

Communication skills required for holistic nursing care patients



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Through personal experience, research and first hand communication with clients within the mental health settings I have been able to form my own opinions and realise the importance of verbal and non verbal communications. When nursing for a patient you do not look solely at the immediate diagnoses but to care for them holistically. Within this essay, the Nursing and Midwifery Council (NMC) code of conduct 2008 will be adhered by and all patient information will remain confidential.

The term holistic nursing care means to care for every need and aspect of the patient, not just the diagnosed illness. When looking at holistic nursing you need to be mindful and care for all the patients needs. Physical, spiritual and emotional needs along with their response to the treatment and their ability to maintain self care after the rehabilitation process.

B. Dossey et al states that holistic nursing differs from specific pathway nursing, as a view of caring holistically is defined as a combination of nursing practise awareness, their theories, their expertise and their collective insight ultimately guiding all nurses involved in the care of the patient to build foundations into becoming therapeutic associates in reinforcing their response to the nursing process and achieve complete rehabilitation.

P. Callaghan (Professor of mental health nursing at Nottingham and Nottinghamshire University) states that the phrase communication

“ Is an interaction between people in which they convey their thoughts, feelings, emotions and behaviour.”

While this is an effective reflection of the meaning of communication, (Balzer-Riley, J 1986) says that communication involves the reciprocal process in which messages are sent and received between two or more people. But to complicate both of those two previous meanings (Stuart and Laraia 2001) says that communication is an effective process however it can either form therapeutic relationships or can build barriers all depending on how the course happens.

The most profitable form of caring for a patient is effective communication. There are two main forms of communication, these are verbal and non verbal. Non verbal communication involves everything that is not being said by the recipient including posture, personal space, expressions of the face, making eye contact, the tone and the quality of the voice. While verbal communication entails simply reflecting on the feelings that may underpin any verbal statement whilst also being empathetic of the context being said.

Within the mental health settings, working holistically can be difficult at times due to the difficult diagnosed illness you could be working with as that can present as a big enough challenge at the best of times but a holistic approach must always be used. An example of communication barriers is a patient who is diagnosed with drug and alcohol induced schizophrenia, aged 20 years old. During the weekly care plan update meeting it was agreed by himself, family and multi disciplinary team that he would remain legally detained under section 3 of the mental health act 1983, however if he managed to control his behaviour he would be allowed to go to his family home on Christmas day and a possibility of unescorted over night stay. With the support of medication, his family and the multi disciplinary team he

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managed to control his behaviour however on one particular afternoon the unit became extremely unsettled in which case, nurse in charge agreed to remove patient X from the disturbing environment to the hospital canteen for a coffee as a distraction tool and to reward him for his hard working attitude towards his behaviour. The barrier in this scenario however would be if a member of staff who was escorting him to the canteen had not already made a therapeutic relationship thus the patient being unwilling to open up with his feelings or emotions. During this situation the use of open questions is extremely important so the patient will remain in a conversation with the inexperienced nurse.

The Oxford English Dictionary defines the term open ended questions as

“ A question that cannot be answered with a yes or no but requires a developed answer.”

P. French (1983) says that open questions are needed as an effective tool of building relationships and getting to know the other person in the conversation. He claims that open questions should begin with the terms “ In what way...?” “ How do you see...?” and “ What do you think about...?” there the person who is being asked the question has no option but to answer with a complete response rather than simply a yes or a no.

As a professional who is caring for a patient who is looking distressed, the instinctive question that would be asked would be along the lines of “ how did you feel then when the ward was unsettled?”, but as the client is uncooperative with such questions you must look at the person themselves.

Even knowing the basic information about someone is enough to start and <https://assignbuster.com/communication-skills-required-for-holistic-nursing-care-patients/>

keep a conversation running so questions relating to his hobbies and interests would be ideal, while trying to stay away from interests he used to participate in with his family as the patient has already proven he is unwilling to answer these questions, also this may evoke emotions that may further distress the patient. For example, being a twenty year old male, chances are he has an interest in football or some form of contact sport so you would ask him an inviting question like " what team do you support?" that way you can hear the response and deliver a reply in an attempt to continue the conversation.

A second and yet probably the most significant communication barrier is the diagnosis of schizophrenia itself. Worldnetweb defines schizophrenia as:

" Any of several psychotic disorders characterised by distortions of reality and disturbances of thought and language and withdrawal from social content."

Schizophrenia has positive and negative symptoms, the positive symptoms are what the psychosis brings to the individual, for example, auditory and visual hallucinations, while negative symptoms are what is taken away from the individual. Negative symptoms include apathy towards other people or events, catatonia or even a lack of volition.

While it is clearer to recognise the positive symptoms, the negative symptoms are the more difficult to overcome because if someone has a complete lack of motivation to even get out of their bed in the morning then you have to overcome all these. The person may disregard all of their

activities of daily living and simply not see the point in even attending to their personal hygiene.

One way to look holistically at this problem would be to involve the family into the dealings with the care of the patient, knowing that he has his family support and not just dependant on the nursing staff may result in positive feedback but at the same time, the family must understand and be educated on the effects of schizophrenia, knowing the positive and negative symptoms and that their family member is not simply being ' lazy'.

Peate, I and Chelvanayagam, S (2006) state that people who suffer from schizophrenia become puzzled when surrounding individuals do not act to reality the same way they do because they see themselves as acting ' normally' to the world. If this is the case then when dealing with the patient who is displaying many negative symptoms then body language plays an important part along with a soft tone of voice however you must be firm with the language and communicate with the suffering individual that they have a reason to get out of bed, to get motivated or to simply get dressed.

To begin communicating with a sufferer of schizophrenia you must approach the patient with a clear head yourself and not be angry or upset at all as negative feelings being displayed will only relay onto the client. Language used when communicating is also important, for example if a person is playing their music too loud in a communal area, ask them " can you play your music through your iPod please?" rather than " turn that off, it's too loud!" that way you are reinforcing the auditory distraction for them but not cutting it off completely. Verbally you must convey language that is simple

and to the point while non-verbal communication you must maintain eye contact with the individual although this may be difficult if the person is suffering paranoia also, you must be close to the person too but maintaining the boundaries and not invading their personal space.

“ Effectively communicating with people suffering from the disease presents a challenge because the symptoms of schizophrenia compete directly with competent communication skills.” (D. Hassinger, 2002)

Mueser. K and Gingerich. S (2002) state that when communicating with a patient or a family member that personal issues must not be added to the equation as this bring further stress to the individual increasing the patients biological vulnerability.