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Welcome to the Chapter

In this chapter, you will learn how to use verbal and nonverbal communication to positively influence your interpersonal relationships with others. You will also develop listening skills and learn to overcome communication barriers. As a holistic nursing assistant, you will help licensed nursing staff communicate important information about residents' health. Learning to communicate holistically will help you establish positive, caring relationships with residents. In this chapter, you will also learn to recognize how anxiety, fear, anger, and conflict affect communication and interpersonal relationships and how you can respond effectively to these emotions and situations.

What you learn in this chapter will help you develop your knowledge and skills to become a holistic nursing assistant. The topics discussed in the chapter are highlighted on the Providing Holistic Care Framework.

Chapter Outline

Section 11.1

Holistic Communication

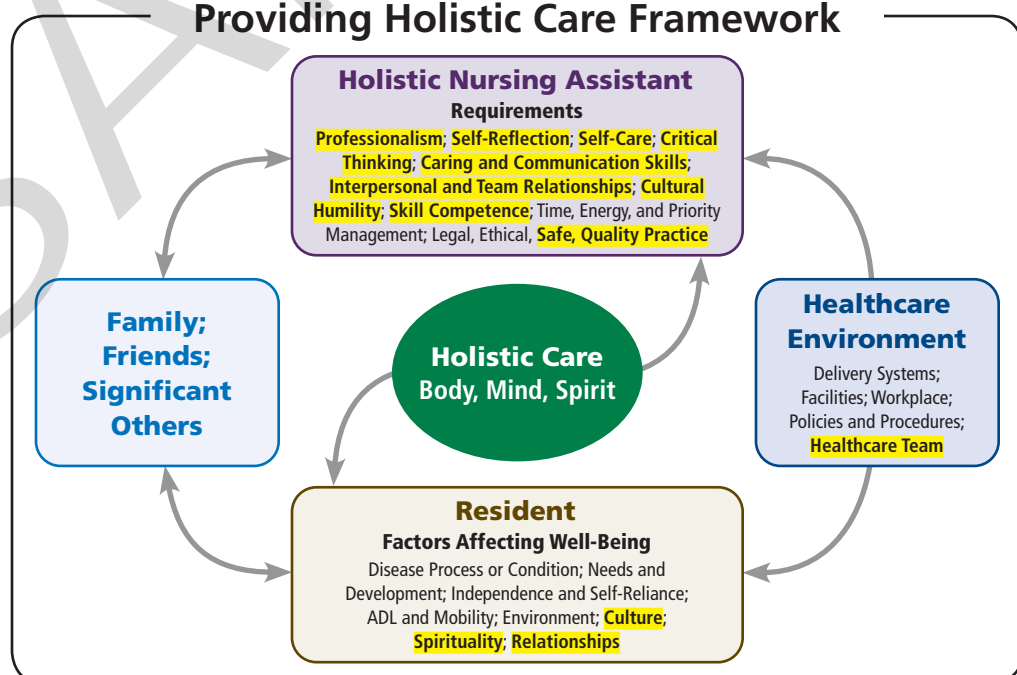
Section 11.2

Caring Skills
and Interpersonal
Relationships

Section 11.3

Anxiety, Fear, Anger,
and Conflict

Providing Holistic Care Framework



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Objectives

To achieve the objectives for this section, you must successfully:

- **explain** the basic principles of holistic communication.
- **describe** verbal and nonverbal communication and active listening.
- **identify** barriers to holistic communication.
- **demonstrate** holistic communication strategies.

Key Terms

Learn these key terms to better understand the information presented in the section.

active listening	health literacy
body language	interpreter
clarification	jargon
closed-ended question	labeling
communication barriers	open-ended question
defense mechanisms	prejudice

Questions to Consider

- Do you enjoy talking with others?
- Do you think you are an effective communicator? What special qualities and characteristics do you have that help you communicate effectively with others?
- What can you do to improve your communication skills?

Humans have been communicating with one another since the beginning of time. Even before people began to speak and write, they used cave paintings, rock carvings (*petroglyphs*), and rock paintings (*pictographs*) to communicate. We have come a long way since those very early days.

Today, people communicate with one another in many ways. In addition to face-to-face communication and talking on the telephone, smartphones, tablets, and laptops give people the ability to communicate electronically using e-mail, text messaging, video chatting, and social media. Healthcare facilities also use e-mail, video conferencing, and social media to communicate with staff, advertise services, and provide education.

What Is Holistic Communication?

A large part of your responsibility as a nursing assistant will be communicating effectively. *Communication* is the way people exchange information with one another.

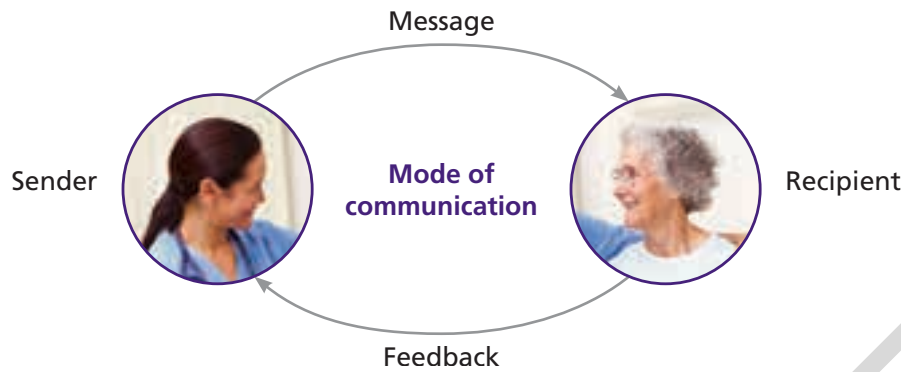
People send and receive messages—both verbal and nonverbal—with the goal of communicating thoughts, needs, and feelings.

When communication is holistic, it considers all aspects of a resident's body, mind, and spirit. *Holistic communication* is more than just talking. It is being fully present and fully focused on a conversation with another person. Holistic communication promotes healing and well-being and keeps lines of communication open to achieve a caring environment. Successful holistic communicators are accurate, honest, timely, and nonjudgmental. Holistic communication helps nursing assistants and residents develop trusting, respectful relationships, which are very important to delivering safe, quality care.

Components of Communication

As a holistic nursing assistant, you will communicate verbally with residents, residents' families, and members of the healthcare team. You will give residents instructions, talk with residents and their families, share information about resident care with the healthcare team, and discuss procedures with the licensed nursing staff. These are only a few examples of how you will communicate verbally during your shift. The ability to communicate effectively, being sure your message is heard and understood, is necessary for delivering safe, quality care. To communicate a message effectively, you must understand the four basic components (parts) of communication (**Figure 11.1**):

1. **The sender:** begins the conversation and decides what the message is and the best way to share it.
2. **Mode of communication:** chosen by the sender, the message can be sent by speaking, listening, using gestures or body language, and writing. The mode of communication should always fit the situation and be clear.
3. **Recipient (receiver):** the message is received when the recipient listens carefully to the spoken words, including the tone and pitch of the sender's voice, and observes the sender's body language.
4. **Feedback:** the response from the recipient that confirms that the sender and recipient have the same, or similar, understanding of the message.



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Figure 11.1 The four components of communication are the sender, mode of communication, recipient, and feedback.

