3. **Role expectations:** The images that persons have about the behaviors that are performed by persons in a given role ((Berlo, 1960), p. 153; enumeration added).

In the ideal nurse–client relationship, congruence exists among these three aspects. Together, the nurse and the client agree on the structure and dynamics of their purposeful communication. However, when differences arise regarding the prescriptions, descriptions, and expectations of role behavior between the nurse and the client, communication breakdowns can occur, leading to uncertainty. Uncertainty and ambiguity, in turn, create increased tension and discomfort in the interpersonal system. Such tension in the human interpersonal system leads to dissipation of energy and decreased ability to use the energy for healing and growth. In interpersonal systems, this tension is often called "anxiety."

( ) is the tension state resulting from the actual or anticipated negative appraisal regarding uncertainty in any given situation. Prolonged or intense anxiety consumes available energy that could be better used for decision making or problem solving aimed at changing behavior and attitudes toward enhanced health.

Anxiety in one person is readily communicated to others. Sullivan (1953) attributed great power to anxiety and its effect on a person's interpersonal growth, development, and ability in all stages of life. The actual or anticipated negative appraisals by others that lead to anxiety are perceived as threats to one's self-image. If the anxiety is limited in amount and duration, it simply leads to an increased state of alertness, mediated through physiologic reactions and behavior to reduce the tension. However, if the state of anxiety is prolonged or intense, the individual may experience a state of high alert and be unable to engage in successful tension-reducing behaviors.

FIGURE 4.2 Anxiety frequently manifests itself in a person's nonverbal behavior.

Sullivan (1953) postulated that learning occurs through an anxiety gradient extending from mild to severe. A client with mild anxiety can focus energy on most of what is really occurring. A client with moderate anxiety has limited ability to focus on what is really occurring and tends to distort reality. A client with severe anxiety cannot focus energy on what is really happening and thus cannot participate effectively in problem solving or decision making. Sometimes nurses encounter anxiety when they feel overwhelmed from heavy workloads, encounter new clinical situations, become uncertain of actions to take in ambiguous situations, or experience communication problems with clients, families, and other health team members. Nurse anxiety hampers effective clinical decision making. Effective health care demands that both the health care provider and the client control anxiety and focus energies upon what is really happening in a particular situation so that optimal decisions can be made.

Nurses have two primary responsibilities in controlling anxiety: (1) to be aware of their own feelings of anxiety and structure interactions in such a way that limited anxiety is transferred to the client; and (2) to use effective strategies for intervening in the client's anxiety. Therapeutic intervention for anxiety relies on the ability of nurses to recognize client anxiety as well as monitor and relieve their own.

Clinical practice settings are often stressful. Clients find themselves on unfamiliar turf when they enter the health care system. Nurses realize the importance of learning stress reduction strategies for themselves that they can share with clients. Techniques to help clients (and nurses) recognize, gain insight into, and cope with threats of anxiety are discussed in the following section.

Nurses and clients need to control their anxiety so that optimal care decisions can be made.