Chapter Two

Therapeutic Communication Techniques

LEARNING OBJECTIVES

Upon completion of this chapter, the reader should be able to:

- Discuss therapeutic communication techniques
- Analyze barriers that compromise active listening
- Review the impact of culture on nurse–client relationships
- Describe negotiation and conflict management
- Contrast assertive, passive, and aggressive communication skills
- Discuss appropriate use of self-disclosure
- Appraise therapeutic communication techniques across the life span

KEY TERMS

Active listening—An active, selective attentiveness and interactive process that involves all senses, comprehension, and mindfulness to assess verbal and nonverbal communication.

Assertiveness—In communication, this is the process of clearly and confidently expressing one's opinions, needs, wishes, and desires without purposely infringing on the rights of others.

Clarification—A useful technique that helps the nurse validate verbal and nonverbal communication to determine its accuracy.

Conflict—An interpersonal and/or mental struggle arising from opposing demands or impulses. It has the propensity to generate strong feelings, discord, and disagreement.

Conflict resolution—The ability to use assertive communication skills to generate options to effectively resolve disagreements, stress, and turmoil.

Confrontation—A therapeutic technique used to point out incongruence between what is said and one's behavior.

Focusing—Clarifying or validating a perception or understanding of a specific aspect of communication.

Humor—Refers to being amusing, funny, or comical to express feelings and thoughts in a manner comfortable to oneself and others.

Imparting information—Making facts or information available when an individual requests them.

Negotiation—A process or means for achieving a common goal or understanding of what one wants from others. It is a give-and-take communication method designed to obtain an agreement.

Nonverbal communication—"Body language" or expression through movement or behaviors. Examples of body language include physical or behavioral gestures, head nods, eye contact, writing, symbols and pictures, laughter, tone of voice, and facial expressions.

Questioning—The act of asking questions for the purpose of clarifying the meaning of a communication or to collect facts, facilitate feedback, and validate assumptions or perceptions of the sender.

Rapport—A mutually comfortable relationship based on respect, objectivity, trust, and safety. It facilitates communication and is the basis of therapeutic interactions.

Reflection—Restating or paraphrasing and validating what is communicated within a support environment. Often, words or phrases such as "you" or "It sounds like you *feel* . . ." or "You seem *concerned about* . . ." are used to restate what the nurse gleaned from a client's emotions and statements.

Self-disclosure—To share information about oneself.

Silence—A communication technique that makes it clear that every moment does not require verbal exchange; it allows the client to contemplate, focus, and organize thoughts and feelings.

Summarize—The process of integrating or synthesizing key points of the nurse–client discussion and highlighting progress made toward greater understanding. It facilitates a greater understanding of what was communicated and validates that the nurse has heard the same information as the client conveyed.
Therapeutic communication—A healing or curative nurse–client interaction.
Verbalizing the implied—Clarification of what the person hinted at or alluded to, allowing a clearer understanding of the message or conversation.

INTRODUCTION

Nurses have long understood the centrality of therapeutic relationships and the significance of effective nurse–client communication. **Therapeutic communication** is the basis of interactive relationships and affords opportunities to establish rapport, understand the client's experiences, formulate individualized or client-centered interventions, and optimize health care resources. **Rapport** is a mutually comfortable relationship between the nurse and client based on trust and safety. After rapport has been developed, therapeutic interactions allow clients to express feelings and communicate thoughts and uncertainties within an accepting, safe, and supportive environment. Acceptance is not synonymous with agreement or approval; instead, it means understanding and respecting the client's perspective without judging or blaming. The quality of these interactions and the ability to improve on them are frequently governed by diverse factors including the nurse's attitude, his or her ability to understand behavior within a social context, and his or her openness to listening and responding empathetically to others.

Research indicates that quality communication among the client, health care providers, families, and other stakeholders can improve health care and help clients adapt to illness and adhere to interventions. Therapeutic communication, which refers to a healing or curative nurse–client interaction, allays stress in the nurse and client, particularly when they collaborate in the decision-making process for serious or life-threatening issues and informed consent (Lobb, Nutow, Kenny, & Tattersall, 1999; von Gunten, Ferris, & Emanuel, 2000). Failure to convey empathy, calmness, genuine interest, and openness increases anxiety, threatens hope and motivation, impairs decision-making skills, and compromises clinical outcomes (Cooper et al., 2003; Institute of Medicine [IOM], 2001).

Culture and ethnicity also influence the client's perception and expression of anxiety, depression, stress, and participation in treatment planning. Researchers believe that nurse–client interactions must be individualized

and adapted to accept diverse modes of communicating the client's experience (Bates, Rankin-Hill, & Sanchez-Ayendez, 1997; Koch, Marks, & Tooke, 2001). Assessing individual differences, personal options, wishes, values, beliefs, and health practices are essential aspects of shared decision making and client-centered care. Embracing individual client needs enables the nurse to form and maintain healing interactions and achieve positive clinical outcomes. In-depth discussions of factors associated with effective communication are discussed in Chapter 1.

Therapeutic communication extends beyond the nurse–client relationship and involves interactions with staff, families, and stakeholders. Stakeholders include individuals or organizations with a vested interested in health care issues and policies, such as communities, higher learning and teaching institutions, government officials, advocacy groups, and financial supporters.

Communication is particularly significant in today's fast-paced, information-driven society because care can become fragmented if clients enter multiple sectors of the health care system. Poor communication among staff creates gaps in the continuity of care and threatens client safety. Gaps or insufficient information sharing between the nurse and other health care providers frequently result in inaccurate health decisions and poor or late-entry documentation, jeopardize client safety, and increase the risk of litigation and poor health outcomes (Branger, van't Hooft, van der Wooden, Duisterhout, & van Bemmel, 1998; Cook, Render, & Woods, 2000; Gosbee, 1998; The, Hak, Koeter, & van Der Wal, 2000; Van Walraven, Seth, & Laupacis, 2002). Finally, as brokers of health care and as client advocates, nurses must use interpersonal relationships and work with others, including the client and family, to ensure holistic, equitable, and quality health care and to facilitate optimal clinical outcomes across the life span.

Information technology affords vast opportunities to communicate and transmit interventions to clients, families, and health care providers through various modalities, ranging from the Internet, Palm Pilots, email, and video cameras to telephone, teleconferencing, and face-to-face meetings. Regardless of the communication method, confidentiality must be ensured and based on ethics and statutory and federal regulations. Nurses also are challenged to navigate through the matrix of telecommunication technologies and create interactive dialogues to establish rapport, provide and monitor care, and analyze nonverbal and verbal data. As health care transforms from inpatient services to working with people in communities and client homes, technological advances such as telehealth and telemedicine will become the primary venue for health care. These venues already exist, allowing client data to be collected and analyzed using video monitoring, telephone messag-

ing, and other innovative communication devices to advance health care across the continuum of care (Breslin, Greskovich, & Turisco, 2004; Grant, Cagliero, Chuch, & Meigs, 2005). Emerging research indicates that using technology to communicate with the client and family provides positive treatment outcomes such as enhanced self-care management, while also increasing provider and client satisfaction, improving resource allocation, and reducing health care costs (Baker, Rideout, Gertler, & Raube, 2005; Liu, Pothiban, Lu, & Khamphonsiri, 2000).

This chapter focuses on effective communication techniques that can be used in a variety of practice settings. It offers both the novice and experienced nurse a cadre of techniques, such as active listening, assertiveness, conflict resolution, and negotiation, to create a healthy work environment. Collectively, these techniques demonstrate respect for self and others, and provide a powerful foundation to advance and broker client-centered health care across the life span.

THERAPEUTIC COMMUNICATION TECHNIQUES

Therapeutic nurse–client interactions require warmth, trust, empathy, and mutual respect. What's more, the client must believe the nurse cares, understands, and is concerned about his or her problem. A caring and safe environment helps the nurse embrace and value the client's internal and external experience, strengthen shared decision making, elicit relevant clinical data, and formulate individualized care. The following sections discuss these key therapeutic communication techniques:

- Active listening
- Assertiveness
- Clarification
- Conflict resolution
- Confrontation
- Focusing
- Giving or imparting information
- Humor
- Negotiation
- Questioning
- Reflection
- Self-disclosure
- Silence
- Summarizing
- Verbalizing the implied

Active Listening

Everyone loves a good listener, but not everyone is a good listener. **Active listening** is the cornerstone of all interactions. It is difficult to assess the client's needs, wishes, or concerns unless you take time to listen to them. Listening

extends beyond the act of hearing words and includes understanding and accurately interpreting what the client *really* says. Listening extends beyond being silent; it is an interactive and dynamic process. Active listening requires the use of all the senses and involves attention, comprehension, and mindfulness to assess verbal and **nonverbal communication**. It requires genuine interest in others' points of view. Through mental processes, we are able to selectively attend to a desired message or communication. This dynamic and interactive process requires vast energy, self-control, patience, genuine interest, and concentration. It also involves establishing a dialogue and encouraging the client to set the tone and become more direct. This may be difficult for clients with low self-esteem or poor interpersonal or social skills, such as those with major mental health problems like schizophrenia, depression, and social phobia, or those with cognitive disturbances (e.g., confusional states). In these situations the nurse must be more directive and provide a structure that enhances nurse–client interactions.

