



Communication: Novice vs. Professional

COMMUNICATION: COMPARING THEORETICAL OPTIONS

GOALS

1. State the name and method of specific techniques to communicate effectively.
2. Select the appropriate communication technique that helps to promote a selected or specific therapeutic conversation.
3. Teach specific communication skills to improve their therapeutic relationships.
4. Carry on a conversation confidently with anyone using a selected technique/theory that promotes a mutually rewarding and caring experience.

KEYWORDS FOR APPLICATION

1. Active Listening
2. Reflection
3. Paraphrasing
4. Behavior Awareness Statement
5. Congruence Between Verbal Comments & Behavior
6. Non-verbal Communication
7. Verbal Communication
8. Conflict Resolution
9. Silence
10. Arguing
11. Silence
12. Eye Contact
13. Sandwich Approach
14. Giving Choices
15. Enthusiastic Resonance
16. Words of Encouragement
17. Recognition of Difficulty
18. Energy Control
19. Transactional Analysis (TA)
20. Multicultural Communication
21. Clarification
22. Limit Setting
23. Positive Statements
24. False Reassurance
25. Redirection
26. Personal Space
27. Halo-Effect vs. Horns/Devil Effect
28. Confrontation
29. Power of "Yes"

30. Territorial Violation
31. Territorial Invasion
32. Psychological Territorial Threat
33. Proxemics
34. Cultural Non-verbal Behaviors
35. Space, Color, Mood, and Body Type
36. Sympathy
37. Empathy
38. Compassion
39. Encouragement
40. Enthusiasm
41. Nurse (referring to all nurses in all capacities)
42. Nurse Administrator (DON)
43. Nurse Leader (RN)

This document is a compilation of communication theory, differences in formal and informal communication, and the personal selection of specific methods (skills) that lead to competence in communicating with any person. The communication techniques are for use with a patient(s), resident(s), family member(s), student(s), super/subordinates, and employees. These skills are universal in their application. Also included are research findings regarding human physical characteristics/aspects that tend to result in communication and environmental situations that influence communication. Communication techniques are in random order of importance.

Communication---everyone is doing it! No matter who you are or what you are doing, something is being said either by behavior, language, or appearance. The big concern of this document is HOW you effectively communicate, learning WHAT you want/need to share, and HOW you reach the goal of personally increasing your self-awareness so that you are in control of YOUR communication. The novice (usually the new and less experienced nurse) just TALKS AND BEHAVES. A true leader **knows** what he/she is SAYING THROUGH TALKING, BEHAVING, AND WHY! This ability to communicate needs to be nurtured and controlled with theoretical knowledge, gaining communication skills, and ultimately performing selective communication skills. This document will give you the skills to confidently take you from being a novice to a professional communicator.

ACTIVE LISTENING AND DETERMINING CONGRUENCE

One of the most important skills you can learn is the skill of listening. Listening places your body into an attention mode. In general, body language changes with a slight leaning forward, eyes on the person object, and non-verbal responses confirming that what is said is heard. Posturing and nodding of your head as a listener confirms a listening stance. These behaviors are considered congruent with the process of active listening.

Listening also means that the person who is doing the listening watches for the congruency of the person talking. Note the differences (if any) between what is verbally said and what the body

movement and posturing is saying. A person heard correctly is harmonious in the message. That is, verbal and nonverbal are considered in agreement according to the culture of the individual.

Example---

Suppose a person laughs while reprimanding someone verbally and perhaps raising a fist to hit that person simultaneously. In that case, there is an incongruence in the combined message and behavior. Such a lack of unity between verbal communication (laughing) and an accompanying action (hitting) brings the listener's attention to two confusing forces—happiness and anger. Such incongruence that sends overt mixed messages presents a potential mental disturbance or instability. Mixed messages confuse the listener; therefore, if possible, the behavior and the spoken word must be scrutinized by the listener to understand the intended communication/message (if there is an intended message).

TWO SIMPLE VERBAL COMMUNICATIONS (REFLECTION AND PARAPHRASING)

Verbal communication is a form of sound. The sound can be a sigh, a moan, a scream, or simple, soft, loud, mean, or gently spoken words. Anyway, a person who utters a sound orally can be considered a form of verbal communication.

Some specific and therapeutic verbal communication skills that lend themselves to practical use are:

Reflection---

Reflection in communication reflects (mirrors) what you have verbally heard from the person by repeating one or more words that you have heard. You provide no additional comments. It mirrors, in a word or more words, the exact words the person has said.

Examples---

If a person says, "I am angry at Mr. Jones for moving the car." The nurse could respond in several ways. By repeating one word (as an example), a person could say, "angry," "Mr. Jones," "moving," or "car." More than one word might be "angry at Mr. Jones" or "moving the car." The skill acquired comes when you can repeat one or more words without making it sound like a question (elevating your voice tone) or perhaps a style in the voice that would indicate anger.

When you give a response, wait for the reply. After he/she, as a recipient of your remark, hears a repeat of what he/she said, there usually is a personal response by that person. Your remark encourages this person to listen to what he/she said and to explore better his/her thoughts and feelings regarding what he/she has just said.

The challenge comes when a person asks, "What do you think?" Your comment is most helpful if you again reflect (see technique above) back to this person their stated words. You do not need to answer that question. Reflect the question to him/her and request this person to express what he/she thinks. Keep the pressure on the person that asked the question. It does not matter what YOU think; however, it does matter what the person asking the question thinks! Keep the pressure on the person to keep talking. If the person has some life experience to draw upon, he/she will usually find the answer in the verbal exploration of WHAT WORKED FOR HIM/HER LAST TIME. Remember, you are in control of

helping this person solve his/her problem. The resolution of the issue comes from the person asking the question. The nursing leader's role is to help the person find his/her best way to solve their problem.

