

1995

Caring communication: strategies and skills for health professionals

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Caring Communication

STRATEGIES AND SKILLS FOR HEALTH PROFESSIONALS

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Contents:

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**Tony Hussey
Michael Finn
Yvonne Hauck**

Caring Communication: Strategies and Skills for Health Professionals

Tony Hussey
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Caring Communication

Guidelines for facilitators

Using Caring Communication

Over the last 15 years, the teaching of professional interpersonal communication skills has become well established within the curriculum for most health professionals. Recognition is thereby given to the significance of interpersonal communication skills in professional practice. One of the challenges in teaching and learning in this area of skill is the recognition and analysis of examples of both good and bad practice. This package provides a number of such examples.

About the package

The package consists of 33 vignettes in health care settings. These vignettes variously depict skills or groups of skills, illustrate negative and dysfunctional communication behaviours and, through the print materials, raise issues and topics for discussion, reading and further learning. The materials can be used by individual students and by both small and large groups with or without a facilitator.

All the scenarios are simulated. In the vignettes, some of the characters are portrayed by professional actors and some by health professionals. In some vignettes, communication behaviours are deliberately accentuated. Any perceived exaggeration or emphasis in the acting can be constructively used by the facilitator to generate discussion about the behaviours observed. The vignettes concentrate on skills and behaviours related to listening, dealing with conflict, empathy, questioning, interviewing, and communication roadblocks. Vignettes are grouped together to provide a focus. The grouped vignettes are titled Listening, Conflict, Sensitivity, The Interview and Roadblocks.

Listening

- ☐ Too busy to listen
- ☐ Hearing but not listening
- ☐ Taking time to listen
- ☐ Contracting to listen
- ☐ Empathic reflective listening

Conflict

- ☐ Disinterest in the feelings of others
- ☐ A collaboration of ideas
- ☐ Confrontation
- ☐ Resolution through reflection

Sensitivity

- ☐ Establishing rapport
- ☐ Time to comfort
- ☐ Not reading the message
- ☐ Facing feelings
- ☐ Empathy

The interview

- ☐ The nurse's agenda
- ☐ A client-focused introduction
- ☐ An empathic approach
- ☐ Clarifying concerns
- ☐ Drawing information together
- ☐ Summarising

Roadblocks

- ☐ Parroting
- ☐ Sympathy
- ☐ Advising
- ☐ Threatening
- ☐ Empty reassurance
- ☐ Diagnosing
- ☐ Diverting
- ☐ Using a cliché
- ☐ Ordering
- ☐ Criticising
- ☐ Moralising
- ☐ False understanding
- ☐ Inappropriate/excessive questioning.

Using the package

For each of the vignettes there is a set of notes which includes:

- A summary of the vignette
- A description of each vignette within the scenario
- References to associated reading
- Activities and questions to be completed during and after watching the video.

The vignettes are not designed to be used sequentially, each can be used independently. However, it is suggested that all the vignettes in the *Listening* scenario should be viewed before any of the others if little or no previous instruction on listening skills has been given.

Before you begin

Before you use the package, prepare for the sessions carefully to ensure that they run smoothly and productively:

- ☐ Preview the video at least once noting the particular points that you want your students to note and learn.
- ☐ Do some or all of the associated reading and determine which readings you will recommend to your students.
- ☐ Determine whether you will require your students to do some reading prior to and/or after watching the video.
- ☐ Determine whether you will use the vignette as a complete learning exercise or whether you will use it to complement other learning activities.
- ☐ If you desire, make copies of the worksheet(s) for each participant.
- ☐ Check the operation of the video equipment and ensure that the tape is wound to the correct starting point.
- ☐ In analysing and proposing different communication behaviours there are no absolutely right or wrong answers. There are however alternatives. Each alternative can be discussed and the likely advantages and disadvantages can be determined. Students should be able to learn from this that:
 - some strategies and skills are better than others,
 - some communication behaviours are functional and some are dysfunctional,
 - certain communication behaviours trigger generally predictable responses,
 - communication skills can be identified, described, practised, learned and incorporated into normal professional communication behaviours.

Using the package with groups

Divide the students into sub groups. The number in each will depend on total group numbers. Sub groups may have between two and an absolute maximum of eight students in each. If desired, groups can be formed a week or days before the session with a requirement that specific readings are completed before the session.

- ☐ Assign each sub group a learning task. For each group this might be one or more of the questions or activities listed.
- ☐ After viewing the vignette, sub groups will work on the task and prepare to discuss their findings. Sub group presentation may take the form of discussion, role play, further questions, overhead transparency or butcher paper summaries.

- ☐ This can then be followed by a plenary session if the time frame and large group numbers permit.

Use of the package by individuals

- ☐ Individuals should view a vignette and then work through selected questions and activities.
- ☐ Viewing of the vignette can be preceded or followed by one or more of the associated readings.
- ☐ Answers to questions and responses to activities can be written and incorporated into assignments.

Follow up

The justification for including the study of communication in the curriculum for health professionals includes an understanding that students and practitioners daily face communication situations and challenges. If learning exercises, such as those offered by this package, are to affect practice, students need to be able to make the connections—to transfer their learning. Students should be encouraged therefore to become observers of both themselves and others as communicating beings, and to look for examples of good and bad communication in their daily professional transactions. Having identified situations, students need then to be given the opportunity to analyse those situations, in much the same way that they have analysed the vignettes depicted in this video. The opportunity may be given as part of structured learning activity a week or so after viewing and discussing a vignette. Alternatively it might be set as a written assignment.

