the client to acknowledge the importance of and live a healthier lifestyle. This goal can be achieved only if the nurse is knowledgeable about the content and process of the nurse–client relationship. To understand content in nursing situations, the nurse must have knowledge of the person as a complex adaptive human system that strives for "a higher degree of harmony that fosters self-knowledge, self-reverence, self-caring, self-control, and self-healing processes" (Watson, 2012, p. 61).

Nursing has not always been successful in establishing its desired image of autonomy, cohesiveness, and profession. Disagreement among nursing theorists, practitioners, and educators about the purpose and meaning of nursing and key concepts such as nursing diagnosis has led to multiple, and sometimes conflicting, images of nursing. Nurses today generally agree that contemporary nursing practice addresses the client holistically to address the full range of human responses and illness. Nurses also agree that assessment of objective and subjective factors related to client health is essential. They concur that scientific, intuitive, experiential, or mystical evidence may be used to guide practice. However, most nurses in practice acknowledge that establishing authentic, caring relationships with clients is essential to promote health and healing.

Nursing's unique service to society consists of dealing with human responses in health and illness. These responses are the substance of communication. Thus, purposeful communication is an essential dimension in the establishment of effective nurse–client relationships, which should be "characterized by compassion, continuity, and respect for the client's choice. The focus is on the process: the process of the client–environment interaction and the process of the nurse–client relationship" (Newman, Lamb, & Michaels, 1991, p. 406).

The Structure of Communication

Not only does human communication convey information and influence others, but "communication is the relationship" (Sundeen, Stuart, Rankin, & Cohen, 1998, p. 94). It is the dynamic interaction between two or more persons in which ideas, goals, beliefs and values, feelings, and feelings about feelings are exchanged. Even very brief communication exchanges may change all involved parties.

Communication is defined only in the context of process. Holistic communication is "a free flow of verbal and nonverbal interchange between and among people and significant beings such as pets, nature, and God/Life Force/Absolute/Transcendent, that explores meaning and ideas leading to mutual understanding and growth" (Mariano, 2016, p. 54). Each person is always affected by others and is always affecting others. As one constantly communicates, changes occur in the self, others, and perhaps, the environment.

Although communication is a dynamic process, it is possible to identify components and to analyze the interrelationships among the components. Berlo (1960) traced the various models of communication from the time of Aristotle (circa 350 BCE) to the 1960s. Aristotle identified the related components as the speaker, the speech, and the audience. After analyzing behavioral science research and several points of view, Berlo (1960, pp. 30–32) postulated a communication model that is generally accepted today.

1. A **(interpersonal) source:** Some person(s) with ideas, needs, intentions, information, and a reason for communicating.
2. A **message:** A coded, systematic set of symbols representing ideas, purposes intentions, and feelings.
3. **An encoder:** The mechanism for expressing or translating the purpose of the communication into the message (in people, these are the motor mechanisms—the vocal mechanism for oral messages, the muscles of the hands for written messages, and the muscle systems elsewhere in the body for gestures).
4. A **channel:** The medium for carrying the message.