



Communication

OBJECTIVES

- List the components of the communication model.
- Discuss ways to make verbal communication supportive and effective.
- Explain the use of paraphrasing.
- Explain examples of nonverbal behaviors.
- Demonstrate ways to improve listening skills.
- Identify common communication barriers and how to overcome them.

You only have one chance to make a good first impression.

—Gary Dessler

Introduction

Today's technology makes communication easier and faster. We are connected by texting, email, smart phones, instant messaging, video conferencing, Twitter, and Facebook, as well as other forms of social media. In many ways, faster and easier communication is necessary and helpful, but for nutrition professionals, relating to others in person is essential. Communicating face-to-face is a skill that needs to be practiced and developed for effectively communicating in diverse populations and settings. Communication skills that are well developed increase the chances that there will be a positive outcome between the professional with clients and staff. Communication with other members of the health-care team is important in identifying those in need of nutrition care and then in communicating with patients and clients about nutrition-related issues. As professionals are promoted to higher positions of authority in management, communication skills become even more essential to effectively reach

common and organizational goals. The Academy of Nutrition and Dietetics recognizes "expertise in verbal communication," as core competencies for communicating effectively with patients, clients, customers, and other professionals.^{1,2} Providing "accurate and truthful information in communicating with the public" is required by the Code of Ethics.³ This chapter introduces the interpersonal communication process, including verbal and nonverbal communication, and listening skills. A model of the communication process is presented and discussed, followed by an explanation of the implications of the process for verbal, nonverbal, and listening behaviors. The impact of communication and health literacy, language, and diversity is addressed.

Communication

Communication can be simply described as giving, receiving, or sharing information from one person or group to another.¹ Individuals as "communicators" tend to constantly either give or receive information

through verbal, nonverbal, or visual interactions. Interpersonal communication can be defined as the process of exchanging information through verbal and nonverbal messages by two or more people. Honing the skills, however, is an ongoing process and begins with an understanding of the many elements included in the interpersonal communication exchange. The face-to-face interaction can be as simple as a gesture, a facial expression, or the sound of your voice. Communicating effectively is one of the most important life skills and, with practice, can be improved over time. One's speaking, listening, and ability to understand verbal and nonverbal messages need to continue developing. Putting the principles into practice requires conscious efforts, repeated attempts, and many trials. With practice, in a relatively short time, you will notice a difference in the way others respond to you.

Patient- and Client-Centered Nutrition Communication

Communication skills are the foundation for interviewing, counseling, and educating patients, clients, and the public, as well as for efforts to assist people in changing their dietary and health behaviors. Nutrition counselors and health professionals deliver nutrition care and education in a collaborative partnership with patients, clients, and caregivers. Patient- and client-centered counseling as part of an intervention, for example, requires competent communication, counseling, and education skills. Additionally, effective and ethical communication requires listening carefully, understanding the person's story, and maintaining confidentiality.¹ All of these communication skills are part of the essential practice competencies of both registered dietitian nutritionists (RDN) and nutrition and dietetics technicians, registered (NDTR).^{2,3}

The key to communicating effectively is to go beyond the exchange of information and gain a deep understanding of the emotion and intention of that information that is being conveyed. Stephan R. Covey once said, *"most people do not listen with the intent to understand; they listen with the intent to reply."*⁴ Listening skills require good eye contact, body gestures and language that indicate interest, avoid distractions and show that you are listening through facial expressions. Listening always helps you to build rapport and learn from the client,

which is critical in building collaborative counseling. A deep understanding and appreciation of culture, language, gender, age, education, background, and other factors can improve communication and build rapport.

Healthy Literacy, Language, and Cultural Respect

Healthy People 2030 is an initiative to bring better health to all citizens. An overarching goal for Healthy People 2030 is to "eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."⁵ Interactive communication between the client and health providers is critical in maintaining or improving health and the quality of care. At the personal level, Healthy People 2030 describes this as people's ability to use health information and to make "well-informed" decisions. At the organizational level, there should be a fair process to enable individuals to find, understand, and use information and services to inform health-related decisions.⁵

Language can also impact health literacy. An individual with limited English proficiency and the inability to read or understand health-related information can increase their health risk. Professionals should seek programs and resources for ways to communicate with clients in the preferred language to include translation and interpretation. Furthermore, a professional should understand and apply the concept of "cultural respect," which allows services to be delivered in a respectful manner and is responsive to the health beliefs, practices, and cultural and linguistic needs of diverse clients.⁶

Healthy literacy is multifaceted as it embodies individuals, families, communities and systems.⁶ Older adults, culturally diverse populations, the medically underserved, and individuals who have a lower economic status are among the higher groups with low health literacy.⁷ Although there are some individuals or groups that might be at higher risk for low health literacy, it is important to remember that anyone, even with a higher education, can struggle to understand health information that is complex. Professionals should avoid shaming or judging an individual for not understanding the information provided; instead, the professional should reflect on how the information could best be delivered to meet the individual's needs.⁸

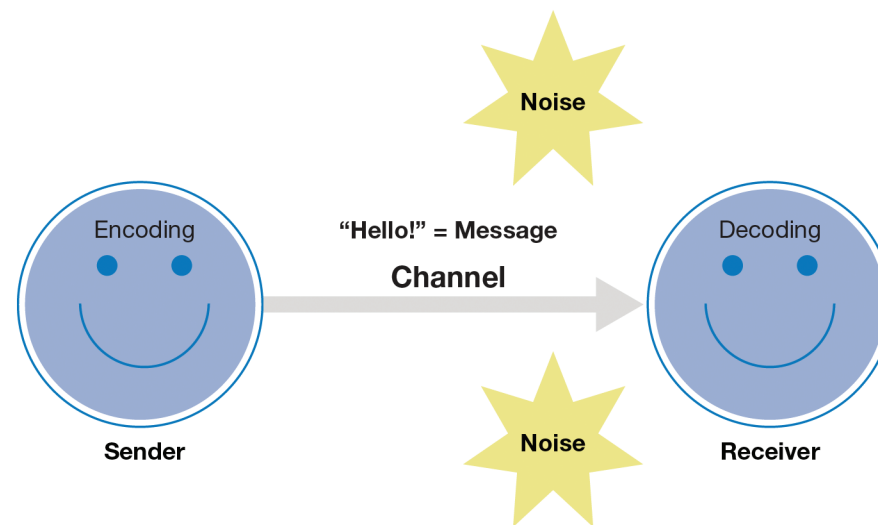


Figure 2-1 The transmission model.