Associated readings

The readings listed for each vignette suggest one or more readings related to the skills, strategies and situations depicted in the video. Whether you view this as pre or post reading will depend on your own teaching style and whether you prefer an inductive or a deductive approach. Most students are likely to benefit from some reading both before and after viewing a vignette. The reading has been selected to provide theoretical insights in the analysis of communication behaviours and in this sense can be used to provide “answers” to the questions and information related to the activities listed for each vignette.

The ultimate aim is that students will be able to demonstrate understanding derived from all their communication learning activities; that their understanding will be demonstrated by the appropriate application of relevant insights, both practical and theoretical, in classroom and written exercises and in the real world of their professional practice.

Overview

Scenario 1: Listening

Listening is a skilled behaviour which goes beyond hearing, which is simply a physiological event. Numerous authors agree that listening is perhaps the single most important skill in effective communication. In health care contexts, professionals and clients are involved almost continuously in listening of one kind or another. Much of this listening may be ineffective because those involved have not learned how to listen. Bolton (1987) suggests that the skills of listening can be classified into three clusters. These are described as Attending Skills, Following Skills and Reflecting Skills. Each cluster consists of four related behaviours.

The series of vignettes which follow comprise the section Listening although this skill is also depicted in other vignettes within the package. Each vignette displays a different interaction between a nurse and a patient. Both dysfunctional and functional listening behaviours are illustrated.

Vignette One: Too busy to listen

Nurse Rudd has just come on duty and is giving an initial greeting to her patients. She stops at patient John Smith's bed. He is in pain. Nurse Rudd's behaviour indicates that she is neither ready, willing nor able to listen effectively.

Vignette Two: Hearing but not listening

Nurse Rudd returns to the same patient some 20 minutes after the interaction depicted in Vignette 1. Although appearing to listen to the patient's concerns she has a different "agenda". Expressing your own viewpoint at the expense of understanding the perspective of the other person is the hallmark of ineffective listening, sometimes referred to as non-listening. What is it that Nurse Rudd does and does not do which demonstrates ineffective listening?

Vignette Three: Taking time to listen

This vignette depicts an interaction between John Smith and Nurse McClean. Some effective listening skills are demonstrated. It seems that Nurse McClean has had a lesson or two in communication!

*Vignette Four:
Contracting to listen*

Being busy is not an excuse for displaying non-listening behaviours. In this vignette, Nurse McClean shows how the nurse who is busy, can listen to the patient effectively and reflectively in less than one minute, making an arrangement to return at a later time for a fuller exploration of his concerns.

*Vignette Five:
Empathic reflective
listening*

In health care settings, empathy is best demonstrated through effective listening. Here Nurse McClean listens empathically. Using the skills of reflective listening she allows John to sort through his own feelings. By allowing the patient to remain in control, she provides an opportunity for him to review his own situation. The outcome is positive.

Listening 1

Too busy to listen

Vignette description

This vignette involves a brief interaction between a patient John Smith and a nurse, Nurse Rudd. John has recently had a partial amputation of his right foot as a result of peripheral vascular disease. He is in pain. Nurse Rudd has just come on duty and is doing an initial check of the patients assigned to her. The vignette depicts the total failure of the nurse to listen effectively.

Time: 0.30

Associated reading

Bolton, R. (1987). *People skills*. Brookvale, NSW: Simon Schuster. Chapter 3, Listening is more than merely hearing, pp. 33-37
Attending Skills.

DeVito, J.A. (1995). *The interpersonal communication book* (7th ed.). New York: HarperCollins.
Unit 11, Verbal Messages: Principles and pitfalls, pp. 190 -192
Talking Down and Up and Equality,
Unit 13, Non verbal messages: body and sound, pp. 222 - 242.

Activity

- ☐ Identify the verbal and non-verbal behaviours of Nurse Rudd which indicate that she is not listening to the patient.
- ☐ What does Nurse Rudd do which indicates "talking down?"
- ☐ Observe and comment on the patient's body language and paralanguage, especially at the start and at the end of the vignette.
- ☐ What was the overall effect of Nurse Rudd's communication behaviour?
- ☐ How could this communication have been improved?

Listening 2

Hearing but not listening

Vignette description

This vignette involving Nurse Rudd and John occurs some twenty minutes after their encounter in Vignette 1 "Too busy to Listen". Although the nurse hears what the patient says she does not listen effectively.

(Time: 1.00)

Associated reading

DeVito, J.A. (1995). *The interpersonal communication book* (7th ed.). New York: HarperCollins.
Unit 3, Perception in interpersonal communication, p. 60
Stereotyping,
Unit 13, Non verbal messages: body and sound, pp. 222 - 242.

Kagan, C., & Evans, J. (1995). *Professional interpersonal skills for nurses*. Melbourne: Chapman & Hall.
Chapter 8, Influence and Assertion, pp. 107 - 116, Questions and interpersonal control.

Activity

- ☐ What does Nurse Rudd's body language seem to indicate as she asks the initial question?
- ☐ What comments would you make about Nurse Rudd's questioning ability?
- ☐ Identify stereotyping and defensive behaviours on the part of the nurse.
- ☐ Comment on the body language and paralinguistics of both nurse and patient.
- ☐ What is the patient's "agenda" and what is the nurse's "agenda" in this vignette?
- ☐ What is the overall effect of this communication?
- ☐ How could this communication be improved?

Listening 3

Taking time to listen

Vignette description

This vignette involves a brief interaction between John Smith and Nurse McClean. It takes place sometime after the last interaction between John and Nurse Rudd (Vignette 2) and takes approximately thirty seconds longer. The vignette depicts an effective and genuine attempt to listen to John.