Verbal and Nonverbal Communication

As you learned in Chapter 2, *verbal communication* occurs when people use spoken words to express themselves. *Nonverbal communication* does not use words, but instead includes pointing your finger, shaking your head, making facial expressions, or using body gestures. Body posture also reflects your feelings. For example, standing with your back straight indicates confidence, while slumped shoulders can convey a lack of confidence or interest.

Body language is a type of nonverbal communication that uses gestures (such as nodding your head or shrugging your shoulders) and body movements. Messages sent using body language can be clear or require interpretation. Unfortunately, people are not always aware of their body language. A person might communicate an opinion verbally, but communicate a differing opinion with his or her body language. Even when body language accurately communicates thoughts or feelings, others may not interpret the body language in the way it was meant.

Other types of nonverbal communication include making eye contact, moving the eyebrows and forehead, using touch, and recognizing zones of personal space. In the United States, comfortable zones of personal space are expressed in the following ways:

- *Intimate space* (1.5 feet or less) might be shared with family, very close friends, and pets.
- *Personal space* (1.5–4 feet) is used for friends and acquaintances.
- *Social space* (4–12 feet) is often seen in business settings or when meeting new people.
- *Public space* (12 feet or more) is observed when speaking in front of a group of strangers.

In your role as a nursing assistant, you will often enter residents' personal space to give care. When entering a resident's intimate space, remember to be

courteous and respectful. Ask permission to touch the resident prior to each procedure. If doing a procedure that involves an intimate body part, move slowly and explain what you are doing. Avoid standing over a resident if you can, as this can make him feel uncomfortable. When possible, remain at the resident's eye level when you are working or talking (**Figure 11.2**). If you use your hands to deliver care, make sure your hands are warm. If you need to use gloves or a mask, explain why.

Observation

To communicate holistically, you must use your senses of sight, smell, touch, and hearing. Using your senses will strengthen your observations, improve the care you give, and make your interactions more meaningful. One way to use your senses is to observe changes in residents. For example, observing a resident's facial expressions can let you know if the resident is in pain. You may use your sense of smell to identify a foul odor, which can help identify a possible new condition.



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Figure 11.2 Talking with residents at eye level will help them feel more comfortable.

CULTURE CUES

Personal Space

Different cultures have different views about personal space. For example, in public places in Japan, personal space is limited, and people push up against each other when standing and walking. In Italy, the personal space between strangers is an arm's length, but personal space is much closer with friends and family, and people often hug and kiss in public. In Egypt, gender plays an important role in personal space. If two people of the same sex are talking, personal space will be very close; however, if two people of the opposite sex are talking, they will usually stand an arm's length

apart or more. In the United States, people value personal space and tend to be most comfortable 2–3 feet from another person during conversation. Pay attention to your residents' cultures and adjust your actions and care accordingly.

Apply It

1. Describe any experiences you have had with your own personal space and different cultures.
2. How do you think the views of personal space in different cultures will affect the care you give as a holistic nursing assistant?

Your sense of touch can help others feel cared about and also allow you to feel changes in skin temperature. You will learn more about observation and reporting in Chapter 13.

What Communication Devices Are Used in Healthcare?

In healthcare facilities, urgent needs and information are often communicated using a pager or paging system, landline telephone, or cell phone provided by the facility. E-mail is also used, but only for information unrelated to the resident and care. For example, e-mail might be used to communicate announcements, scheduling, or meeting invitations and reminders.

Telephones in healthcare facilities provide a way to share and gather information. Typically, landline telephones are located at a nurse's station, and answering the telephone is an important part of a nursing assistant's daily responsibilities.

The same legal requirements and confidentiality required for face-to-face and written communication also affect information shared over the telephone. If you share important information about a resident over the telephone, you should write this information down and verify by restating the information back to the caller. If you believe taking the information is outside your legal scope of practice, let the caller know and find a member of the licensed nursing staff.

The following guidelines will help you communicate properly using the telephone. Remember to always follow facility guidelines.

- Answer the telephone promptly. Greet callers in a friendly, professional manner. Identify yourself and your unit.

- If you are making a call, state your first or preferred name and title when your call is answered. Let the person know immediately why you are calling (**Figure 11.3**).
- Speak clearly, confidently, and using a moderate volume and speed. Listen carefully and ask questions, if needed. If you are taking a message, ask the caller to spell his or her name and any unfamiliar words and include the date and time of the call.
- If a doctor calls to communicate medical orders, let the doctor know receiving this information is outside your scope of practice. You may ask the doctor to hold while you get a licensed nursing staff member or ask if the doctor would like his or her call returned.



Figure 11.3 When calling, immediately identify yourself and the reason for the call.

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- If you need to place a caller on hold, ask for the caller's permission before doing so.
- Never use jargon or medical abbreviations.
- Listen to the other person carefully to determine the best way to assist him or her.
- Take notes while listening, wait for the other person to finish speaking, repeat key points, and ask questions to clarify the person's statements.
- Finish the call in a friendly, professional way.

In many healthcare facilities, telephones are located in resident rooms. Facilities may also provide secure cell phones that nursing assistants and licensed nursing staff members can use during their shifts. These phones are sometimes connected to the call lights in resident rooms, allowing the nursing assistant to answer a call light using the phone.

What Are Barriers to Effective Holistic Communication?

Communication barriers are actions, behaviors, or situations that interfere with or block effective holistic communication. For example, language can be a communication barrier. You can avoid this barrier by using words that others will understand. You may need to adjust these words if a resident speaks another language or does not have a good understanding of English. If a resident speaks a different language, be sure to ask for an **interpreter** who can translate for you. If there are no interpreters available, use pictures to communicate your message.

Health literacy is how well residents fully understand and use information they learn about their health, diseases, conditions, or treatments. A person's health literacy can be a barrier to communication. Poor health literacy can result when people ignore what they are told, misinterpret messages, or lack the information or understanding to follow instructions or report abnormal symptoms. Factors that may influence health literacy include English reading and writing skills, beliefs about wellness and illness, and knowledge about healthcare topics and systems.

Jargon and Slang

Jargon and slang are informal words, phrases, and language used by a specific group of people or culture. The use of jargon or slang is another barrier to effective holistic communication. The words in jargon and slang may be unfamiliar to residents and can complicate a conversation or cause misunderstanding. People from

different generations, cultures, or geographical areas may have their own unique jargon or slang. Examples of slang include the word *selfie* and *lol* (short for "laugh out loud").

Some jargon is specific to healthcare and is acceptable to use with other healthcare staff members. Examples of healthcare jargon include medical abbreviations, such as *BP* for "blood pressure"; *NPO*, which means "nothing by mouth"; or *vitals*, which is short for "vital signs." Do not use healthcare jargon with residents. Instead, use words that everyone you work with and care for will understand. If you must use a word that may cause confusion, explain what the word means.

Stereotypes and Labels

Another barrier to communication is **stereotyping**, which you learned about in Chapter 7. Some people use stereotypes to make negative and discriminatory behaviors against others acceptable. To avoid this communication barrier, always be aware of any biases you have against groups or types of people. It is important to treat everyone with respect.

