**Communication**

Assist. Lec. **Selman Hussain**

**Process of communication**

**Communication** is the process by which information is exchanged between the sender and receiver.

The six aspects of communication are :-

* 1. **Sender**
  2. **Message**
  3. **Channel**
  4. **Receiver**
  5. **Feedback, and**
  6. **Influences.**

**Sender**

The person who has a thought , idea, or emotion to covey to another person is called **the sender**. Messages stem from a person's need to relate to others, to create meanings, and to understand various situations.

**Message**

The thought, idea or emotion one person sends to another person is called **the message**.

It is a stimulus produced by the sender and responded by the receiver. A person's perception ( the meaning that the individual assigns to any sensory input) can alter the message.

**Channel**

The person sending the message must decide how to send the message. The method by which a message may be transmitted is verbal or nonverbal .

**Receiver**

The physiological component involved:- auditory, visual, and kinesthetic processes. The person psychological processes may enhance or hinder the receiving of messages.

For example, anxiety may cause an individual to experience alterations in **hearing** ( act or power of perceiving sounds), **vision, or feeling**.

The cognitive element is the "thinking" part of receiving .

It involves interpreting stimuli and converting them into meaning, as in **listening** ( interpreting sounds heard and attaching meaning to them).

**Feedback**

Feedback is a response from the receiver that enables the sender to verify that the message received was the message sent . when these are not the same, more messages are sent and received until the receiver understands the message sent by the sender.

Feedback is the Receiver’s reaction to the message, which he sends back to the Sender.

Feedback is any message that the receiver sends to the sender. It

could be verbal, nonverbal, or silence.

**Influences**

Culture, age, emotions, language, and attention influence both the sender and receiver as well as the situation within which they find themselves. All of these elements together are called a person's frame of reference. These influences sometimes help communication, and sometimes they hinder communication.

**Emotion and attention**

**Emotion and attention**

**message**

**Culture and language**

**Culture and language**

**Age and education**

**Age and education**

**feedback**

**Developmental level**

**Developmental level**

**Environment**

Figure 1- **concept map representing the communication process with influences identified.**

**Methods of communication**

There are two methods of communicating :-

1. **Verbally, and**
2. **Nonverbally**

* **Verbal communication**

Verbal communication is the use of words, either spoken or written , to send a message.

Methods of verbal communication include :

* **Speaking**
* **Listening**
* **Writing and**
* **Reading**

**Speaking/listening**

Speaking is usually thought of as verbal communication, but the receiver of a spoken message must listen. For communication to take place, both speaking and listening must occur. Have you ever spoken to someone in the same room with you and received a nonmeaningful, senseless response from the person or no response at all? The other person probably was only hearing words but not listening to the message. Listening is one of the most difficult skills to learn and execute well.

**Writing /Reading**

The other method of verbal communication is writing. The receiver of the written message reads the words. The reader must understand the words and the attach meaning to them. With a written message, there is generally no opportunity for immediate feedback. Therefore, great care should be taken to ensure clarity when composing a written message**.**

* **Nonverbal communication**

Nonverbalcommunication, or body language, is a method of sending a message without using speech or writing.

Communication without words is done in many ways, including:-

1. **Gestures**
2. **Facial expressions**
3. **Posture and gait**
4. **Tone of voice**
5. **Touch**
6. **Eye contact**
7. **Body position and**

**Gestures**

Gestures are often referred to as " **talking with hands**".

Gestures may be used to help clarify a verbal message, to emphasize an idea, to hold another's attention, or to relieve stress.

**Facial expression**s

Although some people have very expressive faces, other do not.

A **big smile** is easily interpreted as indicating **happiness**.

**Eyebrows** can be very expressive, showing **surprise**, **worry, thoughtfulness, or displeasure.**

Nurses must be very aware of their own facial expressions, especially when caring for a client under " unpleasant " conditions, such as when a client is vomiting or suffering from bowel incontinence.

**Posture and gait**

Good posture, with the held up, and a purposeful gait are usually interpreted as meaning self-confidence, and a positive self-image.

**Touch**

Is a simple yet powerful form of nonverbal communication that even a newborn infant can understand. Touch can communicate caring, understanding, encouragement, warmth, reassurance, or affection.