Paraphrasing---

Paraphrasing in communication is to simply restate what you think you have verbally heard from what is said. Use *your own words* and change the words to understand what you heard the person say. Your restatement of what you think you heard might be lengthy and more involved than what you heard. Then, watch and listen to the response. Is there validation that you truly understood what was said, or did he/she need to clarify what you did not hear correctly? Listen again. Again, paraphrase as necessary until the intended meaning of a statement is repeated by you accurately to represent what this person wants you to hear. Paraphrasing is a reformatting in your words.

Example---

When a person says, "I am cold." A paraphrasing response by you might be, "You don't have enough heat in your room because it is a freezing day outside." Remember, this is not a question—it is *a statement*. Your comment does not require a "yes" or "no" from the person making a statement. A restatement in your own words allows the other person to respond to the accuracy of your understanding.

BEHAVIOR AWARENESS STATEMENTS & BEHAVIOR

Behavior Awareness is to simply state what you see the person (in behavioral terms) doing or has done. This behavior requires that you place *no judgment* on what you see—just that you see it.

It requires you to comment on the witnessed behavior. It demands nothing more than that! The person doing the behavior is aware that the behavior is observed. The nurse who comments on the behavior waits for a response from the person performing the behavior.

What happens is that the person doing the behavior will interrupt the behavior, do more of the same, change the behavior, or even apologize. The person will often explain the behavior.

Examples---

The person observing says, "John, you have wandered up and down the hall at least four times within the last five minutes." John has now had an opportunity to become more aware of his behavior, make a remark regarding the reason, change the behavior, or you have just reoriented him to the behavior of which he was not fully aware. Regardless, John is now more self-aware, maybe can redirect his behavior, or perhaps you will find out information about John's wanderings that would be new information for you due to his explanation.

Covertly, crossing your legs away from a person and folding your arms while talking with the person might represent resistance to what is said. Arms at your side or open slightly away from the body show an acceptance of what is said. To show acceptance and listen to a person, cross your legs so that your body is turned slightly toward the person, or merely turn toward the person.

The usual nonverbal behavior is often accompanied by verbal content. Congruency between nonverbal and verbal communication is a learned skill.

People usually like to place their judgment as to what they have said or done. It is always interesting to find out what a person will speak about their behavior!

NON-VERBAL COMMUNICATION

In General Terms---

Of all the communication that a person witnesses (verbal or non-verbal), the non-verbal is the most exciting and informative, by far.

Albert Mehrabian (1960) researched non-verbal communication. The finding was that non-verbal behavior is *more believable than verbal communication*. It is an independent messaging system that is applied differently by every person. Not intentionally learned, blushing, shaking, sweating, smiling, laughing, crying, and similar behaviors show nervousness. Think of “The Look!” (whatever that is!) Non-verbal communication also includes a pat on the back, a pat on the “rear,” and a drop or elevation in the voice at the end of a sentence. Voice tone while moving the hands, shrugging the shoulders, wearing a specific color, decorating a home in a particular color, listening to one specific type of music, or having a scented candle in the room—and it goes on and on. These are just a few of the examples of non-verbal communication.

The “transparency effect” says that we are all more transparent than we realize! However, the key to recognizing the “transparency effect” in others is to interpret the non-verbal communication witnessed correctly!

Territoriality---

Humans have a sense of territoriality. The sense enables us to invite or disinvite social interaction. We have all sorts of signs, signals, and effects to establish our territory without saying a word. Our sense of territory comes from two types of learning—social and biological. For instance, regarding biology, male animals often fight off other males to defend females. Socially, humans declare possessions and spaces of our own, and we set boundaries on these possessions and areas within our environment. Our social sites and possessions might include our desk, wallet, closet space, car, side of the bed, etc.

Primary territoriality is represented as non-verbal and verbal. We set non-verbal “markers” to remind others as to what is “ours.” We place a sign of our name on the desk, put numbers on our house, and we often put our initials on items, just as some examples. We set verbal “markers” as to where we live, our name, the name of our spouse, what we like to eat, our children’s names, (and, oh yes, we say!) “that is MINE!”

Secondary territoriality involves belongings we have for a limited time. We borrow books, have special food items for a snack, put our name on a pencil, etc. They are actually or figuratively borrowed or soon to be used up. They usually require a marker of some kind that allows for temporary access to the item.

Public territoriality involves items that are shared by the public. That is buses, roads, park benches, grass and trees in the park, etc.

Here is the interesting physical outcome: When our territory is invaded, the increase in stress causes an increase in our blood cortisol excreted by the adrenal glands. Our body becomes stiff, we pull in our

elbows, and turn our bodies so that our back faces a threat in an attempt to reestablish our territory as we feel a “territorial violation.”

Territorial invasion is when someone else takes over a part or all of our territory. “Contamination” occurs when someone destructively takes over our territory. The invasion is often a legal matter.

Remember when you were in a crowded room, and someone keeps staring at you? If you believe that the person doing the staring is a “difficult person,” the invasion becomes a “Psychological Territorial Threat” that causes stress—therefore, an increase in blood cortisol.

Some people do not like to be touched.

Proxemics is the study of personal space as a part of territoriality. Entrance into the periphery of another person’s personal space often frightens and disturbs a person. -

Intimate Zone: This is for our family, close friends, and spouse. It is about 18 inches from us.

Casual-Personal Zone: This is for normal conversation. It is about 18 inches to 4 feet from us.

Civil Inattention: This is for the person with whom you have eye contact for a fraction of a second, then avert your eyes/gaze away from that person.

Social Consultative: This is for most day-to-day activities while recognizing personal autonomy and privacy while conducting a discussion. It ranges from 4 to 12 feet from us---known as an area of a formal conversation.

