Module 01: Communication, Guidance and Counselling

Lesson 02: Fundamentals of Dialogue and Constructive Conflict Management

GIZ sub-project:

MANILA - Modern Approach to Nursing Instructional Learning Advancement

Development and implementation of a blended learning qualification for instructors for nursing practice in the Philippines

Contents

1. Learning Objectives:

At the End of this lesson:

- You know the methods of dialogue management and can use them in a situation- and addressee-oriented manner.
- You know individual strategies for conducting conversations in the classroom, their prerequisites, and effects.
- You can use specific criteria to describe the dynamics of processes in groups and draw conclusions for interventions.
- You are able to recognise the tasks and functions of counselling and interpret and design counselling situations in terms of interaction and communication theory.
- You can deal with objections and apply this method.
- You are familiar with the Johari window and can explain the model for visualising self-perception and the perception of others.
- You are familiar with the four-step concept of non-violent communication and can explain it.

2. The Basics of Dialogue

The basics of conducting a conversation comprise several aspects that build on each other and are interlinked. These include preparing for a conversation and the different types of conversation, the art of asking questions and the use of questioning techniques as well as active listening. In nursing, effective communication skills are crucial for the quality of patient care and the working atmosphere in the nursing team. Here are some examples that shed light on the basics of conversation management specifically for the care sector and help to make conversations effective and goal-orientated.

2.1. Preparation and Types of Dialogue

Thorough preparation is the key to a successful conversation. In the care sector, it is particularly important to be well prepared in order to communicate effectively and meet the needs of patients. Here are the key aspects of preparing for a conversation, supplemented by specific examples:

1. **Objective**: Clearly define what you want to achieve with the conversation. Gather information about a patient's state of health or inform relatives about treatment plans.
    - **Example**: A carer wants to clarify in a conversation with a patient how well the patient has understood the new care instructions. The aim could be: "Ensure that the patient has fully understood the wound care instructions and can carry them out independently."
2. **Information collection**: provide relevant medical documents, care plans and patient files.

- **Example**: Before a conversation with a patient's relatives, the carer prepares the current care report, medication plan and the latest doctor's instructions. This ensures that all information is available so that questions can be answered comprehensively.

3. **Analysing the patient**: finding out about the person you are talking to and taking into account their interests, expectations and communication styles. Knowledge of the patient's state of health, needs and communication skills.
    - **Example**: A carer knows that a patient suffers from severe osteoarthritis and is therefore physically limited. She also knows his preferences, e.g. that he prefers clear and simple explanations. This helps her to adapt the conversation accordingly and ensure that the patient understands and can implement the information.
4. **Organisational preparation**: Plan the date, location and duration of the interview and ensure that the interview takes place in a quiet and undisturbed environment.
    - **Example**: A carer wants to discuss a sensitive topic such as the initiation of palliative care with a patient. She chooses a quiet meeting room instead of the hectic ward room to ensure an undisturbed and private atmosphere. Before the discussion, she makes sure that all the necessary documents and aids are available and informs her colleagues that she does not want to be disturbed for the next 30 minutes.

Careful preparation for conversations in the care sector helps to communicate effectively and sensitively. By setting clear objectives, gathering comprehensive information, analysing the patient in detail and creating a suitable framework, the nurse can ensure that the conversation is focused and productive. This not only improves the quality of care, but also strengthens the trust and satisfaction of patients and their relatives.

Types of dialogue

There are different types of conversations in care that require different goals and approaches:

1. **Anamnesis interview**: recording the patient's medical history and current complaints.
    - **Example**: "Can you describe to me when the pain started and how it feels?"
2. **Counselling interview**: Information about treatment plans, care instructions and preventive healthcare.
    - **Example**: "It is important that you take your medication regularly. Do you have any questions?"
3. **Proclamation dialogue**: Communicating diagnoses and important health information.
    - **Example**: "We have received the test results. May I explain what they mean?"
4. **Conflict dialogue**: clarification of misunderstandings or conflicts with patients, relatives or within the team.
    - **Example**: "Let's talk about your concerns about the treatment."

2.2. Leading Conversations Through Questions and Questioning Techniques

Questions are a key tool for conducting a conversation. They help to gather information, steer the conversation and activate the dialogue partner. Conducting conversations effectively requires the targeted use of questions and questioning techniques. Open questions such as "How are you feeling today?" encourage detailed answers and a deeper understanding of the other person's needs and feelings. Closed questions, such as "Have you taken your medication?", provide precise information and are useful for clarifying specific details. W questions that begin with "who", "how", "what", "where", "when" or "why" help to obtain specific information and guide the conversation in a structured way. Suggestive questions, such as "Don't you think that's a good solution?", can influence opinions, but should be used sparingly and deliberately. Specific questions such as "Can you explain that in more detail?" clarify vague statements and avoid misunderstandings. Through the targeted use of these techniques, the dialogue leader can ensure that all relevant information is gathered, misunderstandings are avoided and the conversation is constructive. These questioning techniques not only promote the exchange of information, but also strengthen trust and cooperation between the dialogue partners.

