

ANALYSIS OF NURSES' VERBAL COMMUNICATION WITH PATIENTS

Darle Forrest

Nursing educators and practitioners recognize the importance of a nurse's ability to communicate effectively with patients (La Monica, 1979; Travelbee, 1971). The question is, do nurses employ the kinds of communicative behaviours believed by a number of researchers (Brammer, 1979; Carkhuff, 1969; Carkhuff & Berenson, 1977; Egan, 1975) to be therapeutic for patients?

Some kind of communication, verbal and/or nonverbal, occurs during every encounter a nurse has with a patient. "No matter how one may try, one cannot not communicate. Activity or inactivity, words or silence all have message value" (Watzlawick, Beavin, & Jackson, 1967, pp. 48-49). Maslow (1965) has pointed out that "every person is a psychotherapeutic influence or a psychopathogenic on everybody he has contact with . . ." (p. 77). Carkhuff and Berenson (1977) charge that the interactions between helpers and helpees have a "for better or for worse" effect upon the helpee (p. 5; p. 228). Accordingly, the communication of a nurse forms a vital component of patient care — for good or for ill. In defining therapeutic communication Rossiter (1975) suggests communication can be therapeutic for a patient in two ways: by eliciting "accurate" information which in turn affects patient care, and secondly, in and of itself, communication has health promoting effects.

While all aspects of nurse-patient communication are important, the present study is focused on an analysis of nurses' verbal behaviour with patients, particularly the verbal communication techniques that foster patient self-exploration. According to Egan (1975), patient self-exploration is the goal of the first stage of helping.

A literature search was conducted with the intent of locating nursing studies in which a verbal communication analysis system was developed and used to examine nurse-patient verbal communication. The search, covering the past six years, revealed four such studies. A review of these studies, in regard to both the system developed and the results of its use, is presented.

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Clark (1981) analyzed verbal behaviour of nurses in one-to-one nurse-patient interactions by coding (a) any instance of a direct question or indirect or implied question or cue from a patient and (b) any verbal behaviour which could be identified from a list developed by the author. The list of verbal behaviours consisted of those behaviours known to encourage or reinforce communication and those behaviours which might discourage or block the development of communication. The system was not an exhaustive one in that only those verbalizations were coded that were judged to fit the criteria. Clark reported few examples of nurses asking open questions or of active encouragement or reinforcement, very little evidence of the technique of reflection, and few examples of positive response to cues. There were "many instances of nurses asking closed and leading questions and also of missing or avoiding indirect questions or cues" (Clark, 1981, p. 15). The statistics on which these findings were based were unreported by Clark.

In a study to determine the verbal information patients receive from nursing students, Faulkner (1979) coded each piece of communication, defined as uninterrupted speech from one individual, of both nurse and patient according to categories relating to type of question, response to question, information offered, and so on. As interpreted by the author, the data indicated nursing students do not give information to patients and patients' questions are often ignored.

Beanlands and MacKay (1981) attempted to analyze affective verbal communication between nurse and patient by coding nurse responses into two broad components: those responses which indicated acceptance and those responses conveying a lack of acceptance or blocking communication. The classification system was comprised of eight defined categories. Communication behaviours listed as accepting accounted for 54 percent of the interactions while 46 percent of the interactions nurses conveyed to patients messages of nonacceptance.

A content analysis system whereby specific verbal communicative behaviours of nurses were measured was developed by Stetler (1977). Three broad categories consisting of positive, neutral, and negative verbal behaviours were devised with subcategories of behaviours created under each main category. The system was then used in a simulation study investigating the relationship between perceived empathy and nurses' communication.

In each of the studies reviewed, the content analysis system that was developed appeared to have limitations when applied to the analysis of verbal communicative behaviours of nurses in interactions focused on helping patients explore themselves and their problems. As a result

of the literature review, the first purpose of this study was construction of an analysis system to provide for the coding of verbal behaviours of the nurse, which were facilitating or blocking to patient self-exploration.

The second purpose of the study involved two parts: the use of the system by trained coders to code the verbal behaviours nurses used in videotaped interactions focused on helping patients self-explore; and an analysis of the particular verbal behaviours nurses used in these interactions, including a comparison between the amount of facilitating and blocking behaviours employed.

METHOD

Subjects

In a Post-R.N. class of 35 students, 31 agreed to participate in the study. They had at least one year of nursing experience and were enrolled in a Post-R.N. Bachelor of Science in Nursing program. Currently they were completing a required course in communication skills, which included an assignment of videotaping an interaction with a patient they had selected and who had consented to the taping. One nurse's videotape was disqualified because of sound problems. This reduced the sample to 30 nurses.

Materials

The videotape recording equipment and set-up allowed the operator to be in a different room from the nurse and patient. Videotaping also allowed for a clearer presentation of the interaction and hence more accurate coding.

