

Communication in nursing essay sample

[Health & Medicine](#), [Hospital](#)



**ASSIGN
BUSTER**

Introduction

Communication is defined as a process by which we assign and convey meaning in an attempt to create shared understanding. Communication begins when one person sends a message to another with the intent of evoking a response. Effective communication occurs when the receiver interprets the message exactly as the sender intended. This process requires a vast repertoire of skills in intrapersonal and interpersonal processing, listening, observing, speaking, questioning, analyzing, and evaluating. Use of these processes is essential to all areas of life: home, school, community, work, and beyond. Human beings have a compulsive urge to communicate with each other as it is through communication that collaboration and cooperation occur. In a world of many stresses and changes, we need our relationships to sustain us and nourish us as human beings. Communication is central to the process of constructing meaningful and fulfilling relational support. The ability to build and nurture such relationships is a critical life skill, one to be learned and valued.

The Communication Process

The ability to effectively communicate at work, home, and in life is a primary skill as over 80% of our waking life is spent sending or receiving information. It has been proven that poor communication reduces quality, weakens productivity, and eventually leads to conflict among individuals.

Communication is fruitful only if the message sent by the sender is interpreted with same meaning by the receiver. The communication process is the guide toward realizing effective communication. It is through the

communication process that the sharing of a common meaning between the sender and the receiver takes place. Individuals that follow the communication process will have the opportunity to become more productive in every aspect of their profession. The communication process begins with the sender and ends with the receiver. This process is made up of four key components; encoding, medium of transmission, decoding, and feedback. The sender, an individual, a group or an organization, is who initiates the communication.

This source is initially responsible for the success of the message. The sender's experiences, attitudes, knowledge, skill, perceptions, and culture influence the message. The written words, spoken words, and nonverbal language selected are paramount in ensuring the receiver interprets the message as intended by the sender, (Burnett & Dollar, 1989). In order to convey meaning, the sender must begin encoding, which means translating information into a message in the form of symbols that represent ideas or concepts. The symbols can take on numerous forms such as, languages, words, or gestures. When encoding a message, the sender has to begin by deciding what he/she wants to transmit. This decision by the sender is based on what he/she believes about the receivers' knowledge and assumptions, along with what additional information he/she wants the receiver to have. It is important for the sender to use symbols that are familiar to the intended receiver. To begin transmitting the message, the sender uses a channel or a medium. The channel is the means used to convey the message. Most channels are either oral or written, but currently visual channels are becoming more common as technology expands.

After the appropriate channel or channels are selected, the message enters the decoding stage of the communication process. Decoding is conducted by the receiver. Once the message is received and examined, the stimulus is sent to the brain for interpreting. It is this processing stage that constitutes decoding. The receiver begins to interpret the symbols sent by the sender, translating the message to their own set of experiences in order to make the symbols meaningful. Successful communication takes place when the receiver correctly interprets the sender's message. The receiver is the individual or individuals to whom the message is directed. The extent to which this person comprehends the message will depend on a number of factors, which include the following: how much the individual or individuals know about the topic, their receptivity to the message, and the relationship and trust that exists between sender and receiver. All interpretations by the receiver are influenced by their experiences, attitudes, knowledge, skills, perceptions, and culture.

It is similar to the sender's relationship with encoding. Feedback is the final link in the chain of the communication process. After receiving a message, the receiver responds in some way and signals that response to the sender. The signal may take the form of a spoken comment, a long sigh, a written message, a smile, or some other action. Without feedback, the sender cannot confirm that the receiver has interpreted the message correctly. Feedback is a key component in the communication process because it allows the sender to evaluate the effectiveness of the message. Feedback ultimately provides an opportunity for the sender to take corrective action to clarify a misunderstood message. According to Bovee & Thill (1992),

feedback plays an important role by indicating significant communication barriers: differences in background, different interpretations of words, and differing emotional reactions. Communication in the Nurse Patient Relationship

Communication is one of the essential factors to maintain a good quality of life because it allows humans to interact and provide comfort. In the medical field, the importance of communication becomes even more evident as not only a lot of information is given and understood by communicating, but also a patient's needs and feelings are mostly learned through communication. Medical evidence has demonstrated a positive association between patients' satisfaction with the health care they receive and their providers' ability and willingness to communicate and empathize with them. Therefore, it is of utmost importance that nurses possess good communication skills as nurses make the intimate journey with the patient, from the miracle of birth to the mystery of death; therefore it is vital that the nurse accurately understands the client's emotional and physical needs. In addition, nurses provide education that helps clients change life-long habits, communicate with people under stress: clients, family, and colleagues, they deal with anger and depression, with dementia and psychosis, with joy and despair. Nurses serve as client advocates and as members of interdisciplinary teams who may have different ideas about priorities for care.