Reproduced from *Communication in the Real World: An Introduction to Communication Studies*, by Richard G. Jones, Jr. ISBN: 9781453335932. Publisher: FlatWorld.

Communication Theories and Models

Interpersonal Communication Model

Models in communication are helpful in understanding the communication process. Complicated processes are easier to understand when they can be visualized in a model. The model is a graphic illustration to help one's understanding. There are several types of communication models: transmission model (linear), interactional model (nonlinear), and transactional model.⁹

The Transmission Model

The transmission model is unilateral (source to receiver) and does not allow for two-way communication (e.g., mass media, television)⁸ (see **Figure 2-1**).

The Interactional Model

Because the interactional model is multidirectional, it allows for two-way communication and feedback (see **Figure 2-2**).

The Transactional Model

With the transactional model, the receiver and sender are both communicators (encoding/decoding at the same time; see **Figure 2-3**).

Studying the communication model to understand the role of each component is essential for

professionals who are intent on expanding and improving their own communication repertoire.

Components of the Communication Model

The elements included in the communication model are the following: the sender or communicator, the receiver or interpreter, the message (both verbal and nonverbal), the channel or medium, the context, the feedback, and barriers. All communication begins with the sender and ends with the receiver. They are depicted graphically in **Figure 2-4**.

The Sender or Communicator

Senders of the message originate the thought or emotion, encode it into words, and then speak. This message can be verbal or nonverbal. Encoding is translating information into symbols (words—written or

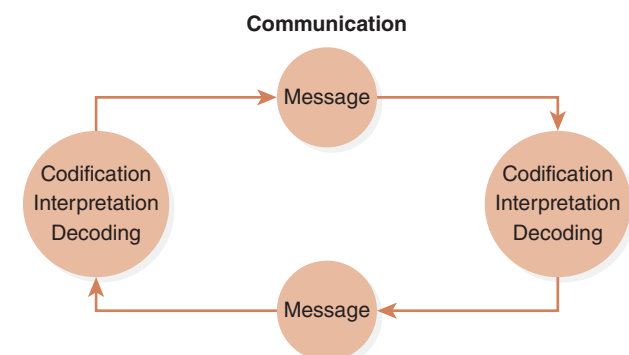


Figure 2-2 The Interactional Model.

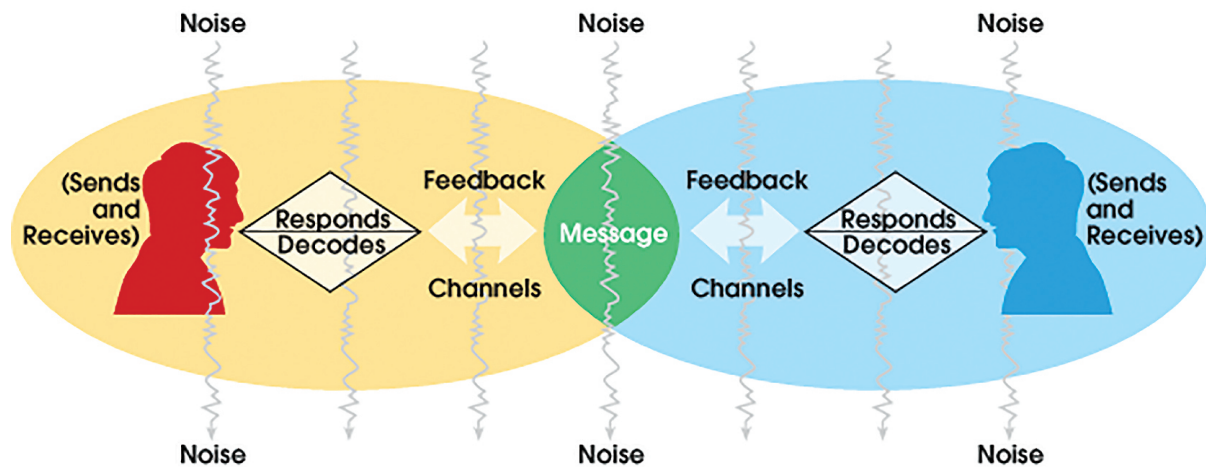


Figure 2-3 The Transactional Model.

spoken) representing ideas or concepts of the message that needs sending. For successful communication, the sender should make it a point to know as much as possible about the receiver to support the encoding process. The sender has to perform the following functions: planning⇒encoding⇒transmitting.

The Receiver or Interpreter

Receivers attempt to decode or make sense of the message and usually interpret and transmit it simultaneously. Decoding helps the receiver give proper feedback to the sender. The receiver interprets two messages, the actual verbal and the nonverbal message inferred from the sender and the environment. They may be listening to what is being said, filtering the message through their past experiences, values, or biases, while thinking about what they will say when the sender stops talking. Even when silent, it is impossible for receivers in a two-way communication transaction not to communicate. They may be reacting nonverbally with a flushed face or bored look, for example, depending

on their inferences from the message. Senders interpret the receivers' appearance and demeanor and adjust subsequent communication accordingly. Thus, the two parties are sending and receiving simultaneously. The receiver has to perform the following functions: receiving⇒decoding⇒giving feedback.

Both the sender and receiver are influenced by their relationship to each other: their personality, culture, education, prior knowledge, relationship to the sender, and frame of mind. Any of these factors can alter the successful encoding of messages.

Message or Content

The message is the information that is sent and received. The message is coded by the users. Nonverbal inferences arise from the perceived emotional tone of the sender's voice, facial expression, dress, gestures, tone of voice, choice of words, diction, and pronunciation, as well as from the communication environment.

