

COMMUNICATION AND NURSE PATIENTS RELATIONSHIP



Mr. Pradnesh Jangam
Assi. Professor
MES College Of Nursing Lote



COMMUNICATION

- The word 'communication' is derived from Latin word 'communis', which means common. It is a process of exchange of facts, ideas, opinions and a means that individuals or organizations share the meaning and understanding with one another.
- Communication is the process of transmitting information from one person to another. It is the act of sharing of ideas, facts, opinions, thoughts, messages or emotions to other people, in and out the organization, with the use of the channel to create mutual understanding and confidence.
- Communication is "a process by which two or more people exchange facts, feelings or impressions in ways that each gains a 'common understanding' of meaning, intent and use of a message."- Paul Leagens

- Communication is a process of sharing experience till it becomes a common possession. It modifies the disposition of both parties who partakes it- John Dewey.
- Communication is sharing of ideas and feelings in a mood of mutuality -Edgar Dale.
- Communication is a means of persuasion to influence other so that desired effect is achieved- Aristotle.
- Communication is a process of exchanging verbal and non-verbal messages. It is a continuous process.

PURPOSE OF COMMUNICATION

- Exchange information regarding health.
- Encouraging co-operation, co-ordination, good personal relations and motivation among health workers.
- Ensuring public participation in health programmes.
- Publicizing health policies, actions and activities and to remove rumours.
- Maintaining continuous public contact.
- Maintenance of health records and to receive correct reports.
- Obtaining feedback from community or health workers.
- Making health education effective.

LEVELS OF COMMUNICATION

Nurses communicate on many different levels, each of which may influence other levels are.

- Intrapersonal relationship communication
- Small group communication
- Organisational communication
- Interpersonal communication

- **INTRAPERSONAL COMMUNICATION**

Intrapersonal communication or self talk, is the communication that happens within an individual. This communication is crucial because it affects the person's behaviour. Understanding the importance of self talk can be helpful for the nurse to work with patients and families whose negative self-talk affects their health and self-care abilities.

- **SMALL GROUP COMMUNICATION**

Occurs when nurses interact with two or more individuals face to face or use a medium like a conference call. To be functional the members must communicate with one another to achieve their goal. A patient care conference, staff meeting or report and support group are all examples of small group communication.

- **ORGANISATIONAL COMMUNICATION**

Organisational communication occurs when individual and groups within an organisation communicate to achieve established goals.

- **INTERPERSONAL COMMUNICATION**

Occurs whenever two or more people interact and exchange messages. Most of the nurse's day is spent communicating with patients, family members, and other members of the team. The nurse's ability to communicate effectively at this level influences the nurse's interpersonal skills, problem solving, goal attainment, team building and effectiveness in critical nursing roles such as caregiver, teacher, counsellor and advocate.

Characteristics of Communication

The features of communication are:

- **Purposeful process:** It is a purposeful process involves sources, message, channels and receiver.
- **Interactive process:** Communication involves interaction. It is imparting or interchanging thoughts and ideas by speech, writing or signs.
- **Continuous process:** It is a never ending process. It occurs everywhere, intentionally or unintentionally.
- **Contextual process:** Communication always takes place within a context. There is an aim or goal of communication.
- **Based upon punctuation:** Nature of relationship depends upon the punctuation of dialogue between participants. Be precise and exact in communication approach.

Modes of Communication

- Modes of communication generally affects the clarity of message to be sent with the communication process. In general, the more direct the communication between the sender and receiver and the greater is the chances that the message will be clear. The following modes of communications are used frequently:
- **Face to face communication (direct communication):** Face to face or oral communication is used between the sender and receiver to provide information. It is rapid and clear process of receiving the necessary information. It is used in both formal and informal meetings.



- **Written communication:** In this mode of communication, documentation is used to send the information to receiver. This is a formal method of sending the information and mostly used in organizations. It requires a clear format and clear statements to prevent misinterpretation of information by the receiver.



- **Non-verbal communication:** Facial expression, body movements and gestures are commonly used under non verbal communication. It helps to convey the emotional part of message between sender and receiver. Subordinates can use gestures to deliver the message between group.



- **Electronic communication:** It is the method of communication by using the electronic media like telephone, internet, radio and television. The advantage of electronic communications is that it covers a wide area of population.



