Space is a constant that may be perceived either as surrounding people or existing between them. The nurse can use his or her awareness of what a client perceives as acceptable use of space and how body position and direction affect the meaning of the relationship to create optimal personal and environmental space to enhance nurse–client relationships.

METACOMMUNICATION

Occurring on both verbal and nonverbal levels, metacommunication defines the "what," the "who," and the relationship between the "what" and the "who" in the communication process. Because metacommunication is influential in determining the effectiveness of relationships, the nurse must evaluate communication in terms of its context and the relationships among its parts. Understanding themes of the relationship helps the nurse evaluate the metacommunication occurring in the nurse–client interaction.

Three interacting themes occur during metacommunication. The content encompasses the central idea or multiple ideas linked together, that is, the main message being conveyed (the what). The mood theme includes the emotions being communicated during the interaction (the who and how). Finally, the interaction theme involves the dynamics between the participants who are communicating with each other. Metacommunication occurs at all levels of the human experience.

Knowing that change occurs more readily and more effectively if congruence exists between the verbal and nonverbal components of communication, the nurse must be alert to indicators of the degree of agreement on the meaning of the content and on the process of the relationship. When a discrepancy arises between the verbal and nonverbal components, the nonverbal component usually is the more accurate indicator. However, nonverbal behavior is more open to subjective meaning and variations; thus, it must be verbally validated. This validation process plays an important part in effectively using metacommunication in nursing practice.

Communication has both verbal and nonverbal components. When these are not in congruence, the nonverbal components typically dominate the communication.

Interpretation and Perception

The capacity for interpretation makes communication between people possible. When engaged in , people assign meaning to the interpersonal interaction. Interpretation involves perception, symbolization, memory, and thinking. Perhaps, the most important of these is perception, the basic component from which the others follow. Taylor (1977) described as the selection and organization of sensations so that they are meaningful. Taylor proposed that humans learn perceptions and that what they learn depends on their socialization experiences. Perceptual expectations are influenced by emotions, language, and attitude and vary widely from one individual to another. Thus, a person's interpretation ability highly depends on his or her individual perceptual ability.

Several factors affect perception in the nurse–client relationship: the capacity for attention (reception of sensations) by the nurse and the client, the perspective each brings to the relationship, and the physical condition of the receptors. Anxiety (the tension state resulting from the actual or anticipated negative appraisal of the significant other in the communication process) in the nurse or the client limits the ability to be attentive in the communication process, interferes with the validation of individual