The Channel or Medium

The channel is how the message is sent and received. The channel serves as an essential tool for the communicator and can take several forms. Channels can be written or oral. Examples include the telephone, computer, email, text, and social media. However, many barriers, known as noise, can prevent a message from being heard. Additionally, proper channels ensure proper transmission and using the wrong channel for communication may result in miscommunication.⁹

The Context

This is the setting or environment in which the message is conveyed.

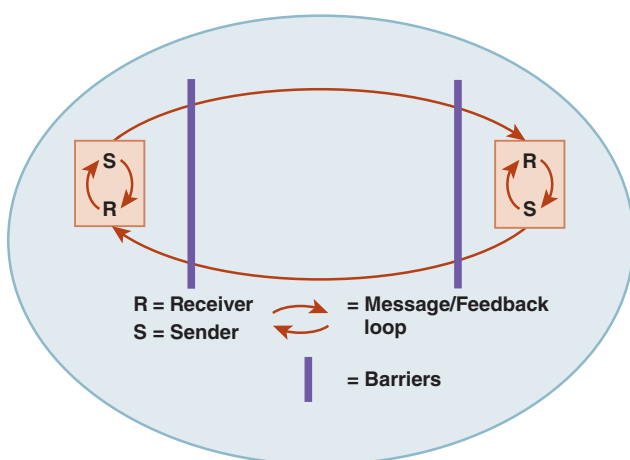


Figure 2-4 Communication model.

Feedback

Feedback is the response by the receiver to the sender. Feedback is needed because without it, the communication process is incomplete, and the effectiveness of the message cannot be judged.

Since the communication process can have many errors, misunderstandings, or be misinterpreted by the recipient, feedback is helpful. The term “feedback” refers to both verbal and nonverbal responses to messages. It ensures that the message is understood and that the communication is successful. When giving feedback, one can paraphrase what is being said by asking questions such as “what I heard you say was . . .” or “sounds like you are saying. . . .” In face-to-face communication, the sender is talking while looking at the other person. The other person’s verbal and nonverbal reactions to the sender’s message, whether agreement, surprise, boredom, or hostility, are examples of feedback.⁹

After the first few seconds, face-to-face communication becomes a simultaneous, two-way sending-and-receiving process. While senders are talking, they are receiving nonverbal reactions from receivers. Based on these reactions, they may change their tone, speak louder, use simpler language, or in some other way adjust their communication. One can expect that feedback will vary with a person’s experience, education, gender, and cultural group.^{1,10} In many non-Western cultures, it can be subtle and circuitous, while the sender may prefer a more direct acknowledgment.

Written communication is considered a straight-line communication. There is no mechanism for feedback. Writers cannot clarify the meaning of the content for readers because they do not see them. Even when writers carefully select words for the benefit of their intended readers, written communication is generally less effective than one-on-one verbal communication because of the inability to adjust written language in response to the feedback from readers.

Barriers to Communication Process

Barriers, sometimes called noise or interference, can distort communication and interfere with the understanding of the message. Barriers, such as ethnic and language differences, can lead to a communication breakdown. These factors include the unique attributes inherent in senders and receivers, such as the physiologic state of each communicator at the time. Other factors include the room size, shape, color, temperature, and furniture arrangement. Interference can result from distraction such as a ringing telephone, a television set that is on, or loud music.

Language Barriers

Language can act as a barrier to communication when people have no common language with which to communicate. Even when individuals speak the same language, barriers may arise due to vague or unique words, abbreviations or acronyms, pronunciations, or allusions.

For example, a message that includes unique jargon will not be understood by a receiver who is unfamiliar with the terminology. The sophisticated communicator needs to understand these dynamics and compensate or safeguard accordingly, so that the intended message is the one received. Words mean different things to different people, and misinterpreting the message may occur. Meanings come from the people, not from the words.

Cultural Barriers

More than ever, today’s clients and employees come from a wide variety of cultural and ethnic backgrounds. People from different groups increase the likelihood of misunderstanding each other. Words imply different things in different languages and people have different values, experiences, perceptions, and frames of reference.^{9,10} Distortions can stem from psychological interference as well, including bias, prejudice, and closed-mindedness.

Psychological Barriers

No two people are exactly alike. Feelings of anxiety, fear, anger, stress, or apprehension may distort the message.⁹ For example, if an individual is preoccupied with a worry or is feeling anxious and stressed, they may not be receptive to the message. Bear in mind that people have a limited capacity for processing information. When it exceeds our ability, the result is information overload. People may select, ignore, or forget, resulting in less effective communication.⁹

Psychological interference in healthcare patients may be due to their fear of illness and its consequences, or they may be unable to communicate because of technical jargon used in medicine. The job of senders is to generate in receivers those meanings for language that are closest to the sender’s own. Because meanings are not universal, they can be affected by both external and internal influences. The communication environment, cultural differences, the distance between speakers, lighting, temperature, and colors are a few of the variables that can affect meanings attributed to a message. These variables can be barriers and account for the difficulty in generating in others the meanings a person intends.

Methods of Communicating

Verbal and Nonverbal Communication

We use two languages daily, our verbal language and our nonverbal or body language. Although both verbal and nonverbal communication occur simultaneously during interactions, they are discussed separately here in the context of their influence on the communication process.

Verbal Communication

To keep the communication channel open between the client or employee and the professional, a supportive climate must be created. A supportive climate is one in which as one person speaks, the other listens, attending to the message rather than to their own internal thoughts and feelings. This creates an environment of trust, caring, and acceptance. A defensive climate, which occurs when the other person is feeling threatened or upset, creates the opposite effect, with the listener “shutting down.” When this happens, the interaction is no longer effective. Maintaining a supportive climate becomes especially critical when the professional is attempting either to discuss a topic viewed differently, or to resolve conflict and defuse anger.

