

NURSING COMMUNICATION

Jana Strakova

Dpt. of Nursing, Faculty of Medicine, Masaryk University

CONTENT OF SEMINAR

- ✘ What is (nursing) communication ?
- ✘ Functions of communication
- ✘ Verbal speech and body talk (non-verbal speech)
- ✘ Specific factors of communication with patients at hospital, barriers
- ✘ People with disabilities, elderly people – communication difficulty
- ✘ Communication at palliative medicine, bad news
- ✘ Specifics of communication at Czech community + selected useful sentences for practice
- ✘ **INSTRUCTIONS FOR PRACTICE**

WHAT IS A COMMUNICATION ?

- × **Powerful activity**
- × **Life changing activity**
- × **Essential and important part of nursing care**

- × Which *goals* of communication do you *generally* know?
- × Do you know some *goals* of communication in *nursing practice (healthcare)*?

WHAT IS AN *EFFECTIVE* COMMUNICATION?

- ✘ An **effective communication** in healthcare influences patient satisfaction, compliance, decrease levels of psychological and emotional distress (Chant et al., 2001)
- ✘ Campbell, 2006 identified **poor communication** as one of the commonest causes of complaints in healthcare
- ✘ How to make your communication effective?
- ✘ What benefits of effective communication with patients do you know?

FUNCTIONS OF COMMUNICATION

- ✘ Share information
- ✘ Give motivation
- ✘ Emotion expression
- ✘ Change st.

COMMUNICATION SKILLS OF CAREGIVERS

- ✘ Which skills of care givers are necessary for effective communication with patients ?

Speaking

Listening

Watching

Touching

All together means: **Understanding** of needs

Patients and care giver can have different perception of reality and own needs

VERBAL SPEECH AND BODY TALK (NON-VERBAL SPEECH)

VERBAL COMMUNICATION

- ✘ During spoken communication the **sender** transmits a message from the brain via organs involved in voice production (larynx, tongue, palate and lips) to the receiver.
- ✘ The **receiver** picks up the message through their ears, which is transmitted to the brain via auditory nerves, than can react.

VERBAL COMMUNICATION

- ✘ Effective spoken communication requires an awareness of the impact of personal and social factors (for sender and receiver too), e.g.:

Caregiver	Patient	Both of them
duration of practice	illness	age
specialization	disabilities	gender
motivation for work	level of stress	culture
self-satisfaction	expectations	religion

NON-VERBAL COMMUNICATION (BODY TALK)

- ✘ Non verbal communication is an important part of communication process
- ✘ 60 per cent of information is picked up via non-verbal way
- ✘ Forms of body language:
 - + Paralinguistic phenomenon
 - + Gestures
 - + Facial expression (mimics)
 - + Posturology
 - + Proxemics
 - + Haptics (contact to somebody)

NON-VERBAL COMMUNICATION (BODY TALK)

- ✘ Non verbal communication is A VERY INDIVIDUAL PROCESS
- ✘ General statements for understanding non verbal communication are valid for nationalities/cultures/ethnicity
- ✘ Across nationalities/cultures/ethnicity meaning can be very different

PARALINGUISTIC PHENOMENON

- ✘ Speed of speech, speed of reply
- ✘ Dynamics of speech
- ✘ Volume and high of voice, intonation

<https://www.youtube.com/watch?v=4gv6HLqnysw>

<https://www.youtube.com/watch?v=zRdTMeu9pfY>

GESTURES

= Movement of hands and arms

- ✘ It Helps to sender code information
- ✘ Gestures helps to understand coded information to receiver (could be misleading too)

FACIAL EXPRESSION (MIMICS)

- ✘ One of the most important communication channels
- ✘ Dominant role of eyes, lips, mouth, eyebrows