Questioning techniques

Question technique	Features	Effect	Examples
Closed questions	These are usually decision questions to which you can answer with yes or no or with a narrowly defined term.	Low information yield. Forcing a clear statement. Strong steering. Facts are collated. Decisions are brought about.	Are you all right? What time is it?
Open questions	Challenge the dialogue partner to give a longer answer, provoke thought and make the dialogue partner come out of their shell. Usually start with a question.	Open dialogue with little guidance. Large information yield. Interlocutors can easily feel like mere cues.	How are you doing? What do you think?
Control ask	Steer the conversation, you can start with an interrogative word or a verb.	Determine the course of the conversation. Concentrate on the central theme.	Shall we do the task first?
Feedback questions	Do not usually begin with a question word. Summarise what has been said so far.	Prevent people from talking past each other. Are sympathetic and ensure understanding.	Did I understand you correctly that ...? Are you saying that...?
Suggestive questions	Allow only one answer.	Nagging. Have a demotivating effect.	Surely you are also of the opinion that ...?
Chain questions	Two questions in one sentence	Confuse and unsettle	Who is responsible for this and why?
Rhetorical questions	Answered by the questioner himself	Can structure a presentation. Often come across as a teacher.	So how did we solve the problem? What do you think? First of all...
Demeaning questions	Disqualifying remarks	Belittle the interlocutor. Force them onto the defensive. Poison the climate	What's the point of this comment now? How did you come up with such an absurd claim?
Motivating questions	Compliments, attention	Create a positive atmosphere. Open up the conversation.	Mr Reyes, as a long-standing participant, surely you can give us a reason for ....?
Alternative questions	Limitations to the alternatives mentioned	Give the option to select	Would you like to proceed exactly according to this plan or would you like to talk to me again on your next visit?

Use of questions

Questions are an essential tool in communication as they structure and deepen the dialogue. They make it possible to gather information in a targeted manner and gain clarity about the facts. Open questions, such as "How do you feel about the current situation?", encourage detailed answers and a better understanding of the other person's perspectives and needs. Closed questions, such as "Have you completed the form?", provide precise and quick information. Questions can also help to clarify misunderstandings and ensure that everyone involved is on the same level of knowledge. Questions help to steer the conversation in a certain direction if the conversation is going in the wrong direction. They also help to build relationships by signalling interest and attention.

In nursing, for example, targeted questions help to better understand the patient's state of health and create individualised care plans. Overall, questions promote effective communication, strengthen trust between the dialogue partners and contribute to better decisions and solutions.

Questioning technique and golden rules:

By applying the questioning techniques and golden rules, communication can be made more effective and targeted. This leads to better communication, deeper understanding and stronger relationships, especially in professional contexts such as care, counselling and day-to-day interactions.

- He who asks, leads
- Ask value-neutral questions, do not devalue
- Explain the reason for the question
- Ask motivating questions
- Confirmation questions after longer explanations and with silent partners
- Favour open questions
- Use short interrogative sentences
- Always ask only one question in a sentence
- Do not ask leading questions
- Allow breaks

2.3. Use of "I" Statements Instead of "you" Messages in Conversations

The choice of wording plays a decisive role in conducting a conversation. A key aspect here is the distinction between "I" statements and "you" messages. The use of "I" statements can help to avoid misunderstandings and make communication more constructive.

What are "I" statements?

I-statements refer to your own feelings, thoughts and needs. They express how you perceive a situation without directly reproaching or accusing the other person.

Examples of I-statements:

- "I feel stressed when work is put off until the last minute."
- "I am disappointed because I have the feeling that my ideas are not being heard."

What are "you" messages?

You-messages are addressed directly to the other person and often contain accusations or criticism. They can quickly be perceived as an attack or accusation and thus lead to defensive reactions or conflicts.

Examples of "you" messages:

- "You're always so unreliable."
- "You never listen when I say something."

Advantages of using first-person statements

1. Avoid apportioning blame: First-person statements avoid direct accusations and finger-pointing, which reduces the likelihood that the other person will react defensively.

- Example: Instead of "You always make me angry", you could say "I feel angry when..."

2. Promoting understanding: you help the other person to better understand your own feelings and perspectives.

- Example: "I feel overwhelmed when I'm given new tasks at short notice."

3. Creating a constructive atmosphere for dialogue: I-statements promote open and respectful communication based on mutual understanding.

- Example: "I would like us to discuss our tasks early on so that I can plan better."

4. Strengthening self-reflection: they encourage self-reflection and promote taking responsibility for one's own feelings and reactions.

- Example: "I realise that I'm annoyed because punctuality is important to me."

Application of I-statements in practice

- **In conflicts:** Instead of blaming the other person, such as "You're always so messy", you can say "I have trouble keeping track of things when the room is messy."
- **In feedback discussions:** Instead of "You always do it wrong", you can say "I've noticed that a different approach helps me better."
- **In teamwork:** Instead of "You talk too much in meetings", you can say "I find it difficult to make my point if I don't get a chance to speak."

