Chapter 4: Communication With and About Families
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Chapter Objectives

1. Discuss forms of communication aimed at assessment, care delivery, and health education.

2. Describe the use of the individual-nurse-family relationship in communication.

3. Explain nurses’ roles in communication to meet health and illness needs.

4. Identify nursing actions in addressing literacy, health literacy, and information needs during acute and chronic care situations.

5. Identify various communication models to guide interactions with individuals, families, communities, and populations.

6. Apply ideas for communication with diverse groups.

Chapter Concepts

Asking Questions
Attachment Theory
Building Trust
Communication
Communication Barriers
Communication Breakdowns
Exchange and Resource Theory
Family Systems Theory

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Chapter Introduction

Most educators agree that communication is an important aspect of nursing practice. Varied forms of reading, written, and oral communication are viewed as essential to nurses’s practice roles. However, varied forms of communication do not always receive equal levels of attention needed. For example, most educational focus given to oral communication pertains to individual interactions. Some theory and knowledge are provided, but opportunities to gain interactive skill competencies are often slim. Attention to families, groups, collegial, and interprofessional skill-building in communication areas is rarely a focus. Students often take a speech class as a general education requirement, but this course often focuses on giving public speeches with less attention to experiences that build confidence in interpersonal communication skills. Communication areas are often taught by nursing faculty members that have little expertise in communication theory or skills and largely teach from the textbook. Colleges or schools of communication may
Communication theory is too often relegated to a single course. Almost two decades ago, questions about needs to integrate and reinforce language skills were raised (DeSimone, 1994). Family focused care means that nurses actively engage with individuals, family units, peers, and other members of interprofessional care delivery. The blending of communication skills with other cognitive and psychomotor skills throughout the curricula seems a logical and efficient way to assist students gain skills needed. Managing one’s assumptions and the ways they are displayed in non-verbal actions also need attention. Skills aligned with decision making, problem solving, negotiation, conflict resolution, family teaching, and other forms of care or empathy often become areas of anxiety or stress when students are ill-prepared. Unfortunately, the result too often is avoidance of uncomfortable topics and situations. Communication for thinking family is a concept that can be threaded through every nursing course. Opportunities to gain skill through active learning teaching strategies can prepare students to be more comfortable in their family focused practice roles.

Nurses that are effective communicators do not just pay attention to words, but also to things like tone, pitch, style, touch, body language cues, and the communication context. Context implies the place and manner in which varied forms of communication occur. Communication factors influence professional interactions, relationships, care outcomes, and satisfaction. The chapter starts with communication basics, but discusses skill use in clinical practice with family units. Various communication theories included in the chapter provide background as examples for practical application. Some additional information is offered in this section for your use. Examples of communication challenges met during practice experiences are provided. Building
relationship-based care is emphasized and ways to build or strengthen authentic therapeutic interactions are described. Finally, ideas about literacy and low health literacy are included.

**Providing Effective Communication**

Communication occurs in written and visual forms, through verbal and nonverbal interactions, and by way of technologies. Communication is the vehicle for creating relationships and supporting health promotion, illness management, medical management and end of life care. The core of nursing practice is care delivery, management, and evaluation. High levels of satisfaction generally require effective communication skills that vary with situations, participants, and many other factors. Communication is used to ascertain needs, advocate for timely and necessary care, and develop collaborative respectful relationships with inter-professional team members in provision of care services (Hamric, Spross, & Hanson, 2009). Abilities to communicate effectively and failure to do so have great potential to affect nursing care outcomes. Students need to possess communication skills and experiences that assure that care delivery to individuals, families, and communities is not only consistent, efficient, and effective but provided in safe and quality ways (Spath, 2000). Student nurses need to learn that while individual communication is important, family focused care demands inclusion of family members even when they are not physically present.

**Theoretical Perspectives of Communication**

Understanding communication theories can assist students think about approaches to care for the care complexities linked with family focused nursing practice. This textbook chapter reviews several relevant communication theories and identifies some practice applications. Theory can aid understandings about the ways interactions influence nursing actions influence and the ways nurse actions affect individual and family communication. Theories are like roadmaps, they
suggest pathways for addressing health and illness needs from different points-of-view. Theories provide different ways to understand family roles, actions, and processes and ways living in a complex environment influence outcomes. Theories can suggest things needing attention, opportunities for nursing actions, and areas for evaluation. Diverse theoretical perspectives can inform ways communication can be used in family focused nursing practice. Chapter four introduces several theories linked with family that are pertinent to communication. Ways theories relate to individual-nurse-family relationship and support family health are discussed.

