

# Communication in nursing assignment

[Sociology](#)



**ASSIGN  
BUSTER**

Describe an example of communication from your recent clinical experience and discuss the factors that contribute to its outcomes. The following assignment will describe communication such as verbal and non verbal communication along with active listening. It will be related to my recent clinical experiences. Looking at how communication can be effected and interrupted and how the use of effective communication can benefit patient care. The Model of communication I will be applying to my recent clinical experience is the Berlo Model of communication.

In addition I will be sharing the outcomes of my recent clinical experience. For the purpose of confidentiality the patient name has been changed, as to comply with the NMC (2004) code of conduct. The Berol Model of Communication helps us understand how communication works and how communications can either facilitate the development of a therapeutic relationship or create barriers (Stuart and Sundee 1995, cited in Riley 200). Communication involves both receiving messages and giving messages; a two way method spoken words and nonverbal messages.

The Berol Model of communication has four distinct components. Source – Sends a message through a channel to a receiver (another person). Message-someone shares an idea, feeling or information with another person. Channel-The way the information is being expressed is the channel. Receiver-Once the message has been received the receiver then decodes the information sent. According to Berlo-The Sender encodes the message through his speaking and writing skills. The receiver decodes the message through their listening and reading skills.

Both sending and receiving are influenced by knowledge, attitudes, experiences, and skills, are affected by the channel through which the message was sent. Communication when a person (source) sends a message through a channel to a receiver (another Person) once the message is received the receiver sends a message back to the source. In hospital environment there are many factors that could interfere with this process such as patient's anxiety the environment, noise so messages are interrupted or wrongly interpreted and this can create barriers to communication the patient could be in pain.

Cultural, language, disabilities, such as a hearing impediment can affect the communication process. Berol's approach is rather different from what seems to be suggested from more straight, forward Transmission, models in that he places greater emphasis on dyadic (having two elements) communication, therefore stressing the role of the relationship between the source and the receiver as an important variable in the communication process. There are two principle ways in which we transmit messages to other people: by verbal and non verbal Communication; verbal communication refers to the use of speech and its content.

While words are vital, aspect of getting a message across ' it appears that 60-80% of the actual meaning of speech is conveyed through non verbal communication. (Taylor et al 1977). When two or more people are together they cannot but communicate (Watziuawick et al (1968). There are two types of communication verbal and non verbal communication. Verbal communication has two components, voice tone and language usage; the

content of the message. Voice tone can add meaning to words. The tone of a person's voice can add meaning to words.

The tone of voice gives a good idea of how that person is feeling. Voice tone places emphasis where the speaker intends, for example how the word yes can assume different meaning by varying tones, if said softly, it can mean friendliness if said loudly can mean anger; if said sharply can mean annoyance. Words can create understanding or complete misunderstanding depending on how they are used. Words should have the same meaning for the person to whom we are speaking to as they do for ourselves.

Paralanguage refers to the way in which something is said pitch, tone, speed, volume of voice, accent, pause, speech, volume of voice, accent, pauses, speech dyfluencies etc (Hargie1997). The term “ paralanguage” defines the aspect of verbal communication which we use to express the meaning that our words convey. It concerns how we use language, rather than what we say. It includes the tone of voice, the speed with which we speak and our use of “ filler” sounds such as “ um” and” ur”. Such communication can be said to be vocal rather than verbal (Roper, Logan and Tierney 1980).

Non-verbal communication involves sending messages without using words it is conveyed by body language, facial expression eye contact, for example a patient may verbally explain to the Nurse that they are comfortable and not in pain as not to bother who she/he sees as “ as a very busy Nurse” Yet the patient's body language conveys a completely different message facial expression they look distressed and agitated and uncomfortable. Just

listening to a patient is ineffective on its own the Nurse must watch, listen whilst assessing the patient holistically as not overlook something as important as distress or pain.

A large part of nursing care involves verbal and non-verbal communication. One of the most important forms of communication is the therapeutic communication a Nurse has with her patient the human element the Nurse can bring her compassion and empathy to the Nurse patient relationship which proves positive and effective in the patient's recovery. Therapeutic communication reinforces the Nurse patient relationship it can help cut through barriers of Culture and gender, establish a connection if there was a breakdown of communication.

Help in a situation where empathy is needed being sensitive to the needs of a patient and any concerns or anxieties they have it is important to be aware of how someone is feeling just as important as the medical care they receive whilst in hospital. Therapeutic communication allows the patient to feel that someone cares in their time of need. It is important that the Nurse has a therapeutic relationship with the patient it establishes a sense of trust and mutual understanding between Nurse and patient.