You-messages		I-statements
You are wrong!	●	I come to a different conclusion.
Your solution is no good!	●	I favour a different solution.
What have you done to yourself again come up with?	●	I'm surprised, that's new for me.
We are all of the opinion that ...	●	I have made the experience that ...
You have let me down badly!	●	I had a different idea about you.
No one should attend a meeting on arrive late.	●	Personally, I think it's fair to everyone else to turn up on time.
You don't allow any alternative suggestions.	●	I am in conflict with the proposals.
You don't give me any time!	●	I still need some time.

Conclusion

The use of "I" statements instead of "you" messages contributes to a more positive and constructive dialogue atmosphere. By focussing on your own feelings and needs, the risk of misunderstandings and conflicts is reduced and more open, respectful communication is encouraged. This is particularly useful in sensitive areas such as care, in a professional environment and in personal dialogue.

Reflection: As Filipinos may have the tendency to communicate indirectly especially in addressing uncomfortable situations, do you think “I” Statements can be helpful in mentoring? What do you think can be an effective approach?

2.4. Active Listening - Rules for Good Listening

Active listening is an important skill when conducting a conversation. It promotes understanding and strengthens the relationship with the dialogue partner. Active listening is particularly important in nursing to give patients the feeling that they are being taken seriously and understood.

It is not always easy to understand our dialogue partner. However, we can come closer in mutual understanding and thus contribute to greater satisfaction in communication. The "active listening" model was developed by the American psychotherapist Carl Rogers in talk therapy (now known as person-centred or client-centred psychotherapy).

The personal attitude towards the interlocutor is characterised by three basic axioms: **empathy, congruence and unconditional acceptance**.

Active listening techniques according to Carl R. Rogers

1. **Show attention**: Pay full attention to the person you are talking to, maintain eye contact and do not allow yourself to be distracted.
   - **Example**: While the patient is speaking, maintain eye contact and nod occasionally.
2. **Paraphrase**: Repeating the conversation partner's statements in your own words to avoid misunderstandings or to ensure that you have understood correctly.
   - **Example**: "If I understand you correctly, you say that the pain has got worse since yesterday."
3. **Mirroring feelings (verbalising)**: Acknowledge and verbalise the emotions of the other person. The feelings of the other person are mirrored.
   - **Example**: "I can see that you're worried. Would you like to talk about it?
4. **Ask questions (follow-up questions)**:
   - **Example:** A nursing trainee tells the practical instructor about a difficult nursing situation in which he was unsure how to act. The practical instructor asks: 'I see, you had the feeling that the patient was in pain. Can you tell me in more detail what gave you this feeling? Did she say anything or were there any particular signs that you noticed?'

     By asking this question, the practical instructor ensures that they have fully grasped the situation and that no important details are lost. It also shows the trainee that they are actively listening and are interested in better understanding the trainee's uncertainties in order to help them further if necessary.

5. **Non-verbal signals**: signalling agreement and attention by nodding, smiling or other non-verbal signs. Use body language to signal attention and understanding.
   - **Example**: Smile, nod in agreement or a slight forward tilt.
6. **Summarise**: Summarise important points at the end of the conversation to ensure that all aspects have been properly understood.
   - **Example**: "To summarise, you would like to know what side effects the new medication could have."
7. A**sk open questions (follow up)**: Questions that encourage the interviewee to answer in more detail. Questions without a yes/no answer: "How does that make you feel?"
   - **Example**: "How have you experienced the last few days?"

In nursing, the basics of conversation are essential to ensure effective and empathetic communication. Good preparation, targeted questioning techniques and active listening are essential to understanding patients' needs and helping them in the best possible way. By mastering these techniques, carers can not only improve the quality of care, but also increase patient confidence and satisfaction.

Active listening - tips and rules

You have two ears and one mouth. Use them in this ratio too!

- The Greek stoic Zeno wrote: "We have two ears and one mouth precisely because we should listen more and talk less."

Do not plan answers while the other person is still talking.

- If you are already thinking about your arguments while the other person is still talking, you may miss important arguments that you could include in your answer. You should only reply once you have fully understood the other person's speech.

Show interest by seeking eye contact.

- Attentive, interested listening encourages the dialogue partner and creates an atmosphere of trust that is beneficial to the goals of the conversation.

Pay attention to the body language of the person you are talking to.

- With a little practice, you can tell whether the person you are talking to stands behind what they are saying.

Don't block them with facial expressions and gestures. Also show your interest through your posture.

- Dismissive looks and shaking your head while your partner is still talking can make a conversation unpleasant. The speaker becomes irritated and builds up blockages.

Don't interrupt your partner - let them finish.

- It is polite to let someone finish speaking. People who are constantly interrupted in a conversation either withdraw from the conversation or become aggressive.

Learn to tolerate pauses in the conversation.

