มหาวิทยาลัยราชภัฏนครปฐม

Fundamental Nursing Practicum

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CHAPTER 8

NURSING PRACTICES FOR COMMUNICATION WITH PATIENTS, FAMILY, AND THE HEALTH CARE TEAM

Objectives

1 Explain the types of communication.

2 Utilize approaches that facilitate therapeutic communication between nurses and clients.
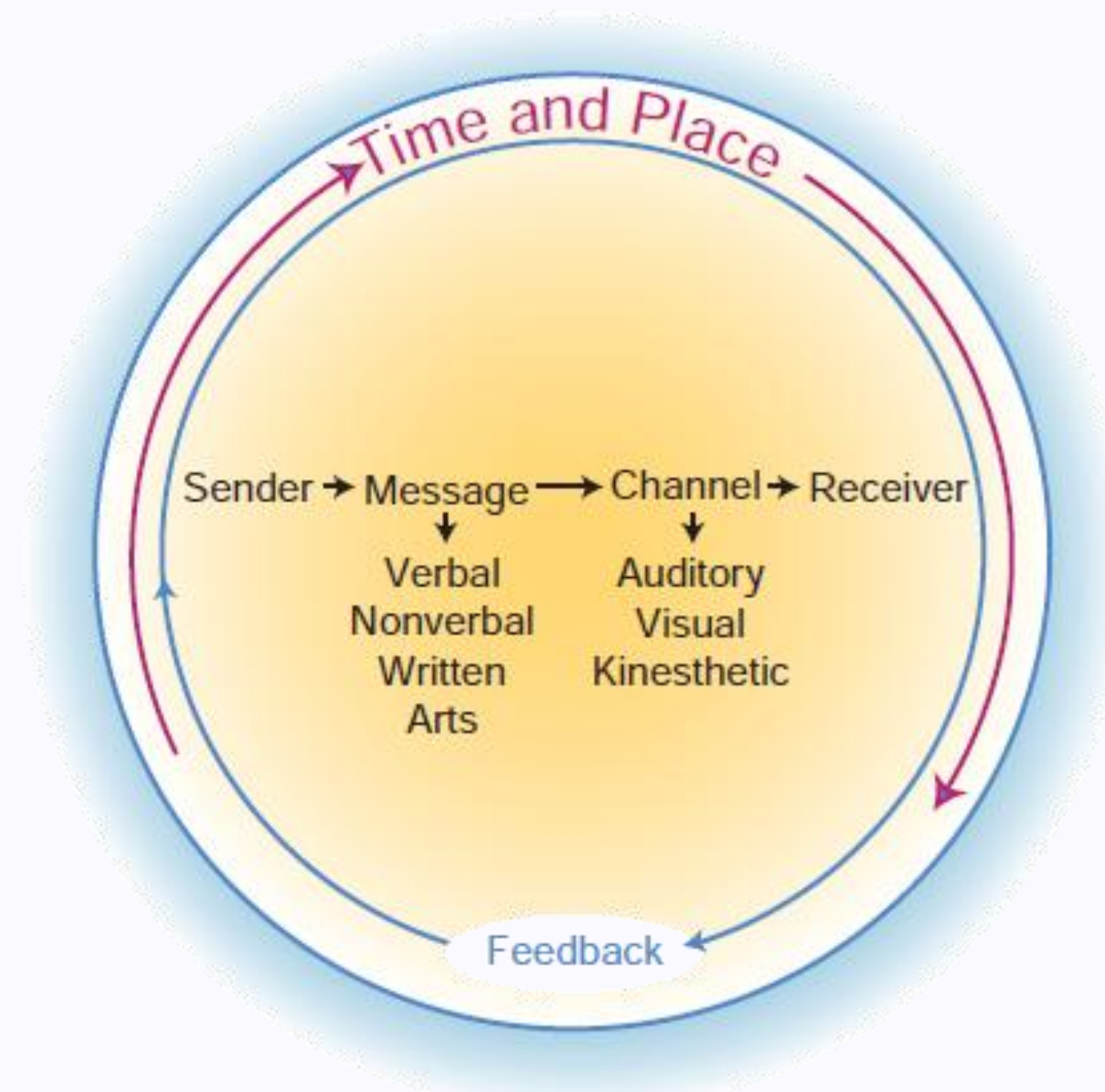
3 Utilize approaches that facilitate therapeutic communication between nurses families and healthcare team.