Time: 1.50

Associated reading

Bolton, R. (1987). *People skills*. Sydney: Simon Schuster.
Chapter 3, Listening is more than merely hearing, pp. 29 - 48,
Chapter 4, Four skills of reflective listening, pp. 50 - 76.

DeVito, J.A. (1995). *The interpersonal communication book* (7th ed.). New York: HarperCollins.
Non verbal messages: body and sound, pp. 230 - 234, Touch Communication.

Kagan, C., & Evans, J. (1995). *Professional interpersonal skills for nurses*. Melbourne: Chapman & Hall.
Chapter 8, Influence and Assertion, pp. 107 - 116, Questions and interpersonal control.

Activity

- ☐ Identify the actions the nurse takes to minimise environmental distractions ?
- ☐ Describe and discuss the attending behaviours of the nurse, including posture of involvement, body language and paralanguage.
- ☐ Comment on the use of touch, its purposes and effects.
- ☐ Identify the type of question with which the nurse begins the conversation with John. What are the characteristics of this type of question and what are the advantages of this type of question in this vignette?

- ☐ Comment on Nurse McClean's reflective listening skills and the effect on the patient.
- ☐ Contrast the communication behaviours of Nurse McClean in this vignette with those of Nurse Rudd in Vignette 2.
- ☐ Discuss the overall effectiveness of the communication in this vignette.

Listening 4

Contracting to listen

Vignette description

This short vignette shows Nurse McClean, at a busy moment, briefly responding to John's request to talk about something that is bothering him. She responds reflectively and makes a contract with John to spend time talking with him later in the day.

Time: 0.50

Associated reading

Bolton, R. (1987). *People skills*. Brookvale, NSW: Simon Schuster. Chapter 4, Four skills of reflective listening, pp. 50 - 76, Chapter 15, Three Essentials for Effective Communication, pp. 259 - 260.

Activity

- ☐ Identify the initial responding behaviour of Nurse McClean. What does she say and how does she say it? Comment on non-verbal behaviours, eye contact, paralanguage, and positioning.
- ☐ Comment on the initial reflective response of the nurse. Is she reflecting feeling or content? How accurate do you think her choice of reflective language is?
- ☐ What strategy did the nurse use to deal with the patient's concern at a time when, due to her work load, she was not able to sit down and talk.
- ☐ Did the patient and do you, the viewer, perceive the behaviour of the nurse as being genuine?
- ☐ Comment on Nurse McClean's use of time. Was she honest in discussing time with the patient?
- ☐ In relation to the nurse and patient mutually contracting to talk at a later time, discuss the advantages for both persons in relation to the preparatory phase of the interview?

Listening 5

Empathic reflective listening

Vignette description

As previously contracted Nurse McClean returns some hours later, to the patient John to listen to his concerns.

Time: 5.28

Associated reading

Bolton, R. (1987). *People skills*. Brookvale, NSW: Simon Schuster.
Chapter 3, Listening is more than merely hearing,
Chapter 4, Four skills of reflective listening, pp. 50 - 76.

Egan, G. (1994). *The skilled helper: A problem management approach to helping* (5th ed.). California: Brooks Cole.
Chapter 6, Empathy and Probing, pp. 136 - 141, Do's and don'ts in expressing empathy.

Kagan, C., & Evans, J. (1995). *Professional interpersonal skills for nurses*. Melbourne: Chapman & Hall.
Chapter 4. Social Routines, pp. 95 - 98. Interaction openings,
Chapter 6. Control and Assertion, pp. 130 - 141, Questions and interpersonal control.

Porritt, L. (1990). *Interaction strategies: An introduction for health professionals* (2nd ed.). Melbourne: Churchill Livingstone.
Chapter 9, Management: the art of getting things done, pp. 161 - 162, The directive and non directive interview.

Activity

- ☐ Comment on the interaction openings used by the nurse and the patient.
- ☐ What social function and what task function do the opening remarks serve?

- ☐ How does the nurse set limits on the interaction?
- ☐ Identify questions used by the nurse. Characterise each question according to type and determine the purpose each question served.
- ☐ Analyse the reflective listening skills used by the nurse. Comment on the accuracy of her selection of "feeling" words.
- ☐ How, when and why does the nurse use attentive silence?
- ☐ Identify minimal encouragers used by the nurse. What are the characteristics and functions of minimal encouragers?
- ☐ How does the nurse respond to the patient's advice-seeking about his self perceived powerlessness. What is the effect of her response?
- ☐ Would you characterise this interview as directive or non-directive and why?
- ☐ Identify the communication behaviours of the nurse through which she demonstrates empathy.
- ☐ How accurate and effective is Nurse McClean's summative reflection?
- ☐ Contrast the communication in this vignette with transactions involving John Smith, seen in previous vignettes. How does the communication differ? Why is this communication more functional and professional than the communication observed in the vignettes involving Nurse Rudd?

Overview

Scenario 2: Conflict

Conflict resolution is seen by Bolton (1987) as a three part process. This process is seen as consisting of treating the other person with respect, experiencing the other side of the argument, and finally, stating one's own views, needs and feelings.

The series of vignettes that follow make up the Conflict scenario of this package, and depict positive and negative aspects of situations where conflict is evident. Each of these vignettes is examined from various perspectives in determining how conflict resolution can be impaired, facilitated and eventually achieved.

Vignette One: Disinterest in the feelings of others

Vivien Birch, a senior nurse, voices her opinion of Sam Keene, a junior nurse, over his patient management skills. Trampling on the feelings of others often occurs in conflict situation—what happens here?

