

# Communication assignment

[Sociology](#)



As a student nurse you have approached a patient and their parent to inform them that they will be discharged from hospital in 2 days. The patient's parent appears concerned at this news and explains that they are an only parent and are worried they will not be able to cope at home, they ask you if there is any help available to them. This assignment will explore the above statement in relation to the role of a student nurse and what actions the student would be expected to take adhering to the Nursing and Midwifery Code (NC, 2008).

It will discuss the professional roles and behaviors associated within nursing and the interpersonal skills required to develop and maintain the therapeutic nurse, patient and parent relationship. The assignment will examine two clauses from the NC 2008 which will relate to the given scenario whilst also adhering to the confidentiality clause of the University, 'I certify that confidentiality has been maintained by the use of pseudonyms' (Edge Hill University, 2010).

The two chosen clauses are 8. You must listen to the people in your care and respond to their concerns and preferences and clause 26. You must consult and take advice from colleagues when appropriate (NC, 2008). The assignment body will identify and analyse therapeutic and communication principles that underpin professional caring relationships and discuss the importance of collaborative working within the Multi Disciplinary Team, but also the nurse, patient and parent engagement.

Communication will be particularly evident within the assignment as it relates to both NC clauses above. The NC are the regulating body for nursing

and midwifery throughout England, Wales, Scotland, Northern Ireland and the Islands and are there to safeguard the public by ensuring student nurses, nurses and midwives are delivering high levels of quality healthcare (NC). By relating the clauses to the scenario stated this shows recognition towards the professional legal and ethical frameworks and their application to nursing practice.

As a student nurse it is imperative to know the limitations within the role when supporting patients and their families which is where teamwork is of the essence. A student nurse is an advocate for the patient and family and should recognize where referral is appropriate. This will involve seeking advice from their mentor or associate mentor in order to deliver family centered care. It is a student's responsibility to be aware of the roles and responsibilities of the MAT to promote the wellbeing of patients and families in their care (NC 2009). You must listen to the people in your care and respond to their concerns and preferences (NC, 2008) Although there are a number of clauses which can be related to the given scenario, clause 8 is appropriate as communication is a fundamental principle of the nursing profession and an essential skill needed in order to develop therapeutic relationships with patients and their families. Typical forms of communication are verbal, non verbal and Para verbal, sometimes known as paralinguistic (Mencken and Harris, 2010: 3-4).

Verbal communication is the use of spoken word, writing or signing to transmit information (Finnegan, 2010: 23). This can involve the use of open and closed questions when communicating with the patient and family. Non verbal communication is communicating without words. This is the use of

<https://assignbuster.com/communication-assignment/>

body language such as gesture, eye contact, proximity, facial expressions and touch. Para verbal includes the volume and tone of a person's voice but also the pace and accent.

Under the umbrella of immunization within healthcare comes observational skills and active listening of which are fundamental to the nursing profession (Lambert 2012: 3) As a student nurse in the given scenario it is important to demonstrate effective communication skills by using the appropriate methods. Critical communication skills to use in this situation are non verbal communication and active listening. The parent of the patient appears in an anxious state about the situation and needs support both in the present and once home.

The student needs to take time to listen to the concerns of the parent (NC 2008) and be mindful of how immunization is used as this will have an impact on behaviors in the situation and how messages are sent and received (McCabe & Timing 2006). Active listening can be used to aid the building of therapeutic relationships by showing the parent they are being listened to which can encourage the parent to express their concerns comfortably and share information with confidence (Webb 2011). A framework of communication can be adopted in the scenario using the acronym known as SOLES (Egan 2010).

Attention needs to be given to each point individually as problems can occur if not used correctly causing barriers o communication, which will be discuss further in this assignment. Egan (2010) suggests that the SOLES approach is merely a framework and consideration needs to be taken when there are

cultural differences between parties. The SOLES approach pays attention to how the person sits in relation to the patient/ parent with open body language to suggest that the person is fully with them and ready to listen. It also considers the appropriate use of eye contact and being in a relaxed state (Egan, 2010).