Public: This is from about 12 feet from us to what you can see or hear. It includes observable activities.

Communication and nonverbal behaviors are different in cultures and subcultures.

Some cultures require distancing the person from strangers; whereas, other cultures value closeness. For example, in Tanzania, being too far away from another person as a matter of personal choice means you reject that person; therefore, it is best to sit close to another person. Other cultures, such as the Arab culture, desire to be as close as possible when conversing—close enough to feel a person’s breath (bad breath or otherwise).

Determine another’s comfortable space by watching their behavior (e.g., a handshake or a hug) and allowing a person to have a private territory, such as a cubicle or desk. When a conversation flow between people is desired or necessary, have an open environment rather than a cubicle in the work setting. Handshaking or a hug is, often, unacceptable since the Coronavirus problem.

SPACE, COLORS, AND MOOD

We shape our environment by determining our space, color, and mood. The physical management of our environment helps to shape the behavior of ourselves and other people. The environment also triggers conscious and unconscious perceptions. Our perceptions, in turn, determine our behavior.

Space—

Three factors determine the non-verbal areas created by people. They are---

1. The flow of traffic---The requirements of personal movement within buildings are an example. Studies have shown that the people living near the stairwells are more likely to interact with others in an apartment house. (MIT 1950 Study)

The exits within certain buildings are somewhat hidden—take, as an example, the casinos that are laid out in a manner that often discourages finding your way out until you become aware of the layout.

2. The direction people face-- when people face each other, there is an increase in the possibility of social interaction. The family table usually requires people to face each other, which increases communication. The barstool, in comparison, does not face another person, thereby decreasing communication.
3. The location placement: The “leader” or someone in charge is usually at the head of the table—and is the person more likely to be in control. If this person is not at the head of the table, he/she somewhere in a central location of the involved persons.

Colors---

All colors have meaning and influence a person’s impressions and behaviors. When different colors are studied, some colors have consistency in their interpretations. Even the brightness of color has a significant meaning. The white shade seems to impart a feeling of goodness; whereas, black seems to give a negative sense. Bright colors provide a feeling of intensity.

In contrast, passive feelings are related to black, white, blue, and pink. Research shows that white uniforms or uniforms with white seem to have a more positive response from referees than totally black uniforms in the sports world. More penalties for teams wearing all black occur. Physical aggressiveness increases by merely wearing black.

The question, then, is related to how people see you if you wear black. Do they see you as more aggressive? Usually, the way you *feel* when you wear a specific color results in acting the way you *feel*.

The color of black is not always associated with death in some cultures. Blue and white in Asia are often the colors of a funeral. In Ghana, funeral colors are often red and black.

Red is a lucky color in Asia. Research has found that ovulating women will often wear red. Red is an attention-seeking color and a color indicating power. Red attracts male attention toward females. Research has determined that men have the same effect on women if they (males) wear red---and women found these men more sexually desirable and of higher social status.

Mood---

A nice warm cup of “something” or a hand warmer helps promote a personal feeling of warmth and trust toward another person. If you provide a cold drink or cold pack to another person, there is an increase in the recipient’s loneliness—so says research. Perhaps this knowledge can be used by

safehouses and disaster shelters in times of community stress. It should be an example of the fact that “ALL BEHAVIOR HAS MEANING” as a universal concept!!

BODY TYPES, TRAITS, AND RELATIONSHIPS

Bodies and faces can send many different messages. Regarding the *static features* of the body and face, research tells us that:

Body Shapes (Identified by William Sheldon)—

1. Endomorph is a heavier (fat) body type. Sheldon claims that the digestive system probably works slowly. This person would be relaxed and friendly.
2. Ectomorph is a skinny body type. Sheldon claims that the nervous system probably dominates.
3. Mesomorph is a more muscular body type. Sheldon claims that the muscular system probably is predominant.

Body Height---

1. World-wide income shows that males earn two percent more per one inch of height than females. Females over 5' 8" make about 15% more than shorter females.
2. In romantic relationships, women seem to prefer taller men—especially if they live in a dangerous neighborhood.
3. Men often lie about their height on dating profiles—a tendency to exaggerate. Females tend to minimize (lie) about their weight on dating profiles.

Why has height become important? Because in the animal kingdom, height is a dominant factor, and they tend to be bigger and stronger. The dominant animals lead the pack, the herd, or the group.

Waist-To-Hip Ratio in Women—

1. Men appear to be more attracted to women that have a waist to hip ratio of 0.70. Fertility seems to be increased with, at least, this ratio.
2. If the waist to hip ratio gets to 0.85 or higher, health issues are more likely to occur, such as Diabetes and heart disease.

Weight---

1. The shift to the approval of increased weight has increased in the past 125 years in the US. There seems to be a connotation that heavier means more wealth and the availability of food.
2. In some Arabic cultures, fathers like to raise “heavier” daughters as evidence of the father’s ability to provide food.

Faces---

1. The neutral face (without expression) is determined by others to identify the personality of the person.
2. In 1950, there was an agreement that the neutral face can identify a personality. A research finding was that people wearing glasses are seen as smarter because it suggests that they read a lot. Broad-set eyes became a metaphor for broad-mindedness. Conversely, narrow set eyes are a metaphor for narrow-mindedness. If the corners of your mouth turn up, it is thought that you must be a happy person.

Where some of the neutral face research findings appear to be accurate, it is also true that health conditions could be the reason for the findings.

Personality Traits---

Social scientists have assumed that we all have varying amounts of five personality traits. These are conscientiousness, agreeableness, neuroticism, openness to experience, and extroversion. Assessments of photos show a *significant correlation* between the person's personality assessment by subjects and their formal personality assessment.