**Eye contact**

Eyes, it is said, mirror the soul.

Eye contact is generally interpreted as indicating interest and attention, whereas lack of eye contact is thought to indicate avoidance, disinterest, or discomfort.

**Body position**

Body position is often a good indicator of a person's attitude. For example, crossed arms generally indicate withdrawal, although the person could just be cold.

**Physical appearance**

A person's physical appearance says a great deal about the person. A clean , neat, appropriately dressed individual conveys a positive self-image, knowledge, and competence.

It is very important for every nurse to be clean, neat, and professionally dressed. Clients and families understand the nonverbal message that appearance conveys. Appearance does influence communication.

**Factors Influences on communication**

Communication involves more than just sending and receiving verbal and nonverbal messages. How a person sends or receives a message is influenced by such factors as:

1. **Age**
2. **Education**
3. **Emotions**
4. **Culture, and**
5. **Language**
6. **Attention and**
7. **Surrounding**

**Age**

Factors related to age affect communication . for instance, communicating with a child is different form communicating with an adult and depends on the child's age. Nonverbal communication, particularly touch, and facial expression can be understood by infants.

Elderly persons may have some degree of hearing loss or a slowed response time. The nurse should face the elderly client when speaking and allow time for a response.

**Development level**

Age and development level do not necessarily go hand in hand. Individuals with mental retardation or developmental delays will communicate at their level of development, not at what is usually expected for their chronological age.

**Education**

Education is another strong influence on communication. Vocabulary generally increases as dose the ability to discuss and understand concepts and abstract ideas.

**Emotions**

A person's emotional state greatly influences how messages are sent or received. Someone who is very anxious or upset, for example, may not hear what is said or may interpret the message differently than the sender intended. This same person typically speaks in an abrupt manner, loudly, and in harsh tones. The depressed person, on the other hand, typically says very little, speaking only one or two words or in very short sentences.

**Language**

Language certainly influences communication. Speaking the same language assists people in understanding each other, although regional accents of a language can inhibit communication and understanding. When verbal communication comes to a standstill, nonverbal communication is often employed to assist.

**Attention**

The amount of attention each individual focuses on a given communication greatly affects the outcome. In selective listening, the receiver hears only what he wants or expects to hear. Pain or discomfort, physical or mental, may result in preoccupation, limiting the attention given to the communication.

**Surroundings**

Most people do not want to talk about the intimate of their health care concerns in public. Thus, privacy should be provided. If the client occupies a room alone, the nurse should close the door; if the client shares a room , the nurse should take the client to a conference room or to another private place, if possible, to discuss personal information.

**Types of Communication**

There are several types of communication:

* **social,**
* **therapeutic, and**
* **formal.**

**Levels of Communication**

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

* **intrapersonal** (is internal thoughts and discussion with oneself ).
* **interpersonal, and**
* **group levels of communication.**

**NURSE-CLIENT COMMUNICATION**

One of the most important aspects of nursing care is communication. Good communication skills are essential whether the nurse is **gathering admission information, taking a health history, teaching, or implementing care.**

* **Interpersonal communication** is an exchange of information between the nurse and the client.

Nurses have both an ethical and a moral responsibility to use any information gathered from the client in the client's beast interest.

All information concerning a client is confidential and should be never discussed in other places outside the health care facilities .

Client satisfaction is increased by good communication, and increased client satisfaction lead to better compliance with the therapeutic regimen.

* **Formal / Informal communication**
* **Formal communication** is purposeful and is employed in a structured situation, such as information gathering on admission or scheduled teaching sessions.
* **Informal communication** does not follow a structured approach, although it often reveals information that is pertinent to the client care.

For instance, a client may comment that the tape holding her bandage in place is irritating to her skin.

* **Social communication**

Everyday conversations with friend, family, and acquaintances are called social communication.

Social communication provides a way to get acquainted with clients to learn about each other and to begin a nurse-client relationship.

Although social communication is not considered therapeutic communication, it is used in the nurse-client relationship.

* **Interactions**

Nurse-client interaction and relationships progress through three phases:-

* **Introduction phase**
* **Working phase**
* **Termination phase**
* **Introduction phase**

The introduction phase of any interaction is usually fairly short. After greeting the client by name, the nurse should introduce himself and define his role. The expectations of the interaction are clarified, and mutual goals are set.