Fifth SOLES approach is used the student nurse should consider these points carefully in order to promote effective immunization. The student should use their body language appropriately by sitting squarely in relation to the parent but consider the angle of which this is at as too much could be taken as an intimidating position. Leaning in towards the parent will show attentiveness and a willing to listen to concerns, but must also consider proximity as too close could be threatening and too far away projects disinterest (Russell, 2011: 40).

The student would display open body language as crossed arms or legs could signal having less involvement in the conversation or show disinterest to a person. Good eye contact should be maintained but appropriately to avoid the feeling of staring at a person as this could look quite aggressive. It is important for the student to take into account cultural differences within the care of their patients and families, such as proximity, eye contact and the use of touch as this may be very different to their own culture or beliefs (Russell, 2011: 40).

In some cultures eye contact is used quite differently, for example in Asian culture it is considered disrespectful to have direct eye contact especially if the person is regarded as superior in status, i. E. Nurse, teacher or doctor. In

addition to this Asian culture can also deem the use of touch to be inappropriate, especially the head as it is regarded as a sacred body part (Gallant 2008). However, there are other methods that can be applied to the scenario to promote effective communication and demonstrate good interpersonal skills.

Stickles (2011 ) explores the SOLES framework further thus introducing the acronym SURETY which incorporates the use of appropriate touch and considers cultural differences and intuition. The student nurse could consider this method within the given scenario as it allows for a more holistic approach to communication by looking at creating a therapeutic space which considers environment, experiences and touch (Stickles 2011).

The use of touch within nursing can communicate on a number of levels often representing care, understanding, love, compassion and respect but the use of touch has to be clearly appropriate and respectful to cultural differences (Stickles 2011: 359-8). Although often overlooked Gleeson and Higgins (2009: 382) state that physical touch is ‘ a fundamental aspect of therapeutic communication’. The student nurse should consider the use of appropriate touch as practice but have an acute awareness of how it is used to avoid misinterpretation.

The student nurse should demonstrate a variety of active listening skills such as paraphrasing, summarizing and questioning in the situation which will clarify understanding from both sides and will be apparent to the patient/parent that listening has taken place. Using these techniques and skills correctly the student will exhibit respect, compassion and reassurance

and will begin to gain trust within the therapeutic relationship (McCabe & Timing, 2012: 143). Consideration also needs to be taken with the tone, pace and volume when speaking to the parents they are in obvious distress.

Speaking in a relaxed, calm manner should ease communication anxiety and try to alleviate any stress. When considering how the student nurse communicates with the patient and parent in the scenario it is important not to overlook barriers to communication. There are potential barriers to the immediate communication between the student and the parent within the verbal and non verbal by a number of factors. The student nurse could display disinterested body language, show impatience by gestures, inappropriate use of closed questions and the tone of voice in which things are resented (Finnegan 2010: 25).

This could adversely effect the communication and diminish any trust, confidence or respect the parent/patient may hold. The environmental factors can cause a barrier to communication especially in a hospital setting due to the lack of privacy, noise and interruptions. Privacy and dignity of the patient and their parent should be upheld and the student should adhere to the code; clause 1 you must treat people as individuals and respect their dignity (NC, 2008). If possible the student may consider a different area to converse with the parent to maintain privacy and dignity.

There could be physical barriers to communication such as impairments, medication effect, pain and anxiety. Adapting communication to accommodate such needs is imperative so as not to make the person feel uncomfortable or restricted in any way (Field & Smith, 2011). Cultural

differences, stereotyping and language barriers can have a detrimental impact on communication if they are not accommodated for and by doing so the student nurse is demonstrating excellent interpersonal skills (Webb, 2011).