Principles of Effective Communication

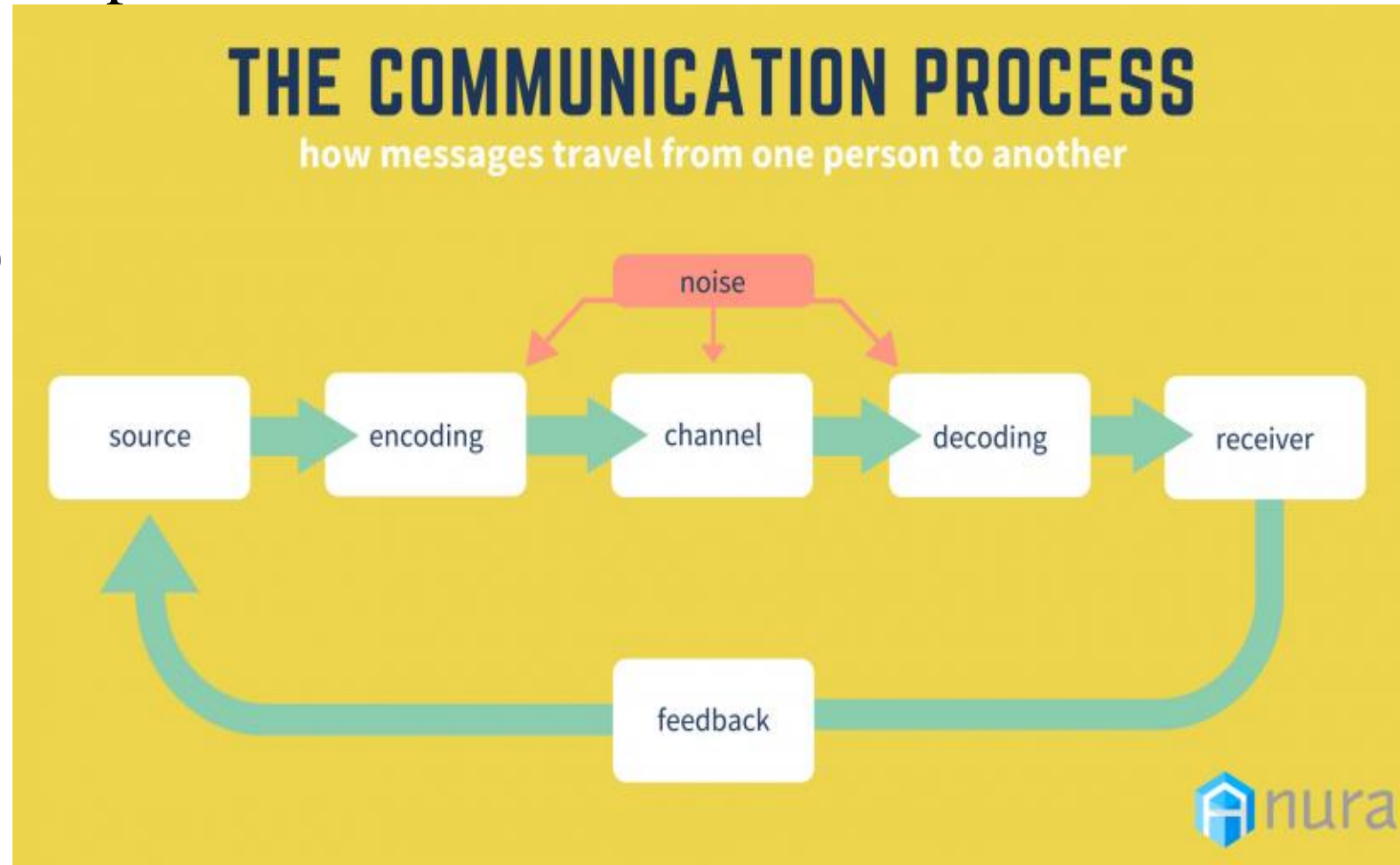
- **Principle of competency:** The sender or communicator and receiver should be competent and efficient in terms of communicating and receiving the desired information. They should have clarity of concepts, unity of thoughts and mastery over the language.
- **Principle of objective:** The communicator must know clearly the purpose of communication before actually transmitting the message. The objective may be to obtain information, give information, initiate action and change another person's attitude and so on. If the purpose of communication is clear it will help in the choice of mode of communication.
- **Principle of clarity:** The beginning of all communication has some message. The message must be as clear as possible. The message can be conveyed properly only if it has been clearly formulated in the mind of the communicator. Use simple words and explanations. Speak slowly and clearly.
- **Principle of completeness:** The message to be communicated must be adequate and complete; otherwise it will be misunderstood by the receiver. Take time to listen actively to another person's questions and concerns. Avoid planning a response until the person has finished speaking. Inadequate communication delays the action and leads to poor public relations.