* **Working phase**

The working phase generally constitutes the major portion of any interaction and is used to accomplish the goal or objective defined in the introduction. Feedback should always be asked for to ensure understanding on the part of the client.

* **Termination phase**

The termination phase is the final phase of any introduction. Seldom the nurses have unlimited time to spend with one client, and there are several ways for the nurse to indicate the end of an interaction. The nurse may ask whether the client has any questions about the topic discussed.

* **Factors Affecting Nurse-Client Communication**

As mentioned previously, factors such as: age, education, emotions, culture, language, attention and surroundings affect both parties in a communication.

In nurse-client communications, additional factors relating to both the nurse and the client also come into play. The nurse must be sensitive to these factors and avoid personal biases in order to provide appropriate nursing care.

* **Nurse**

Many factors pertaining to the nurse influence nurse-client communication.

The nurse's state of health, home situation, workload, staff relations, and past experiences as a nurse can all impact the attitude, thinking, concentration, and emotions of the nurse.

* **Client**

Factors related to the client that must be considered include:

* Social factors
* Religion
* Family situation
* Visual ability
* Hearing ability
* Speech ability
* level of consciousness
* Language proficiency and
* State of illness

**Communication with health care team**

Because providing care to clients is team effort, effective communication is necessary. This communication between team member may be:

**Oral or written, individual, group, or computer**.

* **Oral communication** such as**:**
* Nurse- student nurse
* Nurse-nursing assistant
* Nurse-nurse
* Nurse-physician
* Nurse-other health professionals
* Group communication
* Telephone
* **Shift report**

Report about each client between shifts.

An oral report is the most common.

Another method is a "**walking report."** The outgoing nurse reports to the oncoming nurse on each client as they walk from bed to bed.

* **Written communication**

Most written communication related to the client's chart**.**

Aspects of a client's care are recorded on that client's chart**.** such as: X-Ray, laboratory services, report… .

* **Electronic communication**:

Computers are being used extensively in the business offices of health care agencies and have been so for years. The introduction the computers into the departments of direct client care has been slower, however.

nonetheless, in many places, are used by client care departments to:

* **Send requisitions to other departments and to receive test result**
* **Show safe dosages and drug interactions**
* **Aid physicians in diagnosing and treating some conditions**
* **Documentation** ( including nursing notes, nursing care plans, and the medication administration record).
* **Telehealth**

telehealth is using telecommunication equipment and communication networks to transfer health care information between participants at different locations.

**- Telenursing,** an element of telehealth, permits nurses to provide care through a telecommunication system.

- **Telemedicine,** another element of telehealth, permits physicians to provide care through a telecommunication system.

**Therapeutic communication**

**Therapeutic communication** is the use of communication for the purpose of creating a beneficial outcome for the client.

* **Goals of therapeutic communication**

Therapeutic communication has several goals or purpose are:-

1. Develop trust
2. Obtain or provide information
3. Show caring
4. Explore feelings

* **Behaviors/attitudes to enhance communication**

Behaviors and attitudes that enhance therapeutic communication include :-

1. Warmth,
2. Active Listening,
3. Caring,
4. Genuineness,
5. Empathy,
6. Acceptance And Respect, And
7. Self-Disclosure.

* **Techniques of therapeutic communication**

Certain techniques promote therapeutic communication. These techniques should be learned and incorporated into the nurse's manner of communicating, such as:

* Clarifying / validating
* Open-ended questions
* Open-ended statements
* Reflecting
* Paraphrasing / restating
* Summarizing
* Focusing
* Silence
* **Barriers to communication**

Barriers to communication may include:

* Lack of planning by the nurse.
* Poor data collection.
* Inappropriate Nursing Diagnosis and Outcome criteria.
* Lack of regard or respect for the patient.

**Improve communication skills**

Communication skills can be improved by the following:

1. Minimizing distractions
2. Making eye contact
3. Listening
4. Being patient
5. Not interrupting
6. Checking congruency of words spoken with non-verbal cues
7. Using clear, easy-to-understand terminology and explaining medical terms when used
8. Asking client to paraphrase important information