

Nursing home visit and communicating with patients

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



By listening attentively to my patient, I was able to reduce some of her loneliness, anxiety, and frustration regarding her condition (Integrated Medical Publishing, n. d). In order to improve on my verbal communication skills, as I am not a native English speaker, I think I need to improve my English speaking skills through practice and by enrolling in an English language course.

Non-verbal cues include eye contact, touch and use of space, gestures, body posture and presentation, and use of voice. Non-verbal cues reflect the real emotions and feelings of individuals involved in the conversation. Such was the case in my conversation with the patient. By establishing eye contact, I was able to assess the sincerity of her words. I also paid attention to her gestures which told me if my questions were getting uncomfortable for her to answer. And if she got uncomfortable answering, I changed my questions. I noticed that she gestured with her hands a lot; and being a former teacher, I understood why she has this habit. When I first approached her, I maintained a respectful distance between us. Since it was my first time to meet her, I respected her personal space. I asked if I could move my chair closer to her, and she agreed. I maintained a 3-foot distance from her; it was close enough for us to hear each other, and far enough to avoid invading her personal space (Rhode Island Health Literacy Project, n. d). I think I need to improve my non-verbal communication skills by increasing my interaction with patients. Through increased interaction, I will be able to improve my interpretation of patients' non-verbal cues (Earp, et. al., 2007, p. 197). Establishing rapport is seen in how we relate and perceive our patients. It also involves genuine concern and empathy for our patients (Travelbee,

1963). Upon meeting my patient, I immediately set out to establish rapport by greeting her by her first name, shaking her hand, and introducing myself. I asked permission to converse with her and when she agreed, I sat down next to her. By shaking a patient's hand and using their first names, patients become more comfortable around caregivers and it sets the tone of the patient-caregiver relationship (Sharma, 2007). In order to improve this communication skill, I think I need to improve my English speaking skills. This will help make it easier for me to engage the patient in an easy and comfortable conversation without running out of words to say.

The barriers in communication may be physiological, psychological, and physical (Integrated Medical Publishing, n. d). Physiological barriers are sensory dysfunctions like hearing impairment. I was fortunate not to have encountered this with my elderly patient. Physical barriers involve environmental factors like noise. Since we were in an enclosed nursing facility, I did not encounter this problem with my patient. As regards psychosocial barriers, these are educational or cultural barriers that prevent effective communication. As I have mentioned previously, I had some trouble communicating with her because English is not my first language, but my patient had a very giving and accommodating nature that made it easy for me to talk to her. In order to improve my language skills, I need to improve my English by possibly enrolling in an English language course. This will assist in overcoming my limitations in communicating with patients. It will help prevent miscommunication and misinterpretation on my part and on the part of the patient.