-ended questions, closed-ended questions, and circular questions.

Open-Ended Questions

An open-ended question is similar to an essay question, which is open to interpretation and cannot be answered by the 'yes', 'no', or any other one-word response. Such questions are designed to permit the client to express the problem or health need in his/her own words.

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They give a friendly approach that respects the individual and gives the client as much control as possible in responding,; for example, a good starting question is like this:

Will you please tell me a little about yourself, and why you came to the clinic today?

Open-ended questions usually begin with such words like “how”, “what”, “where”, “when”, “in what manner”, “can you tell me…”, and they can be used like in the following sample questions:

Q. What are your plans after discharge?
Q. Tell me about the accident

These questions are general rather than specific and open to a variety of answers. By using active listening responses, open-ended questions one can elicit more information from the clients. In emergencies or other circumstances when information is needed quickly, it may require the use of focused or closed-ended questions.

Focused Questions

These questions limit the response to certain information area but require more than a “yes” or “no” response. The nurse uses focused questions to obtain data that are more specific. The following are examples of focused questions:

Q. Tell me more about the pain in your arm
Q. You mentioned that you had the problem with your back before, how did this problem develop in the beginning?
Q. Can you give me a specific example of what you mean by ….

Closed-Ended Questions

These resemble multiple-choice questions with limited answer options. The answer to a closed-ended question limits the expression of clients\ feelings and it may take many questions to obtain the same information. They are useful in emergency situations when the goal is to obtain information quickly and the clients’ emotional reactions are of secondary importance.

Clients with limited social skills can respond better to closed-ended questions, and such will include the following examples:

Q. When was your last tetanus shot?
Q. Does the pain radiate don your left shoulder and arm?
Q. When was your last meal?
Q. Have you had these symptoms before?

Circular Questions

These questions focus on the interpersonal context in which an illness occurs. They are designed to identify family relationships and differences on the impact of an illness on individual family members. They focus on the impact of an illness or injury on the

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functioning of the family system. The nurse uses the information the family provides as the basis for additional questions.

Consider when the nurse asks a family that is coping with a terminally ill patient, she might ask such a question:

Q. What has been your biggest challenge in taking care of your mother at home?

The response of the family members might include such case examples:

> The Daughter: my biggest challenge has been finding a balance between caring for my mother and also caring for my children and husband
>
> The Son-in-law: For me, the biggest challenge has been convincing my wife that I can take over for a while in order for her to get some rest; I worry that she will become exhausted.
>
> The Mother: I have appreciated all the help that they give me. My biggest challenge is to continue to do as much as possible for myself so that I do not become too much of a burden to them. Sometimes I wonder about moving a palliative care setting or hospice.

Other examples of circular questions include:

Q. Who will be most relieved when father wakes up or gets better?
Q. Who is the most anxious or fearful person about this illness?
Q. What is the worst thing that could happen because of father's illness?

Asking Follow-Up Questions

This comes after the nurse has asked preliminary questions about a topic, whether they have been open, closed, focused, or circular, and/or is there a need to make a follow up so as to get more information. Follow-up questions directly relate to the initial data and ask the client to expand on a particular topic. For example,

> "Now that you have told me about how you handle your diabetic diet in general, can you tell me about any other modifications that you have to make when you are ill or stressed?"

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Establishing a Therapeutic Nurse-Patient Relationship

Q. Develop interpersonal skills that are necessary for establishing a therapeutic nurse-patient relationship

The interpersonal skills that are necessary for establishing a therapeutic nurse-patient relationship will include self-awareness, therapeutic use of self, empathy, self-disclosure, empowerment, and setting limits.

Self-Awareness

This is a process that requires nurses to examine their personal values, personal biases and prejudices that are not projected to the client. It allows them to treat each client with respect – that is, a person having value, even if they cannot approve the patient's character or behaviour.

It is about discovery-learning of new information about the self, as well as being aware of the existing biases and prejudice. The nurse should observe their behaviours as well as those of the client, with self-scrutiny and total honesty in assessment of their behaviour in interaction with the patients. The nurse can likewise create a safe trustworthy and caring relationship.

Therapeutic Use of Self

This is the ability to be fully and uniquely present with another human being, and is also defined as a "healing presence". It is the condition of being consciously and compassionately in the present moment with another or with others. Presence involves the capacity to know when to provide help and when to stand back, when to speak frankly and when to hold comments, because the client is not ready to hear them. Being fully present with another brings comfort and strength to the client.