- Don't try to fill breaks by talking at all costs.

Ensure a pleasant working environment.

- The time and place should be chosen so that the partner is not negatively influenced by outward appearances.

Ensure that interference is avoided as far as possible.

- For the duration of the conversation, your partner should have the impression that you are there exclusively for them.

Reserve enough time for the conversation.

- Discussions under great time pressure often lead to hasty decisions.

Do not judge the other person's statements.

- Judgements quickly lead to the dialogue partner withdrawing and insisting on their preconceived opinion.

Exercise method:

Nurse Maria speaks to nurse Bob. Bob repeats what nurse Maria said as faithfully as possible to the content and meaning. Here, particular attention must be paid to the subtle differences. Only when nurse Maria feels understood can Bob give his own appropriate answer to nurse Maria.

Practical tip: Conversation diary

A conversation diary leads to a sharper perception of conversation situations and the course of conversations. It enables you to recognise typical patterns and traps in conversations. Record important conversations in as much detail as possible in a diary for a week:

- Who was the participant?
- What was discussed?
- What were the messages?
- What factual information was exchanged?
- Were there (hidden) relationship messages?
- Collect typical messages in the conversations: Who sends out which appeals?

2.5. Dealing Constructively with Objections

Handling objections is a central component of communication in nursing. It refers to the ability to handle objections or concerns from patients or their relatives in a constructive and empathetic manner. Objections can come in various forms, such as doubts about treatment plans, worries about the side effects of medication or general fears about medical interventions. Effective objection handling promotes trust and satisfaction and helps to clarify misunderstandings.

Basics of objection handling

1. **Active listening**: Shows that you take the concerns seriously.
   - Example: A patient expresses doubts about the necessity of a particular medication. The carer listens actively and repeats the objection: "I understand that you feel unsure about the medication."
2. **Show empathy**: Express understanding for the patient's feelings and concerns.
   - Example: "I can understand that the side effects are frightening for you."
3. **Provide information**: Provide factual and understandable information to clarify concerns.
   - Example: "Let me explain to you why this medication is important and how we can minimise the side effects."
4. **Finding a solution together**: Involve the patient in the decision-making process.
   - Example: "What other questions do you have and how can we make sure you feel more comfortable?"

Grinding technique in single-wall treatment

The looping technique is a specific method of objection handling that aims to fully understand the communication partner's objection, address it and continue the conversation constructively. This technique can be particularly useful in nursing to ensure that the patient's concerns are thoroughly addressed.

Steps of the loop technique:

1. Take up the objection: Take up the objection actively and attentively.

- Example: A patient says: "I don't want to take painkillers because I have heard that they are addictive."

2. Repeat the objection: Repeat the objection in your own words to show and confirm understanding.

- Example: "If I understand you correctly, you are worried that the painkillers could be addictive."

3. Clarify the objection: Ask questions to understand the objection in more detail and clarify possible misunderstandings.

- Example: "What exactly have you heard about addiction to painkillers?"

4. Refute the objection: provide factual information and arguments to refute the objection.

- Example: "Modern painkillers have a low risk of addiction, especially if they are taken as prescribed by a doctor. We monitor your medication closely to ensure that you are taking it safely."

5. Obtain consent: Check whether the information has refuted the objection and continue the conversation.

- Example: "Do you feel more comfortable with this explanation, or are there any other concerns we should discuss?"

6. Close the loop: Initiate the next step in the conversation to conclude the topic or make a decision.

- Example: "Let's discuss together how we can treat your pain effectively without you having to worry."

Objection handling in nursing requires empathy, communication skills and a thorough knowledge of the medical facts. The loop technique provides a structured approach to systematically handle objections and ensure that patients' concerns are fully understood and addressed. This helps to build trust and increase patient satisfaction by making them feel heard and understood.

The difference between manipulating and convincing:

Manipulate	Convince
The concern is hidden.	The issue is clear.
The attitude towards others is rigid: they are expected to fulfil egocentric needs without realising it.	The attitude towards others is respectful, empathic and flexible.
Sincere perception is prevented. The communication is fake.	Honest perception and feedback are welcome
The dialogue partner is forced to do something.	The other party has freedom of choice.
The manipulated person is exploited. He has to give something.	The convinced person feels taken seriously and valued. He gets something.
We are sticking to well-trodden paths.	Ideas, changes and creativity arise from a lively exchange.
The relationship is destroyed in the long term.	The relationship strengthens.
The manipulator's self-confidence is essentially poor, as personal development is only possible in contact with others. Those who manipulate are incapable of making new experiences.	The self-confidence of someone who is convincing is good. He also learns something from his counterpart.

Attract attention ... open doors:

The topic of "Attracting attention ... opening doors" describes an important strategy to ensure that information is effectively absorbed and understood. People are often distracted by a multitude of information and stimuli, so it is crucial to direct their attention and arouse their curiosity.

Strategies to attract attention:

Surprising facts or statistics: Start with a surprising fact or interesting statistic that is directly related to the topic.