The verbal guidelines for creating an environment of supportive communication are (1) to be aware of one’s choice of words and use description rather than evaluation to discuss problem; (2) describe situations with a focus on the problem when interpreting messages rather than in a manipulative way; (3) offer alternatives in a flexible manner rather than in a rigid manner; (4) treat people as equals, listening thoughtfully; and (5) be empathic rather than neutral or self-centered and respond sensitively.^{1,11}

Descriptive Rather Than Evaluative

Ordinarily, when broaching subjects that can make clients defensive, professionals should think through the discussion before engaging the client, so that the message is conveyed subjectively rather than objectively. Whenever people feel as if others are judging their attitudes, behavior, or the quality of their work, they tend to become more defensive. Comments such as, “You don’t seem to be trying,” or “You don’t care about cooperating,” are based on inferences rather than facts. So when the other person’s response is “I do care,” or “I am too trying,” the framework for



Families communicate at meal time.

Pillitteri A. Maternal & Child Health Nursing, 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2003.

an argument is set, with no way of proving who is right or wrong.

Instead of making judgments regarding the other person’s behavior or attitudes, the safest and least offensive way of handling a sensitive topic is to describe the facts as objectively as possible. For example, when the professional tells a client with heart disease whose diet is high in sodium to replace salted snacks with lower-sodium snacks because that will help them to avoid retaining fluid, they are confronting the problem in a positive solution-driven manner without being evaluative. The client can then address the topic rather than argue about the professional’s evaluation of poor adherence.

In a work-related situation, accusing an employee who has arrived late several mornings of being “irresponsible” and “uncaring” is likely to provoke a hostile response or cold silence. The employee may believe that being late does not warrant a reprimand. There may, in fact, be a reasonable explanation about which the manager should inquire. Describing how being late may result in problems for coworkers and cause work to back up is honest and descriptive and allows for nondefensive dialogue.

Problem-Oriented Rather Than Manipulative

Expressing a concern to people rather than manipulating them promotes a supportive communication climate. Frequently, when people want others to consider their point of view, they lead them through a series of questions until the other person reaches the “appropriate” insight. This is a form of manipulation and may provoke defensiveness as soon as respondents realize they are being channeled to share the other person’s vision. Employees and clients respect the professional when they believe the individual is being straightforward.

After the professional plans opening remarks descriptively rather than evaluatively, one should allow for collaborative problem-solving without preplanned solutions. Creative, superior, and long-lasting solutions are more likely to occur when each person hears out the other fully, is heard in return, and when the client initiates the solution.

In the previous examples, the professional's subsequent remarks depend on how the person responds to the prompt to explain the problem. The professional needs to give the person time to think; this often means waiting for an answer. The professional needs to learn the discipline and patience of sitting through the tension of silence supportively until the client or employee responds.

Frequently, the first explanations are those that people believe will not upset or shock the professional. The "real" reasons, however, may not be revealed until the client or staff member feels comfortable enough to risk shocking the professional without fear of being humiliated or embarrassed. In other words, after the first explanations are offered, professionals may simply wish to repeat in their own words or paraphrase what they have understood. Only when the clients or employees are comfortable enough will they be able to express their authentic reactions, questions, or answers.

Provisional Rather Than Dogmatic

When offering advice to clients or helping them to solve problems, professionals should give recommendations rather than being emphatic. A recommendation implies the possibility of the professional changing the options, provided that additional facts emerge. It keeps the door open for clients to add information. An emphatic prescription might be, "I know this is the way to solve your problem." A recommendation might be, "Here are several alternatives you might consider," or "There may be other ways of handling this problem; perhaps you have some ideas too, but here are things you might consider."

Equal Rather Than Superior

In discussing issues, the two parties should regard each other as equals and work collaboratively. Whenever there is the possibility that the other person may react defensively, any verbal or nonverbal behavior that the other interprets as superiority generates a defensive response.

In the relationship between professionals and clients, or managers and employees, the professional's tendencies to emphasize status or rank may arise

subconsciously because they wish to convince the other person to accept their recommendations. Comments such as the following may cause the other person to feel inferior or angry: "As a consumer, you may find this difficult to understand. Just do what I recommend; I've been doing this for 10 years." Certainly, there is nothing wrong with professionals letting clients know that they are educated and competent. However, the manner in which it is done is crucial. A more effective and subtle way is to make it clear that you don't have all the answers and to say, "I have studied this problem and dealt with other clients who have similar situations. I am interested, however, in incorporating your thoughts and plans into the solution. You must be satisfied with our plan and willing to try new eating habits."

An employee making a recommendation to a manager that the manager had tried unsuccessfully in the past might be told, "If I were in your shoes, I would think the same thing. Someday when you are more experienced, you'll know why it won't work." The subtle emphasis of the inferior relative status of the subordinate could cause a defensive battle. The professional could have succeeded with a comment, such as "I can understand why you say that. I have thought the same myself, but when I tried, it was not successful." Showing respect for the client's and employee's intelligence and life experiences and recognizing their human dignity may make them more willing to cooperate.

In conflict resolution, problem solving, and the discussion of any issues that may be threatening to the other person, collaboration is far more effective than trying to persuade the person to act according to the professional's recommendations. Collaboration has other virtues as well. People feel more obligated to support solutions that they themselves have participated in designing. If clients are trying the professional's solution, they may feel little satisfaction in proving that they were right; however, if the solution is one that was arrived at through collaboration, there is genuine satisfaction in proving its validity. Two people sharing insights, knowledge, experience, and feelings can promote creative thought processes in each other, which in turn promotes other ideas that otherwise would not have emerged.^{1,9,11}

Empathic Rather Than "Neutral"

Empathy is "an emotional reaction that is similar to the reaction being experienced by another person."⁴ We feel what the other person feels. Ask yourself: "Am I able to understand the other person's experiences as if I were experiencing them?"

Empathy is mentioned frequently in skill and is discussed later in the chapter. Empathy conveys that the professional is fully present and actively engaged in the interaction. Lacking empathy may leave patients, clients, or staff feeling misunderstood or disregarded.⁹

To be effective in working with clients and employees, professionals must be able to demonstrate their desire to understand the other's feelings. This "demonstration" might be an empathic response to comments, where the listener tells the other that they are attempting to understand both the speaker's content and feelings. For example, a client might say, "For my entire life, I have eaten salty foods; they are a part of my culture. I don't know what my life will be like without them." The professional might then respond, "You seem to be worried that your quality of your life will change because of the dietary recommendations."

