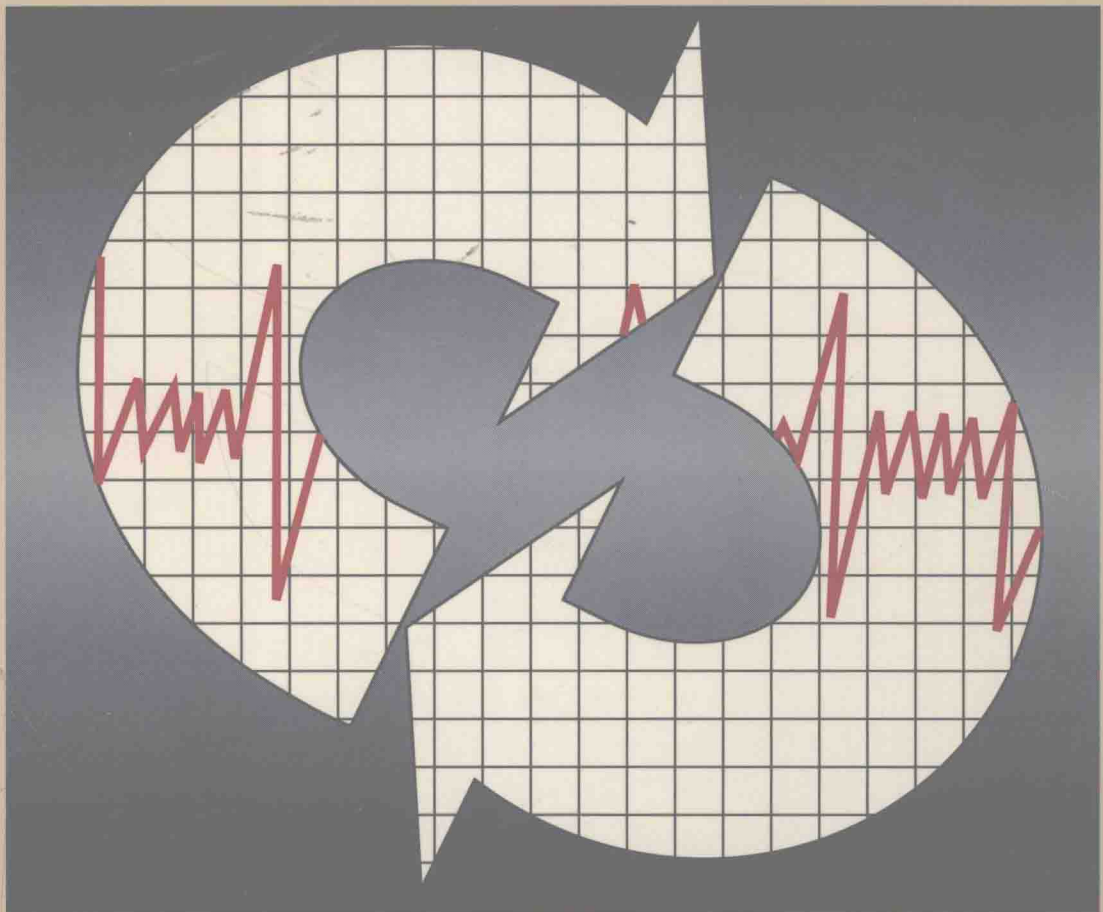


INTERPERSONAL RELATIONSHIPS

*Professional Communication
Skills for Nurses*

Second Edition



Elizabeth Arnold Kathleen Boggs

INTERPERSONAL RELATIONSHIPS

Professional Communication Skills for Nurses

Second Edition

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A Special Dedication

To George B. Arnold and our children,
Mary Beth, Brian, Karen, Julie, and Christy,
for their support and understanding during this project.
E.N.A.

and

To Michael John Boggs and our children,
Saretha Rebecca and Adam Underman,
who understand my own unique communication style.
K.U.B.