Vignette Two: A collaboration of ideas

What role do timing and environment play in conflict? The opportunity for developing insight into problems can be enhanced and resolution is possible where this is achieved. Vivien and Sam continue their discussion past the heat of the moment.

Vignette Three: Confrontation

This vignette depicts conflict between two health workers, Dr Symes a medical registrar and nurse Sam Keene regarding patient care. What transpires here could easily end in a damaging situation.

Vignette Four: Resolution through reflection

Win-win situations are the ultimate in conflict resolution. Dr Symes and Sam Keene reflect on their confrontation and examine their feelings.

Conflict 1

Disinterest in the feelings of others

Vignette description

This vignette deals with conflict involving two nurses. A senior nurse, Vivien Birch is voicing her opinion of a junior nurse, Sam Keene over his management of a patient.

Time: 2.25

Associated reading

Bolton, R. (1987). *People skills*. Brookvale, NSW: Simon Schuster. Chapter 13, Handling the emotional components in conflict, pp. 217-231.

Activity

Examine this interaction and identify where the following barriers to conflict resolution occur and discuss how these factors would impede conflict resolution:

- ☐ Appropriateness of setting for discussion
- ☐ Dominating verbal/non-verbal behaviours
- ☐ Insensitivity to the feelings of others
- ☐ Ignorance of another's ideas, beliefs
- ☐ Personal denigration
- ☐ Sarcasm
- ☐ Submissive verbal/non-verbal behaviours.

Conflict 2

A collaboration of ideas

Vignette description

This vignette sees a continuance of the conflict between Vivien and Sam. The conversation resumes where there is privacy and open discussion.

Time: 1.55

Associated reading

Bolton, R. (1987). *People skills*. Brookvale, NSW: Simon Schuster. Chapter 14, Collaborative problem solving in seeking an elegant solution, pp. 233-257.

Activity

Identify where in the vignette the following communication skills are used and discuss how these skills assist in promoting a positive resolution to this conflict:

- ☐ Appropriateness of the setting
- ☐ Empathy
- ☐ Genuine positive regard
- ☐ Mutual respect
- ☐ Reflection of feeling
- ☐ Reflection of content
- ☐ Reflection of meaning
- ☐ Self awareness
- ☐ Summarising.

Conflict 3

Confrontation

Vignette description

The following vignette depicts conflict between two health workers, Dr Symes a medical registrar and Sam Keene regarding patient care. Responsible assertive behaviours are used to resolve what could be a damaging situation.

Time: 3.15

Associated reading

Kagan, C., & Evans, J. (1995). *Professional interpersonal skills for nurses*. London: Chapman and Hall.
Chapter 10, Conflict, aggression and violence, pp. 149-161.

Smith, S. (1992). *Communication in nursing* (2nd ed.). St Louis, MO: Mosby Year-Book.
Chapter 21, Communicating assertively and responsibly with aggressive clients and colleagues, pp. 283-304.

Activity

Discuss the following behaviours and the effects these behaviours have on the interaction:

- ☐ Aggressive criticism
- ☐ Avoidance
- ☐ Manipulation through power
- ☐ Paralanguage: voice tone, inflection, volume
- ☐ Positive and negative use of facts
- ☐ Insensitivity to the position of another
- ☐ Sarcasm and patronising attitude
- ☐ Repetition: broken record or three part message.

Conflict 4

Resolution through reflection

Vignette description

Following resolution of the conflict Dr Symes and Sam Keene reflect on the incident. This provides an opportunity to review the conflict.

Time: 1.15

Associated reading

Kagan, C., & Evans, J. (1995). *Professional interpersonal skills for nurses*. London: Chapman and Hall.
Chapter 8, Influence and assertion, pp. 106-128.

Smith, S. (1992). *Communication in nursing* (2nd ed.). St Louis, MO: Mosby Year-Book.
Chapter 23, Managing team conflict in assertive and responsible ways, pp. 316-334.

Activity

Examine this interaction, identify the following features and discuss how these would assist in promoting professional and personal growth:

- ☐ Self awareness
- ☐ Self esteem
- ☐ Self acceptance
- ☐ Self disclosure
- ☐ Self reflection
- ☐ Reflection on practice.

Overview

Scenario 3: Sensitivity

The ability to be sensitive to another person and demonstrate empathy is important in helping-relationships between health professionals and their clients. This sensitivity requires the use of several communication skills, such as reflective listening, the therapeutic use of touch and silence, and attentive non-verbal behaviours.

The five vignettes that comprise the Sensitivity scenario demonstrate effective and ineffective examples of health professionals' attempts to respond empathically to their clients' needs.

Vignette One: Establishing rapport

The initial contact with a health professional can be a stressful situation for a client. Susan Taylor arrives at the clinic expecting to see her usual doctor. She is greeted by a different doctor who is receptive to her feelings and makes an effort to establish a therapeutic rapport with her.

Vignette Two: Time to comfort

Nurses do not always appreciate the complexity or impact of effective listening. Listening allows a client to express his or her feelings while enhancing the level of understanding. Susan Taylor is experiencing a traumatic event in her life and Nurse McClean takes the time to comfort her. What listening skills does she use?

Vignette Three: Not reading the message

Nurses often see their clients go through emotionally painful experiences. In order to protect themselves from becoming too involved, nurses can focus upon the physical aspects of care rather than assist clients with their psychological, social or spiritual needs. How does Sam, the nurse, react in this vignette?

Vignette Four: Facing feelings

Providing holistic nursing care means a nurse must be aware of how a client's feelings can affect his or her progress. But what about the nurse's feelings? Nurse McClean, a colleague, utilises her listening skills to assist Sam in exploring how his feelings are affecting the care he is able to give to Susan Taylor.

