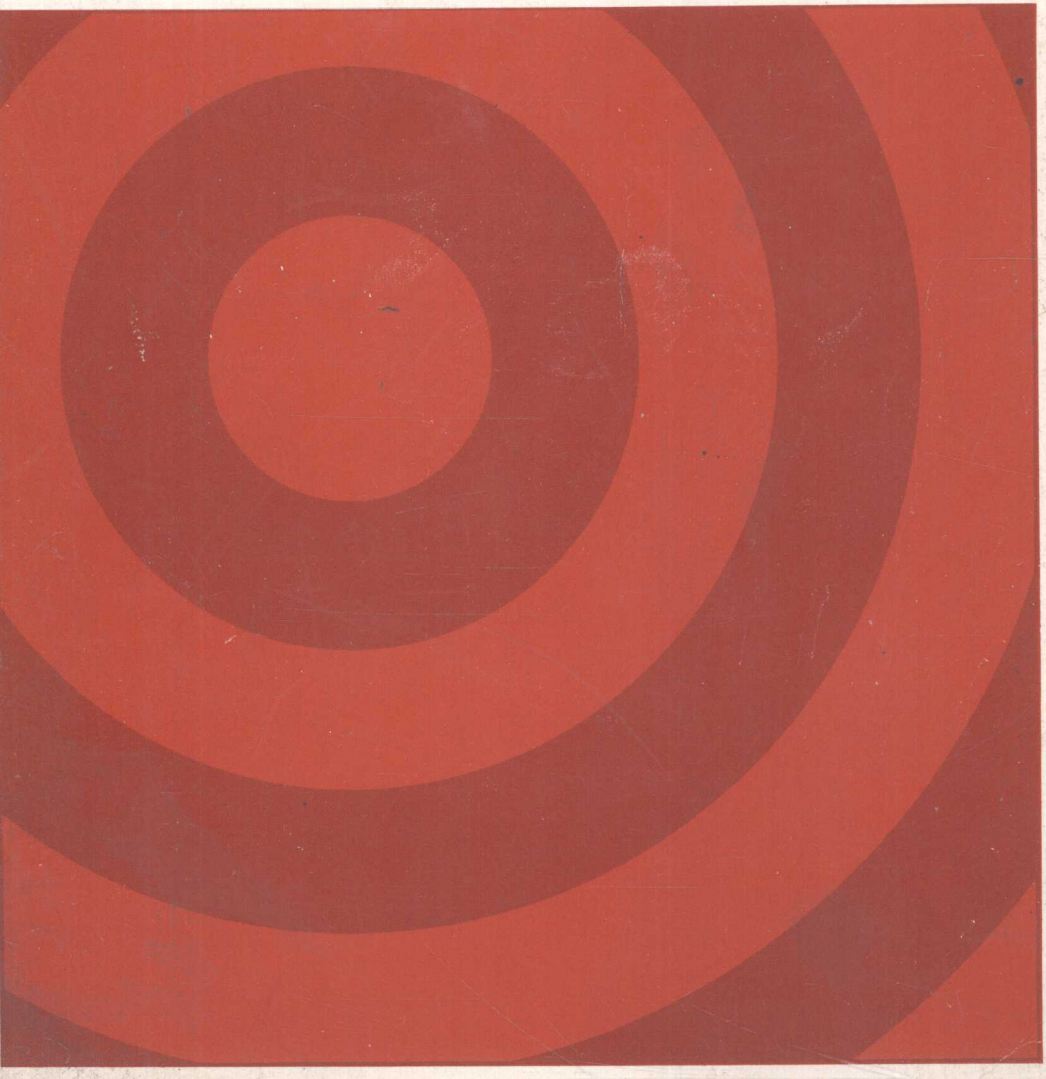
ELEANOR C. HEIN

Communication in Nursing Practice

SECOND EDITION



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Communication in Nursing Practice

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To Ruth A. Wiens
Mentor, friend, and kindred spirit

Preface

Since the first edition of this book, the need for nurses to communicate effectively with their patients has become widely recognized. Increasingly, nursing texts have devoted greater emphasis to communication and its application in nursing practice. As nurses explore new roles, encounter diverse populations, and enter new relationships, their effectiveness will be determined and tested by the extent to which they are effective communicators.

