Introduction

Verbal communication involves the use of our vocal cords to produce sounds which eventually form words. It's a very common mode of passing messages that is unique to human beings. Verbal communication is only effective if both the parties understand the language being used by either.

Non-verbal communication is the way through which we express ourselves without necessarily using words. It involves sending messages through various expressions or signs on our body parts such as changing our facial expressions or varying our tones as we speak. Many people tend to overlook various body signs and may end up not understanding or even ignoring the intended message. However, this is quite challenging because you have to be very keen to identify and interpret the message correctly as an individual may express contradicting signals.

Effective communication is very essential for any relationship. Hence it’s upon either party to pay as much attention to each other as possible so that any form of message sent is understood in the appropriate way and for each person to benefit from the other. It is therefore very important to try and understand both forms of communication because sometimes a person might be saying something but the body language is sending a different message. As a nurse, the sick client will communicate effectively through body language such as writhing in pain or touching/pointing various parts of the body hence your eyes perceive the message even before the patient utters any words.
Verbal and Non-Verbal Communication in the Nurse/Client Relationships

Discussion

In the medical field, it's vital that the nurse accurately understands the client's emotional and physical needs. This is because the level of attention that will be offered is determined by the means of communication. The intentions of the nurse either verbally or non-verbally should be based on helping the client. Thus if the message sent by the client has been understood by the nurse and the appropriate procedure taken then we can conclude that there was communication. (Crisp, J. and Taylor, C 2009)

In the nurse/client relationship, the most important person here is the client and thus you have to look for ways of encouraging self expression and making them feel important. At times verbal and non-verbal communication may be used concurrently so as to obtain better results. For example when you want to extract some information from the client you may ask questions followed by eye contact and leaning forward such that in a way you will be welcoming the client to share what they have. Maintain eye contact will make the feel that you are paying maximum attention to what they are saying and this could be accompanied by nodding of your head as a nurse so as to show understanding.

However the nurse should avoid staring at the client as this may make him/her uncomfortable hence interrupting the train of thoughts. (Wertheim G.E.2008) At times a client may be offended by some questions or by the situation at hand. This is demonstrated verbally in change of tone it may be raised or sharp. Non-verbally, it may be expressed by frowning although the client may be trying very hard to maintain a smile or looking away so as to avoid answering questions. At this point the nurse should take cue and either change the subject or keep quite for a while until the anger has receded. (Blatner A.2002)
As the client is trying to explain something, an attentive nurse should be able to tell if the client is lying. This may be indicated by an increase in the number of times that the eyes are blinking, touching the nose, covering the mouth with a hand and avoiding eye contact. This shows that verbally the speaker is telling the ‘truth’ but the conscious is betraying him such that non-verbally the message being sent is that the story is not real.

In as much as the nurse is trying to build a rapport with the client, the listening ability of both parties is very crucial as suggested by Crisp, J. et al (2009) The party seeking information or help should always show that they are listening and not only listening but also understanding whatever ideas the other is conveying. This is normally associated with nodding of the head, asking open ended questions, promptly answering questions that the speaker is asking or summarizing the whole story to acknowledge your attentiveness. When one person is talking, it’s very important that the other party doesn’t interrupt unless asked a question that requires prompt answering, this will encourage coherence and fluency of the information. It’s vital that the listener waits until the speaker is done so that any clarification or suggestions this allows the speaker to control the conversation. (Blatner, A. 2002)

Sometimes the speaker will pause for a few seconds so that the message conveyed can sink in but this is not a cue for the listener to ask questions. Pausing also allows the speaker to collect their thoughts together as well as thinking about what to say. Again during the pause as a nurse you should be able to read between the lines and try to understand the inner message that may not be conveyed verbally. (Segal, J. 2009)

The nursing field at times involves some emotional sessions; some clients will come for information on very sensitive issues and it’s up to the nurse to look beyond the emotional part of it and deliver the intended message. This is because being emotional when dealing with emotional situations will only aggravate the matter such that the client feels worse than before. However this does not mean that one shouldn’t be human as there are some consoling words or gestures that can be used without invading the client’s space. (Segal, J. 2009)
When we are discussing communication either verbal or non-verbal, we should always keep in mind those with special communication needs; for the blind clients, the nurse should ensure that his/her voice is audible enough and they should always talk when facing the clients. The other crucial thing is that touching should only be introduced before the client has heard the nurses’ voice. Some clients will prefer to communicate through Braille literature thus you should discuss the possibility with them. For the deaf clients, you should always maintain eye contact as well as most will be reading your lips as you communicate. Alternatively sign language, charts or writing can be used. The other special category is for the clients who cannot understand a foreign language. Charts, a translator or sign language will a go a long in passing the information as recommended by Crisp, J. et al (2009)

In verbal communication, the nurse has to come up with polite ways of asking questions that will encourage the client to talk. Some are prodding questions; others require short answers whereas others will prompt the beginning of a whole new topic. The stage/level of communication will determine the kind of questions to be asked.

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Otherwise you can come up with broad openings inviting the client to talk or to clarify something. However questions leading to answers such as ‘yes’ or ‘no’ should be discouraged because you are seeking information from him/her. (Manion, J. and Bartholomew, K. 2004)

Sometimes clients are never sure about their feelings and it’s upon the nurse to reflect on the client’s message and come up with his/her feeling. According to Manion (2004) a client will find it more comfortable talking to someone who is able to read their feelings. This can also act as a motivator for them to open up and talk about something they never intended to disclose. Feelings are personal and emotional hence a more subtle way of revealing them should be encouraged to avoid hurting or betraying the feelings of the client. An exception to this is asking
leading questions; these are questions which may bring out mixed reactions or answers.

The nurse should also show some empathy to the client especially those who are in emotional pain. Empathy brings along the feeling of love and acceptance in that particular situation such that chances of the client expressing themselves are increased. Empathy may also decrease the emotional turmoil one may be undergoing keeping in mind that someone else understands how they are feeling at that time. The client no longer feels lonely thus gains some badly needed confidence as in Manion, J. et al (2004)

When the nurse is giving instructions or explaining some point, it’s recommended that they pay extra attention to the client to avoid contradictions. Some instructions are procedural hence the need to explain step by step carefully as later on the same client may ask for clarification only to be told something different from the same nurse.

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This may also minimize chances of injuries as a result of poor instruction. (Ingram,K. & Armstrong, M.2008)Nurses should in as much as possible try to avoid some medical terms that the client may fail to understand that is speaking to the patient. The situation should be simplified and explained using normal terms which are easily understood.

According to Hamilton, S.J. and Martin, D.J. (2007) nurses are the only professionals in the medical field that interact with patients very frequently hence the care of the sick is entrusted to the nurses. Thus every nurse should use all the forms of communication available at her disposal to try as much as possible to execute the tasks assigned to him/her. Although at times they could be in a hurry to attend to other clients, it’s important to give maximum time and attention to each individual case. Eventually the nurse is supposed to chose the most effective form of communication that she/he is most comfortable with.
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References

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