Effective communication is dependent on the communicators' several abilities within the verbal language component, notably those of thinking, speaking, listening, reading and writing. However the necessary skills within the body language component are also of enormous importance (Roper, Logan and Tierney, 1980) Empathetic communication the Nurse should be able to perceive and experience the feelings of patients to be able to

understand the patient. When the Nurse is sincere and honest in her relationship with the patient, consistency conveys sincerity which develops patients trust.

The Nurse must maintain an honest and open relationship. A skill that is associated with empathy is active listening. There are two types of listening, actively or passively. Passive listening includes eye contact, head nodding, and sounds of encouragement. Passive listening is ineffective part of communication it lacks the reassurance that active listening carries. A patient who is receiving passive listening may have to assume, hope that they are being fully understood. However active listening cuts out the guessing game and tells the patient " I'm with you, I'm hearing you".

Active listening actually provides proof that a nurse, knows how her patient is feeling that we understand why they are feeling like this. Receivers of active listening feel that they have been actually understood. Empathy and active listening, both of these skills used, show the patient a sign of respect. When a person genuinely cares about people it is evident in their body language. Many patients feel loss of control when they are ill and knowing that their Nurse understands their medical problems and is advocating on their behalf can help the patient regain a sense of control and hope.

Active listening empowers both patient and Nurse to co-actively problem solve, advocate needs of the patient to health team, and achieve the best possible outcomes for the patient. Kindness does not overstep the boundaries of professionalism to treat someone as an individual with respect and kindness and awareness of the impact it has for some people coming

into hospital or health care setting does not distract from professionalism it makes Nurses/Carers better professionals.

Interpersonal communication verbal and non verbal messages, interpersonal communication can be affected how messages are sent and received can be affected by environment, personal space, noise language culture all aspects should be taken into consideration when communicating with a patient how we approach a patient taking into account there possible anxiety and fear. There are many contributing factors that affect how messages are received. Communication is something we do in our internal words of thoughts and in the external world by speaking, writing, making images and symbols and receiving messages from others. Crawford, Bonham, Brown 2006). As part of human behaviour we communicate in various ways, using different techniques often communicating without even knowing it. Whilst on my first placement on a male medical ward I observed health care staff using effective communication on a regular basis. One experience on the ward stayed with me long after I left my placement and emphasised the importance of good communication skills. Mr Jones was an elderly gentleman who was admitted in very poor health and was unable to take care of himself at home as he had several falls.

Mr Jones was being assessed in the hospital to identify the cause of his deterioration of health. I was asked to assist Mr Jones with his personal care before I started to help Mr Jones I introduced myself and then asked Mr Jones permission to assist him with his washing and dressing. Mr Jones looked distressed and did not understand what I was saying, Mr Jones pointed to his ears he was wearing hearing aids it became clear that they were not working

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the batteries were changed but they still didn't work it was sent to the auditory department to be repaired.

Mr Jones was told that we had sent his hearing aid to be repaired I wrote this information on a card in large letters. Mr Jones was saying he wanted to go home, he had no family to take care of him so this was not a possibility, this was explained to Mr Jones as best as possible in regards that he could not hear and was distressed. It highlighted to me frightening and confusing it was for Mr Jones I discussed this with my mentor. We devised writing cards with big letters so that when we were speaking to Mr Jones we used cards writing big letters so Mr Jones would have a better understanding of what was happening.

When I was communicating Mr Jones I used emphatic listening and was aware of the importance of body language to reassure Mr Jones as I put myself in Mr Jones shoes and how it would feel to be in his situation no family to support him or act as an advocate on his behalf and to be isolated even more by his impaired hearing and poor health. Impaired hearing is the single most important communication difficulty encountered in care work because it is such a common difficulty for older people.

Like people who do not speak the same language as their Nurse. It is very easy for those who are hard of hearing to slip into a world of their own and to feel depressed and paranoid and distressed because they do not understand what is going on around them. Hearing aids care and maintenance is something that is given low priority in elderly care yet a functioning hearing



aid is crucially important in allowing someone to join in feel in control in a vulnerable situation such as being admitted into hospital.