If the professional is accurate in the empathic remarks, the client will acknowledge it and probably go on talking, assured that the person is listening. If the professional is wrong; however, the client can clarify the judgment. Additionally, empathic responses allow the professional to respond without giving advice, focusing instead on the individual's need to speak and to express concerns. Before clients or staff can listen to the professional, they must express their concerns; otherwise, while the practitioner is speaking, the clients or staff are thinking about what they will say when the individual stops talking.

An employee who has asked to be released from work on a busy weekend to attend a family gathering might receive the following neutral response: "No offense, but a rule is a rule. If I make an exception for you, others will expect it too." The employee would still feel sad about working, but would feel less antagonistic toward the supervisor, with the following empathic response: "I realize how badly you feel about not being able to attend the family party. I feel sorry myself having to refuse your request, but I can't afford to let you have the day off." The supervisor, by letting the subordinate know that they understand the subordinate's underlying feelings and is sympathetic, uses the most effective means of defusing the person's disappointment.¹¹

Paraphrasing, a Critical Skill

Paraphrasing is restating in your own words what the other person has said and it is often done with empathy.¹ Most people have not incorporated the skill of paraphrasing into their communication repertoire. Even after people realize how vital this step is and begin to practice it in interactions, they may feel uncomfortable, self-conscious, or fear others may think they are "showing off." A hint for the professional

feeling awkward about asking clients and staff to paraphrase would be to ask for the paraphrase by acknowledging that the professional needs to verify that what they heard is what the other intended. For example: "To be sure I understand your concern, you seem to be saying . . ."

Of course, it takes less time to ask, "Do you understand?" However, asking this question is less effective. Because of the perceived status distinction between the helper and the person being helped, the person being helped may be embarrassed to admit that they do not understand. When people of perceived higher status ask others if they "understand," almost always the answer is, "yes."

Another possibility is that the client or staff member honestly believes that they understand, and for that reason answered, "yes." The understanding, however, may include some revision of the original message in the form of substitution, distortion, or addition. The skill of paraphrasing needs to become second nature and automatic for professionals to be able to verify important instructions, feelings, and significant client or staff disclosures.

Because of the anxiety attached to being in the presence of a person with perceived higher status, the client or staff member may be less articulate than usual when describing symptoms or explaining a problem. The professional should paraphrase to verify that they understand the message as the "sender" intends. One should try to avoid sounding too clinical with such comments as "What I hear you saying is. . ." Instead, keep the language clear, simple, and natural. A comment such as "I want to make sure I understand this; let me repeat what you are saying in my own words" is more natural.

Two points need to be emphasized regarding paraphrasing: (1) Not everything the other person says needs paraphrasing. It could become a distraction. Paraphrasing is essential only when the discussion is centered on critical information that must be understood. (2) Paraphrasing often leads to additional disclosure and, therefore, provides additional information.

People are so accustomed to being with others who do not really listen that when they are with someone who proves that they have been paying attention by repeating the content of what has been said, they usually feel encouraged to speak more. For the professional, this additional information can be valuable. Another benefit is that after the client or staff member has expressed all questions and concerns and has cleared their mental agenda, they may be psychologically ready to sit back and listen or to solve problems.

By talking too much or too soon, the professional may not be able to convey the entire message to the other, who may be using the difference in time between how fast the professional speaks and how fast the client's own mind processes information to rehearse what they are going to say next.⁴ The human mind operates four to 10 times faster than human speech.

Nonverbal Communication

Communication that creates meaning for people, but is not verbal or written, is called “nonverbal.”¹ Of the two messages received simultaneously by receivers, verbal and nonverbal, the nonverbal is the larger component and more influential and believable. As receivers of messages, people learn to trust their interpretations of nonverbal behaviors more than the word choices consciously selected by the sender. Intuitively, they know that control of nonverbal behavior is generally unconscious, whereas control of verbal messages is usually planned and deliberate.

Nonverbal messages communicate our feelings toward others and are critical to successful relationships. However, it is important to develop awareness in using nonverbals in interactions as well as to recognize them in others.¹ Our nonverbal messages are more believable than our verbal ones.

As for attire, simple, well-tailored clothes in neutral colors should be considered, as the goal is to look professional.¹ One should avoid clothing that may be considered too casual in this setting such as sweats, jeans, or flip-flops. Clients who perceive you as appearing unprofessional or overly casual may have trouble relating to your message and may question your competence.^{1,12}

In meeting new people, we begin making judgments immediately, based on nonverbals, such as noticing eye contact, body language, and appearance.⁴



Be aware of the person's nonverbal behaviors.

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Chief nonverbal vehicles inherent in speakers are facial expression, tone of voice, eye contact, gestures, posture, and touch, with meanings varying among cultures.¹ The receivers of communication notice nonverbal behavior in clusters.

If the professional is shifting papers and looking at a computer or phone screen, or appearing bored or disengaged during a session with the client, the client will not believe the person is interested. Ordinarily, people do not notice posture, eye contact, or facial expression isolated from the other nonverbal forms of communication. For this reason, professionals need to monitor all nonverbal communication vehicles so that together the clusters are in harmony with one another as well as with the verbal messages.

Nonverbal behaviors vary widely among different groups with each having its own body language. Although similarities exist, the meanings of behaviors differ among groups, as the way people behave is learned early in life. Our own history influences our ideas of what a person “is” or “should be.” These variations may require professionals to adapt their nonverbal behaviors. If the client resists or objects to the professional's eye contact or touch, for example, the professional should cease immediately. Communication competence requires “the ability to adapt one's behavior towards another person in ways that are appropriate to the other person's culture or ethnic group.”^{1,10}

Facial Expression

Facial expression is usually the first nonverbal trait that people notice. “Smile and the world smiles with you.” What do you look like when you are happy? Or when you are bored or worried? A relaxed face with a pleasant smile indicates a friendly, approachable person and makes a good first impression.^{10,11,13} A supportive tone of voice is one that is calm, controlled, energetic, and enthusiastic.