A Communication Model
DELMAR/CENGAGE LEARNING

(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)

Communication Channels

CHANNEL	MODE OF TRANSMISSION	CONGRUENT WORDS
Visual	Sight	• ''I see what you mean.''
	Observation	• ''It looks perfectly clear that …''
Auditory	Hearing	• ''I hear you.'' • ''Tell me what you mean.''
	Listening	• ''Sounds like you're saying …'' • ''Tell me what you mean.''
Kinesthetic	Procedural touch	• ''How does that feel?''
	Caring touch	• ''That is so touching.''

Delmar/Cengage Learning

(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)

Types of Personal Space

TYPE	DESCRIPTION	NURSING IMPLICATIONS
Intimate distance (0 to 18 inches around the person's body)	• Reserved for people with whom one has a relationship • Vision is affected in that it is restricted to one portion of the other's body; may be distorted • Tone of voice may seem louder • Body smells noticeable • Increased sensation of body heat	• Nurses often must intrude on this space to provide care • Explain intention to client • Respect client's space as much as possible • May be used for comforting and protecting • Therapeutic examples: 　—Rocking a toddler 　—Administering a massage 　—Checking vital signs (temperature, pulse, respiratory rate, and blood pressure)
Personal distance (zone extends 1.5 to 4 feet around person's body)	• Usually maintained with friends • Vision is clear since more of the other person is visible • Tone of voice is moderate • Sensations of body smells and heat are lessened	• Better able to read nonverbal communication at this distance • Therapeutic examples: 　—Conversation between client and nurse usually occurs in this zone 　—One-to-one teaching 　—Counseling
Social or public distance (zone extends from 4 feet and beyond)	• Generally used when conducting impersonal business • Communication is more formal and less intense • Sensory involvement is less intense • Increased eye contact	• Therapeutic examples: 　—Making rounds 　—Leading a group 　—Teaching a class

(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)

Differences between One-to-One and Group Communication

ONE-TO-ONE INTERACTIONS

- One sender and one receiver, each with his or her own unique perceptions.
- Influenced by dynamics of creating, maintaining, and terminating a therapeutic nurse-client relationship.
- Requires understanding of nurse-client relationship theory, communication theory, and an overall theoretical approach (e.g., Rogers, Peplau, Reusch).
- Problem identification and problem solving are done by the client, with input from the nurse.
- The nurse is the major support for the client during the interaction.
- The logical outcome of one-to-one communication is the development of the nurse-client relationship.