- Example: "Did you know that the number of diabetes cases worldwide has more than doubled in the last 20 years?"

Stories or personal experiences: Use stories or personal experiences to arouse emotional interest and create a personal connection.

- Example: "Let me tell you about a patient whose life was positively changed by regular exercise and a healthy diet."

Questions or riddles: Ask a provocative question or riddle that leads directly to the topic and stimulates thought.

- Example: "What do you think would be the most effective way to reduce the smoking rate in our community?"

Visualisations: Use visual aids such as pictures, diagrams or graphics to present complex information in a vivid way and capture attention.

- Example: Show a diagram illustrating the increase in global air pollution in recent decades.

Current or relevant events: Refer to current events or developments that arouse the interest of the audience and establish a direct link to the topic.

- Example: "Given the current discussions about vaccines, it is important to clearly understand the facts about their safety and efficacy."

This approach provides structured strategies to address objections, divided into subject-related and partner-related methods, to encourage constructive dialogue and mutual understanding.

Subject-related	**Partner-related**
• I would like to get to the heart of the matter. • Can I briefly explain my point of view? • Let me give you an example of this. • If I may summarise once again.	• I can understand if you do not answer the following question. • As a man of practice, this should be of particular interest to you. • I'm also thinking of our last conversation, Mr Jones. • Even though it may be boring, I would like to repeat my question.

Why is this important?

Attention span: People often have a limited attention span and can be easily distracted. A targeted approach to attracting attention increases the likelihood that information will actually be noticed.

Engagement: By arousing interest and creating an emotional or intellectual connection, you encourage engagement and the willingness of the audience to engage with the information.

Recall and understanding: Information presented with an attention-grabbing introduction is often better remembered and more deeply understood.

Summary

Targeted attention-grabbing and opening "doors" through appealing introductions are crucial for effective communication and knowledge transfer. By using surprising facts, personal stories, questions, visualisations or topical references, you can ensure that your message is heard and understood. This is particularly important in the care sector, where clear and understandable communication plays a key role in promoting the health and well-being of patients.

2.6. The Feedback Method

The feedback method in nursing is an important tool for improving the quality of care, promoting communication and creating a positive working environment.

Here are the basics and steps of the feedback method in nursing:

Basics of the feedback method

1. Aim: The main aim of feedback in nursing is to provide constructive feedback based on experiences, observations and expectations. It should help to improve behaviour and performance and promote a culture of open communication.

2. Meaning: Feedback enables nursing staff to reflect on their performance, reinforce their strengths and identify opportunities for improvement. It also promotes mutual support and learning within the team.

3. Characteristics of good feedback: it should be specific, clearly formulated, timely, respectful and adapted to the situation. Good feedback is goal-orientated and constructive in order to encourage positive change.

We distinguish between:

- **Confirmation feedback**: Instructions are not only heard, but also understood and accepted.
- **Clarification feedback:** ambiguities can be clarified, misinformation recognised and corrected.
- **Opinion feedback**: Objections or concerns are discussed.

Steps of the feedback method

1. Preparation: Before giving feedback, the giver should be clear about the observations and specific points they wish to address. It is important to choose a suitable time and place to give the feedback.

2 Introduce the feedback: Start with a positive opening that explains the purpose of the feedback and prepares the recipient for the content to come. Avoid starting with criticism before the recipient even understands what it is about.

- Example: "I would like to talk to you about your work, in particular about an aspect I have noticed that is important for our patients."

3. Description of the observed behaviour: Describe in concrete terms the behaviour or situation to which the feedback relates. Use specific examples to avoid misunderstandings.

- Example: "This morning I noticed that you looked after Mrs Müller with particular empathy and patience."

4. Effect of the behaviour: Describe what effects the observed behaviour had. Emphasise both positive and negative consequences, if possible.

- Example: "Mrs. Hontiveros seemed to be reassured and well looked after, which had a positive effect on her mood and state of health."

5. Suggestions for improvement: Give specific suggestions or ideas on how the behaviour can be improved. Be supportive and offer help if necessary.

- Example: "In order to maintain this quality of care, you could continue to ensure that you are sensitive to the needs of our patients and respond to them."

6. Questions and reactions: Give the recipient the opportunity to ask questions or share their reaction. Listen carefully and answer questions honestly and respectfully.

7 Closing the feedback: End the feedback positively and encouragingly. Encourage the recipient to accept the feedback and use it in a constructive way.

- Example: "Thank you very much for your openness. I really appreciate your work and I am sure that you will continue to make a valuable contribution."

Conclusion

The feedback method in nursing is an effective tool for improving the quality of care, strengthening the team climate and promoting professional development. Through clear communication, respectful behaviour and a willingness to self-reflect, feedback makes a significant contribution to continuous improvement in nursing. It is important that feedback is used in a targeted and constructive manner in order to achieve a positive effect and support professional development.

