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Communication in Nursing Practice

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ABSTRACT

Good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient. To achieve this, however, nurses must understand and help their patients, demonstrating courtesy, kindness and sincerity. Also they should devote time to the patient to communicate with the necessary confidentiality, and must not forget that this communication includes persons who surround the sick person, which is why the language of communication should be understood by all those involved in it. Good communication also is not only based on the physical abilities of nurses, but also on education and experience.

Key words: Communication, Nursing, Nursing Care, Communicational Skills, Principles of Communication.

1. INTRODUCTION

Nursing as a health care science, focuses on serving the needs of human as a biopsychosocial and spiritual being. Its practice requires not only scientific knowledge, but also interpersonal, intellectual and technical abilities and skills. This means a composition of knowledge, clinical work and interpersonal communication (1). Communication is a vital element in Nursing in all areas of activity and in all its interventions such as prevention, treatment, therapy, rehabilitation, education and health promotion (2). The nursing process moreover as a scientific method of exercise and implementation of Nursing, is achieved through dialogue, through interpersonal environment and with specific skills of verbal communication (3).

As communication we can define the exchange of information, thoughts and feelings among people using speech or other means. Therapeutic practice involves the oral communication of public health officials and nurses on the one hand and the patient or his relatives on the other. It is a two way process. The patient conveys their fears and concerns to their nurse and helps them make a correct nursing diagnosis. The nurse takes the information and in turn transmits other information to the patient with discretion and delicacy as to the nature of the disease and advises with treatment and a rehabilitation plan for health promotion (4).

Effective communication requires an understanding of the patient and the experiences they express. It requires skills and simultaneously the sincere intention of the nurse to understand what concerns the patient. To understand the patient only is not sufficient but the nurse must also convey the message that he/she is understandable and acceptable. It is a reflection of the knowledge of the participants, the way they think and feel and their capabilities (5).

In order for the nurses to be successful in their work they have to study communication and interpersonal relations in their education with special courses and internships. They need to learn the various aspects and applications of communication in various fields of nursing (6). In this context it is understood that emphasis must be placed on the importance of communication between nurse and patient and nursing education must focus on communication skills of nurses.

2. PRINCIPLES OF COMMUNICATION

Communication can be defined as a transaction and message creation. The entire process occurs in a context consisting of physical space, cultural and social values and psychological conditions (7). Communication assists in the performance of accurate, consistent and easy nursing work, ensuring both the satisfaction of the patient and the protection of the health professional. When health professionals are not trained in communication skills, they face more difficulties separating work from their personal life, tending to transfer problems from one side to the other (8).

Communication is an intrinsic characteristic of human nature. Nobody cannot communicate. Communication has content and value. The contents regards to what was said, whilst the relationship regards as to how it was said. The nature of the relationship depends on how the two parties understand the communication sequence (9). Communication is never unidirectional. It is an interaction in which each sender becomes receiver and vice versa. The failure to recognize the two-way communication capability, quite often leads to negative conclusions and attitudes (10).

Moreover, the message sent is not the same as the message received. The decoding of the messages is based on individual

factors and subjective perceptions. This fact, in conjunction with the process of feedback makes communication. We interpret something that we heard not according to what the sender actually said but according to our own code (11). Particular attention should be given by the caregivers to use technical terms and medical terminology during their contact with the ill, because it is often found that the patient ascribes different interpretations to what he hears or even more cannot understand what is meant exactly, mainly by the therapist, thus increasing mental stress, a fact which makes it more difficult to communicate with the patient (12).

Communication happens without words. It is an ongoing process. This non-verbal communication is expressed by facial expressions, gestures, posture and physical barriers such as distance from the interlocutor (13). It is important that there is an agreement between verbal and nonverbal communication. Particularly under stressful conditions where it is difficult to see the changes in the non-verbal messages of the patients with whom we mostly communicate (14). Moreover, each patient has his own specific characteristics that influence not only behavior in the process of communication, but also if and how to cooperate with nursing services and how they will undertake self-management of health (15).

Listening is important in communication. It is responsible nursing practice and requires concentration of attention and mobilization of all the senses for the perception of verbal and non-verbal messages emitted by each patient. By listening, nurses assess the situation and the problems of the patient; they enhance his/her self-esteem and integrate both the nursing diagnosis and the process of care at all levels (5).

Good personal relationships are described as the ability of the nurse to ask questions with kindness and provide information in a way that does not scare, that demonstrates interest, creates feelings of acceptance, trust and a harmonious relationship, especially in modern multicultural society (16). The therapeutic relationship is an important prerequisite to effective communication between health professionals and patients in order not only to transmit information, but also to effectively address mental processes which are activated by it. The communication between health professionals and patients include the ability to express sincere concern for the care of the patient and the patient becomes a partaker of this interest (9).