Delmar/Cengage Learning

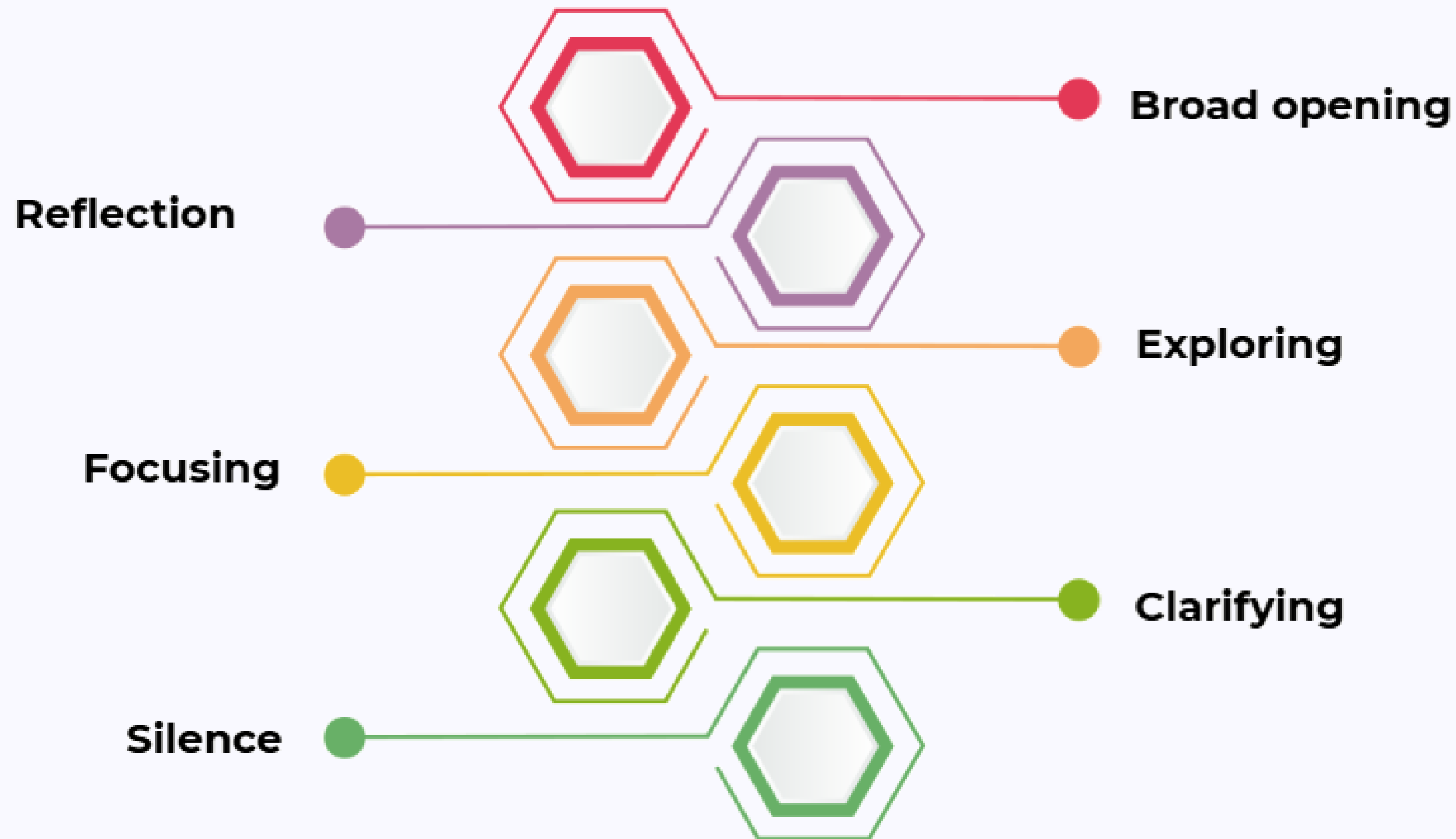(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)

Differences between One-to-One and Group Communication

GROUP INTERACTIONS

- Numerous senders and receivers, each with unique perceptions.
- Influenced by group dynamics.
- Requires understanding of underlying modalities as well as a theoretical framework to guide both interventions and interpretations (e.g., psychoanalytic, behavioral, or interpersonal model).
- Problem identification and problem solving are done by the group, with assistance from the leader.
- The group is the major support for the client during the interaction.
- The logical outcomes are group cohesiveness and group productivity.

(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)

Therapeutic Communication Techniques

Broad opening

Reflection

Exploring

Focusing

Clarifying

Silence

Relationship between Communication and Nursing Process

1 Assessment

- Asking questions to elicit key information
- Observing nonverbal behavior
- Reading medical records

2 Diagnosis

- Posing questions to help analyze and cluster data into meaningful patterns
- Talking with client and family or significant others to determine perception of needs and problems

3

Planning/Outcome Identification

• Talking with clients to mutually determine areas of concern and to formulate goals and objectives

• Staff meetings with coworkers to develop plans of care

• Writing and reading plans of care

4

Implementation

• Determination of most appropriate intervention or method of responding; calls for input from client, significant others, and health care team members

5

Evaluation

• Critiquing the client's response to interventions; requires direct communication with client and significant others

FAMILIES HEALTH

The family unit exerts much influence on the health of its individual members. For example, the family that places a high value on proper nutrition will encourage children to develop dietary practices that will promote health throughout the life cycle.

Each family is a dynamic system whose members form a unit that interacts with the community.

