



Communication: Novice vs. Professional

COMMUNICATION: COMPARING THEORETICAL OPTIONS

GOALS

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

KEY WORDS 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 Effects
36. Saying the Words/Message the Way it was Intended
37. Sympathy
38. Empathy
39. Compassion
40. Encouragement
41. Enthusiasm

This document is a compilation of communication theory, differences in types of formal and informal communication, and the personal selection of specific methods (skills) that will lead to competence in communicating with any person—including a patient, resident, 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. Techniques are not listed in an 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 communicate, 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 of communication skills, and ultimately performing selective communication skills. This document will give you the skills that will take you, as the nurse, with confidence from being a novice to a professional communicator that are destined to positively change a relationship.

ACTIVE LISTENING AND DETERMINING CONGRUENCE

One of the most important skills you can learn is the skill of listening. This places your body into an attention mode. Body language, in general, changes with a slight leaning forward, eyes on the person object, and non-verbal responses confirming that what is being 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 to note the differences (if any) between what is verbally said and what the body movement and posturing says. For a person to be heard correctly and wanting to be heard, the person

doing the talking must be congruent in the message. That is, verbal and nonverbal are considered in agreement according to the culture of the individual.

Example

If a person is laughing while they are reprimanding someone verbally and perhaps raising a fist to hit that person at the same time, there is incongruence in the combined message and behavior. Such lack of congruence between verbal communication (laughing) and an accompanying behavior (hitting) brings to the attention of the listener that two confusing forces are being witnessed—happiness and anger. Such incongruence that sends overt mixed messages often presents a probable mental disturbance or instability.

Mixed messages cause confusion on the part of the listener; therefore, if possible, the behavior and the verbal message must be examined carefully by the listener in order 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 words that are simple, soft, loud, mean, or gently spoken. Any way a person utters a sound orally can be considered a form of verbal communication.

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

Reflection--

Reflection in communication is to simply reflect (mirror) what you have verbally heard from the patient by repeating one or more words that you have heard. No additional comments are provided by you. 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 the tone of your voice) or perhaps a tone in the voice that would indicate anger.

When a response is given by you, wait for the response. 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. This encourages this person to hear what he/she said and to better explore 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 back 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 really matter what YOU think; however, it does really 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 own problem. The resolution of the problem 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 own problem.

Paraphrasing--

Paraphrasing in communication is to simply restate what you think you have verbally heard from what has been said. This requires you to use *your own words* and change the words to be in accordance with *your understanding* of 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 to you what you did not hear correctly? Listen, again. Paraphrase, again, as necessary until the intended meaning of a statement is repeated by you correctly 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 very cold day outside." Remember this is not intended to be a question—it is to be *a statement*. Therefore, your statement is not to be stated as to require a "yes" or "no" from the person making a statement. A restatement in your own words gives the other person an opportunity 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.

This requires you to comment on behavior that was witnessed. It demands nothing more than that! The person doing the behavior becomes aware that the behavior has been witnessed. The nurse who comments on the behavior simply 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 maybe even apologize. The person will often give an explanation for the behavior.

Examples

The person observing says, "John, you have walked aimlessly 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 a behavior of which he was not fully aware. Regardless, John is now more self-aware, maybe can redirect his behavior, or maybe you will find out information about John's wanderings that would be new information for you as a result of his explanation.

Covertly, crossing your legs away from a person and folding your arms while talking with the person might represent a resistance to what is being said. Arms that are at your side or open slightly away from

the body show an acceptance of what is said. To show acceptance and listening 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 the nonverbal and verbal communication is a learned skill.

People usually like to place their own judgment as to what they have said or done. It is always interesting to find out what a person will say 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 interesting and informative, by far.

Albert Mehrabian (1960) researched non-verbal communication. Non-verbal behavior was found to be *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!), a pat on the back, a pat on the "rear," and even a drop or elevation in the voice at the end of a sentence. Voice tone while moving the hands, shrugging the shoulders, wearing a certain color, decorating a home in a certain color, listening to a specific type of music, or having a scented candle in the room. 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 in recognizing the "transparency effect" in others is to correctly interpret the non-verbal communication witnessed!

Territoriality---

Humans have a sense of territoriality. This 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. This comes from two types of learning—social and biological. For instance, in regard to 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 spaces within our environment. Our social spaces and possessions might include our desk, our wallet, our closet space, our car, our 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" by our verbal proclamation of 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, your 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 a 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 personal territory is invaded, we have an increase in stress that 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 the 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 your territory. This is often a legal matter.

Remember when you were in a crowded room and someone keeps staring at you? If you were led to 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---

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 discussion. This ranges from 4 to 12 feet from us---known as an area of formal discussion.