Through my experience with Mr Jones I made it a priority to learn how to check a hearing aid and how to turn a hearing aid of and on having a stock of batteries to hand just knowing the basic knowledge of hearing aid could have a profound effect on a patient and could make a huge difference in the care received and reduce the isolation a patient may feel. The things I learnt was to use the hearing impaired person preferred method of communication which was hard to establish with Mr Jones so we continued to use the cards writing messages down and hand signals and gestures.

I took into account Mr Jones level of hearing that he could hear with the aid of a hearing aid but this still hadn't been repaired. We had to work in the present moment. When I was communicating with Mr I was aware to face the light when I speaking to him, gain his attention prior to communicating with him a gentle touch on the hand , most importantly to take my time and not rush, to write things down to use natural, gestures and accurate signs. Using gestures and remaining direct eye contact with Mr Jones proved successful and Mr Jones relaxed and was able to convey some of his concerns and we were able to meet some of his needs.

I kept myself communicate verbally with him as well as signals and gestures including using my body language and facial expression and using the writing cards as another form of communication I was also aware of environmental factors which can affect the communication process especially for someone who is hard of hearing to be free from distraction

noise level and to insure privacy. Touch is an important part of non-verbal communication. Touch can be particularly significant to the older person.

As people age and become detached from main stream society, and as they experience both personal loss and social losses, a chance for personal contact decreases. Thus touching becomes a meaningful contact. Touching is especially effective with individuals who have sensory impairments. Touch serves to establish a bond, a link that precedes communication. Touching can convey warmth, caring, understanding sympathy, compassion. Touch can express to the other person an acknowledgement of his/her existence. It says “ you are still a person with life and dignity.

Some people like to be touched and others don't being sensitive to each person's response to touch. A Nurse should get to know their patient before they use this communication technique touch can be away of conveying that you care and reassurance with Mr Jones it was effective, by gentle touch on his hand to gain his attention and to reassure him and also to acknowledge his distress, and comfort a patient who has a hearing impairment. Mr Jones response to this form of communication was visible by the response in Mr Jones body language that he was less agitated.

In all the reading I have done on communication it highlighted so much all areas of communication especially, body Language when you have someone who is vulnerable and isolated admitted into the hospital and the additional problem of a hearing impairment it just seems impossible if you do not communicate in a therapeutic manner how you can nurse someone medically and not address emotional needs and fears and help the patient

feel they are in control as much as possible and not increase their feeling powerlessness. It was important for me to improve the therapeutic relationship with Mr Jones.

In the therapeutic relationship, there is the therapeutic rapport establish from a sense of trust and mutual understanding exists between a Nurse and patient that build in a special link of the relationship (Harkreader and Logan, 2004, p. 243). A good contact in a therapeutic relationship builds trust as well would raise the patients' self-esteem which could lead to a new personal growth for the patient. This clinical experience has highlighted to me how important communication is in the Nursing environment and the difference it makes to patient care.

I feel I communicated in emphatic way with Mr Jones and other patients on the ward and showed positive regard. It is important for me to improve the Nurse-patient relationship for future placements. In the therapeutic relationship, there is the therapeutic rapport establish from a sense of trust between patient and Nurse. I was able to improve my non-verbal communication skills I become more aware of my communication with Mr Jones when I was helping him with his personal care. As he was having hearing problem I could not communicate effectively in his first language so non- verbal communication played a vital role.

Caris-Verhallen et al (1999. p. 809) state that non-verbal becomes important when communicating with the elderly people who develop hearing problems. Hollman et al (2005. p31) suggests some effective ways to maximise the communication with hearing impairment people such as Mr Jones always

gain the person attention before speaking, visible yourself to prevent them feeling frightened and try to use some sensitive touch. I feel this has been good for me as a student Nurse to develop my non- verbal communication. I have learned various factors on my first placement in conjunction with communication.

The first being reflection, and how this can help you grow professionally and improve your professionalism the second how important advocacy for a patient who is vulnerable in hospital setting and how you work with your colleagues in addressing the needs of a vulnerable patient, I learnt that a lot of assumption is put on the fact that when patient is admitted to a hospital or care setting that their physical and emotional needs are met this is not always the case if the patient is vulnerable and has difficulties in communicating their needs it can become a lonely, frightening and disempowering experience.

Reflection gives a nurse time to think over previous experiences and to learn from them. Then put the learning back into practise and improve practise. In all the experiences I have reflected on in my placement and areas in which I can improve underpinning all this is that good communication skills is of the utmost importance in the Nursing profession in the way you communicate with patient, colleagues and in your role as an advocate for a patient.

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