- **Supporting members**
- **Teaching respect for others**
- **Helping with problem solving**
- **Communicating**

Comparison of Healthy and Unhealthy Families

CHARACTERISTIC	FUNCTIONAL (HEALTHY) FAMILY UNIT	DYSFUNCTIONAL (UNHEALTHY) FAMILY UNIT
Communication	• Clear, direct, and truthful	• Ambiguous, indirect, dishonest
Problem-solving ability	• Focused and appropriate	• Fails to solve problems, with resultant family crisis
Affective responsiveness	• Members are encouraged to express feelings • Feelings are respected	• Emotions are repressed • Members become guarded, suspicious, and untrusting
Affective involvement	• Family members care about each other	• Family members are focused on protecting self
Behavioral control	• Rules are flexible • Feedback is timely and constructive	• Rigid rules, usually in an autocratic hierarchy • Feedback is negative
Boundaries	• Provide safety and security • Encourage growth of individual members	• Are blurred, rigid, and inconsistent • Lead to enmeshment (overinvolvement or lack of separateness of family members)
Role allocation	• Roles are flexible according to family needs and situations	• Roles are rigid (e.g., ''That's woman's work'')

(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)

Communicating with the healthcare team

1. Patient Status Updates

- Vital signs, symptoms, and overall condition

- Changes in patient status

- Response to treatments and medications

2. Shift Reports & Handovers

- SBAR (Situation, Background, Assessment, Recommendation)

- Patient diagnosis and history

- Current treatment plan and pending tests

- Special instructions (e.g., isolation precautions, fall risk)

Communicating with the healthcare team

3. Documentation & Charting

- Electronic health records (EHR) updates
- Medication administration records (MAR)
- Nursing notes and progress reports

4. Coordination with Physicians & Specialists

- Reporting urgent concerns (e.g., worsening symptoms)
- Clarifying orders and treatment plans
- Requesting consultations

Communicating with the healthcare team

5. Interdisciplinary Team Collaboration

- Participation in rounds and care planning meetings

-   Communicating with physical therapists,

-   dietitians, pharmacists.

-   - Discussing discharge planning and patient education

6. Professional & Ethical Communication

- Advocating for patient needs and preferences

- Maintaining confidentiality (HIPAA compliance)

- Using clear, concise, and respectful language

Communicating with the healthcare team

Situation:
I am (name), a nurse on ward (X)
I am calling about (child X)
I am calling because I am concerned that...
(e.g. BP is low/high, pulse is XXX temperature is XX, Early Warning Score is XX)

Background:
Child (X) was admitted on (XX date) with
(e.g. respiratory infection)
They have had (X operation/procedure/investigation)
Child (X)'s condition has changed in the last (XX mins)
Their last set of obs were (XXX)
The child's normal condition is...
(e.g. alert/drowsy/confused, pain free)

Assessment:
I think the problem is (XXX)
and I have...
(e.g. given O$_2$/analgesia, stopped the infusion)
OR
I am not sure what the problem is but child (X)
is deteriorating
OR
I don't know what's wrong but I am really worried

Recommendation:
I need you to...
Come to see the child in the next (XX mins)
AND
Is there anything I need to do in the meantime?
(e.g. stop the fluid/repeat the obs)

Ask receiver to repeat key information to ensure understanding

The SBAR tool originated from the US Navy and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA

If you require further copies quote SC043

* IDENTIFY SELF & SITE/ UNIT PERSON CALLING from
* IDENTIFYING INDIVIDUAL (NAME & D.O.B)
* SYMPTOM ONSET & SEVERITY

* DATE/TIME of ADMISSION
* ADMITTING DIAGNOSIS
* RELEVANT MEDICAL HISTORY
* LAB/DIAGNOSTIC RESULTS
* NOTABLE CHANGES

SITUATION

* SUSPECTED UNDERLYING CAUSE or CONCERNS

BACKGROUND

* RECOMMENDATION & EXPECTATIONS
~ CLEAR/SPECIFIC about URGENCY of REQUEST & EXPECTED TIME FRAME

ASSESSMENT

RECOMMENDATION

PURPOSE
* COMMUNICATION TOOL to STRUCTURE CONVERSATION about MEDICAL SITUATIONS REQUIRING IMMEDIATE ATTENTION & ACTION
~ REDUCES ERRORS
~ ENCOURAGES ASSESSMENT & DECISION-MAKING SKILLS

OSMOSIS from ELSEVIER

(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)

KEY CONCEPTS

Using language or other symbols, the sender produces verbal, paraverbal, and nonverbal messages that are delivered through a channel (visual, auditory, or kinesthetic) to a receiver.

Interdisciplinary communication is a type of interaction by which members of the health care team collaborate on a client's care.

The nurse needs to observe **specific principles and techniques** in order to initiate and maintain therapeutic communication with clients.

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