Listening is a faster process than speaking. Communication experts estimate that regardless of how rapidly a person speaks she cannot speak more than 200–250 words per minute. In comparison, the listener can take in words as fast as he thinks. It is very important to pay close attention to the speaker's entire statement and avoid completing sentences or interrupting. Although the nurse has little control over how rapidly the client speaks, it is crucial to maintain self-control and listen attentively to accurately interpret verbal and nonverbal cues. Active listening is an investment in the nurse–client relationship and eventually creates an environment that fosters trust and security and elicits relevant data to make accurate diagnoses, establish shared decision making, implement individualized interventions, and advance positive clinical outcomes.

Ceccio and Ceccio (1982) distinguished the following characteristics of good listening:

- Maintain eye contact.
- Give full attention, both mentally and physically (make a conscious effort to screen or filter distractions; listen from the heart).
- Reduce barriers.
- Avoid interruptions.
- Respond to the content and emotional (feeling) component of the message.
- Listen for ideas or themes.
- Convey evidence of listening (e.g., paraphrasing, restating what is said, or playing back the message).
- Respond to the content and emotional aspect of the client's verbal and nonverbal message.

The nurse must demonstrate active listening while conversing with the client. Evidence of genuine interest and listening is established by eye contact, facial expression, facing the person with an open and relaxed posture, nodding the head to suggest agreement and acknowledgement, leaning forward, and summarizing. Comments such as "It sounds like you are very stressed about losing your job," or "I hear what you are saying and certainly recognize how difficult this is for you" are examples of active listening.

The nurse and client bring a repertoire of personal attributes, life experiences, and ideas about relationships. Active listening challenges the nurse to pay close attention to the client's concerns and communication. Furthermore, the nurse must scrutinize her or his own blinders. Personal scrutiny or self-awareness is an honest and open appraisal of individual filters, culture, and biases that may obscure or distort perceptions and objectivity. Active listening creates a healing climate, which reduces stress and anxiety while expanding self-esteem and adaptive coping behaviors. The quality of a healing climate is determined by self-awareness. The more we know ourselves, the easier it is to objectively listen, tolerate differences, and value others.

Barriers That Compromise Active Listening

It is important to recognize barriers to active listening so they can be addressed and minimized. Interrupting, completing sentences for the speaker, introducing unrelated information, challenging or asking "why" questions, and minimizing feelings deter active listening. Barriers to active listening occur in all settings, and when left unchecked impede effective communication and high-quality interpersonal interactions. Becoming aware of how often you use various barriers is the first step to identifying, reducing, and eventually eliminating them. Review the barriers in Table 2-1 and ask yourself how often you use them. How do others react?

Assertiveness

Assertiveness is the ability to confidently and honestly express your opinions, thoughts, ideas, and rights without undue guilt or anxiety, in a manner that respects personal and others' rights. The primary aim of assertiveness is to meet personal needs and maintain personal rights and respect for self and others. It is a learned behavior, and although it is an important behavior, nurses seldom use it. Regrettably, today's nurses are often reluctant to be assertive. Nurses often have difficulty using assertive communication skills to advance their personal needs and respecting the rights of their nurse col-

Table 2-1 Barriers to Active Listening

- Personal filters: biases, values, beliefs, culture, stereotyping
- High emotional state
- Blaming
- Intimidating body language (e.g., intrusiveness, loud voice, glaring eye contact)
- Hurried approaches
- Closed-mindedness (e.g., all or none thinking, rigidity)
- Using jargon or clichés
- Expressing disapproval (verbal and nonverbal [e.g., raising an eyebrow, frowning])
- Giving advice
- Interrupting
- Asking closed-ended questions
- Minimizing the client's feelings, beliefs, and thoughts
- Showing anxiety or fear
- Language that is different from the clients, such as the client with limited English competency
- Hearing what you want to hear
- Lack of privacy
- Environmental noise
- Sensory or perceptual disturbances
- Cognitive deficits (e.g., age-related, substance abuse)
- Pain in the client

leagues. Influences such as socialization, gender, low self-esteem, low self-confidence, and lack of knowledge frequently underlie this difficulty.

Numerous studies indicate that nurses are unlikely to disagree with others or provide constructive feedback; as a result they experience poor interpersonal relationships with clients and staff, high burnout, loss of autonomy, and job dissatisfaction (McCartan & Hargie, 2004; Timmins & McCabe, 2005a, 2005b). Passiveness produces helplessness, resentment, depression, undue stress, somatic symptoms (e.g., headaches, GI disturbances), frustration, and poor interpersonal relationships and may even cause anger outbursts, violence or aggression, or serious stress-related health problems (Antai-Otong, 2001). Some researchers submit that an answer to this problem may be assertiveness training, which can bolster self-worth, confidence, self-respect, job satisfaction, and interpersonal relationships (Begley & Glacken, 2004; Lin et al., 2004).

Aggressive communication, in contrast, is just as ineffective as passive communication and is frequently used to humiliate, "put down," and embar-

rass others and eventually destroys interpersonal relationships, reduces productivity, and jeopardizes clinical outcomes (see Table 2-2).

In today's changing health care system, it is vital for nurses to develop and use assertive (not aggressive) communication skills as a means of advancing personal and professional needs, ensuring safe work environments, advocating for quality and holistic health care, and establishing healthy interactions with clients, staff, and various stakeholders. Effective assertive communication skills promote mutual goal setting, team building, and conflict resolution. Successful assertive communication requires recognizing the differences among assertive, passive, and aggressive communication skills and practicing the use of assertiveness rather than passiveness or aggression. The following critical thinking section compares the three skills.

Table 2-2 Comparison of Assertive, Passive, and Aggressive Communication Styles

Assertiveness (win-win position)	*Passiveness (lose-win)*	*Aggressiveness (win-lose)*
• "I or me" statements • Respect personal rights and those of others • Confidence • Honesty and appropriate responses • High self-esteem • Risk taker • Says no without undue guilt or anxiety • Direct eye contact • Erect posture • Clear and normal voice tone • Congruent facial expression	• Puts others' needs ahead of own • "Your needs are more important than mine" • Low self-esteem • Highly anxious • Avoids conflicts • "People pleaser" • Permits others to violate rights • Difficulty expressing true or honest feelings • Apologetic • Poor eye contact • Stooped posture • Whiny voice tone • Timid body language • Difficulty saying "no," and when it occurs feels anxious and guilty • Somatic complaints, stress-related physical and mental health problems	• "You" and blaming statements • Meets personal needs with little regards for the rights of others • Loud • Infringes on the rights of others • Intrusive • Glaring eye contact • Intimidating • Embarrassing • Frightening

CRITICAL THINKING QUESTIONS

You are the charge nurse on the midnight shift and one of the medical students approaches you yelling and demanding you to immediately carry out an order just written (a non-STAT order). Prior to being asked to carry out the orders, you discovered a client had slipped in the bathroom and you are helping him.

Question: Which is an assertive response?

Nurse: I understand that you are upset, but it is difficult for me to assist you when you yell, and as you can see we are helping Mr. Jones who just slipped in the bathroom.

Nurse: Yes, Doctor. I am very sorry for not completing the order. Can you wait until I get Mr. Jones out of the bathroom?

Nurse: Now listen! If you want those orders done, do them yourself! Can't you see I'm trying to get Mr. Jones out of the bathroom?

Answer: Obviously, the first response is an assertive response, whereas the second response is passive and the last response is aggressive. The latter two are counterproductive, impede therapeutic interactions, and create new and ongoing problems.

Question: What distinguishes assertive people from passive and aggressive people?

Answer:

Assertive people:
- Are confident
- Respect themselves
- Use "I" or "me" statements rather than "you" statements
- Respect the rights of others
- Clearly speak their point of view
- Take responsibility for feelings, thoughts, and behaviors
- Help others understand their perspective

Passive people:
- Lack self-confidence and respect
- Put others' needs ahead of their own
- Fear others' reactions (e.g., anger, rejection)
- Feel uncertain and have self-doubt

Aggressive people:
- Generate feelings of humiliation and guilt
- Disregard the rights of others
- Use "you" statements and blame others
- Lack respect for others and themselves
- Alienate others
- Speak their mind with little regard for others

Setting the Stage

Setting the right stage for assertiveness requires a nonthreatening approach consistent with verbal and nonverbal communication cues. This is particularly pivotal during stressful interactions. Stressful situations generate anxiety and distract from the issue; decrease concentration, attention, and processing of information; and impair decision-making skills. Anger and other emotions obscure what we hear and how we respond to messages, and unless they are effectively managed they can result in inappropriate behavior and even violence.

The *first step* to controlling anger and other emotions is becoming self-aware. How do you know when you are angry? It is essential to identify physical and mental reactions to anger because it is difficult to control them if they are outside your awareness zone. Physiologically anger often provokes the "fight or flight" response, which manifests as increased heart rate, respirations, blood pressure, anxiety, and muscle tension. Recognizing physiologic responses is the first step to effective anger management.