The original purpose of this book was to assist nurses in developing and refining their communication skills by exploring the various influences that affect their interactions with patients. Its basic intent has not changed with this new edition. Communication is a personal experience between two human beings. Because of this, no attempt is made to dictate how it *must* occur. Rather, this book offers the reader an opportunity to draw from its pages the information, ideas, and suggestions he or she may need to improve and individualize nursing practice.

Several changes are evident in the second edition of *Communication in Nursing Practice.* For the most part these changes were prompted by observations of and interactions with my students as they immersed themselves in the process of learning to communicate effectively.

Though the basic outline of the first edition has been retained, the early chapters have been reorganized into a more logical sequence for the reader. Four new chapters on interviewing have been added to provide more information on the interpersonal environment in which

communication skills are used. The material covered in these chapters gives the reader a framework for understanding and deciding whether some approaches are more appropriate than others during an interview or series of interviews. The material on touch has been expanded to include alternative modalities now emerging in nursing. The new edition includes summaries and nursing principles at the end of each chapter. Photographs, diagrams, and tables have been added to illustrate and summarize various concepts discussed. Finally, the reader will find an appendix listing selected audiovisual references bearing on topics discussed in the text.

The ultimate goal of this book is to provide patients, clients, and their families with opportunities to reach their fullest potential. We see persons with varying levels of ability, functioning at varying levels of health, but nevertheless all capable of growth and change. The only tool we have is an extraordinarily sensitive one — ourselves. How we use ourselves in achieving this goal is the heart of professional nursing practice. This book begins that process.

E. C. H.

Acknowledgments

There are many people who, since the publication of the first edition in 1973, have extended their encouragement and support to me. In the course of the experiences we have shared together as colleagues, they have been the nucleus for the exchange of ideas and values, and the forum for sharing principles and beliefs. Although alike in many ways, their diversity has made each of them a continual source of learning and growth for me. I salute them as the colleagues they are and the friends they have become. To Maribelle Leavitt, Myra Snyder, Jean Nicholson, Joann Lamb, Margaret Schmitt, and Janice Anderson-Thomas, my thanks and appreciation: you have made all the difference.

I continue to find students a refreshing and stimulating source of challenge. Their enthusiasm for learning and the refreshing candor of their ideas make teaching a rewarding experience. I thank them for making that experience possible. I especially appreciate the ideas and suggestions they have contributed to the revision of this book.

I especially wish to thank Ruth A. Wiens, Associate Professor, University of Oregon School of Nursing, for her invaluable counsel in the preparation of the manuscript and its revisions. She is an extraordinary human being whose many talents are exceeded only by her astute sensitivity and her unwavering personal and professional integrity.

Finally, my thanks to Julie Stillman and the editorial staff of Little, Brown and Company, for their continued enthusiasm, support, and supervision of my efforts in completing this new edition of my book.

E. C. H.

Human language is like a cracked
kettle on which we beat out tunes for
bears to dance to, when all the time
we are longing to move the stars to pity.
— Flaubert

One must learn by doing the thing;
for though you think you know it
you have no certainty, until you try.
— Sophocles

Contents

I

The Therapeutic Communication Model

In Part I, the events that occur in the phenomenon called "interpersonal communication" will be examined. To illustrate the sequence of events we normally take for granted in the process of communication, we will explore the ways in which models can assist us in understanding this intangible event. By consciously applying models and their components to our interactions with patients, we engage in therapeutic communication. A discussion of this concept will include the exploration of its purpose and function, an examination of some of the misunderstandings generated by its use, and a description of the setting that requires our active participation.

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The Use of Models in Nursing

Of all the explosions that have taken place in recent years, the knowledge explosion has hurled more bits and pieces of information than we ever dreamed possible. Communication media and skills represent only a fragment of this phenomenon, but in nursing, such skills have become one of the major tools used to make nursing theories, concepts, and principles a reality in professional practice.