Eye Contact

Eye contact includes gazing in a way that allows the communicator to encounter the other visually—to the extent of being able to notice the other's facial and bodily messages. Besides being an excellent vehicle for feedback, eye contact makes the person feel visible and ensures the other person of the professional's interest and desire to communicate. Direction of gaze is also important to consider. A professional direction of gaze is one that is neutral and focused on the client's eyes and face.

Kinesics: Posture, Positioning, and Gestures

In a counseling environment, posture is best when somewhat relaxed with arms symmetrical and leaning slightly toward, rather than away from, the person. Lounging or leaning backward may signal disinterest or inadvertence. Conversely, posture that is too stiff or upright may produce a more authoritative or tense environment. Repetitive gestures such as the subconscious tapping of fingers on the desk, hair-twirling, or clicking of one's pen could be perceived as boredom on the professional's part or create an unnecessary distraction. Additionally, large, expansive gestures may be interpreted as a show of power and generally should also be avoided. Nodding while someone is speaking is generally considered a sign of acknowledgement and engagement in what is being said.

Proxemics: Space and Proximity

It is important to maintain appropriate physical space during a counseling session to ensure the client's comfort. A social distance of at least 4 feet is appropriate for professional settings and anything closer may feel intrusive of the client's space.

Haptics: Touch

Haptics or touch is a vehicle for feedback that can work positively. With a gentle pat on the arm, or a squeeze of the hand, one can instantly communicate a desire to solve a problem without offending. Touch can communicate affection, concern, and interest faster than these messages can be generated verbally. Although an individual may look calm, controlled, and totally at ease, touch may reveal nervousness and insecurity. It is important to pay close attention to clients' cues and if a gentle pat on the arm seems to cause them discomfort, this would be a mode of nonverbal communication that should be avoided in the future.

Perception

Professionals Must Be Alert to Nonverbal Signals from Others

In addition to the professional's concerns with the environment and their own verbal and nonverbal behavior in creating a trusting climate, one must also be sensitive to nonverbal cues in others. Even though the practitioner is being open, caring, and attending to their own behavior, the internal anxiety, confusion, nervousness, or fear in people may be causing them to

misunderstand. Two requirements for effective interpersonal communication are to observe the nonverbal cues in others and then respond to them in an affirming way.¹²

If the client or employee is nodding their head to suggest understanding, for example, but looks puzzled or glazed over, the professional needs to verify understanding by having the person paraphrase or summarize important instructions or dietary recommendations. If the client is flushed, has trembling hands, or is crying, the professional may need to help the client relieve anxiety more directly. Until the individual is relaxed enough to concentrate, optimal two-way communication is unlikely.

After speaking with one another for only a few minutes, both the professional and the client can sense the "warmness" or "coldness" of the other, as well as the degree of the other's concern. If the speaker has a pleasant expression, and looks directly into the eyes of the listener while speaking, they give the listener the impression that they are a caring person. After the initial positive impression has been created, it tends to spread into other areas not directly related to the original behavior.

The process can also work in reverse. If the professional does not look at the client while speaking, touches the client too firmly, and/or has an unpleasant facial expression, the impression may be negative—arrogance, lack of concern, indifference, and "coldness." Even though these initial reactions, both positive and negative, may be inaccurate, faulty first impressions are common. The professional might not be given a second chance to win the client's trust and cooperation.

Positive Affect Must Be Consistent

Seeing clients or employees regularly gives practitioners and managers an opportunity to reinforce or alter the perceptions that the other person has of them. A person who is cold, aloof, and uncaring consistently, and then suddenly, because it is time to conduct a meeting, acts differently, will not be believed. Practitioners need to be consistent in adding positive impressions to the impressions of their staff and clients.

Not only is it important to generate concern through your own nonverbal behavior and disposition but it is also essential to control, whenever possible, the communication environment so that it, too, leads to positive impressions while eliminating barriers. Attractive offices, warm and inviting spaces, soft lighting, comfortable and private environment

for counseling, and comfortable furniture can all add to the client's or staff member's collective perception. Piles of papers on a desk, a ringing mobile phone, and constant interruptions must be replaced with privacy and quiet.¹¹ Because so much counseling takes place in a clinical setting, more attention must be given to creating an inviting atmosphere.

Among the requirements for effective and successful interpersonal communication is the need for the professional to send verbal and nonverbal messages that mesh well with one another. A client may hear a practitioner say, "I want to help you; I'm concerned about your health and the possible recurrence of your heart problem as a result of your food choices." But if the client sees the practitioner taking notes and checking a watch rather than looking at the client, the contradictory second message of impatience will be more intense than the verbal message of concern. The professional may have said all of the "right" words but is perceived as insincere. Helping professionals and managers who do not genuinely like working with people are ultimately destined to fail.

Making Personal Connections Through Listening

Listening to someone is probably the most ancient of healthcare skills. Listening is "the process of receiving, constructing meaning from, and responding to, verbal and nonverbal messages."¹ Most of us are ego-centric or focused on ourselves and may have difficulty focusing on communication from others that does not relate directly to us. Well-developed listening skills are a foundation for effective interpersonal relationships and quality care of healthcare providers. Whether working with individuals or groups, more than anything else, people want to be heard and lack of listening leads to dissatisfaction.¹

An individual of average intelligence can process information mentally at speeds that are faster than human speech. Most people speak 125 words per minute, while some people can listen up to 600 to 800 words per minute.⁷ As a result, people have time to be thinking about other things simultaneously. Two days later, most of us remember only 25% to 50% of what we heard. This is true of both clients and employees. Thus, while nutrition practitioners are listening to their clients or staff members speak, they have time to be thinking about other things. Clients, patients, and



Listening is an essential skill.

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staff must believe that they are heard and understood and that the listener is genuinely interested in their message. A person-centered attitude based on empathy, congruence, and unconditional positive regard is helpful.