Romantic Relationships---

John Gottman, a psychologist, noted a pattern of behavior in couples. He called them the four horsemen of the apocalypse: criticism, contempt, defensiveness, and withdrawal. Withdrawal occurs when the couple no longer talks to each other. Criticism and defensiveness are verbal signs that relate to sarcasm. *Contempt is a nonverbal sign expressed in the face. It is incredibly toxic.* Staying happy in a marriage requires a couple to do the little non-verbal "things." They include gentle squeezes, smiles, showing attentiveness—OFTEN!

CONFLICT RESOLUTION

Conflict is a natural happening in an organization/facility. We all have different ideas, feelings, perceptions, values, and goals. Life happens, and personal problems occur! Working relationships sometimes aren't the best! Communication is both the cause and the solution to this conflict.

Rose Johnson, the author of "What Causes Employee Conflict in the Workplace," suggests four causes of workplace conflict:

1. Different communication styles or no communication: An example might be that one employee could inaccurately communicate (or non-verbally infer) work behaviors and outcomes.
2. Personality clashes: An example might be that one person has a direct style of communication. In contrast, another person is quiet and feels that a direct communication method is rude or non-empathetic to difficult situations.
3. Different values: An example might be where some people value kindness and humanistic behavior, others might appreciate getting a job done, regardless. Money and promotions are often the only part of someone's value system.

4. Workplace Competition: An example might be that some situations are naturally more competitive than others.

Because conflict is a natural part of working with people, facilities/organizations should have a conflict resolution policy that involves a time and place for communication. This sharing process allows for consideration of another person's information and feelings. Consensus and management of conflict are more likely to occur due to the sharing of ideas and concerns.

Competition in the workplace often causes people to act in ways that undermine other employees and their work responsibilities. Examples might be slighting remarks, misspelling of names, accidentally sending a derogatory email to the wrong person, complaining behind another's person's back, making false statements, etc. Now (as an astute leader), remember the technique of *reflection*—that is, state (only) the behavior you see or hear. Do not state your feelings or report the comments in a manner that reflect your opinions. Then, let the other person *give to you, verbally*, the meaning of their behavior, thereby drawing their judgment on their behavior. If the reflection is consistent when such “things” occur, the involved employee will usually pay more attention next time about behaving in such a manner. You see---being confronted about negative behavior and having to account for personal behavior is an uncomfortable situation. Oh well---shall we say they deserve it!?

SILENCE

Silence is a pure state that allows a person to do some personal reflection and contemplation. It is probably the most difficult legitimate listening technique most leaders use. Why is it that most of us think that verbal communication says it all, when silence, at the appropriate time, can mean so very much?! It encourages the possible internal integration and re-sorting of thoughts to perplexing ideas and opinions.

As a nurse, silence requires you to feel the same personal inner quiet you are allowing the other person. Sometimes, as the nurse, being there with NO words to say will say the most. Your presence can be as comforting as any word(s) could ever be. The human presence without any conversation speaks for itself—no comments required. A SIMPLE, SUPPORTIVE WAY TO MAKE THINGS BETTER!

ARGUING

Please don't do it! It is time wasted and emotionally draining. No response is better than an argumentative answer. If you wait—chances are that better decision(s) occur when arguing is not involved. The other person will learn over-time that there will be no communication when arguing occurs. Remain calm, like saying, “I hear (or see) that you are upset. I am sorry! When we can talk about it without arguing, I am here to listen and participate in the conversation.” Yes, this means you must be in personal control of YOUR emotions. Well—someone has to be the bigger and better person—let it be YOU!

EYE CONTACT

Eye contact encourages listening, as it requires focusing on the communicator's face—especially the eyes. The eyes are known in legend to be the “windows of the soul.” The eyes seem to smile when a person is happy, or they become tearful when they are overwhelmed with sadness. We cannot ignore the role of the eyes in giving a story. By watching the eyes, we get a small, but essential, glimpse of the inner self, expressing possibly a meaning that the voice, at times, cannot say.

Eye contact is a simple task for the nurse. It requires no information about HOW to communicate effectively. However, the message becomes clear to you—all you have to do is watch as the sadness, joy, pain, and a hundred other emotions are expressed to you as you watch the eye messages. You have learned the messages you will receive through your own experience in life.

SANDWICH APPROACH

A sandwich has two soft pieces of bread and selected content between the two slices of bread. The soft slices of bread represent the beginning and end of a conversation. The selected content in the middle of the two pieces of bread represents the “meat” of the conversation.

The beginning of the conversation should draw the person into a conversation. The comments should be what the person would like to hear—but truthful! It gets the undivided attention of the person. It is the piece of bread (so to speak) on one side of the sandwich.

Next, the sandwich's middle (or the “meat” of the conversation) needs to occur. Perhaps this information is something he/she does not want to hear from you; however, he/she needs to hear.

Once the “meat” is communicated, the closing comments should be soft and supportive. The other side of the sandwich has the other soft bread slice; hence, the closing remarks should be supportive and soft-spoken.

A thank you for something good the person does or has done would be appropriate in closing. Anything that shows an employee's essence of kindness is suitable. The message of appreciation encourages the person to leave your presence with a positive feeling. It also sets an example of courtesy, which is a hallmark of the nurse leader's profession.

Example---

“Sally, you have been with us for twelve years, and you have done a great deal of good for our company.”

“However, you consistently arrive late every day, causing other employees to wait for your arrival.”

“Thank you, Sally, for listening to my concern. You have always been willing to help.”

GIVING CHOICES

When you require something of a person, it is wise to have options in mind. Control of a decision to do something or make a choice is empowering to a capable person. It adds a dimension of freedom to a situation that would otherwise be stifling. The key is that you allow more than one choice, and you do not care what option or order the person selects. It is an excellent technique for many situations.

