


Introduction

This essay will look at communication within a healthcare setting and will give examples from literature to demonstrate the importance of communication. It will use the work of (Ellis & Beazlee, 1986) and also (Egan, 1990) as models for effective communication. It will discuss whether these models are adequate alone to enable effective communication and will also draw on personal experiences from the clinical area.

Communication underpins all other nursing interventions (Miranda & Riley, 1997). Communication is a fundamental tool for healthcare delivery (Rungtapiachy, 1999). To listen to another person is the most caring act of all, Listening and attending are by far the most important aspects of being a nurse (Burnard, 1992). (Roper, 2001) Emphasizes communication as an integral part of the unique function of nursing.

 (Peplau, 1988) used the term, psychodynamic nursing, to describe the dynamic relationship between a nurse and a patient.

Peplau described four phases of this relationship:

The orientation phase, in which the person and the nurse mutually identify the person's problem.

The identification phase, in which the person identifies with the nurse, thereby accepting help.

The exploitation phase, in which the person makes use of the nurse's help.

And

the resolution phase, in which the person accepts new goals and frees herself or himself from the relationship.

Peplau also identified six nursing roles of the nurse:

- Counseling Role - working with the patient on current problems
- Leadership Role - working with the patient democratically
- Surrogate Role - figuratively standing in for a person in the patient's life
- Stranger - accepting the patient objectively
- Resource Person - interpreting the medical plan to the patient
- Teaching Role - offering information and helping the patient learn

(Beazs, 1992) states that people have a basic drive to relate to one another, which is expressed through communication. Even if conversation doesn't take place, smiling as is not smiling a form of communication albeit non verbal.

Communication can be conceptualized as a series of components that require a message, transmitter, receiver and a channel for transmission. All of these elements can be categorized into either verbal or non-verbal components. Both of these categories combine in the skill of active listening, which is a cornerstone of effective communication (Miranda & Riley, 1997).

(Ellis & Beazs, 1986) used a diagram to illustrate the communication system, (appendix a).

The communication system is divided into verbal and non-verbal parts. The verbal communication consists of words, clauses and sentences, which enables the exchange of information, clarification of issues, demonstrating understanding and to offer support and direction.

The non-verbal system contains four elements:

Prosodic, which is used to give emphasis to verbal communication through intonation and rhythm.

Paralinguistic, which are the vocal but non-verbal expressions such as mmm, ah which will allow the person offering the information the confirmation that they are being listened to.

Kinesic, is body language, for example facial expressions, gestures, position of the recipient.

And

The standing element, which may include physical appearance, personal space.

Although a model of communication can simply demonstrate the communication process it can also oversimplify.

A model only provides a framework for observing, understanding and predicting what occurs when two people communicate (Pearson, 1995).

Effective communication between a nurse and a patient is a conscious, goal directed process that differs from casual or social interactions. It is undertaken as a tool with which to develop trust, effect change, promote health, provide limits, reinforce, orient, convey, identify and

work towards goals (Schulz & Vliebeck, 2002)

An important aspect within effective communication is the ability to understand the message.

Each element of communication must be examined separately.

For example, within the Kinesic element,

(Egan 1990) offers the acronym, SOLER, when considering the aspect of body language. Egan suggests to

Sit **S**quarely in relation to the client,

Maintain an **O**pen posture,

Lean slightly towards the client,

Maintain reasonable **E**ye contact,

Relax.

Through personal experience whilst in the clinical area I have implemented this acronym and found it effective although needing to examine my own actions later to assess whether its was used to its full potential. I have found that to sit squarely with the client isn't necessarily the best position this has offered periods of discomfort both for myself and visibly to the patient. By sitting in this position

there is less opportunity to break eye contact without appearing distracted or disinterested. Open body posture can give a sense of disinterest as well as increasing anxiety in myself in situations where there may be a risk of physical aggression. In the suggestion that Egan gives of relaxing, this has been easier at times when the other suggestions of Egan's have been modified.

(Beers, 1992) states it is important not to stare at the patient for too long as this can be seen as an intimidating gesture as also can distance where too close can be seen as an invasion or a threat or too far can be interpreted as the nurse being unable to cooperate.

Within the verbal element it is also important for the nurse to recognize the difference between a person saying what they mean and meaning what they say (Minick & Riley, 1997).

An example of this from my own clinical experience was whilst having a conversation with a patient, they told me that they just wanted to kill themselves. When we explored this statement further the patient said

that they didn't actually mean they wanted to kill themselves but rather that they felt they couldn't cope with current problems. By sitting and discussing these problems, a number were able to be resolved and others discussed. In this situation and with such an alarming statement for a student nurse it would have been an easy get out to dismiss the statement.

(Speight, 1991) however, states that by responding in this way could have led to the patient being unwilling to explore this statement further. Speight suggests that reflection can be used as a communication technique.

For example, when the patient made the statement, the response that could be used is one of "you want to kill yourself?" and thereby encouraging a further response from the patient about the statement.

To enable effective communication the healthcare worker must also be aware of the individual factors involved. All communication between individuals has internal factors that can influence the sending or receiving of the message, these may include beliefs, goals, physical and emotional states and the perceptions of others roles, status and

personality. External factors may include environmental, social, biological, psychological and economic influences (George, 1990).

(Minichiello & Riley, 1997) suggests that it is also important in being an effective communicator to ensure that the language used during communication is at a level that can be understood through familiarity of words.

Once the basics of communication are understood, in order to turn this into effective communication it is important for the healthcare worker to examine their own actions through reflection (Minichiello & Riley, 1997).

This may be done with the aid of a model of reflection such as Gibbs reflective cycle (appendix 2). Gibbs identifies five points for reflection. Description, feelings, evaluation, analysis, conclusion and action.

By using Gibbs reflective cycle I have been able to identify obstacles either personal, environmental or on a physical level. This I believe

has led me to a greater understanding of my own actions, thoughts or feelings and helped me identify solutions to these obstacles.

Conclusion

In conclusion, this essay has identified and examined models of communication and discussed the various elements involved. It has given examples from literature to stress the importance of communication and identified elements needed towards communication being effective within healthcare. It has drawn on personal experience from the clinical area to demonstrate the skills required in maintaining a therapeutic relationship and also identified the need for ongoing reflection during the communication processes.

