

# Study into verbal and nonverbal communication in nursing nursing essay



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Human beings are tending to associate with others. They cannot live alone. They need to communicate with each other in order to convey information.. Communication is one of human basic needs. It is an essential part of life that no one can live without it. It is a process of transferring information, ideas, attitudes, or feelings from an individual to another individual or to a group of individuals. The process includes the exchange of experiences between individuals; under the shared common understandings of media or symbols that contain the information in the messages. Communication can occur with at least 2 persons; each being both message senders and receivers simultaneously through the interchanging of these 2 roles. There are two kinds of communication, formal and informal in formal communication, an objective, a pattern and time will be set. In informal communication, there is no limit to the forms of communication. Thoughts, ideas, feelings and so on can be communicated by speech, writing, facial expression or use by body language. Sending or receiving messages can both be in verbal and nonverbal forms. The verbal communication is considered the basic form of communication.

In verbal communications, an individual needs to use several organs such as larynx, vocal cords, tongue, mouth, lips, teeth, and jaws, in order to produce sounds (Ruben, 1983). One can express one's needs to others with the verbal communications. They require fewer interpretations, given that both parties use the same language. Nonverbal communications, on the other hand, include communications through gesturing, nodding, or shaking one's head, touching, facial expressing, moving lips, writing on paper, using pictures, having eye contacts, and etc. They are used as a complimentary of

the verbal communications, or are used when verbal communication is impossible (Peel, 1995; Beis, 1996; Sundee, et al., 1998).

The nonverbal communications may occur when persons are in quiet places where no voice is allowed, when both parties are in distant and sound cannot be sent from one to another, or when a person has physical conditions that ability to speak is limited, for example in patients on respirator with endotracheal tubes (Verity, 1996; Happ, Garret, & oesch, 2003). Normally, the vocal cord vibrates and produces sound when the air flows through it. When the endotracheal tube is inserted, air will flow through the tube introduction not through the trachea and the vocal cord (Ruben, 1984; Guyton & Hall, 2000) obstructing the sound making process (Sitzer, 1993; Hafsteindottir, 1996). Patients with good conscious, who cannot verbally communicate, are affected both physically and emotionally by inability of speaking.

Communication is important in every step of nursing practice. Nurses should explain the procedure before to perform to the client priorly. For example, nurses have to assess the clients to find out their needs and problems by asking them questions.

To solve the health needs of the clients nurses needs to communicate with patients. However the communication between nurses and clients with the endotracheal tube on mechanical ventilation is different from the communication between the ordinary people. Especially, clients with endotracheal tube cannot able speak and they have great difficulty in communication.

Difficulty in communication causes fear, anxiety, and insecurity. Nursing care is essential for the clients who experienced communication difficulty. Nurses have to be use the appropriate method in assessing the patients need and to make a sound quality of nursing care by using the augmentative and alternative communication. It also improves the client's quality of life.

### **NEED FOR STUDY:**

Clients with endotracheal tube on Mechanical Ventilation tube experienced pain and discomforts. Several complications that can occur include injuries and irritations of the oral mucosa, throat, trachea, pharynx, and larynx. Psychological effects included anxiety, stress, fear, sleeplessness, and in some clients the feeling of social separations.

Clients with good conscious, who cannot verbally communicate, are affected both physically and emotionally by inability of speaking.

Communication is important in order to provide effective nursing care that respond to clients' needs. Effective communication improves the quality of care.

The literature suggests that in many facilities AAC intervention is inadequate and that there is a need for increased education of nurses and other caregivers in the area of communication.

Leathart observed 8 nurse-patient interactions in an intensive therapy unit (ITU). Patients were incubated but alert and able to com-municate. Patient's communication was mainly comprised of replying to yes or no questions.

Seven of 8 nurses reported difficulty communicating with patients in ITUs. Reasons cited were difficulty lip-reading, lack of patient feedback,

Hafsteindttir (1996) described patient frustration with alternative means of communication. The frustrations stemmed from physical weakness, poor vision, and hand tremors (associated with difficulty writing). None of the patients recalled receiving instructions about communication methods.