It is also an excellent technique for children who need to experience the opportunity to make good choices in their lives. Life involves options and choices. Learning to make appropriate choices is part of the maturing process.

Examples---

You might have a choice to go to a dance or ride your exercise bike. The goal is to exercise, and both options meet the goal. The choice is yours.

Tim has two reports that he is required to complete within the next 24 hours. The goal is to meet the deadline. Does it matter to you which report he completes first? The choice of what report he does first is Tim's choice.

You might ask a youngster to eat either the peas or string beans, but it is necessary to eat one or the other. The vegetables are both green vegetables; therefore, you might not care which one the youngster selects. A choice is empowering for a youngster.

ENTHUSIASTIC RESONANCE

Enthusiasm is catching! When you are enthused about something, other people usually capture the spirit you put forth. When a person is troubled and can be motivated to have more energy, you can personally show increased enthusiasm. The increased enthusiasm is usually enough to encourage more vitality from the person that is quiet or distraught. Conversely, if you want to quiet or calm a person, being personally silent in movement and conversation helps calm the situation and the human spirit.

Examples---

An employee has just experienced the death of a loved one while on the job. This employee needs a nurse who is supportive and quiet to help with the stress.

A report, you think, needs to be completed immediately. Increasing your behaviors and elevating your voice tone is mimicked by other employees in their behavior and practice.

WORDS OF ENCOURAGEMENT

Everyone likes to be recognized for the positive work they do. Recognition of good work just means you state your appreciation of the same. This verbal approval gives a person the impetus to move forward with your support.

Examples---

Encouragement could be when a nurse recognizes or praises a behavior or outcome that helps the company magnify the mission or philosophy. It is appropriate to acknowledge and encourage personal attributes through words of encouragement.

When a person feels that he/she cannot do a specific assignment or behavior, your encouragement, as a nurse, to keep trying might be the words that prevent a person from giving up—or (heaven forbid) committing suicide. It helps to establish a person's feeling of personal control and worth. Usually, a nurse's encouragement and trust will result in a person saying, "Hey, I can do this!"

RECOGNITION OF DIFFICULTY

Difficult times and situations come to all of us! Because they do, we often do not pay attention to the difficulties people have around us. However, what is a difficult situation for one person is not for another person. One way to recognize difficulty is to show empathy. No—not sympathy—the word is "empathy."

Empathy means that you understand another person's feelings, but you do not enter into the same state of mind exhibited by that person. Full understanding of a person's difficulty might not be possible; however, at least you should try to understand how YOU might feel under the same circumstance. To remain helpful, you must remain aloof enough to maintain personal control and see the entire problem. A statement of empathy might be, "It must be challenging....." or "I know it is very difficult....." or some like-communication that recognizes the difficulty of his/her situation.

Sympathy (being different than empathy) means that you enter into the same emotional state of mind as the person having the difficulty, and you SHARE and FEEL with the same understanding of the emotions or feelings exhibited. It relates wholly to someone's problems. If you enter into the same emotional state (becoming sympathetic), you wallow in the same difficulty as the person.

ENERGY CONTROL

Selection of daily activities (even one day at a time) for yourself or others will require that you set priorities and communicate those priorities to yourself and others. Knowing what a focus is or is not can be daunting! You have only so much energy in a day. Decide where you (or others) need to expend energy to meet priorities. Energy placement is a critical way to communicate.

An interesting phenomenon occurs when you determine and *meet real and significant priorities*. The outcome is that the smaller and perhaps less critical priorities seem to disappear. If this does not occur, you need to revisit and reorder the listing of the priorities. As a human being, you cannot meet every demand in life. You must select the direction you want/need to go every day to make progress and communicate success---let alone personally feel successful. The adage about the need to pick your battles (or priorities) applies—you will not win the war all at once—but, just maybe, one day at a time!

TRANSACTIONAL ANALYSIS: (TA)

TA is known to be an integrative approach to all of the psychologies. It is written about in a book entitled *Games People Play* by Eric Berne (1964). It involves the communication states/kind between a parent, adult, and child domain. Berne refers to these three domains as “ego states.” Ego (self), in this sense, refers to the psyche and how it reacts to the outside world. The age of the person is not a factor. The person’s communication behavior determines the ego state used-- parent, adult, child). The action used in all three ego states is usually an outcome of life experience, and what that person has found works for him/her in the past! REMEMBER—PEOPLE WILL CONTINUE TO DO WHAT HAS WORKED FOR THEM AT A SIMILAR GIVEN POINT IN TIME—OR UNTIL THAT PATTERN HAS BEEN SUCCESSFULLY INTERRUPTED WITH A MORE WORKABLE BEHAVIOR!!

Examples---

The words spoken (ego state) to another person during communication are analyzed in any three domains.

Parent Communication – An example of a parent speaking would be an authoritarian and perhaps demanding request of someone. It would be like talking down to a child. Adults will behave, feel, and think (and even unconsciously mimic) the parental role they have experienced earlier in their life. Screaming or hollering like they experienced as a child from a parent figure is one example of parent communication.

Adult Communication – An example of an adult speaking would be sharing experience, requesting what you think about a situation or a personal opinion statement. It can be like a machine working with the absence of powerful emotion and the reasoning that has resulted from an experience.

Child Communication – An example of a child speaking is when behavior becomes similar to how a person acted, or other people would act like a child. It could include pouting, crying, or demanding behavior. The communication requires the same as the child—that is, he/she wants his/her way, or there is acting-out behavior to control the situation. A sense of negative creativity and uncontrollable spontaneity rules the behavior. It can occur in disappointment (crying and pouting). It can happen in jubilation times with broad smiles, jumping up and down, and generally displaying increased inappropriate energy.