Labeling, or negatively describing someone in one word or a phrase, is also a barrier to communication. Labeling can cause **prejudice**, or an opinion or feeling that is formed without facts and often leads to an unfair feeling of dislike for a person because of race, sex, or religion. Prejudice can prevent people from examining whether there is truth to a label. Labeling is also hurtful to the person who is labeled. For example, saying that someone who talks a lot has a "big mouth" may make that person not want to share an important opinion. If you call someone lazy and laugh, the other person may feel hurt.

Words can hurt others. Think about the words you use. Do not use labels as part of your day-to-day communication. The role of the nursing assistant is to assist others in their daily lives, not to make their lives more difficult.

Advice

It is not the nursing assistant's role or responsibility to give advice or opinions to residents, family members of residents, or healthcare staff. If nursing assistants give advice instead of listening, they may ignore what a resident really wants to communicate, and this will result in a poor quality of care. Giving personal advice crosses professional boundaries. Giving medical advice about a resident's disease, condition, or treatment plan is outside the scope of

practice for a nursing assistant and can be dangerous. Refer any medical questions to the licensed nursing staff. If you are asked a question you cannot answer, be polite and explain that you will let the licensed nursing staff know about the concern.

Cultural Barriers

It is important for caregivers to be aware of other people's cultures. If you do not know a resident's culture or beliefs, you may do something hurtful to the resident. Take time to learn about residents' cultural beliefs. Where are residents from? Do they speak English? Do they have cultural beliefs that influence how they communicate (for example, not making eye contact with others)? As a holistic nursing assistant, always look for any special attention or changes in care that residents may need because of cultural beliefs.

Hearing Impairments

The tone of your voice and the rate at which you speak may present a challenge when you communicate with residents who have hearing impairments (difficulties). When caring for a resident who has a hearing impairment, always approach the resident from the front. When talking, always face the resident, use good eye contact, and avoid mumbling (**Figure 11.4**). You may need to speak slower or louder for those who cannot hear well, but you do not need to yell. Use short sentences and simple words. Remember that high-pitched tones may be difficult to hear, even if a resident uses a hearing aid. Always make sure that residents' hearing aids are turned on and that the batteries are working.



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Figure 11.4 Always make eye contact when communicating with a resident who has a hearing impairment.

Some residents and their families may rely on *sign language* to communicate. In these situations, an American Sign Language (ASL) interpreter may be needed. An ASL interpreter may be very helpful when important instructions or information need to be communicated. Check with the licensed nursing staff to learn how you can find this resource.

Vision Impairments

Eyesight tends to worsen as people age, so many residents will have vision impairments, and some may wear eyeglasses. The holistic nursing assistant's responsibility is to make sure that eyeglasses are clean and fit well. If eyeglasses are not clean, use a soft cloth to clean them. If there are any problems with the eyeglasses or if a resident refuses to wear his or her eyeglasses, tell the licensed nursing staff.

To avoid startling residents, knock on the door before entering a resident's room and always announce who you are. This is very important for all residents, but is even more important for those with vision impairments who may have difficulty seeing you without eyeglasses. When entering a resident's room, you could say, "Good morning, Mrs. O. I'm Tammy, your nursing assistant. I'm here to help you get dressed."

Speech Impairments

Speech impairments may make it harder for residents to communicate with you. For example, *aphasia* is one speech impairment you may experience when caring for residents. Aphasia may be caused by a stroke, brain tumor, brain injury, infection, or dementia.

There are different types of aphasia. In one type, residents know what they want to say, but have difficulty communicating. In another type, residents struggle to find the right words to speak or write. At its most severe, aphasia causes difficulty speaking and understanding words.

When working with residents who have speech impairments, check for understanding. Speak slowly and calmly in simple sentences. Give residents the time they need to talk, and do not finish residents' sentences or correct errors. Gesturing or pointing to objects can also help with explanations.

Cognitive Challenges

People with cognitive challenges such as dementia (progressive, permanent cognitive disorders that get worse over time) may forget events, have trouble learning,

be unable to process and understand information, and behave inappropriately. These challenges are the result of changes in the brain.

These changes result in memory loss, confusion about time and dates, disorientation, and trouble finding the right words or being a part of a conversation. Holistic nursing assistants should approach residents with dementia in a calm, professional manner and should use proper body language to show respect and interest. As a nursing assistant, you may smile and gently touch or hug a resident, when appropriate. Always keep an even tone of voice, as loud noises can cause an aggressive response. Maintain eye contact and calmly explain why you are there and what is needed. Keep instructions simple and break them down into steps and wait between questions for answers. When needed, use questions, such as, “Would you like to wear this sweater today?” Use simple words, such as “Roll to the right” or “Stand up,” followed with praise.

Defense Mechanisms

Some of the most serious barriers to communication are **defense mechanisms**. Defense mechanisms are unconscious behaviors that enable people to ignore or forget situations or thoughts that cause fear, anxiety, and stress. Defense mechanisms are a form of stress management. For example, a person may deny that he or she has an illness such as diabetes to decrease feelings of fear or anxiety.

Defense mechanisms can prevent people from being honest about and sharing their feelings. There are many defense mechanisms, and only some of them interfere with communication. Common defense mechanisms that may create communication barriers include the following:

- **Denial:** rejecting the truth about one’s feelings, experiences, or facts. An example of denial is a resident insisting he feels fine when he does not. The resident is using the defense mechanism to convince himself and others that he is fine.
- **Repression:** refusing to remember a traumatic or painful situation. An example might be forgetting a terrifying childhood event.
- **Regression:** returning to childlike behaviors when fearful, anxious, or angry. A resident who has a temper tantrum may be exhibiting signs of regression.
- **Displacement:** transferring a bad or negative feeling, such as anger, away from the source and onto someone or something else. For example,

you might be angry with your friend, but hold the anger in until you get home and express your anger at a family member.

- **Projection:** believing that others feel a certain way when, in fact, the feelings are yours. For example, you might say, “I know my teacher dislikes me,” when the real truth is that you dislike your teacher.
- **Reaction formation:** feeling one way inside, but outwardly expressing the feeling in an opposite way. For example, you may not like a person, but still go out of your way to be nice to her.
- **Intellectualizing:** focusing on facts, logic, and reasoning instead of a stressful feeling or uncomfortable emotion. For example, a resident recently diagnosed with a terminal illness may focus on learning everything about the disease and possible treatments instead of dealing with his or her feelings about the diagnosis.
- **Rationalization:** using logic to excuse unacceptable behaviors and feelings. Often, people use this defense mechanism after they have done something they regret. An example would be stealing money from a friend and then making it sound acceptable by saying, “She owed me money anyway.”

We all use defense mechanisms. When defense mechanisms are overused, however, they are no longer protective and can become harmful. It is important to recognize when defense mechanisms are being used, either by yourself or by others. Recognizing defense mechanisms is a good first step in making sure defense mechanisms do not become barriers to communication.

How Can Communication Be Improved?

What should you do if people have difficulty understanding what is being communicated? When you are in difficult communication situations, be patient, listen carefully, and try to clarify (make clear) and reflect what is being communicated. You can use a communication strategy called *active listening*, which uses clarification and reflection. Proper questioning will also help improve communication.

Active Listening

Active listening promotes understanding and successful communication. Active listening involves showing interest in the person speaking and what is being said. Pay attention and use good eye contact. Eye contact

helps the speaker feel that what he or she is saying is important and that the message has been received. Eye contact also shows you are willing to take the time to pay attention. Sitting down, leaning toward the speaker, and nodding your head also show you are actively listening (**Figure 11.5**).

