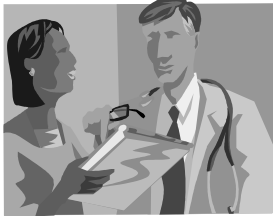


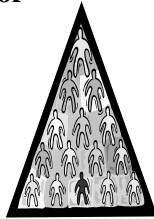
COMMUNICATION & INTERPERSONAL SKILLS

Chapter 5



Interpersonal Behavior

- Interpersonal means between persons.
- Behavior is how people act, what they say and do.
- In conversation, a person behaves according to how the other person behaves.
- All people have the same basic needs.
- Needs motivate and influence behavior, consciously or unconsciously.
- The lower the need on the pyramid, the more influence it has on behavior.



Maslow's Hierarchy of Needs is the model used to study interpersonal behavior in this text.

Self-actualization Needs

Self-fulfillment

Esteem Needs

Self-respect, respect & recognition from others
prestige, dignity

Belonging & Love Needs

Receive & give love & affection, friends

Safety & Security Needs

Safety from danger, job security, sameness, ordered
structure

Physiological Needs

Food - Fluid - Oxygen

Physical activity, sleep, freedom from pain

Maslow's Hierarchy of needs

Please turn to pages 59-60 in text for examples of patients and their behavior...



Communication Skills



- Few communicate as effectively as they should.
- Over 600,000 words in English language.
- High School graduate comprehends approximately 3-5 thousand words.
- People aren't familiar with medical terms
- Many words have more than one meaning.
- Inconsistency between what one is saying and how one appears.
- Poor listening skills.
- HUC often first person seen by pt/visitor
- You will either be perceived as opinionated or supportive, thoughtful or insecure.
- The way you communicate will leave a lasting impression.

Components of communication...

- 55% facial:



– eye contact, length of glance, expression

- 38% vocal:



– tone of voice, loudness, hesitations or pauses, firmness

- 7% verbal:



– actual words (medical terms, abbreviations)

Communication model

- **Sender**- translates mental images, feelings, and ideas into symbols to communicate them to the receiver, or called encoding.
- **Encoding** -verbal or nonverbal, right words.
- **Message**- Once idea, feeling, or image is encoded, it is sent to the receiver.
- **Receiver** - consider lifestyle, age, cultural background, environment, poor listening habits, must decode message.
- **Decoding**- translating the symbols received from sender
- **Feedback** -



Please turn text to page 63

Review Figures 5-4 and 5-6



Five Levels of Listening

1. Ignoring
2. Pretend listening
3. Selective listening- hearing only what interests you.
4. Attentive listening (active listening) paying attention and focusing on what the speaker says and comparing it to your own experience.
5. Empathic listening- listening and responding with both the heart and mind to truly understand, realizing that every person has a right to feel as they do.

Ways to Improve Listening Skills

- Stop talking
- Teach yourself to concentrate
- Take time to listen
- Listen with your eyes
- Listen to what is being said, not only how it is being said
- Suspend judgment
- Do not interrupt the speaker
- Remove distractions
- Listen for both feeling and content



Ways to Improve Feedback Skills

- Use paraphrasing- repeat the message to the sender in your own words.
- Repeat the last word or words of the message.
- Use descriptive rather than evaluative.
- Use specific rather than general feedback.
- Use constructive rather than destructive feedback.
- Don't deny senders' feelings.

Intercultural Communication Skills

- Each of us has values, beliefs, habits, and customs.
- Subcultures are small groups with ethnic, occupational., religious, or physical characteristics within the larger culture (elderly, teens, nurses, Christians, athletes)
- Take time to learn about the cultural backgrounds of patients and incorporate those into their care.
- Ethnocentrism- judgement of others by your own beliefs
- Attitudes about a patient refusing a treatment because of religion, a person having a sex change, an alcoholic having a liver transplant.
- Patients and coworkers must be treated and respected as unique individuals regardless of their gender, age, economic status, religion, sexual status, education, occupation, physical makeup, or limitations or command of the English language.

Guidelines for Speaking to Someone Who does Not Speak English Well

- Do not shout
- Talk distinctly and slowly
- Emphasize key words
- Let the listener read your lips
- Use printed words and pictures
- Do not use slang or jargon
- Organize your thoughts
- Choose your words carefully
- Construct your sentences to say exactly what you want to say
- Observe body language carefully
- Try to pronounce names correctly
- Ask for feedback to determine understanding

How to deal with an angry caller

- Always identify yourself by nursing unit, name, and status
- Avoid putting the person on hold.
- Listen to what they are saying, they aren't angry at you.
- Write down the message, it helps control your anger
- Acknowledge the anger.
- Don't allow the caller to become abusive, ask them to call you back in a few minutes to talk about it calmly.




Analogy...

The maxim that we have two ears and one mouth may indicate that we need to listen twice as much as we speak.




CONFIDENTIALITY



- Conduct conversations away from unit.
- Don't discuss medical treatment with patients/family
- Do not discuss patient information except when necessary for treatment .
- Always be aware of your environment
- Don't discuss hospital incidents away from unit.
- Refer all calls from police, reporters, ect to boss.
- If in doubt about the caller, ask for info and return call after confirming the identity of caller.


CONFIDENTIALITY

- **The patient chart:**
 - Follow hospital policies for duplication
 - Control access to patient's chart
 - Can relatives of patient see the chart?
 - Control transportation of patient's chart, don't allow patient to hold own chart during transport.



Behavioral Styles...

- **Nonassertive - not standing up for yourself.**
- **Aggressive – A situation gets out of control, you blow up.**
- **Assertive – you express your wants/desires in an honest and appropriate way. While respecting other people's rights.**
- See a **Bill of Assertive Rights** on pg 67
- See examples of each pgs 66-67



Assertiveness skills – “I win, You win”

- A workable compromise in dealing with conflict.
- Broken record – To say “no” over and over without raising your voice or getting angry. Be persistent, don’t give reasons, excuses, or explanations.
- Fogging – Allows you to accept criticism, is noncommittal, acknowledging some truth in what is being said, yet remaining your own judge.
- Negative Assertion – Allows you to accept your errors without becoming angry or defensive.
- Negative Inquiry – Allows you to actively prompt criticism so to use the information, or if manipulative, to exhaust it.
- See examples pgs. 69-70
- Complete The Assertiveness Inventory pg. 69

How to Communicate Under Stress

- Transactional Analysis personality has 3 parts
- 1. Child – expression of feelings, tend to be nonassertive.
- 2. Parent - expression of opinions, aggressive.
- 3. Adult - best part of personality to use under stress, and deal with work problems. Changes opinions when new information is presented. Contains thoughts about information and is uncontaminated by prejudice or fear. Looks at world objectively, uses facts to decide how to act.
- DON’T SEND A CHILD TO DO AN ADULT’S JOB!

Why the “Adult” is not called upon

Drivers (automatic responses) Antidotes (adult)

- **Hurry up** it’s OK to give things the time they take
- **Be perfect** it’s OK to be imperfect
- **Try hard** do it
- **Be strong** it’s OK to have needs & feelings & take care of yourself
- **Please Me** please yourself
(someone else)

Summary

- You are the communicator for the nursing unit. The importance of being assertive and using interpersonal skills cannot be overstated. Also remember to practice confidentiality.