The *second step* involves taking a time out when possible to avoid escalation or aggressive or inappropriate behavior. People may question the term *time out* in an adult environment because it is normally used to help children manage disruptive behavior (e.g., temper tantrums); however, it is a very effective technique to use during high stress times when adults have temper tantrums during which they yell, throw objects, and slam doors. Time outs can be accomplished by stating "I'll be right back" or "Give me a few minutes." During time outs perform deep-breathing abdominal exercises to help control respirations (e.g., 10 slow, deep abdominal breaths), reduce heart rate and blood pressure, and facilitate "grounding." You can move yourself from a highly out of control emotional state or intense anger to a more intellectual (i.e., attentive, problem solving) state and manage intense anxiety more appropriately. (See Table 2-3 for some deep breathing exercises.)

The *third step* during this brief period is to ask, "Why am I so upset or angry? Am I overreacting?" If the anger is unjustified, calm down and refocus your energy on appropriate and constructive responses. On the other hand, if your anger is justified and the consequences are worthwhile, the *final step* is to use assertiveness to resolve the problem. Prior to talking to the individual it is important to create a nonthreatening environment. If your emotions are too intense, consider waiting until you calm down, even if it is the following day. The ability to control anger and other emotions can be learned through role playing or rehearsing desired behaviors that facilitate relaxation and modulate nonverbal cues. This can be accomplished by looking in the mirror when you are angry and noting your nonverbal cues, such

Table 2-3 Deep-Breathing Techniques

Successful deep-breathing exercises require practice and recognizing physical or emotional signs of stress, anger, or anxiety. The following steps will help you gain control over your emotions and control your emotions more effectively:

- Recognize your physiological responses to anger and stress (e.g., increased heart rate, blood pressure, and respirations; sweating; headache; dry mouth; flushing; muscle tension).
- Remove yourself from the stressful situation as appropriate.
- Find a quiet and private place.
- Pay attention to your physical reactions (noted above).
- Sit down and close your eyes.
- Focus on your breathing patterns (diaphragm and abdominal muscles):
  - Slowly inhale—Pull in your abdominal muscles while allowing your chest to rise. (Initially this pattern feels awkward, but it is actually the way we breathe when we are relaxed, such as prior to falling asleep.)
  - Exhale—Slowly breathe and allow your abdomen to move outward and your chest to slowly fall.
  - Repeat this exercise 10 times.
  - Note how when you control and decrease your respirations your entire body begins to relax, including heart rate and blood pressure. Also note the general sense of calm that comes over your body. (You are now "grounded" and in control of your emotions.)
- Once you complete the deep breaths, focus on the nature of your anger or stress.
- Is your anger legitimate or are you overreacting?
- If your anger is legitimate, return to the situation if it is important or appropriate and use assertive communication skills to address your concerns.

as an angry facial expression, sweating, frowning, or a raised brow. Once emotions and nonverbal cues are effectively managed the following are helpful steps for developing assertiveness skills:

1. Use "I or me" statements, such as "I was really upset by. . . ."
2. Describe the behaviors or concerns you have with the other person: "When you yelled at me during the morning meeting. . . ."
3. Enumerate the consequences of their behavior, including your feelings: "I felt embarrassed and angry. . . ."
4. Describe what you need or how they need to change their behavior to resolve the situation: "In the future, when you have a point to make or you disagree with me I would prefer talking about this in private or that you lower your voice and focus on issues you want me to address."

The following is an example of how a nurse can respond to an aggressive situation or person. The following numbers are used to code the conversation:

1 = I or me statement to describe behavior (empathy strengthens this statement)
2 = Describes the way you feel
3 = Consequences of the individual's behavior
4 = Describes what you need or want from the other person

> **Nurse:** Dr. Moore, when you yell at me in front of staff I feel embarrassed and upset [#1, 2, & 3]. I understand this has been a very hectic day for the staff [#1] but in the future when you need to talk to me or ask me to do something I would appreciate you lowering your voice or not yelling, and discussing your concerns in private [#4].

During this encounter it is crucial to maintain nonthreatening body language and a safe distance (e.g., leg's length), maintain good eye contact, speak in a normal tone of voice (not whiny or abrupt), and use erect posture. Focus on the problem or behavior; avoid personal attacks or blaming or "you" statements. Sometimes people make statements such as "You upset me" or "You are responsible for this situation." "You" statements versus "I" statements, such as "I am upset at the way you treated me during the meeting" are more likely to generate a defensive response from the person you are talking to and interfere with resolving the problem. Assertiveness and effective communication are governed by the manner in which you express the message (process or nonverbal cues) and not necessarily from what you say (verbal cues). When assertive verbal content is communicated passively (through poor eye contact, whininess, or stooped posture) the message conveyed is *passiveness*. *Assertiveness* is conveyed by verbal and nonverbal congruency, or consistency between verbal (what you say) and nonverbal (body language) communication. For instance, if you express understanding that "this has been a hectic day for all of us," your voice tone, facial expression, and distance must convey genuine empathy and concerns about someone's behavior.

Regrettably, even when you are assertive there is *no guarantee* the receiver will modify his or her behavior or become more respectful. However, assertive communication engenders open and honest dialogue and provides the opportunity to problem solve and effectively resolve conflicts. Conflicts are best managed when resolved at the lowest level, meaning resolving the situation between individuals involved in the initial conflict (such as the nurse and the physician in the scenario). In the scenario, it was critical for

the nurse to resolve his concerns with the physician first because they have daily contact with each other, and need to maintain trust and a healthy working relationship. In the event the behavior continues, there are several options before using the chain of command. If these options don't work, it is necessary to use the appropriate chain of command to resolve the conflict. The appropriate chain of command usually includes the line of supervision, such as talking to your immediate supervisor or nurse manager, and if the conflict is unresolved, talk to the nurse manager's supervisor and so forth.

Successful conflict resolution fosters confidence and self-respect. If you want people to respect what you say and value your ideas you must believe in or have confidence in yourself.

Remember that not all situations require a response. The decision to avoid conflict is not synonymous with passiveness when it is a conscious and well-thought-out decision based on an assessment of benefits and potential consequences.

Clarification

Clarification is necessary when the nurse needs additional information or validation of clinical data and interpretation of verbal and nonverbal communication. Appropriate questioning techniques clarify this information. Helping the client discover what he or she wants to say makes the message clearer to the nurse and client. This technique requires active and objective listening. It creates a safe and caring environment that encourages the client to express feelings and specific details concerning the present situation. The following is an example of clarification:

Client: I just lost my job and don't know what I'm going to do. As you can see my blood pressure is very high today.

Nurse: I understand losing your job is devastating. *(Displays empathy about his situation)* Tell me what lifestyle changes you've experienced since losing your job. *(Clarifies the impact of losing his job, such as financial, interpersonal)*

Client: I have a son in his first year of college and my wife blames me for not saving for his education.

Nurse: When was the last time you discussed your concerns with your wife? *(Clarifies the impact of losing job on marriage)*

Client: We seldom talk and she doesn't know how I feel about losing my job. She's in the waiting room. Do you want to talk to her?

Nurse: I am concerned about your current family stress and its effect on your blood pressure. It's a good idea to ask her to come in now so we can discuss your concerns. *(Displays empathy, imparts information, and suggests looking at his wife's perspective about the current situation)*

Client: Okay. Let me get her.

Clarifying the client's complaints about losing his job and subsequent financial and marital problems, and linking current stressors to elevated blood pressure facilitated a greater appreciation of the client's experience. Apart from feeling guilty about his son, he had problems sharing his feelings and concerns with his wife. This was an ideal time to talk to the client and his wife to also clarify her responses about the current situation.

Conflict Resolution

A **conflict** is a mental struggle arising from opposing demands or impulses. Most people associate conflicts with negativity and avoid them at all costs. They are frequently avoided and minimized due to poor communication and assertiveness skills, low self-esteem, lack of confidence, fear of losing, or feeling victimized. Conflicts are associated with the following:

- Gender issues
- Ethnicity
- Culture
- Perceptions
- Education level
- Values
- Beliefs
- Moral issues
- Self-esteem
- Stress
- Anxiety
- Language difficulties
- Socioeconomic status
- Coping style
- Ethics
- Fear
- Ageism
- Developmental stage

Conflicts can be threatening and have the propensity to incite strong and negative feelings, discord, and disagreements. In reality, they are an integral part of human interactions and relationships. Conflicts afford opportunities to exchange ideas, and to appreciate and tolerate the differences each person

brings to the situation. Daily interactions with clients, coworkers, and stakeholders generate normal disagreements, disputes, and conflicts. Conflicts are frequently associated with behaviors, not people; hence we need to remain focused on the behavior, not the person's qualities and characteristics. As previously discussed, **conflict management** requires effective communication skills. A common query concerning conflicts is "If conflict resolution is so important, why do so many people walk away from conflicts?" The answer is complicated and multifaceted.