By demonstrating practice of positive communication skills the student shows a degree of self awareness which is also a fundamental skill to communication and nursing. By the student having self awareness and an understanding of self it will potentially break down possible barriers in communication by removing bias, stereotyping and prejudice (McCabe & Timing 2012). Therapeutic relationships, also known as the nurse-patient relationship are built and developed through the use of good interpersonal skills and by communicating effectively.

Webb (2011) looks at the nurse-patient relationship as a 'series of planned interactions' which focus on putting the patients needs first. In this instance the patient and the parent's needs are paramount. As a student nurse building a therapeutic relationship is crucial to giving holistic care which will enable support and well being to the family. Time spent with the family will enable the student to gain a better understanding of their needs and will provide the family with effective support and empowerment (Smith et al, 2012: 77).

Within the given scenario the student is primarily communicating with the parent but the patient should never be forgotten. Dependent factors of age and understanding will enter into the situation as involving a baby or small child in a potentially emotional situation would be ineffective so judgment



and assessment needs to be used wisely. By using these communication skills effectively the student nurse is focusing on holistic care and building a family centered approach. Having a healthy relationship with the patient and parent in the scenario is seen as the basis of family centered care (Keller 2012: 66).

The use of good communication would allow the student nurse gain trust, respect and build a proactive relationship with the family and enable the student to have an understanding of holistic needs, but also the opportunity to develop self awareness which contributes to effective immunization (Webb, 2011). Throughout the scenario the student nurse should be aware of their limitations when communication takes place with the patient and parent on giving information and making referrals.

The student should priorities care and concern for the holistic well being of the patient and their family and advocate for their best interest by using their mentor and MAT. A hermeneutic study undertaken by Frances Howling (2008) finds advocacy as a children's nurse to consist of protection, enabling the child's voice and advocating for the expressed wishes of the parent/child (Howling, 2008: 117). Howling (2008: 118) notes in the study that nurses have reported a common occurrence that of conversations taking place with the MAT on behalf of a parent or career.

The student nurse should advocate for the parent in the respect of their concerns but by highlighting the concerns of the parent the student is advocating for the child's best interests, as it is clear there needs to be support in place. This shows that the student is consciously protecting the

child, therefore advocating for both parties. 26. You must consult and take advice from colleagues when appropriate (NC, 2008). When recognizing limitations, the student nurse must make it clear at all times to the patient and parent in the scenario that they are a student, therefore will need to pass information to their mentor (NC, 2011).

The student should ask for consent to document the necessary information in order to feed this back to their mentor or associate mentor. The NC (2005) state that students must work under supervision directly from their mentor, as they are not accountable professionally to the NC until qualified (Tee 2011: 56). A mentor is a facilitator of practice and has the job of supporting and evaluating students in a healthcare setting (Gaston et al, 2010). The student must utilize the mentor relationship in all aspects of practice, especially in situations such as the scenario where the student's knowledge or information may be limited.

Once the information has been relayed from the student nurse it is passed through a Multi Disciplinary Team (MAT) in order to deliver the correct and supportive care package to the patient and parent, and liaison should be present from student, mentor and MAT. This incorporates another clause from the NC which states that 'you must make referrals to another practitioner when it is in the best interest of someone in our care' (NC, 2008). By applying the code to this situation the student is clearly recognizing the legal and ethical framework within nursing.

The MAT in healthcare is described as a group of professionals working collaboratively to deliver a package of quality care to suit the needs of the

patient and their families (Clemson & Goodman, 2010). In addition to the MAT in healthcare there are a number of services further field connected to caring and supporting children, young people and families. This is often known as Multi Agency working (Multi Agency Team) which brings practitioners together in order to deliver the eight support needed and involves professionals from health, education, social work, police and youth work (Doff, 2012).

The student nurse needs to have an awareness of who the MAT/MAT are and their role within the health and social care sector (NC, 2011). Within Children's Nursing each patient and family will have specific individual needs and a wide variety of people can be involved in the care process. An example of an MAT within the child field of nursing could be speech and language therapists, occupational therapists, health visitors, physiotherapist, pediatrician, social worker and a GAP (Moss, 2010: 33). This is by o means an exhaustive list.