Over half of ventilated patients who participated in a study by Lohmeier and Hoit (2003) reported that they had no history of speech therapy, and only 5 of the 50 respondents had ever received AAC interventions. Problems or frustrations with speech were reported by 36 participants, suggesting a need for increased communication intervention for this population.

Happ et al. (2004) investigated 36 records of patients who received mechanical ventilation and who died during hospitalization in 8 ICUs during a 12-month period. No uses of picture boards, letter boards, or electrolarynx devices were documented. Their findings indicated that most communication consisted of yes/no responses to caregivers questions about orientation or pain, suggesting that nurses controlled the communicative interactions.

Wojnicki-Johansson (2001) asked nurses to evaluate the communication of 22 patients who had been mechanically ventilated in the ICU. Nurses reported functional communication in 19 patients; however, this conflicted with the reports of 13 of the patients, who indicated that nurses had failed to understand their needs during their stay in ICU. Six patients reported that no functional communication was achieved, whereas nurses reported this to be the case for only 2 patients. Eight patients reported that nurses were unable  
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to understand their messages. The author suggested that nurses should critically evaluate their communication skills and frequently verify the content of communication with patients.

Fried-Oken et al. (1991) interviewed 5 patients who reported negative emotional responses to the sudden onset of communication difficulties, the most common response being fear. Patients reported that some caregivers and family members did not know how to use their AAC systems and emphasized the need for increased training in this area.

Hall (1996) studied communication by observing interactions between nurses and their patients who were on ventilators. Hall concluded nurses seemed more concerned about meeting their need to provide specific information to the patient than to discover what the patient might want. The author questioned whether nurses have the skills and knowledge to respond to and/or assess nonverbal communication and felt that this warranted continued investigation.

### **Statement of the problem:**

A study to assess the effectiveness of Augmentative and Alternative communication (AAC) towards fulfilling the needs and satisfaction of among the clients with endotracheal tube on Mechanical Ventilation in Govt Rajaji Hospital. Madurai. 20

### **Objectives of the study:**

The objectives of this study are to:

To assess the level of patient's fulfilling needs and satisfaction after administering the aided augmentative and alternative communication.

To evaluate the effectiveness of administering the aided augmentative and alternative communication.

To associates the level of Satisfaction and selected demographic variable.

### **Hypothesis:**

1. There will be no significant association between the level of satisfaction and selected demographic variables
2. There will be a significant difference between the level of communication and patient satisfaction among the endotracheal tube on Mechanical Ventilation patients after administering the augmentative and alternative communication.

## **OPERATIONAL DEFINITION**

### **Effectiveness**

It refers that effectiveness relates to how well augmentative and alternative communication works in practice or what the indent results

### **Augmentative and Alternative Communication (AAC)**

Augmentative and Alternative Communication (AAC) refers way of communication that provide an alternative method by using devices such as paper and pencil and picture board etc

## **Clients**

Clients refer to those with endotracheal tube on mechanical ventilation who require for communication to fulfill their needs.

## **Needs**

In this study need refers that patient fulfill his physical, physiological, therapeutic, social, psychological, spiritual needs by means of alternative communication.

## **Endotracheal tube**

Endotracheal tube is a tube in order to establish and maintain a patent airway in emergency situations.

## **Mechanical Ventilation**

Mechanical ventilation is a method to mechanically assist or replace spontaneous breathing, requiring that endotracheal tube or tracheostomy is in place, and it obstruct the patient's ability to speak.

## **ASSUMPTION**

Communication is essential.

Every patient with endotracheal tube on mechanically ventilation need to communicate their thoughts and problems.

Augmentive and alternative communication will helps the clients with endotracheal tube on mechanically ventilation to fulfill the needs.

## **DELIMITATION**

The study is limited to,

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Patients should with endotracheal tube on mechanically ventilation.

Samples will be selected in intensive care units.

The sample size is thirty.

Data collection period is limited to six weeks only.

### **Projected outcome**

Nursing intervention on clients with endotracheal tube on mechanically ventilation will promote comfort and the fulfilling of needs by using Augmentative and Alternative Communication (AAC) and will improve the quality of life.