- **Principle of understanding the receiver:** Understanding is the main aim of communication. The communication must create proper understanding in the mind of the receiver. Determine the place of work, receptivity and understanding the levels of the receivers, be aware of social climate and customs: question the information's timeliness. Ask what, when and in what manner you would like to be communicated, if you were in the similar environment and position.
- **Principle of feedback:** This principle calls for communication is a two-way process and providing opportunity for suggestion and criticism. Since the receiver is to accept and carry out the instructions, his reactions must be known to the sender of the message. Verify that the person understands what you are saying. Ask the person for feedback. Positive reinforcements and feedback helps to make communication effective.
- **Principle of time:** Information should be communicated at the right time. The communicator must consider the timing of communication so that the desired response is created in the minds of the receivers.

COMMUNICATION PROCESS

It has the following main components:

- 1. Sender (source)
- 2. Message (content)
- 3. Channel (s) (medium)
- 4. Receiver (audience)
- 5. Feedback (effect)



- **SENDER/SOURCE**

Individual/or article which delivers information to others.

- **MESSAGE**

This is the content (message subject matter) of communication.

- **ENCODING**

To convert content into codes (words, actions, pictures etc) is known as encoding.

- **CHANNEL**

Radio, telephone, speech, television, written message, gesture etc. Can be the channels of communication.

- **RECEIVER**

It is the person for whom the message is sent.

- **DECODING**

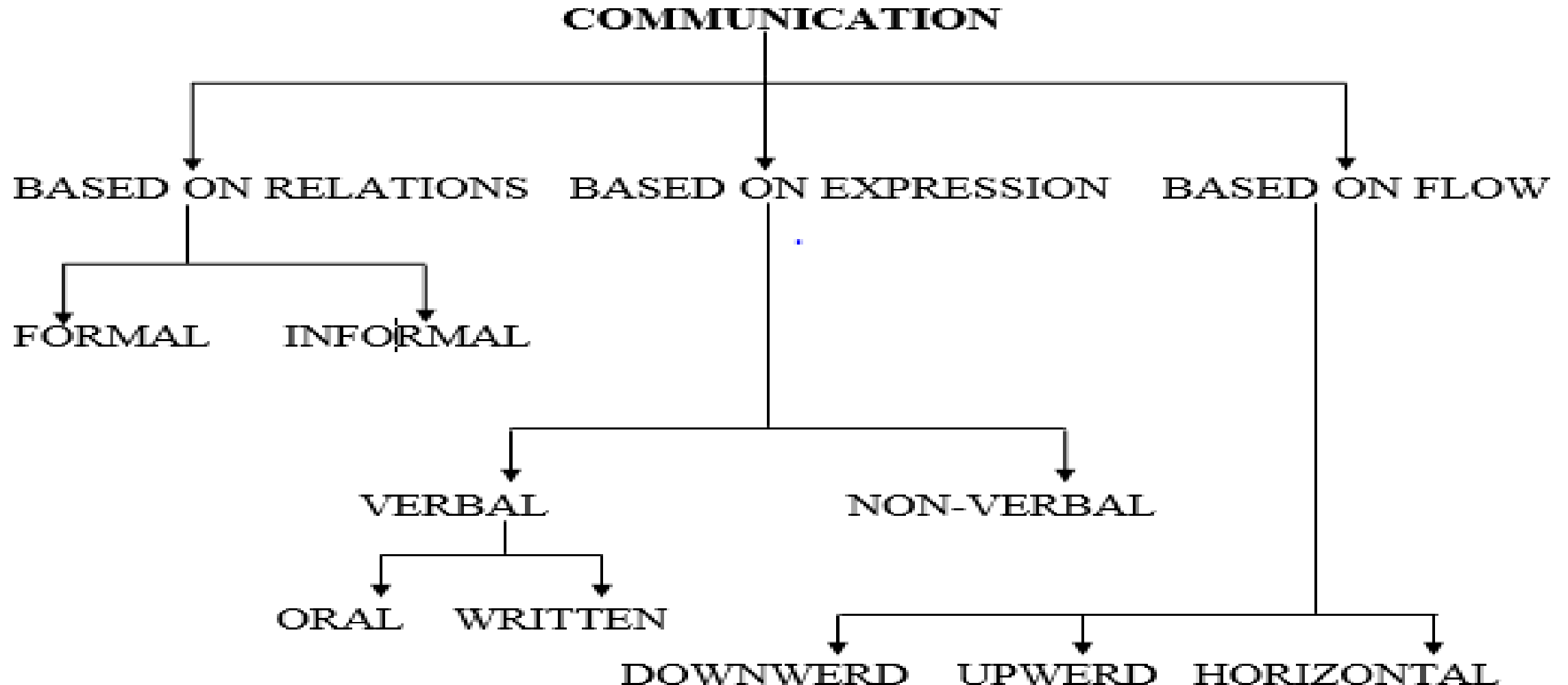
The opening of code is called as decoding. It provides meaning to the received content.

