

Reflection Paper Assignment

I have been told by my friends and family that I do not have the best verbal communication skills. I agree with them on this. I believe that I use a lot of different nonverbal communication to express how I may be feeling about certain things that are happening around me or to me. I am told often that what my mouth does not say my face does. I guess that I don't always realize that even if I do not verbally react or physically react with my body language, I am physically reacting with my facial expressions. I have also been told that my posture and body language communicate how I may be feeling before I can most of the time as well. The self-awareness I have of this can be used to promote the development of therapeutic relationships and communication because nonverbal communication is just as important as verbal communication if not more important. In most cases first impressions are made before you even speak to a person so one's body language and facial expressions can be the factor that makes or breaks a therapeutic relationship before it can even begin. I have been told often that I look angry or uninterested and that it has been the reason that some of my friends did not come to speak to me initially. As a result, many of the friendships that I have now were initiated by me speaking to them because I was perceived as unapproachable at first because of my body language and facial expressions. With me having this awareness of how some people have perceived me on first encounter will help me greatly in knowing how to make changes that will make the therapeutic relationship better. Such as changing body language to show that I am engaged in the conversation like leaning toward the patient, making eye contact as we converse and nodding to show interest. Making sure that the patient knows that I am engaged and interested is a good way to establish a good nurse-patient relationship. As far as relating to others I have been told many times that I am too sympathetic. I have been told that I should be less sympathetic and more empathetic. I honestly am worried about the fact that I do let my emotions get involved with things a lot. Having the awareness of this can help me realize what level of emotion should be involved when caring for a patient. I be able to acknowledge when the boundaries for what level of emotional involvement is appropriate for a nurse-patient therapeutic relationship. I think that I am an active listener, but I have my moments where I feel that I am not. I have realized as I have gotten older that I sometimes space out during certain conversations but when it comes to serious conversations and situations, I make sure that I am very attentive. I have also been told that sometimes when I am in a serious conversation, I may be too active of a listener because I end up sitting there listening to the other person talk and not say anything during the conversation. I realize how that can have a hand in making people feel that I am not interested in the conversation because I am not actively interacting in the conversation. I can now make sure that I am keeping eye contact with whomever I am speaking with so that they do not feel that I am uninterested and ask for clarification if I do not understand something that is said in the conversation as well as just engaging in the conversation by doing little things like nodding, offering leads to further the conversation. I feel that learning from those around me how they feel that I go about communicating and how they think I relate to others has helped me greatly and will continue to help me in learning how to develop a therapeutic nurse-patient relationship and being able to gage what in the nurse-patient relationship is appropriate and what is not appropriate. The self-awareness that I have gained throughout my life especially in adulthood has helped me make significant changes in my communication skills both verbally and nonverbally as well as learning that in some situations the way I relate to other people can be unprofessional and inappropriate to a certain extent. I have always known that I am emotional, but I thought that I could differentiate when it was okay to be and when it was not. I am continuously learning

ways to communicate and relate in a way that will be therapeutic not only in my nursing career and in patient care settings but also in other situations both professional and nonprofessional.