The study of communication skills is considered an intellectual abstraction by many people, especially by students entering nursing. Nursing students think that talking with people is just something you do, something that just comes naturally. The suggestion that they relearn to communicate insults an ability they feel they already possess, and justifiably so. The abstraction is not looked upon favorably by students, who are impatient to become more involved with patient activities in nursing — the doing and the dramatics of what they feel constitutes real nursing with real (i.e., sick) patients.

All of us utilize our communication skills *as if* we were operating on some plan or design. The reason for the abstraction often is that we are not *aware* of the plan before, during, or even after we have completed the communication. If a verbal exchange results in a favorable response, we often think we have been lucky. This questionable conclusion promotes frustration, particularly when we are asked to be more specific about what we really do when we communicate with each other.

Models: Their Construction

One method of looking at the way we communicate is by plotting the process. This can be done by constructing a model, through which we scale down a broad concept such as communication into workable components.

Models can give structure and substance to a concept that previously had none, and they clarify situations whose ambiguity left us confused. They also help us to see the elements involved in the process, and to explain or predict the sequence of events so that we need not rely on our intuition or trust our luck.

Models can be constructed for any sequence of events that follows a step-by-step progression in which each step is dependent on the one preceding it. When the sequence has been completed, the outcome is successfully accomplished. If the outcome is incorrect, the sequence must be retraced until the error is located and corrected.

Our body functions involve a variety of sequential events, including the circulatory, nervous, lymph, and digestive systems. Our circulatory system, for example, is dependent on the sequence that involves the elasticity and patency of blood vessels, the aeration of blood, and the pulsating rhythm of the valves and chambers of the heart. When these events occur in the circulatory system in an orderly and precise way, the outcome is a healthy, functioning body. When the sequence is disrupted by a clot or an irregular heartbeat, its function is impaired. In order to regain a healthy, functioning body, the circulatory system must be examined and the error located and corrected.

Similarly, sequential events occur in other daily activities. The billing procedure in a department store is an example. If there has been an incorrect billing, the credit department must locate the error within the procedure. The sequence involved in placing a long-distance call, as another example, must be orderly for the call to be completed. At times it is possible to hear parts of this sequence while waiting for the phone to ring and a voice to answer. A busy signal indicates that the sequence of events leading to the completion of the call has been interrupted, and the call cannot be completed unless the sequence is begun again by redialing the phone number.

The sequence of events concerned with the arrangement and dissemination of information through the medium of a telephone call prompted scientists of the telephone industry to transcribe it into a visual model. Early ones were composed of a sender, a receiver, and a message. (See Figure 1-1.) As time passed, more complex models were devised to explore communication phenomena. (See Figure 1-2.)

Models: Their Purpose

A conceptual model makes the abstraction of communication more concrete. A model provides form and utility through which nursing

Figure 1-1. Representation of a communication model.

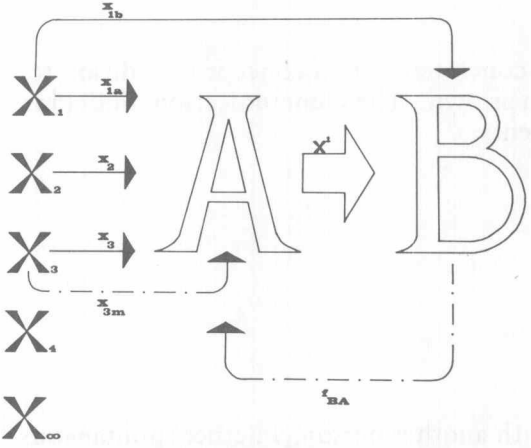

Figure 1-2. In this complex communication model, the communicator (A) selects and condenses the stimuli in his sensory field and transmits its message (X^1) to B, who may or may not have all or part of the same stimuli in his own perceptual field (X_{1b}). Intentionally or not, B transmits feedback (f_{BA}) to A. (From B. H. Westley and M. S. MacLean, Jr., Journalism Quarterly, *34:31, 1957).*