For example, a child with chronic constipation could have an MAT consisting of a primary healthcare team, pediatrician, ambulance services, pediatric gastrointestinal team, community children's nurse, inward patient team and a specialist outreach team (RCA, 2003). This variable shows the complexity to Mat's within health and social care. The aim of Mat's within health and social care is to ultimately meet the need of the patient and their families. Specific goals are made from each professional discipline in the MAT and collaborative working needs to take place in order to achieve these given locals.

The outcome for the patient and family will depend on the efforts from the MAT; this is where communication needs to be paramount in order to give care continuity (Field & Smith, 2011). The student nurse in the scenario should seek advice from their mentor when recognizing the people who will be involved in the MAT in this particular case. This will ensure the student can liaise and communicate effectively with the appropriate people and services and high-quality teamwork will take place.

The student also needs to remember the most integral member of the team is the patient and their parent in the scenario and that they should be involved in every aspect of the decision making process. In nursing the expertise of others are needed to ensure the best outcome for the patient and their family. Effective teamwork in health and social care are essential in delivering quality care and in instances where teamwork breaks down, then does the quality of care (Storehouse, 2011).

Effective communication skills within the MAT needs to be at the forefront for successful care to take place, in the given scenario the MAT will collaborate to ensure a fully supported discharge occurs. There are a number of factors that can contribute to effective team work including the attitudes and values of the team. By having effective leadership within nursing is highlighted as a central component to delivering quality care by providing a supportive environment to the team and the right values (Hammer & Page 2012: 230).

Record keeping is an essential part to nursing and more so to team working within the MAT which promotes effective communication and patient safety. Good record keeping between health professionals will ensure the patient

and the parent in the scenario will receive the consistent continuing care at the discharge planning stage and beyond (Field & Smith, 2011). The student nurse must uphold the Data Protection act (1998) by using and disclosing information and processing it correctly.

Confidentiality and information sharing will be an integral part to team work as it allows access to services which will be needed to support the patient and parent in the scenario. The student must adhere to the NC code (2008) by respecting the right to confidentiality and are informed about how and why information is shared to the MAT. By sharing necessary information the student nurse will be promoting safeguarding and will be protecting the rights of the patient and their family.

In the scenario the student nurse will have liaised with their mentor and worked with the MAT to support the patient and parent in the discharge planning stage. The services and level of support needed will be agreed before the patient is discharged and discharge plan put together. The use of integrated care pathways can be used to incorporate a plan of discharge and are used within MAT working to ensure patient/family centered care, patient safety and improving quality (Careered & Morrow 2012: 63).

The patient and parent should be included in all planning and decisions about care as this will promote meeting the needs of the family (Haywood, 2002: 18). Taking in consideration the factors discussed in team working within the MAT it is important for the student nurse to have an awareness and understanding of the barriers within MAT working. Some of the barriers can include poor leadership, financial constraints, lack of support and

accountability, time, low motivation, poor record keeping and poor communication.

These barriers can result in poor standards of care, clinical incidents, breaching of codes and policies and patient/careers losing trust (Doyle, 2008: 26). Conflict can arise within the MAT down to stereotypical perceptions, efferent values and again poor communication. All these factors evident within the Mid Staffordshire INS Foundation Trust Public Inquiry (2013) where serious harm and suffering occurred due to failure in communication, lack of information sharing, lack of accountability and a failure to challenge poor standards of care, to name but a few. This resulted in several hundred deaths between 2005 and 2008.

Key points in the report noted a lack of consideration for patients and not putting them first as well as a culture of acceptance for poor standards and secrecy. This resulted in several hundred deaths between 2005 and 2008 (Francis, 013). To conclude, this assignment has examined the role of a student nurse in relation to applying the NC code in practice and recognizing limitations within the role. Discussion has taken place surrounding the therapeutic relationship between nurse, patient and parent and what skills are required to develop these relationships.