POSTUROLOGY

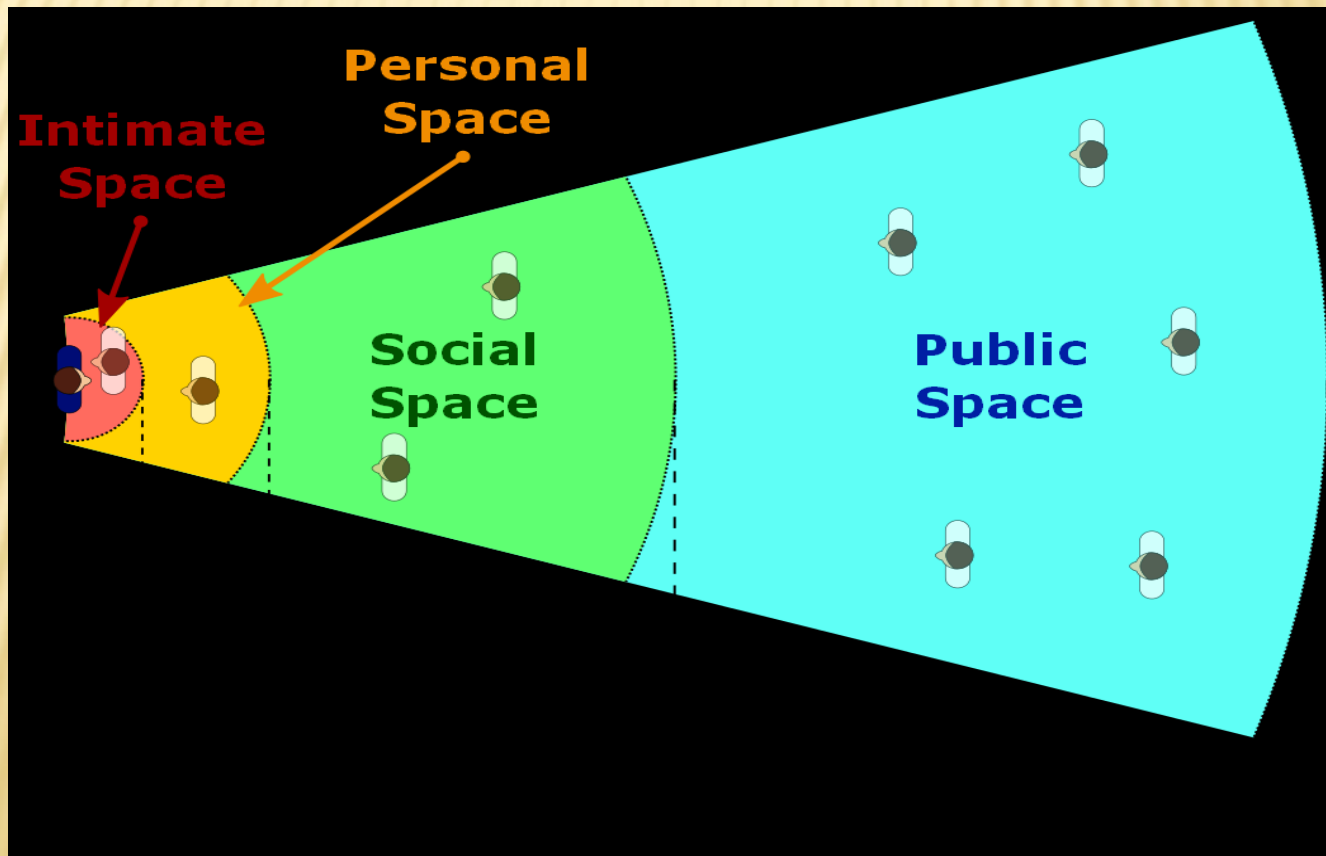
- × **Body position talks about our feeling too**
- × Focused mostly on extremities, chest and head
- × **Basic positions:** sitting, standing

GESTURES+MIMICS+POSTUROLOGY

- × <https://www.youtube.com/watch?v=JoX8r8fNmtU>

PROXEMICS

- ✘ Communication by using room (zones) around
- ✘ Basic zones: intimate, personal, social, public
- ✘ Different to culture and religion



HAPTICS

- ✘ Physical contact to somebody
- ✘ Caregivers really often disturb intimacy of patients
- ✘ Which procedures disturb intimacy the most?

HAPTICS

How is the feeling of patient with frequently disturbed intimate zone by caregivers?

- + Patient=new born baby
- + Patient=14 years old girl
- + Patient=70 years old senior
- + Patient=you

Which reactions can we activate? (by insensitive handling)

COMMUNICATION AT HOSPITAL, BARRIERS

COMMUNICATION AT HOSPITAL, BARRIERS

VALID FACOTRS:

- ✘ Specific surroundings
- ✘ Patient's/ staff needs and feelings
- ✘ Language of professionals
- ✘ Invasive procedures
- ✘ Separation from family, ...

COMMUNICATION AT HOSPITAL - HOW TO ASK ABOUT ? RULES

- ✘ **Communication is never ending part of every day nursing assessment**
 - + e.g.: objective scale (score) assessment - pain assessment, nutrition screening, subjective describing of feeling...
- ✘ **During asking is very important to:**
 - + eliminate possibility of misunderstanding of patients on minimum
 - + Scales, questionnaires: give exact instructions
 - + to take a time
 - + Goal is: get from patient exact answer as possible
 - + Do not answer instead patients

DISABILITIES

-
- ✘ Mental – keep dignity all the time
 - ✘ Physical - visually impaired (partially blind, blind)
 - hearing impaired (weak hearing, deaf)
 - ✘ All the time try to find way how improve communication – use compensatory tools

VISUALLY IMPAIRED - PRINCIPLES OF COMMUNICATION

- ✘ Help to man use compensatory tools: glasses, use Braille, large printed text
- 1. don't hesitate to address like first
- 2. Introduce yourself
- 3. Offer your help, don't pressure to do st.
- 4. Speak directly, not to guide
- 5. Correctly describe situation – avoid: here, there, just over there... **What is a correct description of situation?**

HEARING IMPAIRED – PRINCIPLES OF COMMUNICATION

- ✘ Start communication with eyes contact
- ✘ Help to man use compensatory tools: lips reading, finger spelling, hearing aid (devices), writing on the list

Useful strategies:

- ✘ Reduce noise
- ✘ Speak normally
- ✘ Keep hands away from face
- ✘ Avoid complex words
- ✘ Repeat it

FINGER SPELLING – INTERNATIONAL ALPHABET



obr. 6: Mezinárodní prstová abeceda

Ask for your colleague: „May I measure your blood

“O

DIFFICULT SITUATIONS AT COMMUNICATION

- ✘ Say a bad news

HOW TO SAY A BAD NEWS ?

