

a guide to evaluate the effectiveness of communication during nurse–client interactions. A persistent feeling of anxiety or tension is perhaps the best cue that the nurse may be unwittingly communicating in a noncaring, nontherapeutic, and unhelpful way.

Nurses should periodically evaluate the therapeutic communication techniques that they use in practice to verify how well they work with various clients and their significant others.

Although views vary on the advantages and disadvantages of nurses being characterized as caring persons, the fact is that nurses do care about their fellow humans. One dilemma for nurses is that they are not always permitted to care for clients to the best of their knowledge or ability. Many factors in clinical environments (e.g., staff shortages, limited resources, and time constraints) contribute to frustration with new technology, and ineffective working relationships with other health care team members.

However, when nurses have the opportunity to share their specialized knowledge and compassion, all is not lost.

As a health care consumer, what noncaring behaviors have you experienced?

What noncaring behaviors have you seen in the clinical practice setting?

What noncaring behaviors have you displayed as a nurse? What factors contributed to this behavior?

How might you change the characteristics of your clinical or practice setting to keep you from displaying noncaring behaviors to clients and families?

Outcomes of Helping Relationships

The nurse–client relationship has three major desired outcomes.

1. Increased client self-awareness and understanding of how to better use personal responsibility to assume accountability for his or her own health (learning).
2. Attainment of optimal health.
3. Perceived satisfaction in the relationships.

Knowing that clients have adequate knowledge and skills to solve problems or take steps to adopt a healthy lifestyle is the goal. Clients who are adequately prepared can make educated choices, expend the required energy, and assume greater responsibility for their own health.

In the nurse–client relationship, change occurs as an outcome of learning in terms of either information gained and understood, or finding meaning in the personal experiences with nurses. The quality of communication plays the paramount role in change. When change and its effects are not communicated clearly, the change cannot be understood. Lack of understanding leads to resistance.

Nurses should continually evaluate their own communication behaviors (see [Figure 10-1](#)). In addition, feedback should be sought from the client about what has been said and about how the client feels the relationship is going. The value of nurse–client interactions should be explored at intervals to promote mutual benefits to the