2.7. The Johari Window: A Model for Visualising Self-Perception and the Perception of Others

The Johari window, developed by the American psychologists Joseph Luft and Harry Ingham in the 1950s, is a model that illustrates the dynamics between self-perception and the perception of others in group processes. It is used to improve communication and understanding within groups by showing the different aspects of the self, which are perceived differently depending on the degree of openness and feedback.

The model is particularly useful for understanding how we share information about ourselves and how this information is perceived by others. By applying the Johari Window, individuals and groups can effectively analyse and optimise their communication patterns to achieve better mutual understanding and trust.

The model consists of four quadrants, each representing different aspects of our personality and communication.

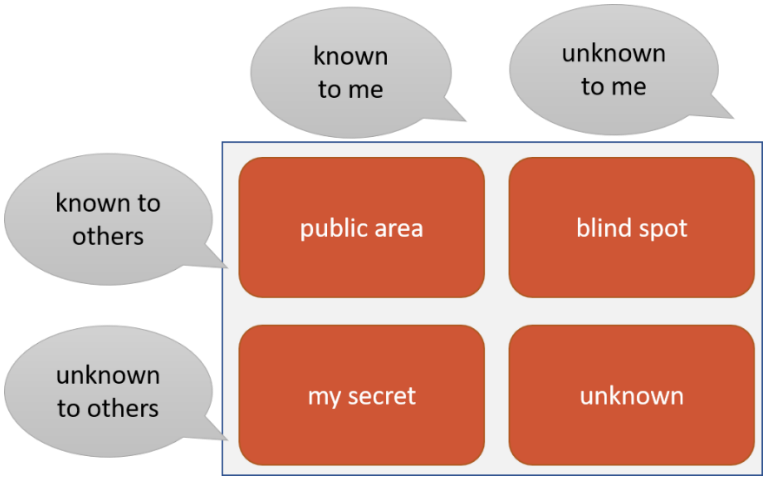

Figure 1: Johari Window no. 1 (self-created graphic by Jovan Didier)

The four quadrants of the Johari window

1. open arena / public area (arena)

Definition: This quadrant includes information about ourselves that is known both to us and to others. It is the area in which open and transparent communication takes place.

- Example: A care team member knows that they are punctual and reliable, and their colleagues recognise and value these qualities too.

2. blind spot

Definition: This quadrant contains information that others know about us but that we ourselves are not aware of. These are often behaviours or habits that we are not aware of, but which are observed by others.

- Example: A nurse tends to dominate in meetings without being aware of it, while his colleagues are clearly aware of this behaviour.

3. hidden area / My secret (Façade)

Definition: This quadrant includes information that we know about ourselves but hide from others. This information can be withheld for various reasons, such as shame, fear or insecurity.

- Example: A carer has doubts about their own competence, but does not dare to express these concerns to their colleagues.

4. unknown (Unknown)

Definition: This quadrant contains information that neither we nor others are aware of. It represents hidden potential and undiscovered abilities.

- Example: An employee discovers through a new task that he has a talent for strategic thinking that neither he nor his superiors were previously aware of.

Application of the Johari window

The Johari window can be used in various contexts to improve communication and understanding. It can be used in teams and organisations to promote self-disclosure, for example.

Self-disclosure means that carers talk openly about their thoughts, feelings and experiences in order to enlarge the "open arena" and reduce the "hidden arena".

Example: In a team meeting, a carer shares that she often feels insecure on night watch when she has to make difficult decisions alone. She asks for advice and support from experienced colleagues.

This promotes an open and trusting working environment in which carers can express their concerns and support each other.

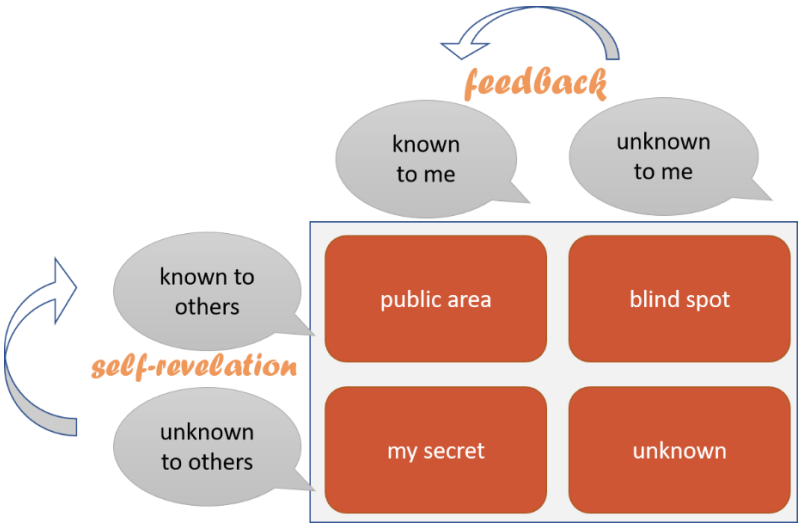

Figure 2: Johari Window no. 2 (self-created graphic by Jovan Didier)

Feedback is crucial to minimise the "blind spot". Nursing staff receive feedback on behaviour that they themselves do not notice, but which is perceived by others.