**Systems Models**

Systems theory is familiar to most nurses, it was derived from biological sciences where a system is defined as a set of elements interrelate to one another and the environment (von Bertalanffy, 1975). Use of this theory would view family as an open dynamic system with a past, present, and future. Family is characterized by dynamic member interactions that regulates relationships among its elements and interactions with the greater community and societal suprasystem (Whitchurch & Constantine, 1993). A family system is understood as whole and the illness of one family member viewed as a family affair (Whitchurch & Constantine, 1993; Wright & Bell, 2010; Wright and Leahy, 2009). Family system thinking recognizes that health and illness in one family member affects the family unit with potential for disruption of typical or usual communication forms.

Students are often exposed to ideas of systems theory during various courses in the curriculum. While it is useful, it is not the only useful theory for considering family care. Chapter four introduces several other theories to consider. Much of the thinking related to what is being called family focused nursing care is linked with ecological perspectives and ideas from the *Family Health Model* (Denham, 2003). These ideas are not only discussed in this chapter, but
are threaded throughout the book. Ecological thinking encourages consideration of bidirectional interactions simultaneously occurring among individuals, families, groups, communities, and societies. The complexities of global thinking requires perspectives to consider multiple interacting driving and restraining forces as care is given to a single individual.

**Attachment Theory**

Attachment processes are forms of behavior where a person attempts to retain proximity or closeness to another individual to nurture and protect (Seagrin & Flora, 2005). Bowlby’s (1958) attachment theory viewed humans as social beings from birth and considers the ways infants become attached to their caregivers. Attachment is relevant throughout life as persons are born into family units and nurture, protect, and support one another. Attachment assures the continued presence of the human species and through it various forms of communication occur. Members of family units create unique patterns of intimate communication with one another. Enduring attachments are established early in life and continue until death. Loss experiences (e.g., death, divorce, lost abilities, geographic relocation) are forms of separation that can become threats to wellbeing. When attachments are interrupted or broken, grief or emotional pain often result.

Outsiders are unlikely to easily interpret the meanings of all verbal and nonverbal cues that originate out of member attachments. As nurses give care, they are outsiders and persons not usually functioning within the family boundaries. Students need opportunities to reflect upon the meanings of family unit attachments and what occurs when a member is threatened by a disease or illness. Crisis can cause family members to tighten their attachments and fear allowing strangers. Use of strategic teaching methods to help students gain communication knowledge and intentional skills to use during emotion-packed situations is needful.
Social learning theory (Bandura, 1977) unites ideas from psychology and behavior and focuses on the reinforcement of learned behaviors. Self-reflection can encourage one to analyze a personal experience, respond to it, and identify things that cues others to take action. Thinking about the experience and cues to action has potential to motivate behavioral changes (Boss, Doherty, LaRossa, Schumm, & Steinmetz, 1993). Health and illness behaviors are often learned from family members, peers, and other social influences. Modeling and reinforcement are central elements in family health and occur as family units establish, modify, deconstruct, and reconstruct health behaviors (Denham, 2003). Over time, intergenerational transmissions of these patterns of learned behaviors can be transmitted through narratives or stories. Socially learned behaviors are used by family units to teach members what is right or wrong and expected or unexpected. Nurses acquainted with social learning theory can apply this as they work through individual-nurse-family relationships. It can be used to teach new behaviors and explain ways members can initiate, reinforce, and support behavioral changes to obtain, sustain, or regain health. Students can use this theory to understand shared member behaviors and the challenges that occur when a single member’s illness condition calls for change.

Complexity of Communication in Family Focused Care

The family is the core social environment and the primary social support for family members during health and illness (Denham, 2003; Gallant, Spitze, & Prohaska, 2007; Wright & Bell, 2010; Wright & Leahey, 2009). Therefore, families are always involved whether the concern is health promotion, illness, disability, or end-of-life. Acute and chronic illness interrupt the family’s usual communication patterns and can overwhelm their coping abilities. These interruptions can cause silence in some members, stoicism, or conflict as stressful situations,
emotional distress, family suffering, and difficult decision-making occur in unfamiliar environments occur (Davidson, Jones, & Bienvenu, 2012; Quinn, Schmitt, Baggs, Norton, Dombeck, & Sellers, 2012). An acute inpatient stay can result in dozens of interactions with different persons throughout one care day for individuals. Kind and respectful nursing interactions can create a calm healing environment, decrease anxiety and depressive symptoms, and improve care satisfaction (Curtiss, Patrick, Caldwell, Greenlee & Collier, 1999). Individuals and family units often face what appear to them as chaotic mazes without rhyme or reason. Nurses with good communication skills have opportunities to shepherd those unfamiliar with medical management of disease and illness through troubling and confusing times. However, to do this effectively, nurses need experiential learning with the affective domain as personal assumptions and responses are examined. These might need to be compared and contrasted with those receiving care. Post clinical conference discussions, personal reflection through journaling, and laboratory simulations can be used to examine empathic responses, avoidance, therapeutic conversations, and self-care.