3. SPEAKING WITH THE PATIENT

Communication between health officials-in this case nurses-and patient is a process that begins with the first contact of the two and lasts as long as the therapeutic relationship. The nurse, who wants to create the right relationship with the patient, must win him/her from the first moment. This will happen if the conversation is held in appropriate conditions. Even though it seems obvious, it should be noted that courtesy and kindness on part of the nurse is required (4, 17).

The patient should feel comfortable with the nurse, but the latter should protect his/her prestige and not give rise to misunderstandings. A key element is the need for a peaceful environment with no external distractions, which will ensure appropriate confidentiality of the dialogue. Frequently we see the phenomenon of serious discussions taking place in the middle of the corridor of the outpatient department or the nursing department, clinic, or in some office of the hospital, in which

third parties unrelated to the care of the individual patient are coming in and out (18). In such an environment the patients are ashamed to express themselves freely (19).

Unfortunately, the concept of privacy is pretty much unknown to the Greek hospital system. Skilled nursing operations for the patients are made in chambers without screens or in hallways, in front of others. Patients and visitors of hospitals move without restriction in all the areas of the nursing and clinical departments. However, it is up to us to teach our colleagues and especially the new nurses and their patients setting the right example, in order for things to slowly change for the better (20).

Even more than the comfort of space, communication with the patient requires ample time. Each patient has his own way and pace to reveal his problem, but it takes some time to get to know the nurses and feel the confidence necessary to face them. The patient should have the feeling that the time-whether it is five minutes or an hour-is entirely his. The patient who has the undivided attention of the nurse reveals his problem sooner, with the satisfaction that the nurse has listened and observed him (21). After the nurse has listened to the ill, he/she should also talk to him. The language he uses for this purpose is very important. Often the patient is bombarded with big words with little or no significance for him (22). Once again the nurse may be directed to the ill in an incomprehensible way. Patients that are ashamed of their ignorance or are hesitant, avoid seeking an explanation, and as a result the consultation is inadequate and does not lead to the right outcome for the patient. The language of communication should therefore be at the level of the listener, who is not able to assess our scientific knowledge, but has to understand what we are telling him (23).

Another important requirement for proper and successful communication between nurses and patients is frankness and honesty. The discussion with the patient should leave no suspicions, doubts and misunderstandings. For example, if the patient suspects that while chatting with him we are making gestures to an escort, he/she will suspect that we are not telling him the whole truth (4). Where there is a need for a separate and private discussion with someone from the patient's environment, we should be very careful of the place, manner and time of this communication, which should be independent of the discussion with the patient (24, 25).

Communication as already stated is bidirectional, but the nurse or other health professional is responsible for its proper conduct. The patient comes into the dialogue under stress and the emotional events he/she is facing. Moreover, depending on the psychosynthesis it can be more or less calm. Reactions such as anger, disbelief, moaning, aggression and denial of reality are known defence mechanisms, which are recruited to help him adjust to the new situation he is facing (8, 26). The angry patient usually does not have any previous personal differences with health professionals, although they are the direct recipients of his anger. The latter should understand and accept these mechanisms which serve the underlying anxiety of the patient and to respond with information, awareness and readiness to provide all possible assistance (27).

Finally, people differ in their needs for communication. Some expect or require patient listening, without caring much about the answers. Others want a specific explanation for everything that happens to them. These different needs should be treated accordingly by the nurses, who should be able to detect what

each patient wants (28). What of course in any case should be avoided by the caregivers is silence and indifference to the questions of the patient. In the best cases, the patient will leave disappointed and in the worst really indignant with nurses (9).

4. CONCLUSIONS

Communication with the patient is an individual part of the 'long art' of Hippocratic medicine (19). It is not only based on an innate ability that varies from person to person, but also on the necessary training and experience that one acquires during exercise (13). The need also for education in communication has been recognized worldwide (6). The results of this will be to demonstrate greater understanding among patients with greater benefit to patients and personal satisfaction to nurses in the performance of nursing (29).

Good communication also improves the quality of care provided to patients, which is observed in the results. Additionally, it is considered an inalienable right and a prerequisite for building a genuine and meaningful relationship between patients and nurses and other health professionals (30).

So in order for modern Nursing as a service to humans to realize the project, there is a need for dialogue and a good interpersonal climate that develops personally with each sick person, especially in our modern multicultural society. The best expertise training and continuing education of nurses in matters relating to the proper technique of communication will enable them to respond adequately and humanely to the expectations of patients.