Nurses, clients, and health care providers bring a variety of human experiences, beliefs, values, and cultures to health systems. In addition, early childhood experiences with conflicts, stress, and trust along with socialization issues influence one's perception of conflict and willingness and ability to resolve it. Self-esteem, positive self-regard, confidence, and potential consequences also govern the decision to resolve or walk away from conflicts. The importance of assertiveness in resolving conflicts was previously discussed. The following dialogue demonstrates conflict resolution techniques:

Mr. Jones: When I take this medication I have sexual problems and my wife is unhappy.

Nurse: Mr. Jones I understand your concerns, but if you do not take your medication as ordered you will get sick and end up in the hospital again. *(Although adherence to medication is important, the nurse fails to empathize with the client's situation, which generates conflict.)*

Mr. Jones: I don't care. I know I need to take this medication, but I also know my body better than anyone else. I only skip doses periodically and besides, I've taken this medication long enough to know when I'm getting sick.

[The nurse insists that the client take the daily dose as prescribed, and he refuses to comply.]

Nurse: Okay Mr. Jones, I know you have been on this medication for a while and I respect your honesty in letting me know how you are taking it. Although I do not agree with the way you take your medication, I respect your honesty and understand how important it is for you to make decisions about your health. *(She recognizes the continued conflict, compromises, and negotiates with the client to address his concerns.)*

Mr. Jones: Thank you. I was concerned you would be upset and not understand how important this was to me.

Nurse: Thanks again for bringing this to my attention. Please let me know if you have more problems with your medication. I will inform your primary care provider about this and she will call you if she has further questions or concerns.

This scenario demonstrates how the nurse used assertiveness to negotiate with the client about medication adherence. Although she did not condone how he took his medication, she supported his decision to take the medication to manage symptoms and avoid relapse. She was more concerned about treatment adherence rather than stopping it because she felt he needed to take it daily as prescribed. In this scenario, the client periodically took medication to minimize sexual side effects and still managed symptoms. Although it was very important to negotiate and resolve the nurse–client conflict, it was equally important to maintain trust and openness and recognize that the decision to adhere to medication and self-manage symptoms rests with the client.

Effective conflict resolution or negotiation strengthens relationships, engenders mutual respect and trust, and fosters self-esteem, autonomy, self-efficacy, and collaboration. Predictably, poorly managed or avoided conflict reduces productivity and positive health outcomes, erodes trust and effective communication, and contributes to future conflicts.

Confrontation

Confrontation is often perceived as "beating on the table and shouting," but in reality it is a therapeutic intervention that requires control and focus on specific behaviors and aggression. Confrontation is a therapeutic technique used to point out incongruence between what is said and one's behavior. Because of misperceptions, it is often uncomfortable to the client and the inexperienced nurse. Motivational theorists and mental health professionals view confrontation as an integral part of interpersonal relationships and assert that when people recognize discrepancies they can make healthy behavioral changes (Miller, 1985; Miller & Rollnick, 1991). Because confrontation evokes intense anxiety, is uncomfortable, and carries misgivings, it is often underutilized as an important communication tool.

The following demonstrates the usefulness of confrontation between a nurse and client. The nurse has worked with Mr. Ekpong in the diabetic clinic since he was diagnosed with Type II diabetes 12 months ago. He is in for a follow-up appointment for diabetes today.

Nurse: Good morning Mr. Ekpong. I noticed your HgbA1c lab today is higher than at your last visit.

Mr. Ekpong: I don't know why because I take my medication and follow my diet as instructed. *(Defensive)*

Nurse: Well, I understand, but prior to this visit your HgbA1c had decreased and today it's pretty high. *(Confronts about abnormal HgbA1c based on previous results, which is incongruent with following diet and other treatment considerations)*

Mr. Ekpong: *(Raises voice)* It sounds like you don't believe me!

Nurse: *(Remains calm and focused)* It's not that I don't believe you, but based on your blood work you may be doing something different with your diet or medication. I am really concerned about it and your health and want to make sure you stay on the right track. *(Confronts again because of client's defensiveness, but focuses on results [behavior] without criticizing the client)*

Mr. Ekpong: I know you care what happens to me. I apologize and confess that during the holidays I ate a lot of desserts and did not exercise as often as I should have. I'm sorry I raised my voice.

Nurse: Thanks for your honesty Mr. Ekpong. It's difficult for most of us to stick to our diets during the holidays. However, it is important to know why your lab results changed to understand if your medication needs to be changed. As you know, even though it's difficult, it is important to adhere to your diet, medication, and exercise program to maintain your health. In the future, please let me know if this is a problem. *(Responded in a positive manner to reinforce honesty about diet during the holidays)*

Mr. Ekpong: Thanks for understanding. I thought you were going to be mad at me for "slipping."

Nurse: Not at all. By the way, your other lab studies look pretty good.

Confrontation is a powerful communication tool and, when used appropriately by specifically focusing on behavior and not the individual, maintains communication and minimizes defensiveness and anxiety. This example demonstrates the importance of remaining calm and focusing on the client's behavior while avoiding defensive or angry counter-reactions.

Focusing

Focusing is the process of clarifying a perception or pointing out aspects of the conversation. This process fosters attentiveness and helps the nurse gather relevant data to validate a specific point. It facilitates quality dialogue and helps the overly anxious or easily distracted client concentrate on the subject matter.

The following scenario depicts focusing. Mary is a 21-year-old student recently diagnosed with Crohn's disease who is in for a medication review follow-up.

Nurse: Mary you look pretty down today. What's going on? *(The nurse attempts to focus on and assess the meaning of client's behaviors and demeanor)*

Mary: Nothing.

Nurse: You look sadder today than during your last visit and I noticed your eyes are red and puffy. *(By focusing and using explicit physical details to explain her concerns she conveys astute observational skills and empathy.)*

Mary: I just had a bad night!

Nurse: A bad night? Tell me how long you've had problems sleeping. *(Focusing encourages the client to provide more details about sleeping patterns and define "bad night.")*

Mary: Oh, the past few weeks. I go to bed okay, but wake up about 2 AM and can't go back to sleep.

Nurse: What other changes have you had over the past few weeks? *(Focusing helps the nurse clarify and assess the client's present situation.)*

Mary: My boyfriend broke up with me because of my medical problem.

Nurse: What do you mean medical problem? *(Focusing again helps the nurse clarify and assess the client's situation.)*

Mary: I told him about the possible surgery and he just couldn't take it.

Nurse: Please tell me more about the way you've been feeling since the breakup.

Although the client's visit was about her medical problems, she was very stressed and upset or even depressed about the recent relationship breakup. Obviously, the nurse suspected Mary was pretty distraught, and by focusing on her complaints was able to validate her concerns by gathering specific information concerning underlying psychosocial stressors and possible treatment considerations. It is essential for the nurse to *be with the client* and providing venues, such as focusing, to explore and understand his or her experiences related to illness.

Giving or Imparting Information

Giving or **imparting information** is an integral part of nursing. This process involves giving facts when the client asks for or seeks information. Through health education, informed consent, orientation, and other methods, the nurse can devise individualized interventions that allay fears and anxiety and promote treatment adherence.

Mr. Schultz is an older adult who was been recently diagnosed with Parkinson's disease. He is anxious and concerned that he will be unable to walk due to physical symptoms of his illness. The nurse has opportunities to mitigate his anxiety and concerns through emotional support, empathy, and health education.

Nurse: Mr. Schultz, I see you have been started on a new medication for Parkinson's disease.

Mr. Schultz: I understand about Parkinson's disease, but I need more information about my medication.

Nurse: What is your understanding about your medication, including how it works?

Mr. Schultz: Isn't the medication supposed to stop these tremors and stiffness?

Nurse: Yes, it is. I'll review each medication again and explain any side effects or symptoms to report.

Mr. Schultz: I am so glad because I want to get better.

This dialogue demonstrates the significance of client-centered health education (imparting information). Imparting information ensures shared

decision making, reduces anxiety, and facilitates informed consent. It engenders trust and mutual respect, which are key issues in treatment adherence and clinical health outcomes.

Humor

Humor refers to being amusing, funny, or comical to express feelings and thoughts in a manner comfortable to oneself and others. Nurses may be surprised by the frequency with which some clients use humor to poke fun at themselves. It is helpful to note that humor often alleviates stress and anxiety and helps express very challenging thoughts and feelings. Appropriate use of humor enriches interpersonal relationships, reduces stress, minimizes cultural differences, and helps communicate difficult messages.

Humor is underused as a therapeutic communication tool. The chief health benefits of humor have been historically acknowledged, but only anecdotally because quantifying its effectiveness has been difficult. However, even though results are tentative, there is growing evidence of the therapeutic qualities of humor and laughter (Martin, 2001). Researchers state that humor and laughter may be effective self-care strategies to cope with stress and provide physical relief of muscle tension (Wooten, 1996), to improve natural killer (NK) cell activity (Bennett, Zeller, Rosenberg, & McCann, 2003), and thereby to improve immune function (MacDonald, 2004).