Vignette Five:
Empathy

Empathy is the ability to attempt to understand another person's inner world by putting yourself into his or her shoes. It requires effort in time and skills but the benefits within a therapeutic relationship make that effort worthwhile. Sam's use of listening skills allows Susan to share her feelings with him which gives him an insight into her perspective of the situation.

Sensitivity 1

Establishing rapport

Vignette description

Susan Taylor has made an appointment to discuss birth control at the clinic. She expects to see Dr James, her usual doctor, and is uncomfortable when she is greeted by an unfamiliar doctor, Dr Symes. Dr Symes is sensitive to Susan's feelings and attempts to make her feel more at ease.

Time: 1.30

Associated reading

Faulkner, A. (1992). *Effective interaction with patients*. Melbourne: Churchill Livingstone.
Chapter 3, Setting the agenda, pp. 17-26.

Kagan, C., & Evans, J. (1995). *Professional interpersonal skills for nurses*. London: Chapman and Hall.
Chapter 7, Facilitation and development of rapport, pp. 90-195.

Smith, S. (1992). *Communications in nursing*. St Louis: Mosby Year Book.
Chapter 5, Respect, pp. 66-73

Activity

- ☐ What non-verbal and verbal behaviours does Susan Taylor demonstrate that indicate she is uncomfortable in the initial moments of the visit?
- ☐ How does Dr Symes respond to Susan's cues? What strategies does he use to set the scene for the visit and also alleviate Susan's anxiety?
- ☐ What effect did these strategies have on Susan Taylor?
- ☐ Find instances where reflective listening techniques were used.

Sensitivity 2

Time to comfort

Vignette description

Six months later Susan Taylor has just been admitted to the accident and emergency department with a suspected miscarriage. Susan, who is upset and crying, is lying on a trolley and has an intravenous infusion in her arm. Nurse McClean notices that Susan is upset and takes the time to comfort her.

Time: 2.35

Associated reading

Stein-Parbury, J. (1993). *Patient and person: Developing interpersonal skills in nursing*. Melbourne: Churchill Livingstone. Chapter 3, Encouraging interaction: listening, pp. 62-94.

Activity

Identify where in the vignette the following communication skills are used and how these skills assist in enhancing the interaction:

- ☐ Door openers
- ☐ Genuine positive regard
- ☐ Minimal encouragers
- ☐ Reflection of content
- ☐ Reflection of feeling
- ☐ Reflection of meaning
- ☐ Therapeutic use of touch.

Sensitivity 3

Not reading the message

Vignette description

Susan Taylor was admitted for a D&C following her miscarriage. A suspicious growth was noted on her cervix that has turned out to be cancerous. She is currently receiving chemotherapy treatment after undergoing further surgery. This vignette is an interaction between Susan and Sam, her nurse. Susan is feeling scared and alone.

Time: 1.35

Associated reading

Kagan, C., & Evans, J. (1995). *Professional interpersonal skills for nurses*. London: Chapman and Hall.
Chapter 15, Constraints on using effective interpersonal skills, pp. 224-244.

Porritt, L. (1990). *Interaction strategies: An introduction for health professionals* (2nd ed.). Melbourne: Churchill Livingstone.
Chapter 5, The challenge of listening: How to read the music of the message, pp. 81-96.

Activity

- ☐ What verbal and non-verbal behaviours are demonstrated by Susan Taylor as cues that could cause concern to the nurse?
- ☐ How does her nurse, Sam, respond to these behaviours?
- ☐ How effective is the reassurance that Sam offers about the fact that Susan is not alone in her feelings?
- ☐ What verbal and non-verbal behaviours are demonstrated by Sam that indicate he is not willing to listen to Susan?
- ☐ What do you think Susan Taylor is feeling at the completion of this interaction?

Sensitivity 4

Facing feelings

Vignette description

After leaving Susan Taylor's room, Sam has met Nurse McClean at the nursing station. Sam is frustrated and shares his feelings about Susan with Nurse McClean. His colleague assists Sam to examine the situation and his feelings more closely.

Time: 1.35

Associated reading

Faulkner, A. (1992). *Effective interaction with patients*.
Melbourne: Churchill Livingstone.
Chapter 7, Handling emotions, pp. 61-68.

Activity

Identify where in the vignette the following communication skills are used and how these skills assist in enhancing the interaction:

- ☐ Attentive non-verbal behaviours
- ☐ Minimal encouragers
- ☐ Reflection of content
- ☐ Reflection of feelings
- ☐ Reflection of meaning.

Sensitivity 5

Empathy

Vignette description

Sam returns to Susan Taylor's room when the ward is quiet. He indicates that he is willing to listen and encourages Susan to discuss her feelings of being alone and overwhelmed.

Time: 2.45

Associated reading

Nelson-Jones, R. (1991). *Human relationship skills*. (2nd ed.). Sydney: Holt, Rinehart & Winston.
Chapter 5, Responding helpfully, pp. 78-98.

Smith, S. (1992). *Communications in nursing*. (2nd ed.). St Louis: Mosby Year Book.
Chapter 8, Empathy, pp. 93-115.

Activity

- ☐ What scene setting strategies (verbal and non-verbal) did Sam use at the beginning of the interaction?
- ☐ How did Susan respond to Sam's behaviour at the beginning of the interaction?
- ☐ Identify where in the interaction the following communication skills are used:
 - reflection of feeling
 - minimal encourager
 - clarifying
 - use of silence
 - therapeutic use of touch
 - genuine positive regard.