The TA ego states (as mentioned above) are a fascinating realization as you listen to conversations directed to you or others! It is the goal to communicate in the adult ego state. Recognizing parental and childlike communication in others and helping a person restate their communication to become more adult-like is a nurse’s role. Desired goals and human relationships will improve as you work with others if an adult ego state is used in shared communication.

MULTICULTURAL COMMUNICATION

As a nurse, you will experience culturally diverse people. It is called a “global-centric experience.” Therefore, it is crucial to have a multicultural perspective on leadership and cultural literacy. There are differences between western cultures and eastern cultures.

Western cultures involve debate and discussion with low non-verbal content. Just think of the many times you have been called to a meeting to discuss a topic of concern. It was the verbal exchange and the debate around the issue that was the meeting's driving force. There finally was a tendency to get to the point of the discussion and make a decision.

Eastern cultures are more likely to use direct communication rather than discussion or debate. They desire to maintain and preserve the relationship. To help keep the relationship, it is often difficult for them to say, "No." There is a tendency to talk around the point of discussion and not say what they mean. Yet, there is a tendency to get to the end of the discussion, finally. Often, this gives the westerner a feeling of bluntness, rudeness, and procrastination. Information during a conversation is vital between individuals—not necessarily groups.

There are some general multicultural recommendations set forth by the American Medical Association (AMA) to encourage and enhance multicultural communication. These are:

1. Recognize that miscommunication is likely to happen when working with significant cultural differences.
2. Realize that miscommunication could lead to unwanted conflict.
3. Learn to adapt to different communication styles requiring adaptation.
4. Never shout.
5. Define the meanings of words and phrases.
6. Learn to simplify the message to meet cultural needs.
7. Avoid non-standard abbreviations (such as "UR" for "you are").
8. Show patience with different logic.
9. Ask a person to repeat what he/she said or say it in different words if you do not understand.
10. Get help to clarify the information when there is no one to interpret or you do not understand.
11. Note the distance a hand is extended when shaking hands to determine a person's comfort zone. (Possibly inappropriate handshaking post Coronavirus episode.)
12. Give a person the benefit of the doubt when you do not understand. Consider alternatives to what you thought you heard. (Positive Intent Philosophy)
13. Use several media types to impart information when doing presentations. Be sure that every kind of media has the same message.
14. Offer to read documents they have written to ascertain understanding.
15. Have employees with English as a second language work directly with English speakers as a first language.
16. Have an employee who attends a meeting reiterate what he/she understands as the outcome of the meeting. Clarification could then occur if there is a misunderstanding of the result of the meeting.

It is essential to realize that multicultural staffing or accepting multicultural persons in the facility is challenging and rewarding. The sharing of cultural insight can be stimulating and provide a unique learning experience for the entire facility.

CLARIFICATION

Sometimes when a person tells you something, the message is not clear. The most common response that helps to clarify the meaning is “I don’t understand.” Those words said immediately tell the person that there is something wrong with his/her communication. It is better to identify that you do not understand (if that is true) than to continue with the conversation on a misunderstanding note. It is important to explain WHY you do not understand. This clarification of why you do not understand helps the person focus on the exact information to increase your understanding. Say what you mean *precisely* and mean what you say!!

Example---

A police officer stopped a man carrying a penguin in the back of his truck. “Take the penguin to the zoo,” was the direction given by the police officer. “Okay,” said the truck driver—and off he went. The next week -- there the truck was again with the penguin in the back of the truck. “I thought I told you to take that penguin to the zoo,” the police officer said. “I did,” said the truck driver—“and now I am taking him to the rodeo.”

LIMIT-SETTING

There are times when a person needs to understand the acceptable parameters of behavior. By verbalizing what is permitted with a limit, the person can continue behaving appropriately according to the limit. It often works well with children. There is a need for a child to feel secure, and this control placed on their behavior provides them with a sense of security.

When working with adults that request something of you that is something you do not want to do or cannot do, the usual answer is “No.” However, if you will compromise (when appropriate) just a little and do a little something toward meeting their request, you project a cooperative feeling with realistic expectations.

When you request a behavior, the key to success is that you say what you want to happen by limit-setting. You need to include in the limit-setting comments about what you DO NOT want to happen. It should be congruent with what you know about the person’s past behavior and testing behaviors.

POSITIVE STATEMENTS

Everyone likes to be around a positive-type person. A person who is a positive thinker and behaves in positive ways seems to get through life’s trauma just a little easier. It is also catching. Being positive rubs off on other people—and THEY become more positive. After all, where does negativity get anybody in this challenging world?

The key to communication that makes people feel better is to recognize the good in them. We all have negative aspects, but how nice it is to hear the good about each of us!

Such statements that encourage the movement of behavior in a positive direction might be: “I knew you could do it!” or “I know you can do it!” or “That is the best I have ever seen!” or “Keep up the good

work!” There are a million other statements that encourage positive behavior. The goal is to make positive changes in their lives because of it!

NONJUDGMENTAL

Everyone seems to have a barometer for expected behavior—verbal or nonverbal. We often act as if we know what is good, right, not so good, or terrible about situations other than our own. Remember that adage about not judging another person until you walk in their shoes? There is a reason for every behavior. As individuals, we try to understand but cannot fully comprehend the actions or intentions for another person’s behavior.

Keep in mind that each person has had a path to walk (so to speak) in their lives, with obstacles leaving their impression on their mind and behavior. It is challenging to understand different actions and their complexity as an outcome of life experiences. Sometimes, this is called Post Traumatic Stress Disorder (PTSD). However, a person does what has worked in the past!

Wisely select your words—always use words of comfort or understanding. Expressions of anger or discouragement close communication lines, and then effective communication ends.

FALSE REASSURANCE

Too often, the comment is, “Everything will be fine!” How do you, as a nurse, know that everything will be okay? Whose needs are met when such things are said or inferred? The nurse who makes that comment is the one reassuring him/herself. No—things are not always going to be okay!