Laughter stimulates physiologic processes. It strengthens heart rate and respirations, reduces stress hormones, and activates endorphins, the body's own natural morphine-like chemicals, which improve mood (Hassed, 2001). Collectively, laughter and humor are stress busters with healing properties. When used appropriately, humor provides a temporary distraction from stressful or overwhelming feelings and fears. Appropriate use of humor requires acceptance by the client, which is conveyed through verbal and nonverbal communication. The use of humor should be avoided if it is offensive or culturally insensitive, or during a catastrophic or grave situation. Although humor has stress-reducing and healing properties, when used inappropriately it can be destructive, such as when a client pokes fun at her- or himself as a "put down" to galvanize low self-esteem. Nurses must discourage the destructive use of humor and encourage clients to focus on strengths and positive attributes. Naturally, more rigorous and theoretically sound research is necessary before conclusive statements can be made regarding the health benefits of laughter and humor.

Negotiation

Negotiation is an integral part of working with people. People are often unaware of how often they negotiate. For instance, you would never pay the stated dealer's price for an automobile. Certainly the car dealer expects you to ask for the best deal. Cars often have a higher markup simply because negotiation is expected. This also occurs in health care systems when purchasers and contractors negotiate for the best price. More and more nurses find themselves in positions that require negotiation skills to handle complex client needs, ensure appropriate and client-centered health care, and provide equitable resource allocation.

Furthermore, technological advances and the explosion of information systems have created a very competitive health care arena. Dwindling resources and high-stress work environments also contribute to interpersonal conflict and tension. Negotiation with the client fosters shared or participatory decision making and acknowledges his or her autonomy. Negotiation is critical and requires *give and take* communication processes to diffuse tension and effectively resolve conflicts and stressful interpersonal interactions. As brokers of health care, nurses must use negotiation skills to navigate health care across the continuum. The nurse must be able to work effectively with others. Negotiation requires team-building communication skills and knowledge of group or team dynamics to balance the needs of clients, families, or caregivers with available resources and expertise as a team member. (An extensive discussion of negotiation is included in Chapter 5, Professional Development: Leading Through Effective Communication.)

How can you become a good negotiator? You may already have negotiating skills, but how often are you using them? Unless you are confident and assertive and have good listening skills, you will have difficulty negotiating. Although negotiation occurs daily, it is not an easy process. As previously mentioned, interpersonal skills are the basis of successful negotiation. Key questions to answer before you decide to negotiate are:

- What is the chief issue to resolve, and how important is it?
- Do I have an understanding of the full picture? (In other words, what additional information do I need from others?)
- What is my relationship with key players or partners?
- What do I hope to gain or accomplish?
- What resources do I need to successfully negotiate or resolve key issues?
- How much am I willing to invest in the process?

Active listening is especially important during stressful interactions because it helps the nurse negotiate more effectively by hearing others' perspectives. It guides attentive listening regarding what we hear and what others say. Often, poor listening skills or inattentiveness along with interruptions result in conflict and necessitate negotiation. Paying close attention to what is said and periodically clarifying, restating, and paraphrasing demonstrate respect and foster trust. Moreover, it embraces others' concerns, needs, and perceptions and builds healthy interpersonal relationships. Successful negotiation also requires a trusting environment, sound nurse–client communication, and assertiveness that facilitates the social interaction crucial to resolving problems or other conflicts (Yamashita, Forchuk, & Mound, 2005). An example of this concept is working with a client with hypertension to enhance medication adherence. Initially, the nurse must establish rapport and trust, listen to and understand the client's concerns, provide health education to the client and family, and negotiate ways to ensure safe and high-quality clinical outcomes. Clients often give numerous reasons for nonadherence to treatment; before making assumptions, it is important to understand the client's experience, health practices, and motivation to adhere to treatment. This provides a position of power for negotiating and using shared decision making with the client to discuss health care needs, mutually established goals, and holistic treatment planning. (See Research Study 2-1 on page 94.)

Overall, effective negotiation is a win-win process that facilitates shared decision making, problem solving, and conflict resolution through a give-and-take approach. In successful negotiation, all parties must feel their issues and positions are understood. The following criteria provide further guidance in negotiation:

- Uses a practical decision-making process
- Is cost-effective, client-centered, and evidence-based
- Improves or sustains healthy communication and interpersonal relationships

Questioning

Questioning is an essential communication tool. It builds rapport and trust, encourages shared decision making, elicits important health data, and helps the nurse understand the client's experience, preferences, and needs. In addi-

tion, seeking feedback and securing information validates or tests assumptions concerning verbal and nonverbal communication. Some clients are hesitant to speak or to divulge information, especially during an initial encounter, unless privacy is ensured. It is important for the nurse to provide a quiet, private, and safe environment without unnecessary interruptions. Due to normal anxiety during an initial encounter, it is equally important to begin the assessment with a statement such as "I noticed you seem to be nervous about talking to me, and I wonder what I can do to make you more comfortable?" The nurse is challenged to maintain a balance, letting the client provide reasons for seeking treatment and prompting through questions that yield important clinical data. Broad open-ended questioning is suggested initially, leading to more direct and detailed questioning at the end of the assessment.

Open-ended questions are more likely to provide quality feedback because they elicit answers to "what," "when," "how," and "where" concerning the client's behavior. In comparison, closed-ended queries or those that yield "yes" or "no" or limited answers reduce quality responses and should be avoided or used sparingly. They are used to collect specific information such as "Are you married?", "Are you currently employed?", or "Are you safe in your home?" Avoid direct or probing questions that begin with "why" because they tend to elicit defensiveness and argumentativeness, as well as noncommittal responses. The following are examples of open-ended and closed-ended questioning.

Open-Ended Questioning

Nurse: Good evening, Mr. Effiong. My name is Sherry and I am your nurse today. What's brought you in today?

Client: I'm having chest pains and my doctor asked me to come to the emergency room.

Nurse: How long have you had chest pains?

Client: They started yesterday, but I thought it was just indigestion.

Nurse: Mr. Effiong, please describe your chest pain.

Client: They are sharp and hit me in the center of my chest. They are worse after meals, but they come and go.

Nurse: Are you having chest pain right now?

Client: No, I don't have any right now.

Nurse: When you are in pain, please describe it on a scale of 1–10 [1 = minimal, 10 = severe].

Client: It's about 6–7.

Nurse: How long does each episode last?

Client: About 2–3 minutes.

Nurse: What about your breathing?

Client: Even though I get short winded when I have chest pain, my breathing is fine now.

Nurse: What kind of medications have you taken today?

Client: My doctor told me to take aspirin. I took it about 30 minutes ago. Nurse, am I going to die?

Nurse: Mr. Effiong, I understand your fears of dying and they are normal under the present circumstances. You made the right decision to come to the emergency room today. We are going to do everything to evaluate and treat your chest pain. Your doctor will see you soon.

Client: Thank you. I am so nervous, but I know you all are going to take care of me.

In this scenario, the nurse was able to elicit specific and detailed information about the client's condition by asking open-ended questions, which yielded an important and detailed description of chest pain, breathing patterns, and medications. Not all clients give specific information when asked open-ended questions. This supportive and caring environment also helped the client express fears and be reassured that he was in the right place.

Closed-Ended Questioning

Although closed-ended questions should be used sparingly, they can elicit specific information, such as demographics, presence and absence of specific

symptoms, or thoughts. The chief limitations of closed-ended questions include:

- They are guided by the nurse.
- They restrict the client's ability to freely answer questions or express feelings.
- The focus is narrowed to "yes" or "no" or limited responses.

Note the limited range of questions and answers and diminished opportunities to respond in the following discussion:

Nurse: Mr. Jones, are you having chest pains?

Client: Yes.

Nurse: Did your doctor instruct you to come to the emergency room?

Client: Yes.

Nurse: Did you take any medications today?

Client: Yes.

When used exclusively, closed-ended questions yield minimal information concerning the quality of the client's symptoms, thoughts, and behavior. As a general rule, closed-ended and open-ended questions must be balanced and used appropriately to clearly comprehend the client's perceptions and symptoms, and allow full expression of his or her experience. The following are examples of appropriate closed-ended questions:

- How many children do you have?
- Do you use a helmet when driving your motorcycle?
- Do you smoke cigarettes?
- Did you take your medication this morning?
- Are you safe in your home?
- Have you ever been arrested?
- Have you ever tried to harm yourself or other?

When closed-ended questions are the sole queries they only provide part of the necessary information needed to complete the nursing assessment.

However, when followed by open-ended questions they yield invaluable clinical information. Balancing closed-ended questions with open-ended questions enables the nurse to clarify and gather more data concerning the client's health status.

Reflection

Reflection or reflective listening is one of the most difficult communication skills. It requires astute active listening skills and awareness of nonverbal responses. Apart from active listening, it requires responsiveness to or reasonable guesses of what the client means. Assumptions are guesses that must be validated by the client. Reflection uses statements based on client comments to confirm assertions or assumptions, as noted in the following encounter.

During a patient's initial visit in a primary care dermatology clinic, the nurse gathers information about recent stressors. The client states he has had marital problems for the past 3–6 months. He also admits his wife complains he spends too much time on the Internet and not enough time with her. Even though your hunch links the client's dermatologic problems to marital discord, it is important to avoid drawing premature conclusions and validating your assumptions, as noted in the following conversation:

Client: I spend too much time on the Internet and not enough with my wife.