> **Example**: A colleague gives a carer feedback that she tends to give instructions very quickly in stressful situations, which can cause confusion for patients. The nurse was not aware of this behaviour, but takes the feedback seriously.

Such feedback allows the nurse to adapt and improve their behaviour, resulting in clearer and more effective communication with patients and colleagues.

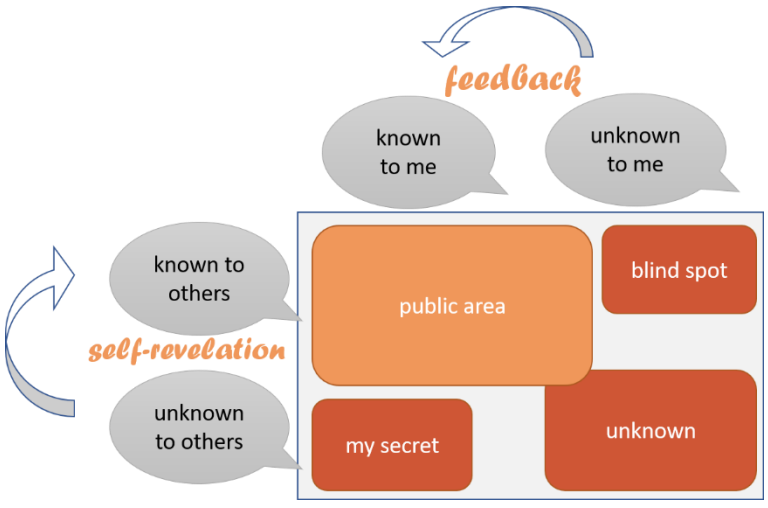

Figure 1: Johari Window no. 3 (self-created graphic by Jovan Didier)

By having nursing staff communicate openly with each other on an ongoing basis and exchange feedback, the "hidden area" is reduced and trust within the team is strengthened.

> **Example**: A carer shares with her team that she is having difficulty dealing emotionally with certain patients and asks for support or strategies from her colleagues.

This creates a supportive environment in which carers can openly discuss their challenges and find solutions together.

The "unknown area" can be reduced through joint reflection and the exploration of new experiences, allowing hidden talents and abilities to be discovered.

> **Example**: As part of a training programme for nursing staff, a simulation is carried out in which nursing staff are confronted with unexpected emergency situations. A carer who previously felt unsure about dealing with emergencies discovers a talent for reacting quickly and effectively under pressure as a result of the exercise.

This leads to an increase in the skills and self-confidence of the nursing staff, which in turn improves the quality of patient care.

The Fohari window

https://www.youtube.com/watch?v=UiKfCiKOjsk

Conclusion

The Johari Window is a powerful tool for improving communication and collaboration in care. By encouraging self-disclosure, constructive feedback, trust-building and joint reflection, carers can sharpen their perception of themselves and others and achieve a deeper mutual understanding. This leads to more effective collaboration, a more supportive working environment and a higher quality of patient care. Schedule regular reflection sessions to discuss progress and gain new insights. Support nurses to discover and utilise new potential. Through reflection and collaboration, teams can discover and utilise unknown skills and potential.

Note on the Johari window

> **Rules for the feedback provider - The feedback should:**
>
> - be descriptive, not judgemental,
> - are related to concrete behaviour, not to characteristics,
> - be related to observations,
> - be aimed at changeable behaviour,
> - name their own feelings and reactions,
> - as soon as possible or at the right time and
> - only in its own name.

Rules for the feedback recipient - The feedback recipient should:

- listen, ask questions if necessary,
- do not justify, defend or argue,
- think about it and don't push the feedback away inwardly,
- Make it clear to the giver that the feedback has been received and, if applicable, what triggered it.

2.8. Constructive Conflict Management and Violence Prevention

Conflict and the risk of violence are not uncommon in the care sector due to the demanding working environment and the emotional stress that carers experience on a daily basis. Effective conflict management and violence prevention strategies are therefore crucial. A proven approach to promoting peaceful and constructive communication is non-violent communication (NVC) according to Marshall B. Rosenberg. The concept of NVC and the four-step model are explained here and its application in care is discussed.

1. Basics of constructive conflict management and violence prevention

Constructive conflict management includes strategies and techniques for recognising conflicts at an early stage, addressing them openly and resolving them together. Violence prevention aims to create a safe working environment in which violence is prevented through de-escalation techniques and clear communication strategies.

2. Non-Violent Communication (NVC) according to Marshall B. Rosenberg

Non-violent communication is a method for improving interpersonal communication and conflict resolution based on empathy and mutual understanding. It helps carers to de-escalate conflicts and promote respectful and effective communication.