In Memoriam

Marilyn Jean Varner Bayne, M.S.N.
July 31, 1952–May 30, 1988

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The ideas about interpersonal relationships and communication principles presented in this text build on the professional reflections of many nurse leaders, beginning with Hildegard Peplau's classic work on interpersonal relationships in professional nursing practice. These leaders recognized the importance of interpersonal relationships and communication principles as the basis for effective clinical practice and have spoken, written, and researched their application in a wide variety of practice settings. The concepts also reflect the work of professionals outside the realm of nursing. Finally, there is the treasure chest of client gifts, which are found throughout the text. As each relationship is unique, so are the contributions of each of these stakeholders to the development of this book. Each contributor provides a deeper understanding of the communication process from different perspectives, which we hope blend together as a unitary concept in nurse–client relationships. Born of the many conversations, suggestions, and writings of all of these people in our lives, writing this book has compelled the authors to take a measured, thoughtful look at what we do with our clients in clinical settings and why we approach the process of relationship as the crux of professional nursing practice. We hope that your reading of the book will stimulate further questions and searching for the meaning of relationship in nursing practice that this text begins to address.

The editorial staff at W. B. Saunders deserves special acknowledgment for their commitment to the preparation of this book and their persistent belief in the worthiness of the topic. First, there is a need to fully acknowledge the part played by nursing editor Dan Ruth in the process. His firm support, creative ideas, challenging honesty, and sound attention to details kept us on track with the development of the book. He made many valuable suggestions regarding the style and content of the manuscript, which we incorporated into the book. When our energy faltered, Dan would have a new idea about how we could regain our momentum and accomplish the goal of making a substantive contribution to the literature on interpersonal relationships and communication in nursing practice. Another person who should be mentioned is Dan's assistant, Susan Bielitsky, for her cheerful handling of detail throughout the book's production.

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our ideas. Rachel's patience, clarity of thinking, sensitive understanding of the material, help with the development of the glossary, and suggestions about the mode of presentation were remarkable, and are deeply appreciated. We could not have developed this book without her expert assistance in refining our text.

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Despite technological advances in diagnosis and treatments available to clients and their families, communication remains the single most important, and sometimes most under-rated, dimension of nursing practice. The second edition of *Interpersonal Relationships: Professional Communication Skills for Nurses* provides the student with concepts and principles related to clinical and professional communication in health care settings. Communication strategies are presented in a relational context and highlight the therapeutic connections between people that are so necessary for healing the mind, body, and spirit.

Users of the first edition will note that this edition has been expanded to provide better access to and focus on essential topics. The chapters on basic therapeutic communication, relationships, values, and professional issues have been updated and rewritten for greater clarity. Previous discussions concerning intercultural and family communication, stress and crisis, and health teaching have been expanded into one and sometimes two chapters in their own right.

The second edition also reflects new demands for better critical thinking skills related to communication. In 1990 the National League for Nursing identified communication and critical thinking skills as essential outcomes in baccalaureate nursing education. We therefore encourage the student to examine the background of specific situations and the sequence of events by which the situation developed. A wealth of exercises offers students the opportunity to practice, observe, and critically evaluate their own communication skills and those of others.

When a student connects inwardly with another human being, whether another student or a client, a different and more significant form of learning occurs. Case examples provide a basis for discussion by helping students to understand and appreciate clients' perspectives and needs. Therapeutic communication strategies based on valid theoretical principles assist the student to consider and try out alternative approaches to care in a safe learning environment.

Even though the chapter topics in this edition cover a wide range of psychobiological health care situations, each chapter utilizes a standard, self-contained format that grants instructors and students flexibility in developing study and learning plans. Each chapter presents first the basic concepts of the chapter topic, then clinical applications and exercises.

The book is organized into five parts. Part I addresses the conceptual foundations of the nurse-client relationship, providing a theoretical framework and professional guides to action. In Part II the components of this interaction are explored in depth, including the evolution and resolution of the nurse-client relationship. New chapters discuss role relationships and potential barriers and specific strategies in the communication process.

