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Unit 2 – Reflection Journal  
Psychiatric Nursing  
03 June 2024

A few lessons I have learned from other people in my life include be intentional with words and actions, mean what you say and say what you mean, be aware of your surroundings, treat others how you want to be treated, and always do the right thing even when nobody else is watching. These have been important things I have lived by that have gotten me far. I have gained trust from my peers by being intentional with my words and actions and by saying what I mean and meaning what I say. I have been kept safe by being aware of my surroundings. I have gained healthy friendships and relationships by treating others how I want to be treated. I have gained respect from my peers by doing the right thing even when nobody else is watching.

My style of communication depends on the situation. Generally, I communicate assertively with others. I am an honest person who likes to share my thoughts and feelings while also considering others' perspectives. However, if somebody is being disrespectful, I may communicate aggressively. I will most likely get defensive and will call them out on their behavior. Apart from this, I sometimes communicate passively. If I am having a conversation with a person or a group of people about a touchy topic for instance politics or religion, then I will avoid sharing my thoughts and feelings to avoid dispute. Alternatively, there are times I communicate passive-aggressively. If I am upset, I might make that known through nonverbal communication including silent treatment or facial expressions.

Self-awareness is important in promoting the development of therapeutic relationships. It is important to understand your own thoughts, feelings, behaviors, beliefs, and values because you will interact with people who will not share the same. By being self-aware, it will guide our behavior in a genuine way when interacting with patients and will aid in a therapeutic nurse-patient relationship. When we share unacknowledged thoughts that have not been self-evaluated, it can negatively impact our interactions with patients and cause conflict. This would not be fostering a therapeutic relationship.

There are two types of communication including verbal and nonverbal communication. Verbal communication involves using words orally or in writing and nonverbal involves conveying information without using words. Examples of verbal communication include talking on the phone, face to face conversations, and writing a letter. Examples of nonverbal communication include physical appearance and dress, body movement and posture, touch, facial expressions, and eye contact. Prior to reading the chapter, I would have said that I am an active listener. After reading the chapter, I don't meet all the skills to be an active listener identified by the SOLER acronym. The "S" stands for squarely facing the patient, the "O" stands for open posture, the "L" stands for lean forward toward the patient, the "E" stands for eye contact, and the "R" stands for relax. From my perspective, I thought I was an active listener because I physically listen to what is being said, but the sender who is delivering the message would think otherwise. This is because of my nonverbal gestures I am not always conscious of. I am not always aware or understand my non-verbal gestures. For instance, I will physically be listening to what is being said but as I am listening, I might be slouched, have my arms crossed, or have both of my hands support my head out of comfort. While I might not think anything of this, this can be interpreted as negative or a feeling of disinterest to the person delivering the

message. This might not be your intention; however, it poses a negative connotation. This is why it is important to self-evaluate and reflect.