Clarification involves restating what you believe was said to make sure you heard the message correctly. To ask for clarification, you might say to the speaker, “I want to be sure I understand. What I heard you say was...”

Reflection is an approach in which you listen, identify feelings a resident is expressing nonverbally, and ask a question to bring those feelings forward. For example, you might ask, “Are you feeling frustrated about not being able to walk as well as you did yesterday?” The goal of reflection is to identify a resident’s feelings so they can be expressed and discussed. Often, just stating the feeling will relieve a resident’s tension and frustration and lead to increased comfort and well-being.

Questioning

Questions are helpful communication tools. The most effective questions are **open-ended questions** that lead to more than a one-word answer. Open-ended questions help you get the information you need to provide safe, quality holistic care.

An example of an open-ended question is “How well did you sleep last night?” As the resident considers the answer to this question, he or she may also think of other details to share and tell you that, “Although I slept for about seven hours, I had a hard time falling asleep and had some strange dreams.” This answer begins a conversation with the nursing assistant. The



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Figure 11.5 This nursing assistant is demonstrating that she is actively listening.

nursing assistant can explore the length and quality of the resident’s sleep by asking more open-ended questions.

A more specific or **closed-ended question** often does not produce detailed answers. A closed-ended question, such as “Did you sleep well last night?”

BECOMING A HOLISTIC NURSING ASSISTANT

Holistic Communication

The more personalized your interactions with residents are, the more comfortable residents will feel. Including the following holistic communication guidelines into your daily practice will help you develop strong relationships with those in your care:

- Always face residents when speaking.
- Do not hesitate to ask residents if you are unsure about what they want and need.
- If you want to move personal items, ask first.
- Before you leave a resident’s room, let the resident know when you plan to return.

- Ask if the resident wants the curtains or door open or closed when you leave the room.
- For residents with vision impairments or mobility issues, be sure needed items are within reach and can be found easily.

Apply It

1. Why are these guidelines important to holistic communication?
2. What situations may prevent you from using these guidelines? Explain your answer.

may result in a one-word answer of “yes” or “no.” If an open-ended question had been asked, the answer might have been more detailed.

When using questioning, avoid “why” questions since these types of questions may be difficult to answer.

“Why” questions can make people feel defensive. An example of a “why” question that might make a resident feel defensive could be “Why did you ring your call light? I was just in your room 10 minutes ago.”

SECTION 11.1 Review and Assessment

Key Terms Mini Glossary

active listening the process of showing interest in what a person is saying; includes paying attention, making eye contact, clarifying, summarizing and reflecting on what a person has said.

body language gestures, posture, and movements that communicate a person's thoughts and feelings.

clarification the process of restating what you believe was said to make sure you heard the message correctly.

closed-ended question a question that requires only a one-word answer, such as yes or no.

communication barriers any actions, behaviors, or situations that block or interfere with a person's ability to successfully send and receive communication messages.

defense mechanisms unconscious behaviors that enable people to ignore or forget situations or thoughts that cause fear, anxiety, and stress.

health literacy a person's ability to understand fully and use information about health, diseases, conditions, or treatments.

interpreter a person who translates written or spoken words into another language.

jargon words, phrases, and language used by a specific group of people or culture.

labeling describing someone using a specific word or phrase.

open-ended question a question that requires more than a one-word answer.

prejudice an opinion or feeling that is formed without facts and that often leads to unfair feelings of dislike for a person or group because of race, sex, or religion.

Apply the Key Terms

Complete the following sentences using the key terms in this section.

1. “Did you sleep well last night?” is an example of a(n) ____.
2. Mr. F speaks only Spanish. To make sure he understands instructions about his treatment, he should have a(n) ____.
3. When a resident gestures that she is okay, she is using ____.
4. The RN is paying attention, making eye contact, summarizing, and clarifying what the resident is saying. She is using ____.
5. A nursing assistant just told a resident that he would be NPO for a procedure. The resident looks confused because he does not understand the ____ used by the nursing assistant.

2. Explain how active listening and questioning can promote holistic communication.
3. You are a nursing assistant working in a long-term care facility. Write a care situation in which holistic communication is used effectively between yourself and a resident. Identify the communication approaches used and how they affect the conversation.

Think Critically

Read the following care situation. Then answer the questions that follow.

Harry has just started his job as a nursing assistant and is caring for Mrs. N. Mrs. N had a stroke three months ago, which paralyzed the left side of her face. As a result, she is unable to speak clearly. Mrs. N also has a hearing impairment. Harry brings lunch to Mrs. N, puts it on the overbed table, and quietly tells Mrs. N that lunch is ready. He then walks out of her room.

When Harry returns later to pick up Mrs. N's tray, he notices that nothing has been eaten. He says to Mrs. N, “Why didn't you eat anything? Well, if you don't want to eat, you don't have to.” While Harry is talking, Mrs. N mumbles and points to her bathroom.

1. What are the communication barriers in this situation?
2. How could Harry make sure he is aware of Mrs. N's hearing and speaking problems?
3. What should Harry do differently in this situation?

Know and Understand the Facts

1. What is holistic communication?
2. Explain the four basic components of communication.
3. Describe the difference between verbal and nonverbal communication.
4. List three barriers to communication.

Analyze and Apply Concepts

1. Provide two examples of defense mechanisms and explain the influence of the two defense mechanisms on holistic communication.

Objectives

To achieve the objectives for this section, you must successfully:

- **explain** the four types of interpersonal relationships.
- **describe** behaviors and attitudes that demonstrate caring.
- **discuss** how caring relationships are established.

Key Terms

Learn these key terms to better understand the information presented in the section.

caring

giving of self

interpersonal

relationships

intimate relationships

Questions to Consider

- Have you ever met someone for the first time and immediately felt like that person's friend? Or, maybe you disliked a person you just met? Why do you think you responded to these people in this way?
- Many times, your first impressions of people help you determine the relationships you build. Building relationships is even more important when you are asked to care for someone. Think of a time you were asked to care for a person or a pet. How did you feel? Was giving care difficult, or did you enjoy it? Why?

What Are Interpersonal Relationships?

Interpersonal relationships develop between two or more people who have similar interests or goals. These relationships are built and maintained when people's needs and desires are met. There are four types of interpersonal relationships: family relationships, friendships, intimate relationships, and professional relationships.

Family Relationships

Family relationships are based on interactions between parents, siblings, and extended family members. Families form their own patterns of communication, which are typically based on culture, habit, and familiarity. These are often the strongest interpersonal relationships in a person's life.

Friendships

Friendships are also strong interpersonal relationships that are usually built on similar likes and dislikes. As time passes, more personal information is shared, and trust develops. The relationship continues to build and often, private information and secrets are shared. Both friendships and family relationships usually offer protection, support, and acceptance for those involved.

Intimate Relationships

Intimate relationships develop from romantic feelings and love. These relationships are close, romantic, and sometimes sexual. If this type of relationship is to thrive, those in the relationship must pay attention to each other's emotions and feelings.

Professional Relationships

Professional relationships are developed and maintained in professional, or work, settings. As a nursing assistant, you will develop professional relationships with coworkers, residents, and residents' family members (**Figure 11.6**). Interpersonal relationships in professional settings do not have the same strength as family relationships and friendships and do not always extend outside the workplace.