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

Communication differences in nonverbal behaviors of 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 the given message is 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 hand shake or a hug) and allowing a person to have a private territory, such as a cubicle or desk. If a flow of conversation between people is desired or necessary, have an open environment rather than a cubicle in the work setting.

SPACE, COLORS, AND MOOD

We shape our own environment through 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—

There are three factors that determine the non-verbal spaces created by people. They are---

1. The flow of traffic---The requirements of personal movement within buildings are an example. Studies have shown that in an apartment house, the people living near the stairwells are more likely to boost the interpersonal interactions with others. (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---Obviously, 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 bar stool, 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 charge. If this person is not at the head of the table, he/she is placed somewhere in a central location of the involved persons.

Colors---

All colors have meaning and cause an influence a person’s impressions and behaviors. When different colors are studied, some colors have consistencies in their interpretations. Even brightness of color has significant meaning. The color of white seems to impart a feeling of goodness; whereas, black seems to give a negative feeling. Bright colors give a feeling of intensity. Whereas, passive feelings can be related to black, white, blue, and pink. In the sports world, research tends to show that white uniforms or uniforms with white seem to be more positively responded to by referees than totally black uniforms. More penalties for teams wearing all black were reported to have occurred. Physical aggressiveness was reported to increase 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 certain color results in a person acting the way they 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, red is often combined with 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. The color 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 to 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”—that is a universal concept!!

BODY TYPES, TRAITS, AND RELATIONSHIPS

Body and faces can send many different messages. In regard to 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. He claimed that the digestive system probably works slowly. This person would be relaxed and sociable.
2. Ectomorph is a skinny body type. He claimed that the nervous system probably dominates.
3. Mesomorph is a more muscular body type. He claimed that the muscular system probably is predominate.

Body Height---

1. World-wide income shows that males earn two percent more per one inch of height than females. Females over 5' 8" earn about 15% more than shorter females.
2. In romantic relationships, women seem to prefer taller men—especially if the female lives in a dangerous neighborhood.
3. Men often lie about their height on dating profiles—a tendency to exaggerate. Females have a tendency 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—diabetes and heart disease. These diseases cause women usually to be less fertile.

Weight---

1. The shift to an approval of increased weight has increased in the past 125 years in the U.S. There seems to be a connotation that heavier means more wealth and the availability to food.
2. In some Arabic cultures the 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 a personality can be identified by the neutral face. His researched finding was that people who wore glasses were seen as smarter because it suggests, to some, that a person reads a lot. Broad-set eyes became a metaphor for broad mindedness. Conversely, narrow set eyes became a metaphor for narrow-mindedness. If the corners of your mouth turn up, it was thought that you must be a happy person.

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

Personality Traits---

Social scientists have made an assumption that we all have in varying amounts 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 the person's 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 extremely 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 just happens! Personal problems occur! Working relationships sometimes aren't the best! Communication is both the cause and the solution to this conflict.

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

1. Different communication styles or no communication could cause conflict: An example might be that one employee could inaccurately communicate (or non-verbally infer) that work and positive outcomes were done by another employee.
2. Personality clashes: An example might be that one person has a direct style of communication, while another person is quiet and feels that a direct style of communication is rude or non-empathetic to difficult situations.

3. Different values: Where some people value kindness and humanistic behavior, others might value getting a job done, regardless. Money and promotions are often the only part of someone's value system.

4. Workplace Competition: 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 which involves the need for a time and place for communication. This sharing process allows for consideration of another person's information and feelings. Consensus and management of conflict is more likely to occur as a result of 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 e-mail 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 that you see or hear. Do not state your feelings or state the comments in a manner that reflect your feelings. Then, let the other person *give to you, verbally*, the meaning of their behavior, thereby drawing their own judgement on their own behavior. If reflection is done consistently when such "things" occur, usually the involved employee will 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 simple state that allows a person to do some personal reflection and contemplation. It is probably the hardest 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 say so very much?! It encourages the possible internal integration and re-sorting of thoughts to perplexing ideas and thoughts.

This requires you, as a nurse, to feel the same personal inner quiet as 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 words required. WHAT A SIMPLE SUPPORTIVE WAY TO MAKE THINGS BETTER!

ARGUING

Don't do it! It is time wasted and emotionally draining. No response is better than an argumentative response. If you wait—chances are that a better decision(s) will/can be made 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 if the person is overwhelmed with sadness or overwhelmed with a job. We cannot ignore the role of the eyes in giving a story. By watching the eyes, we get a small, but important, glimpse of the inner self, expressing possibly a meaning that the voice, at times, cannot say.

This is a simple task for the nurse. It requires no information about HOW to communicate effectively. The message, however, 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. The messages you will receive have been learned by you through your own experience in life.