Part III examines therapeutic communication and reviews communication styles and guidelines for skills development. This section also includes new chapters on intercultural communication and family communication. Health teaching content has been expanded to two chapters, Chapter 15 on assessing client learning needs and Chapter 16 on teaching interventions.

Part IV, "Responding to Special Needs," addresses lifespan issues in communication as well as clients experiencing communication deficits and those in stressful and crisis situations. Finally, Part V discusses professional issues in communicating with other health care providers and patient care documentation.

The second edition of *Interpersonal Relationships: Professional Communication Skills for Nurses* has been designed to be used for individual classes or across the curriculum. As a

foundational text on communication it offers the student a thorough exploration of theoretical and practical applications of communication. As a supplemental text it can be used to integrate the learning of communication skills in a variety of health care settings.

Practicing nurses and graduate students will find the text useful as a comprehensive reference to enhance their knowledge base. Staff development nurses may be particularly interested in the more advanced chapters on intercultural communication, documentation, groups, assertiveness, health-promotion and teaching, and interprofessional communication. The exercises are fun and present a nonthreatening way to help students and clinicians alike become more involved in learning how to communicate more effectively.

Those of us who accept the responsibility of professional nursing as a life commitment are most fortunate, for we can be constantly learning and growing personally and professionally from our interpersonal encounters with the clients we serve. In the process of learning about self and others in health care settings, we begin to explore and choose different behavioral responses that calm, educate, and promote the healing process of our clients. Some of these interpersonal encounters with clients will be remembered with joy and satisfaction, others with pain. But with each interpersonal encounter the nurse has yet another chance to appreciate the richness of human experience and the many different opportunities for fulfilling human potential in relationships, which is the foundation and purpose of our professional practice.

THE EXPERIENTIAL TEACHING–LEARNING PROCESS

The 23 chapters in this text are designed to provide the nurse with a comprehensive understanding of the principles of communication and of relationships. These principles can be used to establish and maintain therapeutic relationships with clients and collegial relationships with members of the interdisciplinary health team. In presenting this content, the authors have integrated a generous number of learning exercises designed to provide opportunities for active learner involvement in the teaching–learning process. These skills, first practiced in the classroom, can be used daily throughout a nursing career.

The Prologue is included in the text as well as in the Instructor’s Manual because the authors believe that it is important for the student to understand the purpose and process of experiential learning. Although the term “student” is used, this term can apply equally to nurses in clinical practice wishing to use an experiential format to learn more about relationships and communication principles in nursing.

PURPOSE

The goal of the experiential format is to enable a student to learn, grow, and develop new insights about concepts brought to life through one’s own activities in class. An experiential learning format provides a more humanistic alternative to the traditional lecture–discussion format, promotes creativity, and encourages the development of critical thinking skills. By requiring active participation, the student gains an understanding of the “meaning” behind the content. The exercises are designed to foster the development of self-awareness in a relationship and to provide an opportunity for students to practice communication skills in a safe learning milieu. The constructive feedback the student receives and the sharing of experiences encourage analysis and synthesis of attitudes, knowledge, and performance related to therapeutic communication skills.

THE LEARNING PROCESS

Engaging in the exercises presented in this text provides the student with a data base of shared experiences, thoughts, and feelings that can be described, explored, and analyzed.

Each structured exercise has a specific purpose. Some are designed to increase self-knowledge, whereas others focus on practicing a particular communication skill. The same learning process, however, is followed in all exercises. Each exercise procedure is to be implemented by the students, followed by reflection and discussion.

Goodstein and Pfeiffer (1983) have identified five distinct steps in the process of experiential learning that can provide a guide for students in understanding how they can get the most out of the exercises presented in this text. The steps involved in experiential learning include:

1. Active involvement in an exercise.
2. Collegial sharing of experiences.
3. Analysis and synthesis.
4. Integration of experiences with theory.
5. Applications to clinical practice.