Overview

Scenario 4: The interview

The Interview consists of a series of vignettes involving Maria Jones, a young mother who is seeking help relating to a health problem. Her experience of health care settings is limited and she is apprehensive. During this interview, a number of phases are identified which contribute to the overall quality of information that is gathered. Each vignette is examined and suggestions are offered relating to how an analysis of each could be conducted to address key elements in the communication process.

Vignette One: The nurse's agenda

Mrs Maria Jones, a young mother, enters the clinic for a health assessment with Viv Birch, who demonstrates a less than ideal way to start an interview.

Vignette Two: A client-focused introduction

Brian Dawkins takes over to complete the health assessment. In clarifying the purpose of the interview, Brian takes notice of Maria's cues.

Vignette Three: An empathic approach

Brian continues to gather information from Maria in the exploration phase of the interview.

Vignette Four: Clarifying concerns

Maria starts to reveal the issues that cause her concern. Brian listens and picks up on hidden messages.

Vignette Five: Drawing information together

Greater depth of information is obtained to provide possible insight into the reason for Maria's recurring headaches.

Vignette Six: Summarising

The interview draws to an appropriate conclusion.

The interview 1

The nurse's agenda

Vignette description

This vignette consists of the initiation of an interview for patient assessment. The interviewer is collecting health assessment details on Mrs Jones, a young mother who has not previously attended the clinic. The interviewer demonstrates several inappropriate behaviours that have a detrimental effect on the quality of the interaction. This interview is incomplete.

Time: 2.20

Associated reading

Faulkner, A. (1992). *Effective interaction with patients*. Melbourne: Churchill Livingstone.
Chapter 2, Preparing for an assessment interview, pp. 9-15

Activity

- ☐ Look at how the scene for the interview was set and list ways that this could be improved.
- ☐ Identify non-verbal behaviours on the part of the interviewer. Discriminate between behaviours that were positive and negative.
- ☐ What effect did these non-verbal behaviours have on Mrs Jones?
- ☐ Comment on the listening ability of the interviewer.
- ☐ What elements of the interviewing style impeded Mrs Jones' ability to elaborate her answers.

The interview 2

A client-focused introduction

Vignette description

A second interviewer, Brian Dawkins takes over to continue gathering information for the health assessment. This vignette involves the introductory phase of the interview. The interviewer is more empathic and demonstrates a range of constructive and appropriate interviewing behaviours.

Time: 1.00

Associated reading

Northouse, P. & Northouse, L. (1992). *Health communication: Strategies for health professionals*. Connecticut: Appleton & Lange.
Chapter 5, Interviewing in the health care context, pp. 153-183.

Activity

- ☐ What scene setting behaviours are demonstrated in this vignette?
- ☐ What non-verbal and verbal behaviours are demonstrated by Mrs. Jones as cues that would cause concern for the interviewer?
- ☐ How does the interviewer respond to these cues?

The interview 3

An empathic approach

Vignette description

This vignette is a continuation of the interview involving Brian Dawkins and Maria Jones where Brian continues to gather information and the exploration phase of the assessment interview commences.

Time: 2.40

Associated reading

Bradley, J. & Edinberg, M. (1990). *Communication in the nursing context* (3rd ed.). Connecticut: Appleton & Lange.
Chapter 5, Information gathering techniques, pp. 94-127.

Activity

- ☐ What behaviours are demonstrated by Mrs. Jones to indicate she is more comfortable?
- ☐ What strategies did the interviewer use to enhance setting the scene?
- ☐ Identify and list the minimal encouragers (verbal and non-verbal) used by the interviewer.
- ☐ At what points were reflective listening techniques used?
- ☐ Identify points where clarification and summarisation were used by the interviewer.

The interview 4

Clarifying concerns

Vignette description

The health assessment interview between Brian Dawkins and Maria Jones continues. Maria expresses concerns regarding the headaches she has been experiencing recently.

Time: 2.30

Associated reading

Faulkner, A. (1992). *Effective interaction with patients*. Melbourne: Churchill Livingstone.
Chapter 4, The skills of interviewing, pp. 27-39.

Activity

Identify where in the vignette the following communication skills are used:

- ☐ Clarifying
- ☐ Genuine positive regard
- ☐ Paraphrasing
- ☐ Questioning techniques: directive and non-directive
- ☐ Reassurance
- ☐ Reflective listening: reflection of meaning and feeling
- ☐ Summarising
- ☐ Therapeutic use of touch.

The interview 5

Drawing information together

Vignette description

This vignette involves further elaboration of the health assessment interview involving Maria Jones and Brian Dawkins. Greater depth of information is obtained to provide possible insight into the reason for Maria's recurring headaches.

Time: 2.40

Associated reading

Bradley, J. & Edinberg, M. (1990). *Communication in the nursing context*. (3rd ed.). Connecticut: Appleton & Lange.
Chapter 5, Information gathering techniques, pp. 94-127.

Activity

Identify where in the vignette the following communication skills are used and discuss how these skills assist in enhancing the interview:

- ☐ Genuine positive regard
- ☐ Minimal encouragers
- ☐ Questioning techniques
- ☐ Reassurance
- ☐ Reflection of feeling
- ☐ Reflection of meaning
- ☐ Reflection of content
- ☐ Therapeutic use of touch
- ☐ Summarising.

The interview 6

Summarising

Vignette description

This vignette involves the completion of the subjective information gathering component of the health assessment interview involving Maria Jones and Brian Dawkins.

Time: 2.40

Associated reading

Northouse, P. & Northouse, L. (1992). *Health communication: Strategies for health professionals*. Connecticut: Appleton & Lange.
Chapter 5, Interviewing in the health care context, pp. 153-183.