Despite the complexity of technology and the multiple demands on a nurse's time, it is the intimate moments of connection that can make all the difference in the quality of care. According to Weaver (2010), in order to

accomplish the effective communication and empower the patient, a nurse needs to identify and be aware of the patient's physical, psychological, or social barriers. Within patients, physical barriers may include sensory impairment and environment issues. Psychological barriers could include personality or disability. Social barriers include cultural values, religious beliefs and socio-economic status. While nonverbal communication is almost similar among any country, verbal communication depends on cultural tradition, religious values, geographic location, and so on. Nurses may have conflicting values, commitments, and lack of value that would affect communication, therefore leading to a failure of accomplishing patient-nurse relationship (Arnold & Boggs, 1999).

Communication skills may be useful to overcome the barriers that inhibit nurses from building healthy patient-nurse relationship. The research done by Duxbury and Whittington (2005) found that while nurses thought the environmental condition and the patient's mental illness precipitated the patient's aggression, the patient perceived the environmental condition and poor communication as the aggression precursor. According to Robinson and Watters (2010), communication skills can be attained and improved through practice. Effective therapeutic communication skills gather or transmit information successfully and promote healing and recovery of the patient. Active listening is required since hearing without actually listening may cause a problem (Jasmine, 2009). Listening allows nurses to gain essential information, to understand patients, and to provide better care. Conclusion

Nurses are a vital aspect in providing patient communication in the hospital. Patients heal better and feel safer when they have a nurse that they feel is an advocate for them and their health. Nurses may be vital in patient communication, but so is each and every individual involved in healthcare and the treatment of a patient. As a nurse, one must understand the need for effective patient communication. To provide ethical, high-quality care, the nurse must be aware of and respond appropriately to a patient's cultural beliefs, values, language, and literacy level.

Having a framework and establishing expectations can help the nurse and the organization improve the quality of patient-centered communication, a basic component of nursing and facilitates the development of a positive nurse-patient relationship which, along with other organizational factors, results in the delivery of quality nursing care. By focusing on the individual patient's culture, language, and health literacy skills, one can deliver ethical, high-quality nursing care. Taking a patient-centered approach can lead to high-quality patient care, improved community relations, enhanced morale, and cost savings for healthcare organizations.

Reference List

Authier, P. (2010). "Enabling Effective Nurse Communication". Retrieved in August 2012 from [http://www.avaya.com/uk/resource/assets/factsheet/Enabling%20Effective%20Nurse%20Comm%20LB5027%20\(4\).pdf](http://www.avaya.com/uk/resource/assets/factsheet/Enabling%20Effective%20Nurse%20Comm%20LB5027%20(4).pdf)

Badzek, L. (2006). "Nursing's ethical commitment to effective patient communication". *American Nurse Today*, Vol. 1, Num. 1.

Chapman, K. B. (2009). "Improving communication among nurses, patients". <https://assignbuster.com/communication-in-nursing-essay-sample/>

and physicians”. Retrieved in July 2012 from <http://www.nursingcenter.com/pdf.asp?AID=940556>

Foulger, D. (2004). “ Models of Communication Process”. Retrieved in June 2012 from <http://davis.foulger.info/research/unifiedModelOfCommunication.htm>

France, J. & Kramer, S. (2001). *Communication and Mental Illness*. 4th Edition. UK: J. K. Publishers.

Galvin, K. M. & Wilkinson’s, C. A. (2006). *The Communication Process: Impersonal and Interpersonal*. USA: Roxbury Publishing Company.

Morrissey, J. & Callaghan, P. (2011). *Communication Skills for Mental Health Nurses*. UK: Bell & Bain Ltd.

Sheldon, L. K. (2009). *Communication for Nurses, Talking with Patients*. 2nd Edition. Canada: Jones & Bartlett.