Empathy

This assures a client that the nurse has truly heard and understood the client's perspectives. It can also be described as being able to fully understand the experience of another without loss of self, and as the capacity "to see with the eyes of another, to hear with the ears of another, and to feel with the heart of the other".

Empathy allows the nurse to fully perceive the depth of the client's anger, fear, and anxiety without being overwhelmed by it, and such also requires a response from the listener. An accurate empathetic response captures the essence of the client's feelings and both parties that they are talking about the same thing.

Empathetic responses allow clients to feel respected, well understood, and well validated, for example, giving a response by quoting "I see you feel overwhelmed by this news…" Likewise, the nurse will be brief and use his/her own words in asking for validation of what he/she is observing. Sometimes, a gentle touch delivered simultaneously can enhance the

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effect of an empathetic response.

Self-Disclosure

This refers to the intentional revelation of personal experiences or feelings that are similar to those of the patient/client. Appropriate self-disclosure can facilitate the relationship, providing the client with information that is both immediate and personalized.

Self-disclosure can be relevant when it fits the goals of the conversation at hand. They are enhanced by the following guidelines in helping clients to open up at a therapeutic level:

- The use of self-disclosure to help the clients open up to the nurse, and not to meet the nurse's own needs;
- Keeping the disclosure process as brief as possible; and
- The nurse getting not implying that his/her experience is exactly the same as the client's

Empowerment

This is defined as helping people to develop knowledge skills and other resources that they need so as to set their own health problems and to take a primary role in their health care. It is also described as enabling people to choose to take control over their own lives and likewise make decisions about them.

It is the concept of being with a client as a guide and providing direction rather than doing things a client; that is, by choosing treatment options; and setting goals – for example, giving the client information about what to expect after surgery, whom to contact in case of pain or getting to experience side effects.

Empowerment emphasizes on allowing clients to do so as much for themselves as possible while providing enough support necessary for them to feel successful. These will get to create self-esteem in them.

Setting Limits (Professional Boundaries)

This is a therapeutic relationship represented with invisible structures imposed by legal moral and professional standards of nursing that respect nurse and client rights. For example, such will include defining time, purpose and length of contact, maintaining confidentiality regarding what the client says and providing an appropriate setting for the relationship in healthcare (that is, maintaining objectivity).

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Phases of the Relationship

In 1952, Peplau described four sequential phases of a nurse-client relationship, each characterized by specific tasks and interpersonal skills. The phases run from pre-interaction/orientation phase, working (active intervention), implementation (exploitation) phase, and termination (resolution) phase. Each phase serves to broaden and likewise deepen the scope of emotional connection with client. They are discussed hereunder and summarized in the Phase Table.

Pre-Interaction (Orientation) Phase

This sets the stage for the rest of the relationship, and correlates with the assessment phase of the nursing process. Once the nurse and the client together define the problem in the orientation phase, they can then move on to the working phase.

Working (Active Intervention) Phase

This is sub-divided into two aspects – identification and exploitation. The '**identification'** component focuses on mutual clarification of ideas and expectations, and corresponds to the planning phase of the nursing process; while the '**exploitation'** component uses the client's personal strengths and community resources to help the client resolve healthcare issues that are parallel to the implementation phase.

Implementation (Exploitation) Phase

???????????

Termination (Evaluation/Resolution) Phase

This phase corresponds with the evaluation phase of the nursing process, where the nurse assists the client in evaluating the resolution of issues that initially brought the client into treatment.

Assignment:

Read and makes notes on theories of communication

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Table: Phases of the Relationship

SNo	Phase	Stage	Purpose	Skill
1	Pre-Interaction (Orientation) Phase	Gathering information Defining the problem Identifying strengths	To determine how the client views the problem and what client's strengths might be used in their resolution	Basic listening and attending Open-ended question and verbal cues and leads
2	Working (Active Intervention) Phase	Determining outcomes and where the client wants to go	To find out how the client would like to be and how things would be if the problems were solved	Attending and basic listening Influencing feedback
3	Implementation (Exploitation) Phase	Explaining the alternatives and options	To work towards resolution of the client's self-care needs	Influencing feedback balanced by attending and listening
4	Termination (Evaluation/Resolution) Phase	Generalizing and transfer of learning	To enable changes in thoughts, feeling and behaviours, to evaluate the effectiveness of the changes in modifying the self-care needs	Influencing feedback Validation

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