Activity

- ☐ What strategies are used by Brian Dawkins to effectively close the information gathering component of the interview?
- ☐ What are the advantages, for the client and the interviewer, of summarising the issues discussed during the interview?

Overview

Scenario 5: Roadblocks

Roadblocks are communication behaviours that have the effect of stopping or temporarily halting a meaningful dialogue. Typically they occur in a two person communication situation (a dyad) when one person is really not listening. The non-listener does respond but in such a way as to create a negative feeling in the other person. This happens when the non-listener who puts up the road block is tuned in to his or her own agenda and often responds in one of a number of habitual and dysfunctional ways.

Roadblocking responses often express a feeling experienced by the responder rather than reflecting the feelings of the other person, as should occur in effective listening. In health care settings roadblocking communication is not uncommon, often originates in the health professional and may in the case of the patient or client result in a range of feelings including dissatisfaction, confusion, isolation and even a feeling of being put down. Roadblocks can deprive the patient of control and dignity. In transactional analysis terms a number of road blocks originate from the critical or the negative nurturing parent ego states. Many people may be unaware that they are using a roadblock as they respond to a client and are even less aware that such behaviours create dysfunctional communication. Part of learning how to avoid putting up roadblocks is to learn how to recognise them.

The scene which follows involves a patient John Smith and a number of people who demonstrate different responses to the statement that he makes. John's statement expresses his concern and his feelings about the relationship between his smoking habit and his medical condition. He expresses his difficulty in ridding himself of the smoking habit. As a recipient of professional health care he deserves to have someone listen to him reflectively but instead he comes up against some roadblocks! Note that each response (or in the case of excessive questioning, series of responses) is a different response to the *same* statement from the patient.

*Vignette One:
Parroting*

Here the response, "like a parrot" simply repeats the patient's own words without demonstrating any understanding or real interest.

*Vignette Two:
Sympathy*

By saying "I am really sorry for you" the responder does not demonstrate that she has heard what the patient has said or what he thinks his problem is. Sympathy can make the giver of it feel better but it is no substitute for empathy.

*Vignette Three:
Advising*

In giving advice the responder assumes that this is what the patient is seeking. However, this is a non-listening response. The patient has not asked for advice, and the response is simplistic and does not address the patient's concerns.

*Vignette Four:
Threatening*

In threatening the patient, an opinion is given which may be genuinely held. However, such a response does nothing to address the patient's concerns.

*Vignette Five: Empty
reassurance*

Here the response at face value appears reassuring. This kind of response however, is simplistic and is in effect an easy way out for the responder. It is also blatantly untrue.

*Vignette Six:
Diagnosing*

By diagnosing what he thinks the patient's behavioural problem is, the responder puts the patient down. This blaming response is totally dysfunctional.

*Vignette Seven:
Diverting*

Although it may be relevant to ask the patient about tomorrow's meal order, using this as a response changes the topic and blocks further discussion of the problem raised by the patient.

*Vignette Eight: Using
a cliché*

The cliché is time saving but demonstrates little interest in the patient's concerns. It also serves to generalise the problem and ignores the patient as an individual.

*Vignette Nine:
Ordering*

By issuing an order the responder saps the autonomy of the patient. Whilst there may be rules, this is not the way to get compliance, and again, the real issue is not addressed.

*Vignette Ten:
Criticising*

The responder criticises the patient and blames him for his own problems. In effect she repeats what he already knows without offering him an opportunity to voice his concerns.

*Vignette Eleven:
Moralising*

By indirectly implying that the patient is stupid, and by emphasising his own virtuous behaviour, a moral message is sent to the patient. This is not helpful to the patient as again this response does not address his particular problem.

*Vignette Twelve: False
understanding*

Saying "I understand" is a very common response in caring situations. However real understanding is not demonstrated by this glib statement however sincere the intention is.

*Vignette Thirteen:
Excessive and
inappropriate
questioning*

Here the patient is questioned inappropriately and excessively. In this process, the responder looks at the patient's problem solely from her own viewpoint and fails to provide a conversational climate in which the patient can air his real concerns.

Roadblocks

Roadblocks to communication

Associated reading

Bolton, R. (1987). *People skills*. Australia: Simon Schuster.
Chapter 2, Barriers to communication, pp.15-26.

Activities

- ☐ View the series of labelled roadblocking responses. Turn to the text of the scenario below and identify the name or label for each of the thirteen roadblocks.
- ☐ For each roadblock identify what aspect of the communication, verbal and/or nonverbal, justifies the label. You may need to view the tape again to concentrate on the body language and the vocal nonverbal communication or paralanguage.
- ☐ Discuss the possible effects each road block may have on the client: how may he feel upon receiving such a response? How might he respond? How would you respond if you were the client?
- ☐ With a colleague select one or more roadblocks and role play the scene between professional and client.
- ☐ Write a single alternative response to the client's initial statement. Write your response so that it is not a roadblock but demonstrates empathic reflective listening.
- ☐ With a colleague role play this scenario using an empathic response rather than a roadblock and continue the scene to a functional conclusion.
- ☐ During the next convenient clinical or field-based experience, whether for work or practice, observe yourself and others for roadblocking communication behaviours. If you observe a roadblock in action try to identify or label the roadblock,

identify why it may have happened, identify the effects it may have had and consider alternative communication behaviours that could have been utilised in the particular context that you observed.

The statement

John: "The doc's told me that all my problems are caused by smoking too much. I know that smoking is bad for me but I just don't seem to be able to give it up."