Procedure

Each nurse and the selected patient participated in a 30 minute interaction which was videotaped. The use of therapeutic communication techniques which would encourage the patient's own self-exploration and problem-solving was the focus of the interaction for the nurse. The videotapes were later viewed by two trained coders who coded each verbalization of the nurse according to the communication analysis system constructed for this study.

Communication analysis system. The system was constructed by identifying from the literature those verbal behaviours perceived to facilitate or block patient self-exploration (Brammer, 1979; Concept Media; 1970; Egan, 1975; Eriksen, 1977; Stetler, 1977). Operational definitions and examples were provided for each behaviour. A panel of scholars reviewed the system, made suggestions, reviewed the

system again and judged it to be adequate. The categories of the communication analysis system constructed for the study consisted of the following:

Facilitating Verbal Behaviours

1. Broad opening statements/questions: allows patients to set the direction of the conversation and focuses the conversation on the patient. e.g., "You may have questions to ask me" or "where would you like to begin?"

2. General leads: encourages patient to continue by indicating interest and understanding of what patient is saying. e.g., "Go on" or "uh-huh".

3. Reflecting: all or part of the patient's statement is repeated or slightly rephrased to encourage continuation. e.g., Patient: "I don't know how I feel." Nurse: "You're not sure how you feel?"

4. Sharing observations: verbalizing perceptions with patient which may focus on patient's physical or emotional state and which invite patient to verify, correct or elaborate on nurse's observation. e.g., "I notice you turn away when I mention going home."

5. Acknowledging patient's feelings: acceptance of how the patient feels is conveyed irrespective of whether the nurse feels or thinks the same way; encourages patient to continue expressing feelings without a judgment placed on them. e.g., "You feel your doctor doesn't care about you."

6. Recognizing: acknowledging patient's presence. e.g., "Good morning, Mr. Smith."

7. Giving information: answers questions, dispels misconceptions, gives facts patient wants or needs to know; decreases anxiety and establishes trust. e.g., "Your wound is healing well."

8. Clarifying: nurse makes meaning clearer or requests patient to make meaning clearer; prevents ambiguity or misunderstanding and motivates patient to continue. e.g., "Do you mean . . ."

9. Verbalizing implied thoughts and/or feelings: nurse voices what patient has hinted or suggested rather than what has been said; helps patient to become more aware of thoughts and feelings and helps nurse to verify impressions. e.g., "It seems you are not sure about having the operation."

Blocking Verbal Behaviours

1. Reassuring clichés/stereotyped comments: trite comments given automatically and tending to convey to the patient nurse's disinterest or lack of understanding or own anxiety. e.g., "Everything will be fine."

2. Advising: taking over patient's decision-making by imposing own opinions and solutions rather than assisting patient to explore arriving at conclusions. e.g., "You should do this."

3. Approving/agreeing: comments and opinions which shift focus to nurse's values, standards or feelings, imposing on free expression from the patient. e.g., "It's good you are out of bed."

4. Requesting an explanation: asking patient to immediately analyze and explain feelings or actions; often involves "why" questions which can be intimidating to patient. e.g., "Why do you feel that way?"

5. Disapproving/disagreeing: negative judgment placed on patient's actions, thoughts, or feelings and introducing nurse's values which may intimidate patient, prompting conformity for nurse's approval. e.g., "It's not good for you to worry about that."

6. Belittling: indicating that patient's experiences are not unique or important; a shift of focus away from the patient. e.g., "This operation is nothing compared to major surgery - you're lucky."

7. Defending: protecting or making excuses for rather than allowing patient to express own opinions and feelings. e.g., "This hospital has a fine reputation."

8. Changing the subject: introducing a new or unrelated topic and taking the lead in the conversation from the patient who may not make a further attempt to make his needs known. e.g., Patient: "I'm tired this morning." Nurse: "It's a lovely day."

9. Closed questioning: focusing on "yes" or "no" questions which may limit patient's response and suggest nurse's quest for a specific answer. e.g., "Did you eat everything on your tray?"

Each verbalization of the nurse was coded. The coder chose the single subcategory or behaviour that best described the verbalization. Tonal cues as well as patient response were used in making the decision. The unit for coding was defined as a verbalization without pause. In the event of multiple statements or questions made by the nurse, the last question or statement verbalized was coded. Carkhuff and Berenson (1977) point out that clients generally respond to the last part of the helper's verbalization.

Training of coders. Training of the coders in the use of the analysis system was conducted by the author and included both formal sessions and independent study. Initially the coders were introduced to the analysis system and given detailed descriptions and examples of each verbal behaviour. Training videotapes of nurse-patient interac-

tion similar to the actual data were used for study and testing. When the coders proceeded to the actual data, 90 percent agreement in coding had been obtained on a test videotape.

Limitations

1. Only verbal communication of the nurses was examined in the study. The context of the nurse-patient interaction was specific, namely patient exploration of self and problem.
2. While content validation of the communication analysis system was provided, further validation of the system is necessary.