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Figure 11.6 Professional relationships are those you have with your coworkers.

Intimate relationships are not appropriate in professional settings.

Although professional relationships may not be as deep or long-lasting as other relationships, they require the same level of attention and effective communication. Developing professional relationships can improve care and health outcomes. For example, the way you approach, communicate, listen, and respond can impact a resident's willingness to agree to your requests. It can also influence whether or not a resident follows his or her treatment plan. Residents may even feel better about themselves as a result of your relationships with them.

How Are Professional Relationships Built and Maintained?

You can use several important approaches and skills to build and maintain professional relationships. Professional relationships are at their strongest when you follow these approaches:

- Be present. Be responsive and focus on others.
- Respect others' views and opinions. Actively listen, ask open-ended questions, and show interest in what others have to say.
- Be helpful. Take the time needed to give residents and staff the assistance they need, even when you are busy.
- Be fair. Avoid stereotypes and labels.
- Be trustworthy and reliable. Others should be able to count on you at all times.
- Be appreciative, positive, and optimistic. Offer positive feedback and comments when appropriate.
- Be a team player. Provide support and help when needed, even if you are busy or tired.
- Manage anger and conflict in an appropriate manner.

Your ability to build and maintain professional relationships may be influenced by your personal experiences and feelings. Perhaps you are caring for a resident whose comments or behaviors remind you of someone you do not like. It is possible that you will transfer that feeling of dislike onto the resident. This can negatively affect your relationship with that resident and your ability to provide holistic care.

Feelings that transferred because of association can also be good. For example, a resident may like a nursing assistant because he reminds the resident of a close friend or family member.

Feelings that are transferred are often unconscious. If you find yourself being short or angry with a resident without cause, stop and think about your feelings. Or, you may find yourself being too friendly. Ask yourself why. If you experience a resident being too friendly or directing anger toward you, do not take these feelings personally. Rather, recognize and be aware of what is happening. Then focus on effective communication skills and the way you can best deliver care. Use your active listening and questioning skills to help divert residents' feelings to their recovery, treatment, and family members. If you are unable or have difficulty redirecting either your own feelings, or the feelings of a resident, let a member of the licensed nursing staff know. Sometimes a change of assignment helps.

What Are Caring Skills?

As a holistic nursing assistant, you will be asked to care for people who are ill. How do you feel about having this responsibility? Maybe you have already had this experience with a family member or friend.

When people hear the word *caring*, they may already have an idea of what the word means. In healthcare, the term **caring** means providing assistance and comfort to positively affect the health and well-being of a resident. Caring may also involve giving of yourself, showing empathy and patience, being reliable and resourceful, and seeking information.

Giving of Self

To care for others, you must be **giving of self**. A person who is giving of self makes himself or herself available and open to others. To be giving of self, nursing assistants must understand that residents' needs come first. Nursing assistants who are giving of self impact both the physical and emotional well-being of residents. These caregivers are positive and earn the trust and respect of others. This quality is important. Residents who do not trust or respect their caregivers may not cooperate, making it harder to provide care.

Empathy

Caring and being giving of self also require *empathy*, or understanding another person's feelings and emotions. Empathy is different than sympathy. Sympathy is a feeling of concern for others with a hope that they become happier or better off. Empathy goes beyond

sympathy. It is a more active response where you are “feeling with” another.

An example of empathy might be telling a resident, “I understand you may be frightened about your upcoming procedure.” If appropriate, you could even hold a sad-looking resident’s hand as an expression of caring and empathy. A good way to hold a resident’s hand is to rest the resident’s hand on top of yours (**Figure 11.7**).

A person who tends to be empathetic usually demonstrates several qualities. These include caring deeply about others, being a good active listener, and quickly sensing how others feel.

Patience and Reliability

Holistic nursing assistants who exhibit caring behaviors are *patient* and are willing to understand. They are *reliable*, never take shortcuts, and know their responsibilities. These behaviors demonstrate caring and competence. They show that nursing assistants understand their roles, take the time to make sure they are accurate, and are consistent in their practice.

Information Seeking

Another way to show that you care is to take the time to learn more about residents. You can use the information you learn to help residents experience their past joys and present desires (**Figure 11.8**).



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Figure 11.7 Holding a resident's hand shows caring and empathy. However, it is best to hold a resident's hand in such a way that the resident can remove his or her hand if desired.



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Figure 11.8 Learning more about residents will help you form good relationships when delivering care.

Suppose a resident has shared with you that she once enjoyed running with her dog, but can't now because she is in a wheelchair. She is depressed because she misses the companionship of her dog. By connecting with a volunteer animal therapy program, you might be able to help this resident. Animal therapy organizations bring therapy dogs into healthcare facilities and allow residents to spend time with the animals. Just seeing a dog could improve this resident's spirits and well-being.

Resourcefulness

People who are *resourceful* think and act quickly to overcome challenges or solve problems. Caring can be demonstrated with simple, resourceful actions.

Think about a resident with Alzheimer's disease who always sits quietly in the activity room of a long-term care facility. When nursing staff members try to talk with the resident and ask questions, the resident never responds with more than one word. A nursing assistant speaks with the resident's daughter, who says that her father loves big band music. The next day, the nursing assistant gives the resident a pair of headphones and plays big band music for him. The resident sits up in his wheelchair, sings, taps his feet, and moves his hands in a rhythmic way. As a result, the resident is more open to answering questions. More importantly, the resident and those around him experience joy. Something as simple as music and a nursing assistant's care can make a big difference in a resident's life.

SECTION 11.2 Review and Assessment

Key Terms Mini Glossary

caring providing assistance and comfort to affect the health and well-being of a resident positively.

giving of self the quality of putting a resident's health and wellness needs before one's own needs as a caregiver.

interpersonal relationships

relationships between two or more people who share similar interests or goals; meet physical and emotional needs.

intimate relationships relationships

between two people who have romantic feelings of love for each other.

Apply the Key Terms

An incorrect key term is used in each of the following statements. Identify the incorrect key term and then replace it with the correct term.

1. The quality of putting a resident's health and wellness needs before your own is called caring.
2. An intimate relationship is between two or more people who share similar interests or goals.
3. Providing assistance and comfort to residents that positively affect health and well-being is giving of self.
4. When two people have romantic feelings of love for each other, they have an interpersonal relationship.

Know and Understand the Facts

1. Identify and define the four types of interpersonal relationships.
2. List five strategies for building and maintaining strong professional relationships.
3. What does it mean to be *giving of self*?
4. Identify two skills that demonstrate caring.

Analyze and Apply Concepts

1. Explain how to handle a situation in which a resident tells you he or she does not like the nursing assistant who gave care yesterday.
2. Identify two qualities or behaviors you can demonstrate to help form effective professional relationships.

3. Give two examples of situations in which a nursing assistant can demonstrate caring behaviors or actions.

Think Critically

Read the following care situation. Then answer the questions that follow.