SANDWICH APPROACH

A sandwich has two soft pieces of bread and selected content between the two pieces of bread. The soft pieces of bread represent (in communication) 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. This clever communication process engages another person effectively, if used appropriately.

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! This gets the undivided attention of the person. This is the piece of bread (so to speak) on one side of the sandwich.

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

Once the “meat” of the conversation has been said, the closing should be soft and supportive. The other side of the sandwich has the other piece of soft bread; hence, the closing comments should be supportive and soft-spoken in nature.

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 appropriate. This encourages the person to leave your presence in a positive way. It also sets an example of courtesy, which is a hallmark of the nurse'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 really do not care what choice or order the person selects. This is an excellent technique for many situations.

This is also an excellent technique for children who need to experience the opportunity to make good choices in their lives. Life is made up of 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 choices 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 just meet the deadline. Does it really matter to you which report he completes first? The choice of what 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 catch the spirit you put forth. When a person is distraught and can be motivated to have more energy, you can personally show increased enthusiasm. This is usually enough to encourage more exuberance from the person that is quiet or distraught. Conversely, if you want to quiet or calm a person, being personally quiet in movement and conversation helps to bring calmness to 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 needs to be completed immediately. Increasing the quickness of your behaviors and elevating the tone of your voice while pursuing completion is mimicked by employees in their behavior.

WORDS OF ENCOURAGEMENT

Everyone likes to be recognized for the positive work they do. Recognition of good work just means you state your recognition 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 of behavior that is helping the company magnify the mission or philosophy. It is appropriate to recognize and, thereby, encourage personal attributes by words of encouragement.

When a person feels that he/she cannot do a certain assignment or behavior, your encouragement, as a nurse, to keep trying might be the words that keep 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. Another way to recognize difficulty is to show empathy. No—I didn't write sympathy—the word is "empathy."

Empathy means that you understand the feelings of another person, but you do not enter into the same state of mind being 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 very difficult....." 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 being exhibited. It is often used when relating to someone's difficulties. If you do enter into the same emotional state, it will leave you wallowing 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 priority is can be daunting! You have only so much energy in a day. So, decide where you (or others) need to expend energy to meet priorities or what you need to communicate to others about where you (or others) need to place your energy. The expression of energy placement is an important way to communicate.

An interesting phenomenon occurs when you actually determine and meet the true and major priorities. The outcome is that the smaller and perhaps less important priorities seem to be met (or should we say) sometimes 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 each and every day if you are 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 was developed and 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. It is the communication behavior of the person that determines the ego state used (parent, adult, child). The behavior 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) used toward another person during communication can be analyzed in any of the 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 a sharing of experience, a request as to what you think about a situation, or a statement regarding a personal opinion. It can be like a machine working with the absence of major emotion and the reasoning that has resulted from experience. The adult functions with a sense of rational communication.

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

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

MULTICULTURAL COMMUNICATION

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

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

The eastern cultures are more likely to use direct communication rather than discussion or debate. Their desire is to maintain and preserve the relationship. To help preserve 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 finally get to the point of the discussion. Often, this gives the westerner a feeling of bluntness, rudeness, and procrastination. Information during a conversation is important 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 paraphrased as being:

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 meanings of words and phrases.
6. Learn to simplify the message to meet the cultural need.
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 to 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.
12. Give a person the benefit of the doubt when you do not understand. Consider alternatives to what you thought you heard.
13. Use several media types to impart information when doing presentations. Be sure that each type 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 employees who speak English 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 outcome of the meeting.

It is important to realize that multicultural staffing or accepting multicultural persons in the facility is challenging, yet a rewarding experience. 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 post the message tells 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 it is to continue with the conversation on a note of misunderstanding. 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 that will increase your understanding. Say what you mean *exactly* 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. “OK,” 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 parameters of behavior that are acceptable. By verbalizing what is acceptable with a limit, the person can continue behaving appropriately according to the limit. This 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 feeling of cooperativeness 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. This 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 just 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 difficult 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 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 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 old adage about not judging another person until you walk in their shoes? There is a reason for every behavior. We, as individuals, try to understand, but cannot fully comprehend the actions or reasons for the behavior of another person.

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 very difficult to understand different behaviors and their complexity as an outcome of life experiences. However, a person does what has worked in the past!

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

FALSE REASSURANCE

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

Always take the time to listen to another person’s concerns. Your reassurance is not about what is going to happen to them, but that you, as a caring leader, 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. Often, you can take the topic that you do not want to talk about and turn a question back to the person by changing the topic completely. 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 put the emphasis on a person under their direction and learn to make the conversation about what is important 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.

