2.2: Basic Concepts of Communication

Communication Standard of Professional Performance

The Standard of Professional Performance for Communication established by the American Nurses Association (ANA) is defined as, “The registered nurse communicates effectively in all areas of professional practice.” See the following box for the competencies associated with the Communication standard.

ANA’s Communication Competencies

The registered nurse:

- Assesses one’s own communication skills and effectiveness.
- Demonstrates cultural humility, professionalism, and respect when communicating.
- Assesses communication ability, health literacy, resources, and preferences of health care consumers to inform the interprofessional team and others.
- Uses language translation resources to ensure effective communication.
- Incorporates appropriate alternative strategies to communicate effectively with health care consumers who have visual, speech, language, or communication difficulties.
- Uses communication styles and methods that demonstrate caring, respect, active listening, authenticity, and trust.
- Conveys accurate information to health care consumers, families, community stakeholders, and members of the interprofessional team.
- Advocates for the health care consumer and their preferences and choices when care processes and decisions do not appear to be in the best interest of the health care consumer.
- Maintains communication with interprofessional team members and others to facilitate safe transitions and
continuity in care delivery.

- Confirms with the recipient if the communication was heard and if the recipient understands the message.
- Contributes the nursing perspective in interactions and discussions with the interprofessional team and other stakeholders.
- Promotes safety in the care or practice environment by disclosing and reporting concerns related to potential or actual hazards or deviations from the standard of care.
- Demonstrates continuous improvement of communication skills.

Review basic communication concepts for nurses in the “Communication” chapter in Open RN Nursing Fundamentals.

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**Nurse-Client Relationship**

Establishment of the therapeutic nurse-client relationship is vital in nursing care. Nurses engage in compassionate, supportive, professional relationships with their clients as part of the “art of nursing.”[2] This is especially true in psychiatric care, where the therapeutic relationship is considered to be the foundation of client care and healing.[3] The nurse-client relationship establishes trust and rapport with a specific purpose; it facilitates therapeutic communication and engages the client in decision-making regarding their plan of care.

Therapeutic nurse-client relationships vary in depth, length, and focus. Brief therapeutic encounters might last only a few minutes and focus on the client’s immediate needs, current feelings, or behaviors. For example, in the emergency department setting, a nurse may therapeutically communicate with a client in crisis who recently experienced a situational trauma. During longer periods of time, such as inpatient care, nurses work with clients in setting short-term goals and outcomes that are documented in the nursing care plan and evaluated regularly. In long-term care settings, such as residential facilities, the therapeutic nurse-client relationship may last several months and include frequent interactions focusing on behavior modification.

Read more about crisis and crisis intervention in the “Stress, Coping, and Crisis Intervention” chapter.

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**Phases of Development of a Therapeutic Relationship**

The nurse-client relationship goes through three phases. A well-known nurse theorist named Hildegard Peplau described these three phases as orientation, working, and termination.[4]

**Orientation Phase**

During the brief orientation phase, clients may realize they need assistance as they adjust to their current status. Simultaneously, nurses introduce themselves and begin to obtain essential information about clients as individuals with unique needs, values, beliefs, and priorities. During this brief phase, trust is established, and rapport begins to develop between the client and the nurse. Nurses ensure privacy when talking with the client and providing care and respect the client’s values, beliefs, and personal boundaries.

A common framework used for introductions during patient care is AIDET, a mnemonic for Acknowledge, Introduce, Duration, Explanation, and Thank You.

- **Acknowledge**: Greet the patient by the name documented in their medical record. Make eye contact, smile, and
acknowledge any family or friends in the room. Ask the patient their preferred way of being addressed (for example, “Mr. Doe,” “Jonathon,” or “Johnny”) and their preferred pronouns (e.g., he/him, she/her, or they/them).

- **Introduce:** Introduce yourself by your name and role. For example, “I’m John Doe, and I am a nursing student working with your nurse to take care of you today.”

- **Duration:** Estimate a timeline for how long it will take to complete the task you are doing. For example, “I am here to perform an admission assessment. This should take about 15 minutes.”

- **Explanation:** Explain step by step what to expect next and answer questions. For example, “I will be putting this blood pressure cuff on your arm and inflating it. It will feel as if it is squeezing your arm for a few moments.”

- **Thank You:** At the end of the encounter, thank the patient and ask if anything is needed before you leave. In an acute or long-term care setting, ensure the call light is within reach and the patient knows how to use it. If family members are present, thank them for being there to support the patient as appropriate. For example, “Thank you for taking time to talk with me today. Is there anything I can get for you before I leave the room? Here is the call light (Place within reach). Press the red button if you would like to call the nurse.”

**Working Phase**

The majority of a nurse’s time with a client is in the working phase. During this phase, nurses use active listening and begin by asking the reason the client is seeking care to determine what is important to them. They use assessment findings to develop a nursing plan of care and plan patient education. If a care plan has already been established on admission, nurses use this time to implement interventions targeted to meet short-term outcomes and long-term goals. During the working phase, clients begin to accept nurses as health educators, counselors, and care providers. Nurses use therapeutic communication techniques to facilitate clients’ awareness of their thoughts and feelings and mutually develop goals and an individualized plan of care. Nurses provide reflective and nonjudgmental feedback to clients to help them clarify their thoughts, goals, and coping strategies. Therapeutic communication techniques used during this phase, including motivational interviewing, are discussed later in this chapter.

**Termination Phase**

The final phase of a nurse-client relationship is the termination phase. This phase typically occurs at the end of a shift or on discharge from care. If the previous working phase has been successful, the client’s needs have been successfully met by collaboration among the client, nurses, and interprofessional health care team members. The nurse should be aware the client may try to return to the working phase to avoid termination of the relationship. During the termination phase, the nurse can encourage the client to reflect on progress they have made and review post-discharge goals. The nurse also makes community referrals for follow-up and continuation of support in meeting goals.