Jennifer, a nursing assistant, has been caring for Mr. H, a war veteran, for several weeks. Both of Mr. H's legs were amputated at the knee as a result of an explosion during his tour of duty. Mr. H has always been pleasant and cooperative, and he and Jennifer have developed a good relationship. Today, Mr. H received bad news, but Jennifer was not aware of the news. When Jennifer entered Mr. H's room to help him with morning care, Mr. H threw an object from his nightstand at her. Jennifer was shocked at his behavior. She asked him what was wrong. Mr. H was crying and was embarrassed to have anyone see him cry, so he yelled, "Leave me alone!"

1. What feeling is Mr. H displaying, and is it directed toward Jennifer?
2. What should Jennifer do next to maintain her strong interpersonal relationship with Mr. H?
3. What attitudes and behaviors can Jennifer demonstrate to show she cares about Mr. H?

Objectives

To achieve the objectives for this section, you must successfully:

- **identify** the causes of anxiety, fear, anger, and conflict.
- **describe** the behaviors and feelings related to anxiety, fear, anger, and conflict.
- **explain** ways a holistic nursing assistant can ease anxiety, fear, anger, and conflict.

Key Terms

Learn these key terms to better understand the information presented in the section.

anger	conflict
assertive	fear
collaboration	phobias
compromise	

Questions to Consider

- Think about a time you felt anxious, fearful, or angry. What caused these feelings, and what did you do about them? If you acted on these feelings, did you feel better or worse as a result?
- Now think about a time you had a conflict with a friend or family member. What caused the conflict? How did you and your friend or family member feel? Were you able to settle the conflict? If you were, how did you do it?

What Is Anxiety and How Can It Be Managed?

As you learned in Chapter 2, *anxiety* is a feeling of worry, uneasiness, or nervousness. Anxiety is common. Mild, brief anxiety may occur when you look forward to an event that has not yet happened. For example, a student may have anxiety before taking an important test. Anxious feelings may produce physical reactions. Before the test, a student might feel his heart pounding, notice his foot shaking, or start chewing on his lips or fingernails. People handle anxiety differently. Some people deal with it by crying, expressing anger, or shutting down emotionally. Others do not know why they are feeling anxious and may recognize the cause of anxiety only after it has passed.

Anxiety disorders are different from experiencing mild or brief anxiety caused by a stressful event. Anxiety disorders include **phobias** (unsupported, exaggerated fears), panic, post-traumatic stress disorder (PTSD), and obsessive-compulsive disorder (OCD). An estimated 40 million adults in the United States ages 18 and older are affected by an anxiety disorder. That is about 18 percent of the US population. Anxiety disorders usually last at least six months and can continue for a lifetime. They may get worse if left untreated.

Anxious Residents

Anxiety is something you may observe in residents. To recognize anxiety, watch for heavy, short breaths and complaints about heart palpitations or chest pain. If the chest pain is described as severe, notify the licensed nursing staff immediately. You might also observe unusual shakiness, dizziness, sweating, muscle aches, dry mouth, and fluctuations (changes) in behavior and mood. Some residents will tell you they feel anxious. Others might experience the physical symptoms of anxiety, but be unaware of the cause and not tell you.

If a resident shows physical symptoms of anxiety, let licensed nursing staff know so they can follow up. If a resident is feeling anxious, encourage the resident to talk with you about his or her feelings. Use good eye contact and be present during the conversation. You might ask if a resident would like some water, since dry mouth is often a result of anxiety. If a resident is not sure what is causing his or her feelings, know that just your calm, positive presence can help (**Figure 11.9**).

You can tell anxiety is subsiding, or *lessening*, when physical symptoms start to disappear. If you observe that the resident's anxiety is intense or long lasting, let the licensed nursing staff know. Some residents may need medication to relieve their symptoms. The goal of your care is to ease anxious feelings and to keep these feelings from getting out of control.

THINK ABOUT THIS

According to the National Institutes of Mental Health, women are more than twice as likely as men to experience anxiety disorders in their lifetimes.



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Figure 11.9 One way to help ease resident anxiety is to just be present. Sometimes a caring touch can help residents be calm.

Anxiety as a Caregiver

Working in healthcare may put you in many situations that can cause anxiety. For example, thinking about performing a procedure for the first time or caring for a resident in isolation may cause anxiety. As a nursing assistant, you will need to handle your feelings appropriately. If you do feel anxious while giving care, the following suggestions may help you overcome those feelings:

- Know what causes you to feel anxious and what physical symptoms are typical for you. Recognizing your own patterns of anxiety will help you become aware of and manage them.
- If you start to feel anxious, take slow, deep breaths. This will have a calming effect.
- If you feel your anxiety is getting in the way of providing safe care, take a brief break.
- Talk about your feelings and anxiety with a coworker.
- Never feel embarrassed about your anxiety. Everyone has been anxious at one time or another.

What Is Fear and How Can It Be Overcome?

Some people describe *fear* as a paralyzing feeling. You may describe fear as feeling scared, feeling emotionally out of control, or being overwhelmed. Fear is different from anxiety. While anxiety occurs in response to an *anticipated* event, fear is an unpleasant emotion or feeling that occurs in response to an *identified* threat or the presence of danger.

Fear is a personal experience. Some fears may develop from terrifying and real experiences, while other fears may develop from the possibility or threat of a frightening experience. Reactions to fear may range from a low level of fear to fear that overpowers you, leaving you feeling weak, tired, and out of control. Common fears include fears of flying, public speaking, heights, the dark, failure, or rejection.

Fearful Residents

Depending on your point of view and experience, you can view fear as either positive or negative. Positive fear can serve as a healthy warning sign and motivate you to do or be better. Fear can also be immobilizing. Some people react to fear in an aggressive manner. They may scream, yell, or lash out physically (**Figure 11.10**). Others may shut down emotionally and not be able to face their fear.

Fear has physical effects due to the actions of the *sympathetic nervous system* (SNS), which causes the *fight-or-flight response*. When people are fearful, they may become short of breath and sometimes sweat. The heart may race, and people may become shaky or nervous. Depending on their level of fear and the threats they are facing, people may run and scream or stand strong and physically fight.



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Figure 11.10 Fear may cause residents to become angry. When this happens, it is important to remain calm, try to identify the cause of the fear or anger, and do not take their reactions personally.

Fear cannot be overcome unless a person commits to reducing or eliminating his or her fear. As a nursing assistant, you may find that some residents ignore their fear. Residents may bottle the fear up inside, and all you see may be anger, self-pity, or sadness, which are feelings that often accompany fear. Holistic communication and caring, even in the form of an empathetic response of understanding, can help identify and relieve a resident's fear.

Fear as a Caregiver

Fear can sometimes be hard to recognize in yourself. You can practice identifying your fears in writing or out loud. Once you have identified your fears, you must learn ways to manage them. Taking deep breaths when you feel fearful may help. You might also ask yourself why you are feeling afraid. This will help you understand how the fear started. You may set goals to begin overcoming your fears. For example, you might set a goal to find someone with whom to share your feelings. Some people find that professional help can assist in overcoming fears. If people do not deal with their fears, the fears may prevent them from helping others.

