

# [Communication skills required for holistic nursing care nursing essay](https://assignbuster.com/communication-skills-required-for-holistic-nursing-care-nursing-essay/)

The communication skills required for holistic nursing care of patients in adult nursing.

The American Holistic Nurses Association (AHNA) defines holistic nursing as “ all nursing practice that has healing the whole person as its goal.” Holistic nursing recognises that there is a connection between a persons mind, environment, culture, emotions and body. “ holistic nursing is not necessarily something that you do; it is an attitude, a philosophy and a way of being.” American Holistic Nurses Association 1998.

The Oxford online dictionary defines the word holistic as: “ medicine characterized by the treatment of the whole person, taking into account mental and social factors, rather than just the symptoms of a disease.” Oxford Dictionary online 2010.

There are two types of communication, verbal and non-verbal. Communication is the exchange of information, verbally or non-verbally. The Oxford dictionary defines the word communication as: “ the imparting or exchanging of information by speaking, writing, or using some other medium.” Oxford Dictionary online 2010.

verbal communication is speaking face to face to someone using words, sounds, speech and language. Verbal communication is separated into two types, public speaking and interpersonal communication. There are over 3000 languages spoken in the world and verbal communication is based largely on these as well as class, profession, age and social factors. some sources suggest that written communication is verbal as well as non-verbal.

Non-verbal communication is email, letters, databases, social networking sites, text messaging as well as body language. Body language is an important means of communication, it includes gestures, eye contact, expressions and posture.

How we communicate non-verbally is extremely important and sends strong messages as to whether you care and to what extent you are listening. We communicate this way by how we sit, the tone and pace of how we talk, how much personal space we use and the eye contact we make.

There are five roles in non-verbal communication:

Repetition – the message we send can repeat the verbal message.

Contradiction – the message we send can contradict the verbal message.

Substitution – the message we send can be substituted by our body language.

Complementing – this adds to the verbal message e. g. a hug or a pat on the back.

Accenting – this underlines the message e. g. punching a wall or slamming a door.

There are many barriers with communication such as:

learning disabilities

languages

blindness/ deafness

gender

culture

age

professionalism

the ability to digest information and bad news

lost or incomplete records

Language differences pose a large barrier in effective communication for nurses, although the option for a translator is often accessible, although it may not be readily at hand. There are also regional dialects that present barriers, for example, different regions refer to bodily parts and functions differently. Such as to pass urine may be commonly known as having a wee, taking a pee etc.

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Maintaining eye contact with someone who is blind or from a religion that doesn’t allow this may also be a significant barrier. To overcome this you would need to ensure that the rest of your body language was correct and consistent. Asking questions that are open ended or asking the patient to repeat the question back would be the best way to ensure that the patient has clearly understood you and what information you are relaying to them.

Another barrier may be if a patient had a learning disability and required a parent, guardian or advocate present. You need to ensure that you fully understand the disability your patient had and to what effect certain gestures may have, for example, eye contact with an autistic patient may be deemed aggressive.

This is where a nurse needs to assess a patients holistic (or whole) needs, and what brings them to their care. A patient may have only been admitted with a knee injury but how was that injury sustained?

This is were holistic nursing care is most important. A knee injury may not be a one off incident, it may be through lifestyle choices, e. g. are they sports fanatics, regular walkers etc. For a nurse to just assess that patients knee injury on face value may lead to the patient being readmitted with the same injury.

Again, asking questions that require more than just a yes or no answer, these are called open questions, or asking the patient to non-verbally communicate how they sustained their illness or injury by filling out a questionnaire.

The Nursing Times 2007 says that communicating correctly is a basic yet fundamental requirement of good nursing and the breakdown of communication can quickly ruin the already delicate nurse/patient relationship.

Other barriers in nurse/patient communication is that nurses are often pushed for time, facing targets, have a lack of privacy or lack of training. This can often make holistic nursing impossible. The communication skills required for holistic nursing (given the correct conditions) are:

having the correct patient information.

Observe a patients body language.

Maintain eye contact where possible.

Listen properly.

Avoid difficult to understand medical terminology.

Be emotionally prepared.

Be honest, empathise and show compassion.

There has been extensive research into effective communication with patients Dougherty and Lister 2007 highlighted the importance of providing patients with the correct information, communicated in the correct way aided the patient to a quicker recovery.

An article in the Nursing Times 2007 by Hamilton. S. J et al highlights a framework of communication skills effective in holistic nursing called the five I’s.

INTERACT with the patient.

Establish the INTENTION of the interaction.

Decide on the INTERVENTION to be used.

Assess the IMPACT of the interventions.

Evaluate the IMPLICATIONS of the subsequent information obtained and act accordingly.

In order to get the patient to express their fears and anxieties a nurse needs to display strong and confident non-verbal communication skills and talk to the patient not at them, seeking as much information as possible.

Most communication barriers can be overcome if the nurse (or any individual) is ready to try. Repeat open questions, make time for the patient and complete all patient notes thoroughly and to a

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standard that complies with NMC guidelines. Also remembering that a patients needs may change often but the level of communication should remain the same.

On my placement I realised just how effective holistic nursing can be given the time and location.

I observed a drug counsellor attempting to discuss a patients rehabilitation and how they intended to take it forward and at what pace and level.

The drug counsellor had to find out if what type of drugs the patient was using, how often and were there any underlying physical or emotional reasons why the patient was a drug user.

The patient was very withdrawn and didn’t appear interested. The counsellor repeatedly asked him questions but the patient stared at his feet and didn’t answer. He became noticeably agitated and his body language appeared to become aggressive (he folded his arms).

The counsellor suggested they took a break and had a cup of tea. During the break the counsellor asked some indirect questions about the weather etc., I noticed the patient started to relax and build a rapport with the counsellor, this I feel was the counsellor gaining knowledge of the patients whole being not just his drug problem (this is a strong example of holistic care in an adult medical setting).

On returning to the treatment room the patient seemed more relaxed and began to answer the counsellors questions whilst maintaining a good verbal and non-verbal communication.

This was the first barrier I noticed being over come the second was the patients inability to read and complete a questionnaire. The counsellor sat and read the questions to the patient and then asked the patient to repeat the questions before answering them, ensuring that he had understood what she was asking.

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