1. ACTIVE INVOLVEMENT IN AN EXERCISE

Active involvement includes informed participation in a structured, preplanned exercise relevant to the concepts being studied. The more freely and completely a student is able to engage in the exercises and to learn from them, the stronger the learning potential. This definition of active involvement requires respect for self and others and the willingness to share and explore the meaning of professional relationships in an informed, reasoned manner. While active involvement means sharing of self, it does not require the student to reveal any personal details of one's life that would create a personal concern or special vulnerability. Only those details that the student feels comfortable sharing *and those that relate to the purpose of the exercise* help maximize learning. A desired outcome of active involvement is greater self-awareness, professional growth, deeper understanding of theoretical communication principles, and authenticity in professional nurse–client relationships.

2. COLLEGIAL SHARING OF EXPERIENCES

In the second step of the experiential learning process, students identify their reactions (feeling as well as thinking) associated with their participation in step (1) of the activity. This is done by sharing observations, feelings, and ideas with peers as they relate to the exercise. Reflective sharing helps students critically examine the underlying dynamics and feelings stimulated by the exercise. By focusing on common themes and feelings, students gain the objectivity needed to hear and respond constructively to what they are learning.

Feedback

Feedback provides factual and reflective input from others in the environment with an emphasis on individual professional growth and expanding proficiency in applying therapeutic communication skills. Feedback from peers may reinforce the correctness of a given action or may serve as a stimulus for changing nonproductive behaviors. Accurate feedback, delivered in a compassionate manner, can be viewed as a professional responsibility, a commitment to assist others with collegial professional growth. Constructive feedback is nonevaluative; it describes behaviors focusing only on behaviors that are relevant to professional development and only on those that can be changed.

3. ANALYSIS AND SYNTHESIS

Participation in each exercise should be followed by an analysis and synthesis of the key elements. This reflective process encourages critical thinking and provides insight into factors affecting the communication process. The analysis of an exercise or case study should include a systematic examination of those aspects of the experience common to all group members, with the focus on how certain behaviors affected others and how the exercise affected the group process. In addition to studying the meaning of common themes and feelings, ideas that are *different* from the general thinking of the group are also analyzed and reflected upon as important sources of information. Differences in observations, thinking, and feeling add to the critical examination of a topic. They should never be discouraged as irrelevant pieces of the group discussion.

Synthesis refers to developing a composite picture of a reality. As an essential component of the critical thinking process, it occurs when students take information obtained in a data analysis and develop a coherent blending of theoretical and personalized understandings based on the data. Crucial to the process of synthesis is enough time for participants not only to process their own personal reactions to the exercise but also to reflect on how others have perceived the same situation and how one behavior affects other behaviors. This synthesized data will become the foundation for applying communication principles in clinical practice.

4. INTEGRATION OF CONTENT

Class and group discussions need deliberately to link theory with the experiential learning. The structured exercises are not very useful unless the student learning dialogue serves to reinforce associations between behaviors demonstrated in the exercises and other class content, assigned readings, and prior life experiences. These data form the basis for applying the most appropriate communication principles in the clinical situation.

5. APPLICATION OF KNOWLEDGE TO CLINICAL PRACTICE

The final step in the experiential process involves use of the knowledge and skills about interpersonal relationships in nursing practice, in the service of the client. A connecting link exists between the last step, "application of knowledge to clinical practice," and the initial step, "active involvement in an exercise." Through active involvement in experiential structured exercises, students are able to make generalizations from isolated classroom experiences to the larger world of professional nursing practice. Ideally, the student will have the opportunity, simultaneously with course content, to practice application of communication principles in actual interaction with clients and colleagues. Bringing actual examples from the student's clinical experience into the classroom for discussion broadens the learning experience. If there is not an immediate opportunity to practice communication skills, students can speculate how this new knowledge could be applied in specific future professional nursing situations and can refer to the text for cues to action throughout their nursing career.

REFERENCE

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- Goodstein LD, Pfeiffer J (1983). The 1983 Annual Report for Facilitators, Training and Consultation. San Diego, CA, University Associates Publishers, Inc.

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