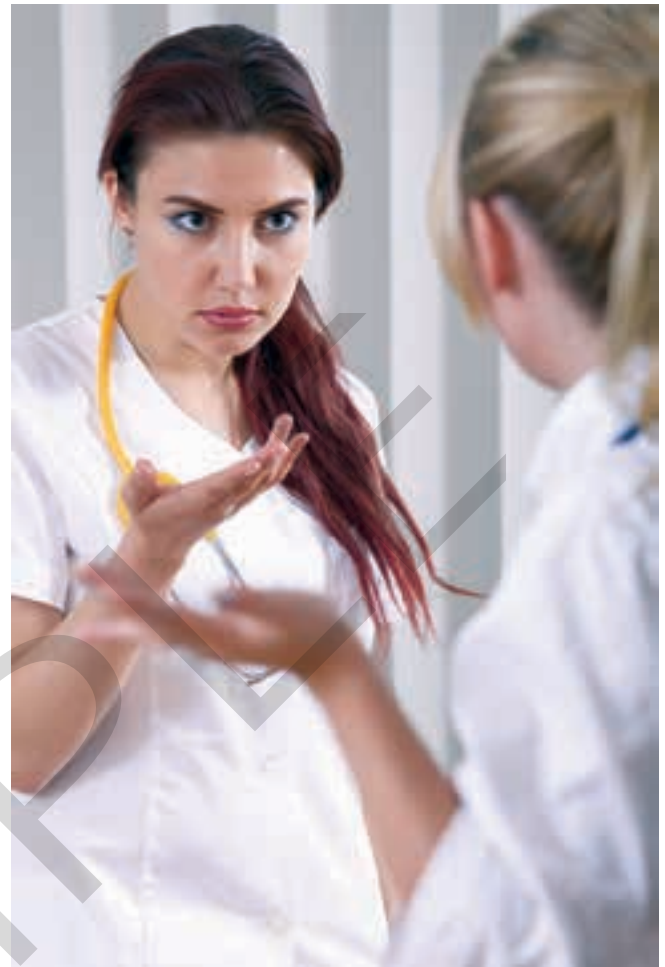
What Strategies Can Be Used to Manage Anger?

Anger is a powerful feeling that develops from frustration, displeasure, or a threat (**Figure 11.11**). Anger can be very damaging to one's self and others. Everyone has experienced anger and its many degrees of intensity. *Frustration* is a mild form of anger; *rage* is an extreme form. Many situations or experiences can cause anger.

Anger causes physical reactions. Typically, when you are angry, your heart rate increases, you may frown, your eyes narrow, your body heats up, your breathing may change, and your feelings turn into behaviors. Some people erupt in anger and yell, scream, or pound on something. Others have the same physical reactions, but instead of showing their anger outwardly, they turn anger inward. This can cause serious internal physical symptoms and depression.

Angry Residents

Some residents believe they have lost control over their own lives, and this causes them to feel frustrated or helpless. Residents may not know how to talk



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Figure 11.11 Anger can be a powerful emotion. It is important not to let anger keep you from acting professionally.

about their feelings and instead keep them inside. As their feelings increase, residents may become angry. The following are strategies you can use to help calm angry residents:

- Use active listening.
- Do not personally respond to the anger.
- Ask questions to clarify why the resident is angry.
- Speak in a soft tone at a low volume level. This will help defuse, or reduce, the anger.
- Never raise your voice or yell. Some residents just need to voice their anger.

Calming residents is very important, particularly if anger is getting out of hand or if residents are at risk of hurting themselves or others. If residents ask you to leave them alone, do that, but tell residents you will return in a certain amount of time. Always respect residents' wishes and be sure to keep residents safe. If residents do ask you to leave them alone, report this situation to the licensed nursing staff.

Anger as a Caregiver

Managing anger is not always easy. As a nursing assistant, you will need to recognize what situations can and will make you angry and learn to control your anger. It is unprofessional to show your anger or to gossip about people with whom you are angry.

As a nursing assistant, you must manage your anger and deal with it appropriately. If you feel yourself getting angry, try to remove yourself from the situation that is causing your anger. Walk away, take a break, and do some deep breathing to calm down.

As a nursing assistant, you may also need to speak up and share if someone is making you angry. If you can remain calm, you can respond to situations that cause anger. For example, if someone calls you a name that makes you angry, politely tell the person that the name hurts your feelings and that you would appreciate not being called by that name again.

How Can Conflict Be Resolved?

Conflict is any disagreement between two or more people. It can be as simple as a difference of opinion or as complex as a war. Conflict is not always bad and may help solve problems or create new ways of completing tasks. A conflict may be centered on facts, values, beliefs, expectations, feelings, or behaviors. Conflicts may be *external*, or exist between people or groups. Conflicts may also be *internal*. For example, a person may struggle to make an important decision. Conflict must *never* be ignored. If conflict is not resolved, it will continue and grow in intensity.

A conflict may cause feelings of anxiety, fear, and some level of anger. These feelings must be handled before any problem-solving can occur to resolve the conflict (**Figure 11.12**). Each of us has a different style when dealing with and resolving conflict. Conflict-management styles range from avoiding conflict altogether to directly dealing with conflict. Many times, **compromise** (in which there is a give and take between people) can help reduce a conflict situation. **Collaboration** (in which people work together to resolve conflict in a way that satisfies everyone) is considered the most inclusive and positive approach to managing conflict. Conflict resolution is important, and it is always possible to



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Figure 11.12 Conflict resolution is important, and it is always possible to resolve disagreements in a productive manner.

HEALTHCARE SCENARIO

Conflict Management

In last night's news broadcast, a local journalist reported on a conflict between a local community agency and a group of citizens in the community. The citizens requested that the agency provide community outreach services for the large population of older adults. The citizens were asking for special resources for people with dementia and for family caregivers.

The reporter stated that, early that morning, citizens from the community were outside the agency distributing information. Agency officials responded to the citizens' request with a public letter. The officials stated that they did not see how or why they should take responsibility for providing these

services. The officials also said they did not have the financial resources to support the requested resources.

Apply It

1. What is the source of the conflict described in this scenario?
2. Did either side take any actions that increased the conflict? Explain.
3. What action could the agency take next?
4. How would you suggest that the agency and community members resolve this conflict?

resolve disagreements in a productive manner. If you do not respond to conflict, the situation can get out of control.

Conflict management has two parts—first, you must manage feelings and second, you must solve the problem.

To manage feelings:

- cool down any angry feelings
- stay in the present and focus on the situation
- avoid assigning any blame

To begin problem solving:

- attack the problem, not the person with whom you have the conflict
- focus on the issue
- don't make assumptions
- be **assertive** (bold and clear) when expressing your feelings and requests
- use active listening
- seek a solution by finding common interests and agreement

SECTION 11.3 Review and Assessment

Key Terms Mini Glossary

anger a strong feeling or emotion that develops from frustration, displeasure, or a threat.

assertive bold and clear.

collaboration the process by which people work together to resolve conflict in a way that satisfies everyone.

compromise the process by which two sides of a conflict give and take to find the best resolution.

conflict a disagreement between two or more people.

fear an unpleasant feeling or emotion resulting from the threat or presence of danger.

phobias unsupported, exaggerated fears that sometimes interfere with daily life.

Apply the Key Terms

Write a sentence using each key term properly.

1. collaboration
2. compromise
3. conflict
4. fear
5. phobia

3. Identify three strategies a holistic nursing assistant can use to resolve conflict.

Know and Understand the Facts

1. What is the difference between fear and anxiety?
2. Identify one way in which a holistic nursing assistant can help relieve a resident's fear.
3. Describe three physical responses to anger.
4. Identify three strategies to calm angry residents.
5. What is the difference between compromise and collaboration?