3. The Four-Step Concept of non-violent communication

The four-step model of CSF comprises the following four steps:

1. Observation:

Observe the action or situation and describe it objectively: "People lose their intelligence when they are angry." Therefore, in a conflict or potential conflict, it is important to keep a cool head, observe and get a clear picture of the situation without judgement. This is important as our own perception is subjective and often distorted. For constructive communication, the "problem" must then be described objectively and factually. Generalisations should be avoided, as phrases such as "all", "never" or "always" sound like accusations and make the other person feel the need to defend themselves. Even if the concern is justified, everyone involved must remain objective so that the situation does not escalate.

Example: A carer notices that a colleague often talks loudly to patients, which leads to a tense atmosphere.

Application: "I've noticed that you've been talking loudly to the patients a lot lately."

2. Feelings:

Listen to yourself and express your feelings. Once you have recognised what has actually just happened, you also need to find out what emotions have been triggered. Rosenberg differentiates between primary and pseudo-emotions.

Primary feelings are feelings that we feel physically and that are neurologically recognisable. They express whether our needs are being met or not.

Pseudo-feelings refer to the interpretation of the behaviour of others. These are usually negative thoughts such as accusations, reproaches and blame, which are based on an unfulfilled need.

If we are aware of our primary feelings, they are formulated in such a way that the recipient can easily understand them. They are packaged in first-person messages such as "I feel like I'm not important to you because I tried to call you three times but you didn't answer and didn't call me back." The other person is often not even aware of this and now has the opportunity to make their actual intentions clear.

Example: The carer expresses their feelings in relation to the observed action.

Application: "I feel uncomfortable and worried because it could unsettle patients."

3. Needs:

Express a need! Behind our feelings are needs that are all fundamentally justified and positive. Rosenberg differentiates between nine basic needs:

- Physical well-being
- Security
- Love
- Empathy/empathy
- Creativity
- Security
- Play, recreation
- Autonomy, free will
- Need for meaning/a task

In a conflict situation, needs must be recognised and expressed together with our personal concerns and goals, because only then can our fellow human beings respond to them. A discussion creates clarity and a basis for a joint solution.

Example: The carer names the needs associated with the feelings.

Application: "I need a calm and respectful working environment in which patients feel safe and in good hands."

4. Requests:

Formulate a request! In the final step, a request is made to the other person with the aim of fulfilling the need. It is important that it is formulated in a friendly way and not seen as a

demand. We must ask for specific behaviour that the other person can carry out directly and thus achieve an immediate improvement in the situation.

Example: The carer makes a specific request to improve the situation.

Application: "Could you please try to speak to the patients in a calmer tone?"

4. Application of the NVC and the four-step model in nursing care

By applying the NVC and the four-step model, carers can address and resolve conflicts in a respectful and empathetic manner. This leads to an improvement in the working atmosphere and the prevention of violence.

Example in practice: A nursing home implements regular NVC workshops for nursing staff to improve communication skills and manage conflicts effectively. In conflict situations, the nursing staff use the four-step model to clarify misunderstandings and find solutions together.

The benefit of this is that carers develop a better understanding of their own needs and the needs of others, which leads to more respectful interaction and improved cooperation. The preventative application of CSF defuses potential conflicts at an early stage and reduces the risk of violence.

3. Summary

Constructive conflict resolution and the prevention of violence are essential in nursing care in order to create a safe and harmonious working environment. With its four-step model, non-violent communication (NVC) according to Marshall B. Rosenberg offers an effective method for resolving conflicts in an empathetic and respectful manner. By promoting open and honest communication, regular training and the implementation of preventative measures, care facilities can sustainably improve the quality of patient care and the well-being of nursing staff.

Although non-violent communication according to Marshall B. Rosenberg can be a useful tool for improving interpersonal communication and conflict resolution, there are justified points of criticism that can limit its application in certain contexts.

A common criticism is that the four-step concept (observation, feeling, need, request) oversimplifies human communication. Critics argue that the complexity and nuances of human interactions do not always fit into such a structured format. Example: In an emotionally charged situation, it can be difficult to organise communication strictly according to the four steps, as people often react spontaneously and in an unstructured way.

Another point of criticism is that NVC techniques are sometimes perceived as artificial or manipulative. This can be the case in particular if the method is not applied authentically or if the people involved are not sufficiently trained in the method. Example: A carer who attempts to resolve conflicts using NVC could be perceived by colleagues as manipulative if the communication method comes across as unnatural or forced.

NVC is based on assumptions and communication styles that are strongly influenced by Western cultural norms. In other cultural contexts, these methods may be less effective or even

inappropriate. Example: In cultures where direct confrontation is avoided and indirect communication is favoured, the direct expression of NVC could lead to misunderstandings or resistance.

According to Rosenberg, it is much more about no longer seeing the other person as an "opponent" but as a fellow human being and seeing the situation from a new perspective, recognising new paths. In addition, existing power structures that prevent communication at eye level are disregarded.

Final Reflection: Think of a recent conflict situation at work while working with or mentoring student nurses. Reflect on how you could have applied the concepts of NVC to resolve such conflict.