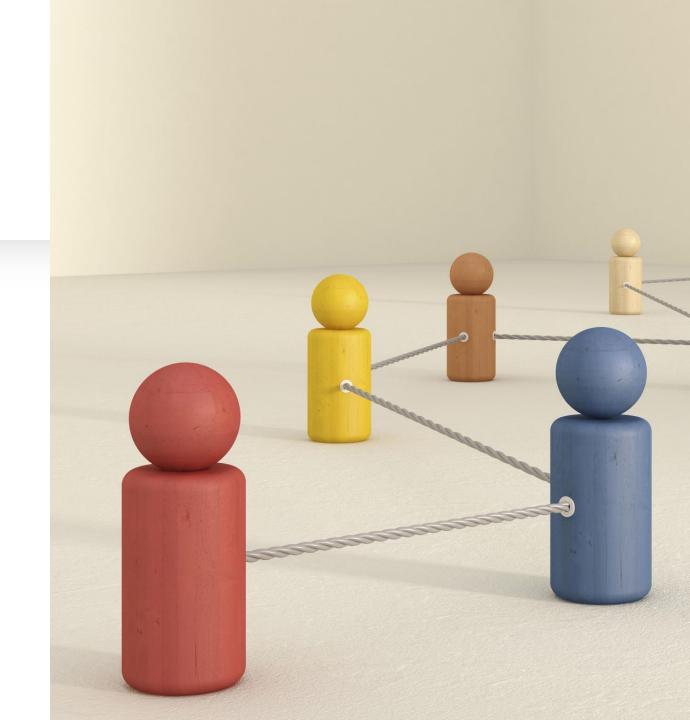


Audra Xenakis, DNP, RN

Objectives

- Discuss communication principles appropriate for the clinical setting.
- Define failed communication.
- Compare and contrast assertive, nonassertive, aggressive, and passive-aggressive communication.



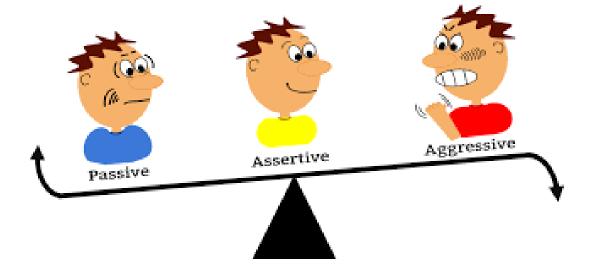


Styles of Communication

- Assertive
 - Most positive
 - Able to express thoughts
- Aggressive
 - Only communicator's needs are met
 - Not caring
- Passive
 - Communicator ignores own feelings and needs
- Passive-Aggressive
 - Communicator is passive during conversation and later lashes out

Assertive Communication

- Most effective and caring way to communicate professionally
- Use "I" messages
- Describes thoughts in solution
- Keeps in mind rights to say "no"
- Appropriate apologies





"I" Messages

- "I feel..." (Describe how you feel
- "Why you... (Share the specific behavior that bothers you)
- "We should... (provide solution)

Aggressive Communication

- Aggressive Communication
 - Violates people's rights
 - Not based on caring theory
 - Oppressive
 - Keeps people from meeting their needs



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Passive Communication

- Nonassertive (passive) Communication
 - Ignores own feelings
 - Avoids giving opinion
 - Causes negative feelings
 - Ineffective communicator
 - Causes communicator to become a "victim" to others
 - Not based on caring theory

Passive-Aggressive Communication

- Passive-Aggressive Communication
 - Seems agreeable during communication but later responds negatively
 - Complaining to wrong person
 - Talking about others when they are not around (gossiping)
 - Unkind and uncaring
 - Not a professional behavior



Failed Communication

- Anticipated communication did not occur
- Many causes
- Identifying when communication fails is most important
- "I should have said this..."



Failed Communication-Feedback

- Feedback
 - Prevents or corrects failed communication
 - Stop the communication & Moves it into different direction
 - Verifies message is received
 - Clarifies both verbal and nonverbal responses
 - Requires skill and self-confidence, time, and effort
 - Should be part of every communication



Communication Blocks

- Inadequate or absent feedback
- Preconceived opinion by either sender or receiver
- Physical and emotional disabilities
- Skill and ability of sender, not recognized
- Expectations not met
- Recognize blocks and develop strategies to manage



Communication in Clinical Setting

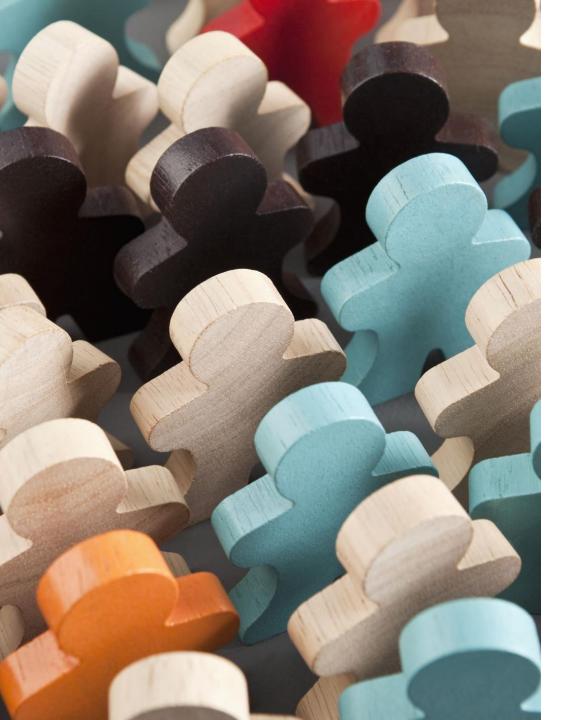
- Communication Principles
 - Apply listening, questioning, friendly conversation
 - Think before speaking
 - Be quiet and gentle
 - Ask only appropriate questions
 - Do not talk about patients or families inappropriately
 - Be respectful in communication
 - Find out what you don't know



Communication in Clinical Setting

- Communication needs to be accurate
 - Get feedback
- Nurses spend 85% time communicating with others
- Goal
 - Successful communication
 - Use SBAR
- Communicating successfully is commitment to caring





Communication in Academic Setting

- Listening Skills
 - Critical communication skill
 - Helps identify emotions of others to respond appropriately
- Barriers
 - Confusing message
 - Anxiety and stress
 - Fatigue and hunger
 - Interruptions
 - Too many tasks

Communication in Academic Setting

Nonverbal Communication

Listening visually

Observing behavior, appearance, attitude of person speaking

Noticing movements and behaviors

Where and how person is standing

Type of language use

Cultural attributes

Cues are honest and reliable



Other Forms of Communication

Written

- Should be assertive
- Use "I" language
- Make suggestions for correcting problems
- Write in clear and caring manner

Meetings

- Provide agenda and stick to it
- Set beginning and ending times
- Allow all interested people to share ideas



Communication in Academic Setting

- Negative or Hostile Communication
 - Avoid "Fight or Flight" response
 - No fighting
 - No running away
- Stop and listen actively
- Be proactive instead of reactive
- Control negative behavior