Communication that focuses on illness beliefs and responses to clinical situations can set the stage for promoting family changes that promote health and healing while “softening the suffering” (Wright & Bell, 2010). The Illness Beliefs Model emphasizes that healing focuses on the intersection of individual, nurse, and family member beliefs about illness experiences (Wright & Bell, 2010). Nurses can assist individuals and family units to identify beliefs that facilitate or constrain healthful actions that might improve health outcomes (Wright & Bell, 2010). Facilitating beliefs often involves individual-nurse-family conversations. Dialogue for reaching solutions that supports health and healing involves listening and including individual-family preferences. Constraining beliefs that limit ways to solve problems or hinder resolutions
of challenges need to be openly discussed. Students need opportunities to develop skills in therapeutic communication. Practice in communication with families experiencing stressful situations can inform students about optimal ways to support family units as they make decisions and solve problems. *Thinking family* implies that the family unit is always included in conversation when individuals have health or illness needs.

**Culturally Sensitive Communication Based Nursing Actions**

Nurses need to be prepared to use culturally sensitive nursing actions in their communications. This implies awareness of bias and assumptions about those that hold values and beliefs different from theirs. Opportunities to have conversations and meaningful dialogue, about nursing responses to suffering, stress, uncertainty, and conflict in diverse families can be helpful in altering perceptions. Nurses need to know that ambiguous health or illness concerns can create various responses. Nurses cannot fully understand all the unique nuances of a culturally distinct perspectives, but awareness and tolerance for difference can be developed. Taking time to listen, ask questions, and talk with families about their values and needs can at times be more useful than sharing information or teaching. Knowledge about verbal or behavioral taboos of cultural groups is important. However, these are often met in unexpected situations and students need to be prepared to address the unexpected and sometimes less desirable responses they experience while giving care. Communication skills are more than just giving and receiving messages. Nurses also need skills to manage the unexpected and stressful situations that occur in health care settings. As communication skills are taught, assuring that they involve complex clinical scenarios will provide more realistic understandings about the ways verbal and non-verbal interactions occur among diverse people.

**Literacy**
Statistics about literacy can help familiarize you with ways people experience problems in health care. In 2003, research showed that 14% of the American population had below basic prose literacy (i.e., no more than the simple, concrete understanding) and 55% of those persons had not graduated from high school (NAAL, 2003). Prose literacy refers to how well a person understands and uses information found in newspapers, magazines, novels, brochures, manuals or flyers to learn how to do such things as read during a family or public event or read about local or national events. About 44% of those not graduating from high school were from environments where no English was spoken before starting school. Those in the below basic category were Hispanic (39%), black (20%), aged 65 and over (26%), and 21% had some type of disability (NAAL, 2003). Nurses need to be aware of those at risk for literacy deficits, but not make assumptions based on profiling. Individuals and family members may not always understand information or directions and may be unable to read some things. Things may have changed over the last decade, but growing numbers of immigrants and English as a second language suggest that literacy is a problem for many. Nurses provide care for all types of people, if 12% to 22% of those persons have some form of below basic literacy, then it is critical that misunderstandings are avoided if safety is to be achieved.

Health Literacy

Low health literacy has been linked to less use of preventative care (Scott, Gazmararian, Williams, & Baker, 2002), poor outcomes with diabetes and chronic illness management (Pasche-Orlow, & Wolff, 2007; Schillinger, Grumbach, Piette, Wang, Osmond, Daher, et al., 2002), and increased hospitalization rates (Baker, Parker, Williams, Clark & Nurss, 1997; Kalischman & Rompa, 2000; Schillinger, Grumbache, Pietee et al., 2002). Persons with low health literacy are less likely to access and use health information technologies (HIT), such as patient web portals.
HIT promise to grow in importance with time and be used by a growing populace. Written and oral literacy skills are needed for full health literacy (Roter, 2011). Persons with literacy deficits have difficulty understanding and recalling complex orally delivered information needed for health decision-making (Williams, Baker, Parker & Nurss, 1998). In other words, when individuals and family units do not understand what they have been told about medical care then chances of adherence to instructions are remarkably diminished. Decreasing oral literacy deficits can potentially lead to more effective individual-nurse-family interactions (Roter, 2011). Students need to know that many outside of health care professions are unfamiliar with medical terminology. Learning to speak in clear simple language is essential. As students learn about health literacy, use of active learning that incorporates written and oral experiences will be important. Using ethnic examples, considering developmental differences, and clear communication can be included in teaching (e.g., case studies, role play, simulation). This is an area of teaching that needs to be emphasized throughout the curricula as it is addressed with various types of nursing and in various care settings. Nurses can gain health literacy skills through internet courses provided by the American Medical Association, the federal website for Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention. These activities can be incorporated into student activities and evaluations.

References


Association of health literacy with diabetes outcomes. *JAMA*, 288, 475-482.