Analysis

Intercoder reliabilities on the actual data were determined using the following formula:

$$\text{Percentage Agreement} = \frac{\text{Agreed upon codings}}{\text{Agreed and disagreed}} \times 100$$

Three videotapes were randomly selected from the total of 30 and intercoder reliability was determined in regard to the two categories of facilitating and blocking behaviours. The 27 remaining videotapes were randomly and equally assigned to the two coders.

To assess the validity of individual coder competency, intracoder reliability was determined on three randomly selected tapes and calculated according to the formula above.

The percentage of occurrence of each verbal behaviour in the communication analysis system was calculated for the sample. As well, the percentage of facilitating and blocking verbal behaviours was determined for the sample.

RESULTS

Intercoder reliabilities on the actual data, reported in Table 1, show a range of 95.04 to 95.23 percent for the facilitating verbal behaviour category and a range of 62.50 to 90.47 percent for the blocking verbal behaviour category. A mean percentage of 87.66 on the communication analysis system represented a very adequate level of reliability.

Intracoder reliabilities ranged between 82.60 and 100 percent with a mean percentage of 96.11 for coder 1 and 87.45 for coder 2. These percentage agreements indicate individual coder consistency and competency.

Table 1
Intercoder Reliability for Facilitating and
Blocking Verbal Behaviour Categories

Tape	Verbal behaviour	Number of codings		Percent agreement
		Coder 1	Coder 2	
1	Facilitating	63	60	95.23
	Blocking	16	10	62.50
2	Facilitating	60	63	95.23
	Blocking	21	19	90.47
3	Facilitating	101	96	95.04
	Blocking	7	8	87.50

A percentage breakdown of each verbal behaviour, presented in Table 2, revealed that nearly 45 percent of all verbal behaviour of the 30 nurses consisted of general leads. Within that sub-category, the most frequent response by far was "uh-huh" which, while facilitating, represents a low level of verbal communicative skill. It was for this reason that a percentage breakdown excluding the general leads sub-category is also presented in Table 2. With this exclusion the most frequent verbal behaviour of the nurses became closed questioning, a blocking response, which comprised approximately 22 percent of the verbal behaviours. An analysis of the overall verbal behaviours of the nurses revealed that 80 percent were facilitating. With the exclusion of the general leads sub-category, 64 percent of the nurses' verbalizations were facilitating. One blocking verbal behaviour, defending, was not used by any of the nurses.

Table 2
Percentage of Verbal Behaviours With and
Without General Leads Sub-category

Verbal behaviour	Percent	Percentage excluding sub-category
<i>Facilitating</i>		
General leads	44.77	—
Clarifying	10.22	18.51
Broad opening statements/questions	8.55	15.49
Giving information	5.53	10.02
Sharing observations	4.26	7.71
Reflecting	2.59	4.69
Recognizing	1.62	2.94
Verbalizing implied thoughts	1.39	2.52
Acknowledging feelings	1.31	2.38
<i>Blocking</i>		
Closed questioning	12.04	21.80
Advising	2.75	4.97
Approving/agreeing	2.16	3.92
Changing the subject	1.54	2.80
Requesting an explanation	0.81	1.47
Reassuring clichés	0.65	1.19
Expressing disapproval	0.27	0.49
Belittling	0.19	0.35
Defending	0.0	0.0

DISCUSSION

With either the inclusion or exclusion of the general leads sub-category, the nurses' verbal communication with patients was consistently more facilitating than blocking. These results, more positive than those of Beanlands and MacKay (1981) and Clark (1981), may be due to the skills acquired by the nurses in the current communication course and/or the use of a coding system which allowed for the coding of all verbal behaviours. Closed questioning, the most commonly used blocking behaviour by the nurses in this study and the use of few reflecting statements (less than 3 percent) were results consistent with Clark's findings.

The communication analysis system, which appears to be a reliable and workable system for coding nurses' verbal behaviours with patients, requires further validation. One method of validating the system could involve the use of an independent measure for comparison.

The system has potential usefulness as a tool for the assessment and development of nurses' verbal communication skills when the focus of the interaction is on patient self-exploration and problem-solving.

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RÉSUMÉ

Analyse de la communication verbale des infirmiers avec les malades

Cette étude est axée sur l'élaboration et la vérification d'un système d'analyse des communications qui permet le codage de la communication verbale entre infirmiers et malades. Trente et une infirmières qui terminaient un cours obligatoire en communication, ont consenti à se laisser filmer sur bande vidéo au cours d'une entrevue de 30 minutes avec un patient de leur choix. Deux codeurs qualifiés ont regardé les bandes vidéo et ont codé chacune des interventions des infirmières, les classant dans l'une des 18 catégories de comportements qui favorisent ou inhibent les rapports verbaux dans le système d'analyse des communications. Le test de fiabilité intercodeur et intracodeur donne des résultats de concordance de 87 et 91 pour cent respectivement. Les résultats ont révélé qu'environ 80 pour cent des comportements verbaux des infirmiers favorisaient les rapports et 20 pour cent étaient des interventions inhibitrices.



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