CONFLICT OF INTEREST: NONE DECLARED

REFERENCES

- Raya A. Nursing of man as a unique person *Nosileftiki*. 2006; 45(1): 19-24.
- Fakhr-Movahedi A, Salsali M, Negarandeh R, Rahnava Z. Exploring contextual factors of the nurse-patient relationship: A qualitative study. *Koomesh*. 2011; 13(1): 23-34.
- Raya A. *Basic Nursing*, Ed.6th. Athens, 2005.
- Papagiannis A. Talking with the patient: fundamental principles of clinical communication and announcement of bad news. *Medical Time Northwestern Greece*, 2010; 6 (Supplement):43-49.
- Papadantonaki A. *Communication and Nursing*. *Nosileftiki*. 2006; 45(3): 297-298.
- Wikström BM, Svidén G. Exploring communication skills training in undergraduate nurse education by means of a curriculum. *Nursing Reports*. 2011; 1(1): e7-e7.
- Verderber R. *The art of communication*. Wadsworth Publ Co, London, 1998.
- Panagopoulou E, Benos A. Communication in medical education. A matter of need or an unnecessary luxury? *Archives of Hellenic Medicine*. 2004; 21(4):385-390.
- Moussas GI, Karkanias AP, Papadopoulou AG. Psychological dimension of cancer genetics: Doctor-Patient communication. *Phychiatriki*. 2010; 21: 148-157.
- Kourkouta L. *Nursing Diagnostic*. PH. Paschalidis, Athens, 2011.
- Arapakis GK. *Clinical findings and diagnostic*. Edit. 4η, Athens, 2006.
- Lee SJ, Back AL, Block SD. *Stewart Enhancing Physician-Patient Communication*. Hematology, 2002.
- Evans RG. Patient centred medicine: reason, emotion, and human spirit? Some philosophical reflections on being with patients. *Med Humanit*. 2003 Jun; 29(1): 8-14. doi: 10.1136/mh.29.1.8
- Pangaltsos A. *Medical thought*. M. Barbounaki, Thessaloniki, 2011.
- Joolae S, Joolaei A, Tschudin V, Bahrani N, Nikbakht Nasrabadi A. Caring relationship: the core component of patients' rights practice as experienced by patients and their companions. *Journal of Medical Ethics and History of Medicine*. 2010; 3: 1-7.
- Papadantonaki A. *Nursing Role*. *Nosileftiki*. 2012; 51(1): 7-9.
- Fakhr-Movahedi A, Negarandeh R, Salsali M. Exploring Nurse-Patient Communication Strategies. *Hayat Journal of Faculty of Nursing & Midwifery*. 2012; 18(4): 28-46.
- McCarthy DM, Buckley BA, Engel KG, Forth VE, Adams JG, Cameron KA. Understanding patient-provider conversations: what are we talking about? *Acad Emerg Med*. 2013 May; 20(5): 441-8. doi: 10.1111/acem.12138.
- Maguire P. *Communication Skills for Doctors*. Arnold, London, 2000.
- Mountokalakis TD. *Behavioral rules of the modern physician*. *Days Pathology. C Medicine University of Athens*. Athens, 2009. References to: Hippocrates "on efschimosynis", VII, 7.
- Teutsch C. Patient-doctor communication. *Med Clin North Am*. 2003; 87: 1115-1145.
- Kidd J, Patel V, Peile E, Carter Y. Clinical and communication skills. *BMJ*. 2005; 330: 374-375.
- Papagiannis A. *Talking with the patient*. University Studio Press, Thessaloniki, 2003.
- Surbone A. Telling the truth to patients with cancer. What is the truth? *Lanc Oncol*. 2006; 7: 944-950.
- Fry M, Gallagher R, Chenoweth L, Stein-Parbury J. Nurses' experiences and expectations of family and carers of older patients in the emergency department. *Int Emerg Nurs*. 2013 May 6. doi: pii: S1755-599X (13)00029-3. 10.1016/j.ienj.2013.03.007.
- Vuković M, Gvozdenović BS, Stamatović-Gajić B, Ilić M, Gajić T. Development and evaluation of the nurse quality of communication with patient questionnaire. *Srpski Arhiv za Celokupno Lekarstvo*. 2010; 138(1-2): 79-84.
- Kallergis G. *Guide of information and communication with the patient: Personalization, therapeutic relationship, character, family*. Medical Graphics, 2000.
- Houghton A, Allen J. Doctor-patient communication. *BMJ Career Focus*. 2005; 330: 36-37.
- Jason H. Communication skills are vital in all we do as educators and clinicians. *Education for Health*. 2000; 13: 157-160.
- Diamantopoulou E. Parents' Needs for Information about the Management of their Chronically Ill Children. *Nosileftiki*. 2009; 48(3): 317-324.