Nurse: You feel you are spending too much time on the Internet. *(Statement, not an assumption)*

Client: Yes. My wife complains every evening because I am on the computer.

Nurse: She is angry because you spend too much time on the Internet. *(Restatement or reflective listening)*

Client: You bet! She slams doors and refuses to cook sometimes.

Nurse: And you are concerned about your marriage. *(A guess at his feelings [reflecting feelings or an "interpretation"])*

Client: Yes.

Reflection or reflective listening enabled the nurse to elicit important information from the client by simply making statements about what he thought the client meant. It was less threatening than probing questions, yet yielded important information about the client's marital situation.

Self-Disclosure

The precise role of **self-disclosure** in the nurse–client relationship is unclear. However, Jourard's (1964) theory suggests that an optimal level of self-disclosure is essential for healthy relationships, and is governed by the nature of the relationship with others. The client's needs, rather than the nurse's, govern self-disclosure. For instance, personal information, such as current medications, medical problems, and age, may be shared with selected close friends and family; less personal information such as name, discipline, or educational background may be shared with others as appropriate. It is vital to note that there are situations in which self-disclosure is inappropriate. The nurse should *never* use self-disclosure to resolve personal problems or as a basis for personal gratification. The decision to disclose information to the client must be carefully considered, and used only to advance the client's health goals based on the needs of the client (rather than the nurse), appropriateness, and timeliness. Before self-disclosing it is very important to assess your motivation and its impact on the client. The following situation is an example in which the nurse may choose to self-disclose to improve an interpersonal relationship and model adaptive behaviors.

A mother comes to the pediatric clinic and expresses concerns about her ill child; during the course of her visit the following dialogue between and the nurse and mother occurs.

Mother: Are you a mother? Do you really understand what I'm going through?

Nurses: Yes, I am a mother and you have a right to be concerned about your child. I understand how difficult this must be for you.

In this situation, the nurse must remain calm and reassure the parent that everything is being done to care for her child. Overall, appropriate self-disclosure is an important nursing intervention and communication skill that ensures and maintains healthy boundaries between the nurse and the client. It fosters trust, conveys empathy, encourages shared decision making and motivation, reduces fears, and normalizes the client's experiences (Enns, 1997; Antai-Otong, 2006; Fay, 2002). However, when used inappropriately,

self-disclosure is the most dangerous communication technique for blurring boundaries and must be used cautiously. Inappropriate self-disclosure includes sharing personal information, such as home address, telephone number, or email address.

Silence

Many people feel uncomfortable with **silence**. However, when used appropriately it is an important therapeutic intervention that helps the client to collect and organize thoughts and respond to queries or aspects of the conversation. Sometimes silence indicates distrust or hostility, and it is imperative to avoid "pushing" the client to respond or talk in light of the unpredictable nature of her or his underlying thought processes. Other times the client values silence as part of his or her culture. Some clients prefer less talk and are comfortable with silence. Pressing clients to talk or respond is disrespectful, conveys impatience, and increases the risk of hostility, distrust, and verbal and physical violence. Other times silence means the client has lost his or her train of thought and has actually forgotten the query. Under these circumstances the nurse must be patient, calm, and supportive. It may also be necessary to repeat the question or aspects of the conversation to reengage the client after silence. Silence may also be uncomfortable to the nurse who feels it is important to maintain dialogue. Normally silence lasts only a few minutes, but it may feel like hours.

During silence, focus on how you respond to silence—are you nervous, do you experience shortness of breath or sweaty palms, or are you fearful you may say the wrong thing or upset the client? Or do you feel comfortable, as evidenced by a calm demeanor and physical responses. If you experience anxiety or tension, take several deep breaths (slowly inhale and exhale) and allow yourself to relax and focus on the situation.

Equally significant is determining the usefulness of silence to the client and when to interrupt the silence. It is difficult to determine the best time to use silence, but understanding its benefits and limitations can guide the nurse in using this communication technique. Appropriate use of silence promotes calmness and accessibility to the client who may be struggling to organize thoughts and responses to difficult emotions and situations. More importantly, this brief role-playing exercise promotes self-awareness and understanding of personal reactions to silence and how to manage uncomfortable situations. Limitations associated with extended silence include inefficient use of time, avoidance of important patient disclosure, and increased anxiety in the nurse and client.

Summarizing

Summarizing involves focusing on salient points of the nurse-client interaction. It enables the nurse and client to list major points of an encounter, such as recommendations or suggestions, clarifies disagreements, and allows time to reflect on feelings, thoughts, or discussions. It reflects active listening skills, conveys caring and acceptance, and fosters a therapeutic nurse–client relationship. It enables the nurse to validate clinical findings and understand the client's problems, goals, and experiences.

Nurse: Ms. Garcia, it looks like this has been a pretty difficult year for you.

Ms. Garcia: Yes, it has. As I mentioned, I was diagnosed with diabetes several months ago and just found out I have to take insulin shots.

Nurse: Your concerns about your health and learning how to give yourself insulin injections are certainly understandable.

Ms. Garcia: That is good to hear because I never liked needles and I am very anxious about giving myself insulin.

Nurse: Let's review the steps of giving your injection again. I know how anxious you are, but believe it or not with time this gets easier.

Ms. Garcia: Yes, I am anxious, but I believe I can do this.

The nurse and client summarized the salient issues of this interaction involving newly diagnosed diabetes and fear of injections. The client was able to validate normal reactions to this situation and feel empowered through health education to manage a chronic disease. It also helped the nurse validate the client's understanding and meaning of her illness, feelings, motivation, and treatment considerations. More importantly, the nurse used this holistic approach to actively engage the client in verbalizing her thoughts and fears, reducing anxiety, and integrating health education into self-management skills.

Verbalizing the Implied

Verbalizing the implied involves clarifying what the person implied or insinuated in order to understand the message or conversation. For example, a follow-up visit with a client with hypertension shows elevated blood pressure, and she looks anxious and stressed. Implied behaviors include nonver-

bal and verbal cues that communicate what the client fails to explicate. Based on an assumption concerning the meaning of these behaviors, the nurse states what she believes is the real message. The following demonstrates this technique:

Nurse: Mrs. Marshall, your blood pressure is higher this time. What changes have you experienced since your last visit?

Mrs. Marshall: My 36-year-old son moved in several months ago after losing his job. I don't know how long he plans to live with us.

Nurse: You sound pretty stressed about your present living situation.

Mrs. Marshall: What makes you say that?

Nurse: Well your blood pressure is higher this time and it sounds like your present living situation is pretty stressful. How can I assist you?

Mrs. Marshall: Just listening helps. I feel guilty about complaining.

Nurse: Obviously this is a stressful time. Tell me more.

Active listening and attentiveness provided an opening for communication that validated a relationship among the client's elevated blood pressure, stress, and current living conditions. The nurse's willingness to listen, display concern, and ask relevant questions created a warm, supportive, and accepting environment conducive to sharing and expressing feelings. Furthermore, through active listening and attentiveness the nurse verbalized and clarified the meaning of the client's elevated blood pressure and obvious anxiety and stress.

Verbalizing the implied validates the nurse's perception and understanding of the client's message, conveys empathy, and strengthens the nurse–client relationship.

Therapeutic communication techniques are critical to successful nurse–client relationships. They enable the nurse to approach each situation assertively with respect to her- or himself and others. Prepared with self-assuredness and confidence the nurse can actively listen, clarify ambiguities, verbalize the implied, confront inconsistencies, and collaborate with the client, family or caregiver, and staff to ensure safe and high-quality health care.

This section has focused primarily on adults. Because each developmental stage has its own challenges and unique aspects, the following section centers

on therapeutic communication techniques across the life span. Major areas include infancy and childhood, adolescence, families, and older adulthood.

LIFE SPAN CONSIDERATIONS

Developmental factors influence how we communicate and form relationships with others. As discussed in Chapter 1, early interactions are the basis of trust and influence the quality of long-term relationships. Cultural and psychosocial factors also influence communication patterns and trust in others. This section focuses on life span issues and the use of various therapeutic techniques to engender trust, establish rapport, impart information, and collaborate with families from infancy to older adulthood.

Infancy and Childhood

The word *infancy* stems from the Latin word for *without language*. Although infants are helpless and unable to communicate with words or language, they do communicate in other ways. The early cry during infancy permits the newborn to communicate biological needs, such as hunger, pain, frustration, or distress. Early contact through touch, tone of voice, feeding, eye contact, holding, and talking provides a venue for communication between parents or early caregivers and the infant. Early in their life, infants learn how to distinguish their parents' voices from others and communicate this through cooing to parents or crying with strangers.

Nurses caring for sick infants can also detect the infant's responses through various signs such as increased heart rate and respirations. Holding, feeding, and talking in a calm voice influence the newborn's reaction to the nurse and early caregivers, as evidenced by reduced heart rate and respirations. The ill infant may also mimic smiling or other pleasant facial expressions. Working with infants and children requires establishing therapeutic relationships with parents and caregivers; therapeutic techniques such as empathy, rapport, and active listening skills are crucial to establishing these relationships.