Analyze and Apply Concepts

1. List two ways to deal with anxiety.
2. A resident is yelling at another resident and pounding his fists on his wheelchair. What can a nursing assistant do to help calm this resident?

Think Critically

Read the following care situation. Then answer the questions that follow.

Janet is a nursing assistant caring for Mrs. K, an 88-year-old woman, today. Mrs. K was admitted to a local long-term care facility yesterday afternoon. In the morning, Janet knocks on Mrs. K's door and introduces herself. Mrs. K looks frightened and pulls the bed covers up to her eyes. Janet asks if Mrs. K would like to get ready for breakfast. Mrs. K shakes her head. Janet asks her again about eating breakfast and says, "Would you like to eat in your room today?" Mrs. K continues to shake her head and keeps her covers pulled up to her neck.

1. What feelings might Mrs. K be expressing?
2. What might be the reason for Mrs. K's feelings?
3. What would you advise Janet do or say to help Mrs. K feel more comfortable?

Key Points

Reviewing the key points for this chapter will help you practice more safely and competently as a holistic nursing assistant and will help you prepare for the certification competency exam.

- Holistic communication is important when giving safe, quality care.
- Cultural differences, labeling, jargon, and stereotyping may cause communication barriers. Defense mechanisms are unconscious ways of diminishing stress and anxiety.
- To build and maintain strong interpersonal relationships, you must be self-aware, respectful, helpful, fair, trustworthy, appreciative, a team player, and able to manage anger and conflict.
- Caring means providing assistance and comfort to positively affect the health and well-being of residents.
- Feelings of anxiety, fear, and anger, as well as conflict, will be a part of your work as a holistic nursing assistant. Allowing residents to share their feelings and emotions is one way to respond.

Action Steps to Holistic Care

Review the information in this chapter. Complete the following activities.

1. Working with a partner, select one barrier to holistic communication discussed in the chapter. Create a skit that shows the communication barrier in action, with one of you acting as a resident and the other

as a holistic nursing assistant. Be sure to include a way to respond to this barrier, using holistic communication.

2. Select one defense mechanism you learned about in this chapter. Prepare a short paper or digital presentation that describes the defense mechanism, how it is demonstrated, why a person would use this defense mechanism, and how to best respond to the defense mechanism.
3. With a partner, select one of the following: anxiety, fear, anger, or conflict. Prepare a poster that best shows your selection. Include a definition of your selection and two action steps to decrease it.
4. Find pictures in a magazine, in a newspaper, or online that best demonstrate three types of nonverbal communication you use.

Building Math Skill

Mrs. B's family just left after visiting with her for several hours. After they left, Mrs. B started crying. When you asked her what happened, she would not say. Rather, she became so upset that you checked her B/P, pulse, and respirations because she was not able to catch her breath. Since you have cared for her over several days, you found that the readings were much higher than her normal. Her respirations were 28 and her pulse was 110 beats per minute. Normally they are 18 breaths per minute and 80 beats per minute. Later, when you report the change to the licensed nursing staff you share the differences in the readings. What did you say?

Preparing for the Certification Competency Examination

To prepare for the nursing assistant certification competency examination, you will need to know content found in this chapter. This content may be tested in the knowledge (written or oral) and skills (hands-on demonstration) portions of the exam. The following areas will be emphasized:

- verbal and nonverbal communication
- barriers to communication
- care that supports communication and behavior in a positive, nonthreatening way
- effective communication with residents, families, and the healthcare team
- dynamics of interpersonal relationships
- caring skills

These sample test questions are similar to ones you will find on the certification competency exam. See how well you can answer them. Be sure to select the *best* answer.

1. When residents pat you on the arm, how are they communicating?
 - A. verbally
 - B. using slang or jargon
 - C. nonverbally
 - D. using active listening
2. Which of the following is the best way to communicate with a resident who is hearing impaired?
 - A. yell loudly until the resident responds
 - B. use short sentences and simple words
 - C. stand behind the resident while you talk
 - D. increase the tone of your voice

3. Which of the following is the most effective way to be sure a resident understands your explanation of a new treatment?
 - A. have the resident write it down
 - B. have the resident read the procedure
 - C. have the resident repeat back what he or she heard
 - D. have the resident ask you questions
4. A nursing assistant wants to be sure she is expressing herself in a caring way. Which of the following qualities would best show this skill?
 - A. projection
 - B. gossip
 - C. privacy
 - D. respect
5. Mrs. L shares with her nursing assistant that she is afraid of dying. How should the nursing assistant best respond?
 - A. He should say, "If you pray, you will not be so afraid."
 - B. He should ask Mrs. L open-ended questions and listen quietly.
 - C. He should tell Mrs. L that she is not going anywhere soon.
 - D. He should tell Mrs. L that he will ask for medications to help calm her down.
6. When the same message is sent using both verbal and nonverbal communication, the message is considered which of the following?
 - A. effective
 - B. assertive
 - C. caring
 - D. empathetic
7. How do nursing assistants show they are actively listening?
 - A. by interrupting as much as possible
 - B. by starting to make the bed
 - C. by using good eye contact and responding appropriately
 - D. by using laughter
8. What are the four components of communication?
 - A. listener, receiver, communicator, and observer
 - B. sender, mode of communication, recipient, and feedback
 - C. observer, method of communication, receiver, and participant
 - D. sender, observer, strategy, and feedback
9. Which of the following describes a health-literate resident?
 - A. is not able to read books and information about his or her health conditions and diseases
 - B. is able to understand what is shared with him or her about his or her disease or condition
 - C. is able to search the Internet for information about specific diseases
 - D. is not able to follow instructions about his treatments.
10. Mr. P is angry about how ill he feels today. What would be the best way to communicate with him?
 - A. yell at him and tell him to settle down immediately
 - B. call his daughter and tell her that she needs to visit him
 - C. ignore Mr. P and get him water to help him calm down
 - D. help him share his feelings and give him time to calm down
11. Two nursing assistants have worked well together for several years. They like each other and believe they have an excellent professional relationship. Which of the following best describes why they have this relationship?
 - A. They are respectful and appreciative of each other.
 - B. They have created an intimate way of talking to each other.
 - C. They have formed an excellent friendship.
 - D. They both like their nurse supervisor.
12. This morning, Mrs. W told you that she feels so much better today and is sure she will be going home by the end of the week. You both know she has terminal cancer and is in her final days. What defense mechanism is she using?
 - A. repression
 - B. denial
 - C. regression
 - D. displacement
13. A new nursing assistant is not yet comfortable in her position. She walks with a stooped posture and keeps her arms crossed over her chest when talking with staff. What behavior is she using to express her discomfort?
 - A. tone of voice
 - B. slang
 - C. body language
 - D. stereotyping
14. The *first* action someone should take to resolve a conflict between two people is which of the following?
 - A. give the two people a resource on conflict
 - B. focus on the issues that are causing the conflict
 - C. collaborate with all the people involved
 - D. manage the feelings the people have
15. What communication barrier is present when a nursing assistant says to a resident, "I need your vitals, stat"?
 - A. jargon
 - B. labeling
 - C. stereotyping
 - D. empathy

Did you have difficulty with any of the questions? If you did, review the chapter to find the correct answer(s).