Always take the time to listen to another person’s concerns. Your reassurance is not about what is going to happen to them! You, as a nurse, will be there for THEM regardless of what happens.

REDIRECTION

There are times when a person will want to talk about something that you do not want to talk about for some reason. You can listen to them, but you do not need to respond. The skill of redirection is to change the direction of the conversation to be something else. You can often take the topic that you do not want to talk about and turn a question back to the person by changing the subject altogether. Remember—if you are skilled at this, you will not have to answer anyone’s question(s) presented to you unless you want to answer the question(s). (Haven’t we heard politicians do this?)

Use redirection in conjunction with the other skills described in this document. Skillful nurses emphasize the person under their direction and learn to make the conversation about what is essential to the other person.

PERSONAL SPACE

Personal space is the area around you that you consider your own space. Entrance into the periphery of another person's personal space often frightens and disturbs a person. Some people do not like to be touched.

HALO EFFECT—DEVIL/HORN EFFECT

This *Halo Effect* is a cognitive bias where a person's *total* positive traits are influenced by an attitude about *one or a few stated positive traits*. Individual reviewers would not see another person with *mixed* characteristics (good and bad). But, because of a group sharing of a previously established positive mindset or one positive trait, the person is seen as *totally* wonderful. These total positive traits belonging to another person are determined by verbal or nonverbal communication sometimes experienced in group settings.

In reverse, the *Horns/Devil Effect* is a cognitive bias where a person's total traits are influenced by an attitude about one or a few stated negative traits. Individual reviewers would not see another person with mixed characteristics (good and bad). But, because of a group sharing of a previously established negative mindset or one negative trait, the person is seen as *totally* bad. These total negative traits of belonging to another person are determined by verbal or nonverbal communication sometimes experienced in group settings.

This happening is sometimes seen in a job interview—or any other situation, for that matter. When a person is considered for a job, it is not uncommon for the overall *first impression* (good or bad) to determine whether he/she is hired. The contrast is: Where the Halo Effect is an outcome of just a *mention* of a shared previously established positive impression of a person, the Horns/Devil Effect is an outcome that mentions a person's negative opinion. A group's influence from just one person's comment (positive or negative) can influence and determine a final decision and change outcomes.

CONFRONTATION

A confrontation is an approach to communication that is often the most difficult for some people. It requires that you, as a nurse, have a good self-image and be fearless regarding the other person's response. The approach is accomplished with sensitivity and a desire to understand the circumstance you confront. It can result in a positive outcome. Success has to do with your ability to use the previously stated techniques as you converse with another person. The objective is to understand better what is going on and end with a resolution to an identified problem. It is alright to make a personal stand on a topic. It is better to share (than not share) your perspective on an issue and try to understand the other person's position on the issue.

If the person you confront becomes defensive, just listen. If they have comments to make, reflect, and paraphrase. If you do not understand, clarify what you do not understand. Compromise is a common positive outcome. Sometimes, you just cannot win the total war—take a deep breath and compromise.

Remember, you do not confront another person to become argumentative, but to understand better and solve what you consider to be a possible problem. You WIN when the other person changes his/her mind or behavior to your liking because they decided to change—not that YOU insisted on the change.

THE POWER OF “YES”

When you first respond to a statement by someone else, try starting your response with “yes.” It gets the other person’s attention, and they feel that you are listening to what they have said or want to say. There are a thousand ways to continue the conversation once the word “yes” has been stated.

Examples---

1. “Yes, I hear what you are saying; however, -----.”
2. “Yes, tell me more about -----.”

RESPONDING TO THE MESSAGE

“Earth to Mars...Hello...Are you there?” Doesn’t a person feel like that when a message is ignored? Sometimes you are lucky to get a grunt from a verbal comment. Regarding emails: Sometimes, sending a message of friendship is overlooked by others. The feeling is projected: “Well, what do you expect of me in return?” Yes—we all do expect something!! To tell a person in a few words that you heard what he/she said is known as “a courtesy response.”

At least look at the person who is trying to communicate with you verbally. Try—huh, huh, okay, Ya, (at least) to a verbal statement. Even a more intelligent remark for either a verbal comment or email would be beneficial! Let’s face it—the more you actually and intellectually hear what is said and the implications of what is inferred or written, the more likely you are to respond intelligently. Now, if *you* decide not to respond, isn’t that a message, too? If you have a question about the meaning of what you heard, read, or thought you saw, you better get some clarification. To listen to a verbal message, try looking at the person as they speak, and you will more likely hear (and see) the intended message.

Examples---

Think, as an example of the non-verbal message. The guy winks at a girl, and his facial response says the same. If she returns the wink, smiles, and wrinkles her nose, the message was received with a like-thought. But, if she gives back a blank stare or squints her eyes as she frowns and then turns around, isn’t that a response to the winking message? Body language, as well as verbal and written communication, sometimes says it all!

The idea is that when someone directs communication your way (verbal, written, nonverbal, or even a product as a gift), there is a responsibility to respond—in some way. Ignoring in any situation is unacceptable. The outcome of ignoring is that communication between individuals will eventually cease. As a nurse desiring to retain a powerful stance, this cannot happen. Listen to all aspects of communication, hear the message (actual or inferred), and respond professionally. Remember, *whatever you share* as an extension of yourself always carries your message.

RECIPROCITY AND FAIR EXCHANGE

The conversation is sometimes one-sided. Listening to the same tale or hearing continually what Suzie and Sally continuously are doing becomes an “old hat.” Sometimes it would be nice to hear—“Hey, tell me about *your* children” or “Tell me about what *you* did over the weekend.” Why don’t we listen or ask about other people and their lives? Or, do our cohorts need to hear just what we do or about us? Try listening and finding out about them instead of just telling them about you and yours.