Toddlers gain confidence and a sense of separateness from others or autonomy by using words such as "that's mine," "me," or "you." Each subsequent stage is influenced by successful mastery of previous stages that further advance trust, autonomy, initiative, industry, and ability to form healthy interpersonal relationships with others (Erikson, 1968). A failure to master these developmental milestones contributes to mistrust, difficulty forming healthy interpersonal relationships, and problems communicating personal needs.

Like adults, children communicate verbally and nonverbally. Communication provides a venue through which to learn and maintain social interactions; gain attention; sort information about the world; reduce anxiety, alienation, and fear; and receive validation from parents and other social contacts. Moreover, because children have immature cognitive and language development, communication extends to other venues such as art, music, and play. For instance, the nurse working with an 8-year-old newly diagnosed with juvenile diabetes is challenged to establish rapport with the child and parents while recognizing the impact of anxiety and fears that may detract from their learning processes.

Therapeutic techniques such as those already mentioned are vital to helping the youth and family cope with and understand illness and treatment options. Nurses can also strengthen interactions with children and their families by using the following techniques:

- Maintain eye contact.
- Approach the child in a gentle and calm manner.
- Use play therapy, storytelling, painting, and other strategies to understand the child's experience.
- Encourage expression of feelings and fears.
- Listen attentively.
- Use words understandable to the child and parents.
- Use age-appropriate dialogue.
- Avoid defensiveness with parents.
- Validate assumptions about nonverbal communication.

Family Issues

Children are part of a larger family system and community. Concurrent communication with parents is crucial. The child–parent relationship and communication patterns influence acceptance of the child's illness and ability to cope and receive support. Quality communication with children also requires establishing and maintaining rapport and communication with families. Each family has its own communication patterns, parenting skills, culture and ethnicity, individual choices, and beliefs about health practices. Dynamic communication patterns challenge nurses to embrace the influence of a variety of factors on relationships with children, youth, and families and use therapeutic techniques to establish rapport, engender trust, and understand the meaning of their experiences.

Typically, parents are extremely stressed and experience a wide range of emotions when their child is ill or hospitalized. Normal stress reactions include guilt, anxiety, anger, fear, sadness, and overwhelming helplessness, which often manifest as uncooperativeness, blaming, and argumentativeness. These are very difficult times for both the child and parents, and it is crucial to avoid personalizing stress reactions. It is important to display empathy and understanding and to set limits when appropriate (e.g., discourage verbal abuse). The following is an example of an interpersonal conflict with a parent.

Jeremy, a 10-year-old boy, has been hospitalized for a diagnostic workup to rule out a serious heart condition. His parents are very upset about the preliminary findings and diagnosis and begin yelling at the nurse and blaming the hospital for not bringing the child's meal on time.

Parent: I hate this hospital. No one seems to care about my son's meal being served on time!

Nurse: I understand you are upset about the results of your child's test, but it is very difficult for me to help or listen when you yell. Jeremy just returned to the room and I have already ordered his tray.

Parent: You really don't care about my child. Just bring the tray when it comes.

Nurse: I know how scary this situation must be, let's talk some more after his meal.

Parent: You really don't know how I feel!

Nurse: You're right, I don't, but I can imagine how difficult the past few days have been for you, your husband, and Jeremy. I can arrange to talk to both of you this evening if you like.

Parent: I don't think it'll help, but I'm willing to try.

Obviously the parent is upset and angry, but has problems recognizing that her feelings are normal, although she expresses them inappropriately. Through rapport, empathy, reflection, and assertiveness, the nurse conveyed empathy, remained calm, and expressed understanding of the parent's concerns. She did not personalize the attacks, yet she set verbal limits by maintaining her composure and redirecting the parent's anger. Helping parents

and families cope with difficult situations is governed by trust, respect, and the nurse–client relationship. Healthy interpersonal relationships with the child and family can reduce stress, normalize reactions, and impart information and education that strengthen the family's coping skills.

Adolescence

Adolescence is a turbulent period—more so than any other developmental stage. It marks the transition from childhood to adulthood. The adolescent not only faces enormous biological changes, but also must confront psychosocial issues and determine his or her sense of identity. Peer pressure and the need to identify with others are particularly significant during this period. The ability to master these challenges, use effective communication skills, and form interpersonal relationships are determined by early interactions with parents or caregivers. Early relationships govern the ability to form and maintain high-quality and meaningful relationships, a sense of identity, and close intimate adult relationships. The quality of the marital or couple dyad (parents) and their parenting skills impact the family's ability to cope and manage stress.

Apart from these normal developmental stressors, the adolescent experiences struggles and turmoil between self and parents to transition to adulthood. Family conflicts generally stem from disagreements about chores, blasting music, dress or style, and curfews, which are normal aspects of adolescence. Parents and teens negotiate some of these issues while maintaining the integrity of the family unit. The family's ability to manage and cope with these stressors centers on the youth's mastery of previous developmental tasks, particularly trust.

Additional social issues confronting adolescents and their families include teenage pregnancy, socioeconomic challenges, and divorce. Family support is critical for all age groups, but is particularly essential for the successful outcome of diverse social issues during adolescence. The transition from parenthood to grandparenthood is frequently unexpected and complicated for low-income and single parents. It is necessary for the nurse to identify the various stressors for both parents and the adolescent and design client- and family-centered interventions that support complex family dynamics (Dallas, 2004).

Although self-esteem and self-concept are normal developmental issues during adolescence, communication difficulties associated with transitions from adolescence to adulthood also confront the youth. Knowledge of nor-

mal developmental issues and potential struggles confronting adolescents opens up lines of communication.

Difficulty establishing trust with the nurse due to fear that information will be shared with parents may jeopardize communication with adolescents. Many are concerned about confidentiality and are hesitant to share personal information. Trust must be established along with honesty about confidentiality. Issues such as harm to self and others must be shared with parents and appropriate staff to ensure safety.

Illnesses during adolescence also place tremendous burden on the adolescent and family. Working with an adolescent's physical and mental health problems challenges the nurse to integrate life span or developmental concepts into a plan of care that establishes trust, ensures safety, and educates the youth and family about illness. Involving the youth in youth groups that address health care issues provides additional support and opportunities to communicate feelings, fears, and concerns. As mentioned earlier, the bases of nurse–client interactions include trust, respect, acceptance, empathy, and shared decision making with the youth and family.

Middle Adulthood

This period finds adults at the peak of their careers and concerned with guiding and influencing the next generation (Erikson, 1968). For many adults this is the most productive time of their life, offering opportunities to fulfill lifelong aspirations and influence the family's next generation. Major challenges during this period range from raising young children, coping with adolescents, handling adolescents or children leaving home or going to a university, facing age-related changes, coming to terms with grandparenthood, and caring for aging parents and adult children. Responsibilities and stress escalate during middle adulthood, as does vulnerability to serious medical and mental health problems.

As middle-aged adults enter the health care arena, the nurse must identify issues unique to this developmental stage. Important communication skills are similar to other developmental stages and include establishing trust and rapport, using active listening, and imparting information. Of particular importance to individuals in this developmental stage is control over one's life and health. Nurses can advance personal control, self-efficacy, and self-management through collaborative relationships and shared decision making to devise individualized care. Like previous developmental stages, this period is governed by the quality of interactions with early caregivers

and parents. It also determines how middle-aged adults cope with older adulthood.

Older Adulthood

People are living longer and face diverse challenges associated with aging. The primary developmental task during older adulthood is integrity versus despair (Erikson, 1968). This stage is a culmination of previous life span tasks that influence the meaning of life and contributions to society. Developmental challenges are also impacted by normal age-related changes, significant losses, and major medical problems. The quality of lifelong relationships, level of self-esteem, culture and ethnicity, physical and mental health status, and quality of support systems impact nurse–client relationships with older adults. In addition to assessing age-specific issues of older adulthood, it is vital to determine the role and quality of families, caregivers, and significant others.

Today's societies place tremendous emphasis on youth and devalue the uniqueness of aging. In societies and families where older adults are revered and valued, emphasis is placed on their knowledge, wisdom, and role in the family. Apart from ageism, older adults must adapt to age-related biological changes. Nurses must identify variables that jeopardize individualized health care, reduce stereotyping, and implement strategies to ensure dignity, acceptance, and respect; avoid ageism; and embrace life experiences and contributions to society and wisdom.

Interpersonal relationships and therapeutic communication techniques in older adulthood are similar to other developmental stages. Age-related changes such as vision and hearing deficits can be minimized by speaking slowly, being more patient, allowing time to respond, and directly facing the client to ensure eye contact and understanding. Cultural factors and ethnicity play key roles in how older adults communicate problems and express feelings. Storytelling or reminiscence is an important family ritual and socialization in some cultures. Through storytelling, the family's legacy and uniqueness are communicated to the next generation. This unique style of communication also helps the nurse gain insight into the heritage, perspectives, and life experiences of diverse cultures (Bailey & Tilley, 2002; de Vries, Suedfeld, Krell, Blando, & Southard, 2005; Shellman, 2004). It helps clients from various cultures to cope with serious illness. Encouraging storytelling conveys respect and appreciation of the older adult's life experiences, health practices, and contributions to society. Embracing the distinctiveness of older adults is crucial to helping them maintain their spirituality and hope through therapeutic and healing communication.