Responses

1. "You know that smoking is bad for you but you just don't seem to be able to give it up."
2. "I really am sorry for you John. It must be awful to know that you've got such terrible circulation and know that it really is all your own fault."
3. "If you want my advice, I'd chuck the habit here and now."
4. "If you don't give up smoking now you'll be dead within a couple of years."
5. "Don't worry John, everything will turn out all right in the end."
6. "Your problem is that you never listen to any advice you're given."
7. "Hmm ... Have you ordered your meals for tomorrow?"
8. "Yes, I know, you all say that."
9. "Well I'm telling you now, you will not smoke anywhere inside this hospital."
10. "Well, now you know ... you've only got yourself to blame."
11. "Well of course I have never smoked, I wouldn't be that stupid."
12. "I understand how you feel."
13. Nurse: "Why do you think that the doctor has told you that all your problems are related to your heavy smoking?"
John: "Well I suppose because he wants me to give it up?"
Nurse: "Well what's your problem with that?"
John: "It's not as easy as that."
Nurse: "What even when your life is at stake?"

John: "Look nurse, I know you're right but I just can't give it up OK?"

Nurse: "Well why didn't you give up earlier, then you wouldn't be in the mess you're in now?"

John: "Give us a break nurse, I enjoyed it."

Nurse: " Well then why didn't you go to the doctor earlier about your leg, then you wouldn't have had to lose it?"

John: "OK nurse, I get the message, but it's too late. Now unless you've something useful to tell me, the best thing you can do, is let me get some rest."

Nurse: "Well, if that's the way you feel, I'll go and see a patient who needs me."

Caring Communication

Associated readings

- Bolton, R. (1987). *People skills*. Brookvale NSW: Simon & Schuster Australia.
- Bradley, J. & Edinberg, M. (1990). *Communication in the nursing context*. (3rd ed.). Connecticut: Appleton & Lange.
- Devito, J. (1995). *The interpersonal communication book*. (7th ed.). New York: Harper Collins College Publishers.
- Egan, G. (1994). *The skilled helper: A problem management approach to helping* (5th ed.). California: Brooks Cole.
- Faulkner, A. (1992). *Effective interaction with patients*. Melbourne: Churchill Livingstone.
- Kagan, C., & Evans, J. (1995). *Professional Interpersonal Skills for Nurses*. Melbourne: Chapman & Hall.
- Nelson-Jones, R. (1991). *Human relationship skills*. (2nd ed.). Sydney: Holt, Reinhart and Winston.
- Northouse, P. & Northouse, L. (1992). *Health communication: Strategies for health professionals*. Connecticut: Appleton & Lange.
- Porritt, L. (1990). *Interaction strategies: An introduction for health professionals*. (2nd ed.). Melbourne: Churchill Livingstone.
- Smith, S. (1992). *Communications in nursing*. (2nd ed.). St Louis: Mosby Year Book.
- Stein-Parbury, J. (1993). *Patient and person: Developing interpersonal skills in nursing*. Melbourne: Churchill Livingstone.

Caring Communication

Evaluation questionnaire

We would be pleased to receive your comments. To assist you there are some questions below. Please feel free to photocopy the questionnaire and distribute it to students for their responses as well. Please mail your comments to: Tony Hussey, Faculty of Health and Human Sciences, Edith Cowan University, Pearson Street, Churchlands, 6018, Western Australia.

Comments via Email are also welcomed and these should be addressed to:
a.hussey@cowan.edu.au

SECTION A (Questions 1 - 6)

Please tick the appropriate answer; specify if appropriate, or give detail (Qs 5 & 6)

1. How did you hear about this package?

- ☐ Flyer ☐ Colleague ☐ Your lecturer ☐ Other (specify):

2. Type of institution in which used

- ☐ University ☐ Hospital ☐ TAFE ☐ Other (specify):

3. Is the copy of the package you are using

- ☐ Owned by the institution ☐ Borrowed

4. I am a

- ☐ Student ☐ Teacher/Lecturer ☐ Other (specify):

5. Course of study in which the package is used (please specify):

6. Unit of study within the course in which the package is used (please specify):

SECTION B: (Questions 7 - 11)

Please indicate your opinion of the usefulness of each scenario by circling a number as indicated for the video, the printed materials (other than the readings), and the readings.

1 = Very useful 2 = Useful 3 = Not useful

	Video			Print materials			Readings		
7. Scenario 1: <i>Listening</i>	1	2	3	1	2	3	1	2	3
8. Scenario 2: <i>Conflict</i>	1	2	3	1	2	3	1	2	3
9. Scenario 3: <i>Sensitivity</i>	1	2	3	1	2	3	1	2	3
10. Scenario 4: <i>The Interview</i>	1	2	3	1	2	3	1	2	3
11. Scenario 5: <i>Roadblocks</i>	1	2	3	1	2	3	1	2	3

SECTION C: (Questions 12 - 14) Your suggestions regarding the print materials:

Please tick the appropriate answer

12. Would you find it useful to have a set of analyses, e.g., an expert discussion of the communication behaviours depicted in each vignette or scenario?

☐ Yes ☐ No
13. If you answered Yes to Question 12 above, would you prefer to have such analysis (if and when available),

☐ In print ☐ On audio tape
14. In any future addition of the print materials is there any other feature that you would like altered or added?

☐ Yes ☐ No

If you answered yes to Question 14 please indicate below the alterations you would prefer.

15. Would you prefer to have a full printed copy of the video script with the print materials?

☐ Yes ☐ No

SECTION D: Open Comments

Please add here any comments about how you have used the materials and any other comment you wish to make. (Include additional comments on a separate sheet if you wish.)