Everyone has listened to a speaker and at times has let their mind wander to other topics. From the speaker's clothes, shoes, jewelry, diction, and speech patterns, people may tend to fill in details and develop an elaborate scenario while listening. The process of good listening involves learning to focus your attention so that you can fully concentrate on the speaker's message, both verbal and nonverbal. Developing these skills is not difficult, but it does require a conscious effort and perseverance.

The ability to listen well can improve only if the person wishes to improve and is willing to follow the training with practice. The following is a list of five of the most common issues and barriers related to poor listening¹:

1. Most people have a limited and undeveloped attention span.
2. People tend to stop listening if the material is uninteresting and they tend to pay attention only if they "like" or see an immediate benefit in knowing the information.
3. Listeners tend to trust their intuition regarding the speaker's credibility, basing their judgments more on the speaker's nonverbal behavior than on the content of the message.
4. Listeners tend to attach too much credibility to messages heard on electronic media, such as the Internet, television, movies, and so forth.
5. Communication is inhibited by judging, bias, prejudice, giving advice, providing solutions, and ignoring the concerns of the person.

Active listening is a learned skill and requires focus on what the other person is saying. Listening skills can improve with practice. It is not a new skill, but an effort to eliminate the things that interfere with listening. The most important step in improving listening skills is listening more actively and efficiently.⁴ The following are specific suggestions for improving listening:

- Remember to listen carefully while remaining silent. Give your undivided attention and remind yourself of the intent to listen carefully. Summarize the major facts, take notes, or make an outline of major points. Pay attention when your mind drifts to your own concerns and avoid distractions.⁴
- Be objective. The communication situation should be approached objectively, with an open mind, and with a spirit of inquiry. Try repeating the message mentally as it is said. Do not formulate your response.
- Watch for clues from the speaker. Just as one uses bold type and italics in writing, speakers use physical arrangement, program outlines, voice inflection, rate, emphasis, voice quality, and bodily actions as aids to help the listener determine the meaning of what is being said and its importance.
- Take your time. Listeners need to make use of the thinking–speaking time difference and to remind themselves to concentrate on the speaker’s message. They must use the extra time to think critically about the message, search for meaning and understanding, relate it to what they already know, consider the logic of the arguments, and notice the accompanying nonverbal behavior—all simultaneously.
- Find the real meaning. Listeners need to look beyond the actual words to determine what the speaker means, and to determine whether the clusters of accompanying nonverbal behavior are congruent with the verbal message. Paraphrase the information.
- Respond to confirm your understanding. Listeners need to provide feedback to the speaker, either indirectly through nonverbal reactions or directly through paraphrasing, reflecting, restating, or summarizing, to verify that what the listener understands is what the speaker intends. A nod of the head or “un huh” indicates that you are listening.

Giving accurate feedback is the best way to prove that another person’s message has been heard and understood.¹ It creates a trusting environment in

which people feel free to communicate openly without fear. Ultimately, the most valuable way to improve listening skills is by continuing to practice, putting oneself in difficult listening situations, and concentrating.

Cultural Awareness and Compassion

Nutrition and dietetics professionals must be privy to how verbal behaviors vary among different cultures. Slang is a verbal habit that professionals should use sparingly in the workplace with employees or clients. In American culture, people often greet each other informally by asking “How’s it going?” or ask others to repeat what they just said by interjecting “What?” In many cultures, this level of familiarity would be considered inappropriate and even disrespectful and condescending. Instead, dietetics professionals should greet clients by saying “Welcome” or another formal greeting. When they would like a client to repeat a statement, they should say “Excuse me” and then ask politely for the client to rephrase in their own words.

Similarly, nutrition and dietetics professionals should pay attention to how they address their clients. Americans are among the most informal people worldwide and frequently call both friends and strangers by their first names. Nutrition and dietetics professionals should ask how the client would like to be addressed. Nearly all other cultures expect a more formal and respectful approach, using the person’s surname.^{10,13} However, it is always best to ask clients how they would like to be addressed rather than assuming their preference. For example, one might want to play it safe and be formal by calling someone Mr. Morales for Juan Morales or Ms. Grayson for Patricia Grayson; however, their gender identity may not match the title and thus could be offensive. Clients should always be asked how they would like to be addressed.

Professionals should carefully craft the types of questions they ask their clients. Americans tend to be fairly direct and ask somewhat personal questions, yet in many cultures, direct questions are deemed inappropriate. They may even cause people to feel uncomfortable.¹⁰ Moreover, asking personal questions of a client in order to obtain personal health and nutrition data may be perceived as intrusive and disrespectful. Therefore, health professionals may want to try a formal approach rather than a quick, direct approach. Speak slowly and clearly. Listen first and try to understand nonverbal behavior in conjunction with verbal conversation.^{13,14} Nutrition professionals should consider explaining to their clients why they are asking

for certain information that may seem intrusive to make them feel more comfortable.

Nutrition professionals should try to understand the relationship that the client expects from them as a service provider. In many cultures throughout the world, professionals are held in high regard for their expertise. Expecting individuals and families to be talkative and assertive may be unrealistic if they expect to have a dependent role in which they are told what types of foods they should be eating.¹⁰

Nonverbal behaviors also differ among cultural groups and have different meanings. Customs concerning personal contact, body gestures, eye contact, interpersonal space, public displays of affection, and punctuality vary greatly. In terms of personal contact, unspoken rules about touching another person are culturally determined. For example, in many Muslim communities, it is considered illicit to hug a married woman. Similar concepts also apply to eye contact.

In American culture, it is considered disrespectful or suspicious to avoid looking someone in the eye. In some cultures; however, looking into a person's eyes is considered disrespectful. Rules about touching and space are also culturally determined. Some

cultures keep short distances between people, while others expect longer distances.^{10,11,13} These spatial relationships also extend to signs of affection between men and women. In the United States, it is culturally acceptable to see partners exchange romantic gestures or tokens of affection; yet in other parts of the world, intimate partners do not even hold hands.