CRITICAL THINKING QUESTION

Mr. Martinelli is an 80-year-old widower recently admitted to the Geriatric Extended Care Unit after a hip replacement. During morning rounds he yells, "I want to take my bath in the evening. Yesterday I was told I had to bathe in the morning. No one listens to me and I'm tired of it!"

Question: What is the most appropriate response to Mr. Martinelli?

a. Mr. Martinelli, I understand how difficult it is to be in the hospital. I will arrange for you to have your bath in the evening. What else can I do to make your stay more comfortable?

b. Mr. Martinelli, please lower your voice. It is very difficult for me to help when you shout. Now, what else do you need this morning?

c. Mr. Martinelli, we have limited staff on the evening shift and you must take your bath as scheduled. Can I assist you with anything else?

d. Mr. Martinelli, please lower your voice because we have sick people on this floor. I will talk to the evening nurse to see if we can arrange for you to bathe on that shift.

Answer: The correct answer is a. It recognizes age-related changes in an 80-year-old related to possible hearing loss. Unless the yelling is accompanied by other aggressive nonverbal cues, the client yelling may not be indicative of aggression. The response reflects the difficulty some older clients have saying they are afraid or fearful. It also reflects respect for the client's individual need to take his bath in the evening. This approach obviates anxiety and ensures dignity and integrity.

The other responses are incorrect or inappropriate. Although b and d address the issue of yelling, they offer little empathy about the client's request to bathe in the evening. Answer c reflects a lack of sensitivity and empathy.

CHAPTER SUMMARY

Therapeutic communication is central to nursing care. It is the foundation of all nurse–client interactions and creates opportunities to establish trust, gather relevant client data, collaborate with clients and staff, and formulate

diagnoses and client-centered interventions. Therapeutic communication techniques, such as active listening, acceptance, assertiveness, conflict resolution, and negotiation, are essential components of nurse–client relationships. This is particularly important in a changing society; the transformation of health care systems and advances in telecommunications have drastically changed how people communicate. Nurses are in pivotal positions and must create innovative communication approaches, such as using video telephone conferences, the Internet, email, telehealth, and messaging devices, in client homes to create nurse–client relationships across the life span and within diverse cultures.

Effective communication techniques extend beyond the nurse–client relationship and include safe and productive work relationships. Assertive communication provides the foundation of healthy work relationships. It ensures open and honest communication that facilitates respect for self and others and effective conflict resolution and positive clinical outcomes.

The ability to establish relationships and communicate with others is governed by life span issues that impact self-confidence, trust, and reliance on others. Life span issues are an integral part of all communication. Nurses are poised to interact with individuals across the life span, ranging from children and their parents to older adults. It is imperative to understand the use of therapeutic techniques, such as active listening and empathy to create supportive and quality relationships and understand the client's experiences regardless of age.

SUGGESTIONS FOR CLINICAL AND EXPERIENTIAL ACTIVITIES

1. Invite a communications expert to do a series of lectures on assertiveness training, negotiation, and conflict resolution. Training should involve didactic discussions, role-playing, and rehearsals.
2. Use case histories of difficult client situations as a learning tool to address communication issues and communication techniques.
3. Prepare a scenario regarding a difficult or uncomfortable situation and identify various therapeutic techniques to resolve the situation.
4. Explore opportunities for self-awareness, such as what is appropriate to share with a client, how to respond to a client who asks for a date, or how to work with an individual from a different culture or ethnicity. Identify personal reactions to these situations and ways to manage them.
5. Role-play each therapeutic technique and ask other students or participants to critique it.

END-OF-CHAPTER QUESTIONS

1. You are the new nurse on an inpatient medical-surgical unit. During morning report one of your coworkers raises her voice and accuses you of leaving an unsigned progress note. What is the most appropriate response?
   a. I'm sorry. I am pretty new and appreciate you bringing this to my attention.
   b. Mary, let's talk about this after report.
   c. I don't appreciate you embarrassing me like this.
   d. Remain silent because you are the new person on the unit.
2. Which of the following behaviors is characteristic of active listening?
   a. Leaning forward and limiting eye contact
   b. Paraphrasing or restating
   c. Making corrections when obvious misunderstanding occurs
   d. Focusing on verbal communication
3. Mr. Rodriquez is a 45-year-old married man seen in primary care with a diagnosis of rheumatoid arthritis. He complains of difficulty sleeping because of chronic pain. Which of the following statements is a barrier to active listening?
   a. Why did you wait so long to seek treatment?
   b. I'm sorry, I need to get this call.
   c. Tell me about your living situation.
   d. All of the above.
4. Assertive communication is an important therapeutic communication technique. Which of the following statements best describes assertiveness?
   a. I am upset because this is the second time you've been late this week.
   b. You make me angry every time you ask that question.
   c. What can I do to keep you from being so upset?
   d. None of the above.
5. Open-ended questions are more likely to elicit quality feedback than closed-ended questions. Which of the following questions is open-ended?
   a. How old are you?
   b. Are you married?
   c. What brought you in today?
   d. Is this your first visit to primary care?
6. Reflective listening is one of the most difficult communication skills. During a recent visit with Mr. Jones he expresses concerns about his blood pressure. Which of the following shows reflective listening?

a. Sounds like you need to change you blood pressure medication.
b. You are worried about your blood pressure.
c. I understand how you must feel.
d. You have a right to be concerned about your blood pressure.

7. Mary is a 21-year-old mother of two who is being seen at a community-based clinic for an evaluation of abdominal pain. While asking questions about her symptoms she becomes silent. What is the most appropriate response to a client who is silent?
   a. Rephrase and ask the question again.
   b. Allow her time to organize her thoughts.
   c. Excuse yourself for a few minutes.
   d. Let her know you have other clients waiting.
8. Appropriate self-disclosure is an important communication technique. Which of the following is inappropriate self-disclosure?
   a. Acknowledging your marital status
   b. Giving your telephone number to a client
   c. Having your diploma or other academic achievements in view
   d. Refusing to give your spouse's name to a client
9. Jennifer is a 16-year-old seen in the school health clinic for flu-like symptoms. While obtaining her health history she admits her parents are unaware that she uses birth control pills. Which of the following is an important part of establishing a therapeutic relationship with this client?
   a. Maintaining confidentiality about non-life-threatening issues
   b. Letting her know she needs to talk to her parents about birth control pills
   c. Asking if she is sexually active
   d. Promising that everything she shares with you is confidential

Answers

1. b
2. b
3. d
4. a
5. c
6. b
7. b
8. b
9. a

Research Study 2–1

Title: Negotiating Dyadic Identity between Caregivers and Care Receivers Coeling. H. V., Biordi, D. L., & Theis, S. L. (2003). *Image. Journal of Nursing Scholarship, 35,* 21–25.

Purpose: To describe the ways in which caregivers and their care receivers in a nursing home negotiate dyadic parameters that impacted how they adapted the care experience in their lives, and to suggest theory based on the data.

Method: Caregivers and care receivers were interviewed simultaneously and separately by researchers concerning their care experiences. Data from these interviews were used to determine how their experiences were adapted into their everyday life. A qualitative analysis of these responses defined dyadic identity (a mutually agreed upon caregiving relationship determined by a set of rules involving negotiation that facilitated informal care of a loved one who used nursing or care resources.

The population consisted of 60 English-speaking dyads of 60 caregivers and their 60 care recipients living in the midwestern United States. There were slightly more African American dyads than Caucasian. Commonality between care receivers was chronic disease and the need for caregiving to maintain living in their homes. Two interviewers simultaneously conducted semistructured interviews with care receivers and caregivers concerning their care experiences using the Relational-Based Joint Decision-Making Model.

Results/Findings: Indications from this study show many aspects of processes in which caregivers and care receivers negotiate the rules or parameters of care dyads; failure to establish them may result in increased caregiver strain. Negotiating was significant in dyadic care relationships, and evidence was found that negotiation skills were needed to enhance interactions. More research is needed to examine the relationship between dyadic negotiation and rules and clinical outcomes.

Implications for Nurses: Nurses play pivotal roles in helping clients and families cope with stressful situations by enhancing communication and interpersonal relationships. Negotiation is a powerful tool that can be used to establish dyadic rules, strengthen relationships, and facilitate positive clinical outcomes.

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SELECTED WEB SITES

Administration on Aging—How to Find Help:
http://www.aoa.gov/eldfam/how_to_find/how_to_find.asp

The Association of Telehealth Service Providers: http://www.atsp.org

Combined Health Information Database (CHID)—Citations, abstracts, and availability information for educational materials on a vast number of health-related topics: http://chid.nih.gov

National Black Association for Speech-Language and Hearing (NBASLH):
http://www.nbaslh.org

National Institute on Deafness and Other Communication Disorders (NIDCD)—Free publications in Spanish (en Español):
http://www.nidcd.nih.gov/order/pubs_type.asp?type=spanish

National Institute on Deafness and Other Communication Disorders (NIDCD)—What Is Voice? What Is Speech? What Is Language?:
http://www.nidcd.nih.gov/health/voice/whatis_vsl.asp