Have you ever sent messages and, in return, received no response? Or, you have done special favors without a reply. Intelligent people have a cadre of words from which they can select an intelligent answer.

Being extremely minimal with your words during any type of conversation shows a lack of interest, and (who knows) it could be seen as minimum intelligence. Who wants that reputation as a nurse?!

SAYING WORDS/MESSAGES THE WAY THEY ARE INTENDED

Did you mean to say or infer the person was “stupid?” Did you infer something that was not verbally said? Sometimes when we say something, there is a silent word that could be added at the end of the sentence. The word was not mentioned; however, the closing word was inferred to be “stupid.” A person speaking does not need to say the word “stupid”—it is just there as an unspoken word resulting in a demeaning feeling by the person who receives the message. Remember---It is NOT WHAT YOU SAY AS MUCH AS HOW YOU SAY IT!

Examples

“I told you that would happen!” (unspoken last word, “stupid”)

“You know there are some things you are expected to do!” (unspoken last word, “stupid”)

LAST THOUGHTS

***NO MATTER WHAT YOU SAY OR WEAR, YOUR EXPRESSION DURING A CONVERSATION IS THE MOST IMPORTANT!**

***CONSIDER WHAT YOU SAY WHEN VERBALLY COMMUNICATING OR REFLECTING ON BEHAVIOR. ONCE THE MESSAGE IS “OUT THERE,” IT IS LITERALLY “OUT THERE!” YOU CAN TRY TO MITIGATE IT, BUT YOU CANNOT RETRIEVE IT. (Think of the “Event Horizon” surrounding a Black Hole in the universe. Once you have said something, you have entered the “Event Horizon” – the point of no return!)**

***NEVER UNDERESTIMATE THE POWER OF A CONVERSATION!**

***YOU ARE THE MESSAGE! SO—ACT, LOOK, AND BE WHAT YOU INTEND TO COMMUNICATE!**

*** “I OFTEN QUOTE MYSELF. IT ADDS SPICE TO MY CONVERSATION.” (George Bernard Shaw)**

***“COURAGE IS WHAT IT TAKES TO STAND UP AND SPEAK. COURAGE IS ALSO WHAT IT TAKES TO SET DOWN AND LISTEN.” (Winston Churchill)**

***SHH—THE SECRET ABOUT HOW TO COMMUNICATE TO OBTAIN THE INFORMATION YOU WANT/NEED IS A VERY POWERFUL SKILL! VERY FEW PEOPLE KNOW THESE SECRETS!**

***REMEMBER: YOU ARE NOT RESPONSIBLE FOR JUST WHAT YOU SAY—BUT WHAT PEOPLE HEAR YOU SAY AND WHAT PEOPLE SEE IN YOUR BEHAVIOR!**

***“IF YOU WANT OTHERS TO BE HAPPY, PRACTICE COMPASSION. IF YOU WANT TO BE HAPPY, PRACTICE COMPASSION.” (Dalai Lama)**

CRITICAL THINKING QUESTIONS

1. What are some of the non-verbal messages you have noticed recently in yourself and others?
2. To what extent did a non-verbal message correctly represent a verbal message stated?
3. How does the concept of “Proximity” affect the way you communicate with others?
4. At your next self-presentation, what do you plan to do to represent yourself and why?
5. How important are first impressions when you enter a room?
6. What are the advantages of having such subtle signals in our static faces?
7. Why would we want to manage our facial expressions?
8. What are the advantages and disadvantages of communicating emotion in the voice compared to the face?
9. What is the role of gestures in the development and execution of verbal speech?
10. How do you become a better detector, as well as interpreter, of nonverbal clues associated with deception?
11. Pretend you are angry with your friend. How would you show congruence in your behavior and verbal communication?
12. What is the difference between reflection and paraphrasing?
13. When you are talking with another person, what could you do regarding your non-verbal behavior that would tell him/her you are interested in what is said?
14. What is an example of Primary, Secondary, and Public Territoriality?
15. What is the communication difference between American and Arab cultures?
16. What behavior exhibited by another person would tell you how close they want you to come to them?
17. You are invited to give a talk to a large group. You have to choose between wearing blue or red. What color would you select to wear? Why?
18. You seem to be having many conflicts between employees in a particular area of the health care company. What positive measures could you do, as a nursing leader, to help resolve the disputes?
19. Mr. Jones just died, and Mrs. Jones is distraught. What type of communication and behavior might be most helpful in this situation?
20. What communication would you use as an “Adult Communication” as compared to “Child Communication.?”

21. You are sitting in a meeting, and someone in the meeting refers to a specific person as “wonderful.” If the entire group falls “in line” and agrees that this person stated is “wonderful,” you might consider what group “effect” has just happened?
22. What is the magic of saying or nodding “YES” during a conversation?
23. What is the result of responding to a personal email message?
24. How do you show compassion in your specific health care setting?

RECOMMENDED READING

The Hidden Dimension by Edward Hall (1966) (Classic)

More than Words: The Power of Nonverbal Communication by Miles Patterson (2011)

10 Face and Body Cues for Trait Physiognomy by Zebrowitz, Montepare, and Strom (Wikipedia)

The Expression of the Emotions in Man and Animals by Charles Darwin (1872) (Classic Eye Behavior by Scherer Adams, Nelson, and Purring (2013) (Research Gate)

Vocal Communication of Emotion by Klaus Scherer (2003)

Presence by Amy Cuddy

Why Marriages Succeed or Fail by John Gottman (1994) (Classic)

Dealing with Halo and Horns Effect (U-Tube)

Compassionomics by Stephen Trzeciak and Anthony Mazzarelli (Foreword by Senator Cory Booker) (2019)

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