Test the personal space a person is experiencing by shaking hands with them. The length that they extend their hand is an indication of how close they want you to come to their physical body. Other people will give you a hug, which could indicate that their personal space is minimal and close contact is acceptable.

HALO EFFECT—DEVIL/HORN EFFECT

This *Halo Effect* is a cognitive bias where perception of a person's total traits can be influenced by a perception of one or more stated *positive* trait(s). Individual reviewers would not see another person with mixed traits (good and bad). But, because of a group sharing of a previously established positive mindset, the person would be seen as totally wonderful. These positive traits of perception can be determined by verbal or nonverbal communication as set forth by another person.

In reverse, the *Horns/Devil Effect* is a cognitive bias where perception of a person's total traits can be influenced by a perception of one or more stated *negative* trait(s). Individual reviewers would not see another person with mixed traits (good and bad). But, because of a group sharing of a previously established negative mindset, the person would be seen as totally bad. These negative traits of perception can be determined and shared with others by verbal or nonverbal communication.

This happening is often seen in a job interview—or any other situation, for that matter. Also, when a person is considered for a job, it is not uncommon for the *first impression* (good or bad) to determine whether the person 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 of just a mention of a shared previously established negative impression of a person. The mere influence of a group from even one person's comment (positive or negative) can influence and determine a final decision and/or change outcomes.

CONFRONTATION

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 response of the other person. If the approach is accomplished with sensitivity and a desire to understand the circumstance you confront, it can result in a positive outcome. The key to success has to do with your ability to use all of the other stated techniques as you converse with another person toward a better understanding about 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 stand on a topic and try to understand the other person's stand on the topic.

If the person you confront becomes defensive, you just listen. If they have comments to make, you 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 better understand 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, personally, made the decision 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.” This 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 said.

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 e-mails: 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 verbally communicate with you. Try—huh huh, OK, Ya, (at least) to a verbal statement. Even a more intelligent remark for either a verbal comment or e-mail would be very nice! 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 in an intelligent manner. 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 hear a verbal message, try looking at the person as they speak and you will more likely hear the intended message.

Examples

Think, as an example, of the non-verbal message. Just as an example, the guy winks at a girl and his facial response is obvious. If she returns the wink, smiles, and wrinkles her nose, his 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 her back, isn’t that a response to the winking message? Body language, as well as verbal and written language, 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 the 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 a message.

RECIPROCITY AND FAIR EXCHANGE

Conversation is sometimes one-sided. Listening to the same tale or hearing continually what Suzie and Sally continually are doing becomes “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 response. Intelligent people are expected to have a cadre of words from which they can select an intelligent response.

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 WERE 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 to the end of the sentence that was not said -- and that word could be the word “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 “stupid”)

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

LAST THOUGHTS

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

***CONSIDER WISELY WHAT YOU SPEAK 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 RETRIEVED 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 FOR THE PURPOSE OF OBTAINING 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 in regard to your non-verbal behavior that would tell him/her you are interested in what is being said?
14. What is an example of Primary, Secondary, and Public Territoriality?
15. What is the communication difference between the American and Arab culture?
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 a lot of conflicts between employees in a certain area of the health care company. What positive measures could you do, as a nursing leader, to help resolve the conflicts?

19. What communication technique (by name) would be effective in identifying an existing problem that needs to be resolved by an employee?
20. Mr. Jones just died and Mrs. Jones is very upset. What type of communication and/or behavior might be most helpful in this situation?
21. What communication would you use as an “Adult Communication” as compared to “Child Communication.”
22. 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?
23. What is the magic of saying or nodding “YES” during a conversation?
24. What is the result of responding to a personal email message?
25. What significance does the extension of the hand and arm to shake hands say regarding communication?
26. How do you show compassion in your specific health care setting?
27. What is your personal example of compassion that made a difference in the health care of a patient?

RECOMMENDED READING/VIEWING

1. The Hidden Dimension by Edward Hall (1966) (Classic)
2. More than Words: The Power of Nonverbal Communication by Miles Patterson (2011)
3. 10 Face and Body Cues for Trait Physiognomy by Zebrowitz, Montepare, and Strom (Wikipedia)
4. The Expression of the Emotions in Man and Animals by Charles Darwin (1872) (Classic)
5. Eye Behavior by Scherer Adams, Nelson, and Purring (2013) (Research Gate)
6. Vocal Communication of Emotion by Klaus Scherer (2003)
7. Presence by Amy Cuddy
8. Why Marriages Succeed or Fail by John Gottman (1994) (Classic)
9. Dealing with Halo and Horns Effect (U-Tube)
10. Compassionomics by Stephen Trzeciak and Anthony Mazzaelli (Foreword by Senator Cory Booker) (2019)