Punctuality is also culturally determined. In the fast-paced United States, emphasis is placed on being on time and tardiness is frowned upon. Conversely, in parts of Asia as well as South and Central America, it may be socially acceptable for a client to be late or miss an appointment without contacting the service provider. In these parts of the world, people's personal use of their own time is often considered to be a higher priority than the clock. Nutrition counselors need to understand these different customs so they can better serve and understand clients' behaviors and choices. Start each session by setting a neutral professional setting. Assess the situation by listening and observing mannerisms of your clients. Be cautious in shaking hands, touching a client, or making assumptions in the initial introduction phase of the counseling session.^{9,13,14}

Summary

The chapter introduces verbal and nonverbal communication skills, listening skills, a model of the communication process, diversity, and cultural communication. Suggestions are presented for improving the nutrition and health professional's communication competence with clients and staff. To develop these skills, readers try implementing new behaviors and

practice what they have learned. When people have the opportunity to try out new communication behaviors, they tend to gravitate toward their old behavior. Even when the old strategies are unsuccessful, they generally tend to be repeated. Competent professionals must communicate effectively with patients, clients, staff, customers, and other professionals.^{1,2}

Case Challenge

Cicely Stivers, RDN, noted on the medical record that her patient, John Jones, age 63, was 5'11" tall and weighed 250 lbs. A retiree, he was just diagnosed with type 2 diabetes mellitus. Cicely stopped by his hospital room, introduced herself, and told him that the purpose of her visit was to discuss his current food

intake. During the conversation, Mr. Jones and his roommate were watching a baseball game on television, and periodically commented briefly on the plays and players. Finally, Mr. Jones said, "You need to talk with my partner, not me. He does the cooking." Just then, the physician entered the room.

Case Analysis

1. What are the barriers to communication in the case challenge?
 - a. Would you classify these barriers as language, cultural, or psychological barriers? Explain your rationale.
2. What do you notice about Mr. Jones's nonverbal behaviors?
3. How should the professional respond to Mr. Jones?

30 Chapter 2 Communication

4. Based on his reaction, it might be easy to assume that Mr. Jones does not care about his health. However, what other factors could be causing Mr. Jones to seem disengaged or to avoid the conversation?
5. What should the next steps be in engaging Mr. Jones in the discussion that would be most appropriate and comfortable for him?
6. Consider Cicely's initial approach and purpose for the visit. What would you have done differently?

Self-Assessment

Directions: Paraphrase the following two statements:

1. "I've been overweight most of my life. I've tried many different diets. I lose a few pounds, and then gain it all back."
2. "I have been trying to eat more plant-based foods. We even switched to a plant-based formula for our baby. I hear that is so much healthier."

Review and Discussion Questions

1. Explain the components of the communication model and explain its role in nutrition communication practice?
2. How do the transmission, interactional, and transactional models differ?
3. What can you do to identify and resolve barriers to communication?
4. What strategies would contribute to a more supportive communication environment?
5. Describe an empathic response.
6. Of the two messages received simultaneously by receivers, which is more influential, the verbal or nonverbal? Give an example of making a verbal message unbelievable using a nonverbal message.
7. What are the most common barriers to active listening? What are some specific suggestions for improving listening?
8. List some common misconceptions about health literacy.

Suggested Activities

1. After filling out the questions below, join with classmates in groups of three to share and discuss your responses with one another.
 - a. What types of nonverbal signals from your instructor or supervisor indicate to you that they are unhappy?
 - b. What nonverbal cues indicate that you are getting angry?
 - c. List some of the nonverbal signals that you send when you are talking and someone interrupts you.
 - d. List some of the nonverbal signals that you send when you want to signal confidence or approval of the other person.
 - e. List changes you might make in the room where you are reading to alter its climate positively.
2. Write a two-paragraph description of a current interpersonal conflict you are experiencing. Be sure to indicate: (1) the behavior on the part of the other person who has caused you a problem and (2) what "feelings" you are experiencing as a result of that behavior. Do not sign your name unless you want to be acknowledged. After the instructor has collected the descriptions, they may read them and either invite students to participate in role-playing of the situations using the guidelines for supportive verbal and nonverbal behavior or engage the class in a case study discussion of how the communication skills might be used to resolve the conflict.
3. You can increase your knowledge of nonverbal behavior by viewing others speaking but not hearing what they are saying. Tune into the television channel to a soap opera or talk show; turn off the volume, watch the nonverbal behavior, and try to interpret it. After 3 to 5 minutes, turn the volume up. Then again, turn off the volume. Do this several times and attempt to grasp the verbal messages without the sound by merely interpreting the nonverbal behavior. Take notes and be prepared to share your experience in class.

4. As an in-class exercise, silently jot down the general “meanings” you derive from the nonverbal behaviors listed below. Compare answers with classmates. Is there general agreement on all, or is there a range of answers? Where answers vary, discuss the possible reasons why.
 - a. Lack of sustained eye contact
 - b. Lowering of eyes or looking away
 - c. Furrow on brow
 - d. Tight lips
 - e. Biting lip or quivering of lower lip
 - f. Nodding head up and down
 - g. Hanging head down
 - h. Shaking head right to left
 - i. Folding arms across chest
 - j. Unfolded arms
 - k. Leaning forward
 - l. Slouching, leaning back
 - m. Trembling hands
 - n. Flushed face
 - o. Holding hands tightly

- p. Tapping foot continuously
- q. Sitting behind a desk
- r. Sitting nearby without any intervening objects

5. The following is an exercise that you might try with friends. The first person expresses the message to the second person, who in turn expresses it to the third, and so on, until six people have heard it. Ordinarily, the message is audiotaped and played back. This allows the participants to see the many ways in which messages are altered as they pass from person to person.

MESSAGE: A child has hurt herself at the pool, and I must report it to the police. However, it is necessary for me to get to the hospital as soon as possible. She was walking up to the diving board and getting ready to jump, when someone in a blue bathing suit pushed ahead. A boy in a red suit tried to stop her, but she fell off and landed on her back. The boy claims it was the young girl's fault, but she blames him.

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