- × It is not easy
- × There is no universal phrase for all
- × **Usefull strategies:**
 - + Honesty
 - + Stop if patient doesn't want to know
 - + Be very carefull when you talk about prognosis – no false promises
 - + don't take hope
 - + Secrecy all time
 - + Next talk – continuity of process

HOW TO SAY A BAD NEWS ?

× Useless strategies:

- + Do nothing
- + Lie or „not say a true“
- + No respond to patint's signal, *e.g. I am afraid ...*

SPECIFICS OF COMMUNICATION AT THE CZECH COMMUNITY + SELECTED USEFUL SENTENCES FOR PRACTICE

SPECIFICS

- × To be on formal terms with patients
- × For identification of patient:
 - + on the bed/wall is a board with name of patient for easy orientation
 - + strap around wrist (check before medication!!!)
- × All the time knock the door
- × Try to speak in Czech
- × To inform patient about all intervention before you start

USEFULL SENTENCES

English	Czech	English	Czech
Good morning	Dobrý den	Bed	lůžko/postel
Good afternoon	Dobré odpoledne not commonly used	Sheets (blue lines)	prostěradlo
Good evening	Dobrý večer	Pillow (pillow case)	polštář
Good night	Dobrou noc	Blanket	deka (peřina) kapna
How are you	Jak se máte?	Pad (yellow lines)	podložka
Everything is ok?	Všechno v pořádku?	Safety bars	postranice
Enjoy your meal	Dobrou chuť	Tentionmeter/ sphygmomanometer	tonometr
Blue	Modrý/á	Computer	počítač
Red	Červený/á	Pen (to write)	pero
Black	Černý/á	Make a bed	Ustlat postel
Green	zelený/á	Infusion line*	infuzní linka
Urinal catheter	Močový katetr	ECG	EKG - elektrokardogram
What can I do next?	Co můžu udělat dál?	Why do you do that?	Proč to děláte?
Where can I find that?	Kde to můžu najít?	Thanks	Děkuji/díky (when you know someone better)

* infusion line –you can mean the infusion transport system (**infuzní set**) or i.v. catheter (perifheral – flexila – periferní žilní vstup) or central venous catheter – centrála – **centrální žilní vstup**.

English	Czech	English	Czech
Washing/morning hygiene	umývání/ranní hygiena	Here is the lunch	Tady je oběd
Excretion/elimination	vyučování	Here is the dinner	Tady je večeře
pain	bolest	Pyjamas	pyžamo
Do you have a pain?	Máte bolesti?	I am bringing yours medications - pills	Nesu Vám léky
What level of pain do you have?	Jak silnou bolest máte?	Here are your pills	tady/zde jsou vaše léky
Does it hurt?	Bolí to?	Fever	horečka
I will wash you	Umyji vás	Blood pressure	krevní tlak
I will turn you	Otočím vás	Measurement	měření
Look at me	Podívejte se na mne	Measure	změřit
Do you hear me?	Slyšíte mě?	Temperature	teplota
Could you open your eyes?	Můžete otevřít oči?	I will take a blood from you	Vezmu (odeberu) Vám krev.
Could you open the mouth.	Můžete otevřít ústa/pusu.	I will apply the injection to you	Dám vám injekci
Could you leave your bed	Můžete opustit lůžko	Sit on the chair please	Posad'te se na židli, prosím.
Tady je snídaně	Here is the breakfast	Please	prosím

INFORMATION FOR PRACTICE IN HOSPITAL



▶ Z centra Brna - Komenského náměstí

▶ trolejbus č. 38

▶ trolejbus č. 39

▶ Z Mendlova náměstí

▶ trolejbus č. 35



Meeting point for students: Main entrance to the hospital (see red build in the picture, there is a help desk)

Time of arrival: 5:55 in the morning

Practice takes from 6:30 to 10 o'clock

WHAT TO BRING WITH?

× CLEAN AND IRONED UNIFORM



- × Only short sleeved shirt or T-shirt
- × NO PICTURES, WRITING ON SHIRT OR T-SHIRT
!!!

WHAT TO BRING WITH?

- × **SHOES** – ONLY white color with white



- × **LONG HAIR** – to comb long hair



WHAT TO BRING WITH?

- × **REMOVE all JEWELS from your fingers and wrist**
- × **Dont use strong nail polish !**
- × **Padlock**
- × **IDENTIFICATION CARD FOR PRACTICE**
(ask for it at International Office - Marketa Neckarova)
- × **A PEN** (for writing to the documentation, to make some notes...)

✘ ENJOY your practice



✘ strakova@med.muni.cz