- **FEEDBACK**

This is an answer from the receiver. Feedback is necessary to ensure whether the message has reached in the desired form.

TYPES OF COMMUNICATION

Communication can be classified as

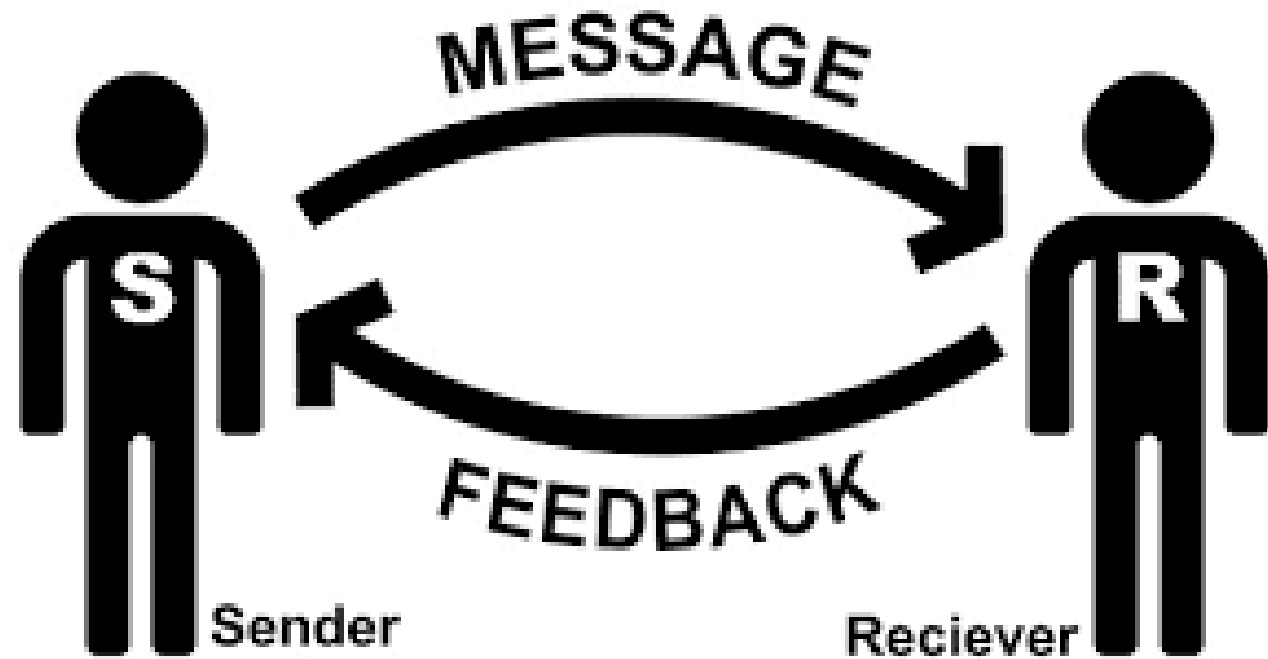


On the basis of flow of communication

- One-way communication: The flow of communication is one way from the communicator to the audience. In this type of communication the sender will not get instant return or feedback from receiver. The familiar example is the lecture method in the classroom. Drawbacks are:
 - Knowledge is imposed. Learning is authoritative.
 - Little audience participation.
 - No feedback.
 - Does not influence human behavior.



- **b. Two way communication:** In this, both the communicators and the audience take part. The process of communication is active and democratic. The audience may raise questions and their information, ideas and opinions to the subject. It is more likely to influence behavior than one way communication.



ON THE BASIS OF RELATIONSHIP

- **FORMAL** ; This is a communication given under the organizational structure
- **INFORMAL** ; this is the process by which individuals carryout social but unscheduled activities within the limits of an organisation. (rumour)



ON THE BASIS OF EXPRESSION

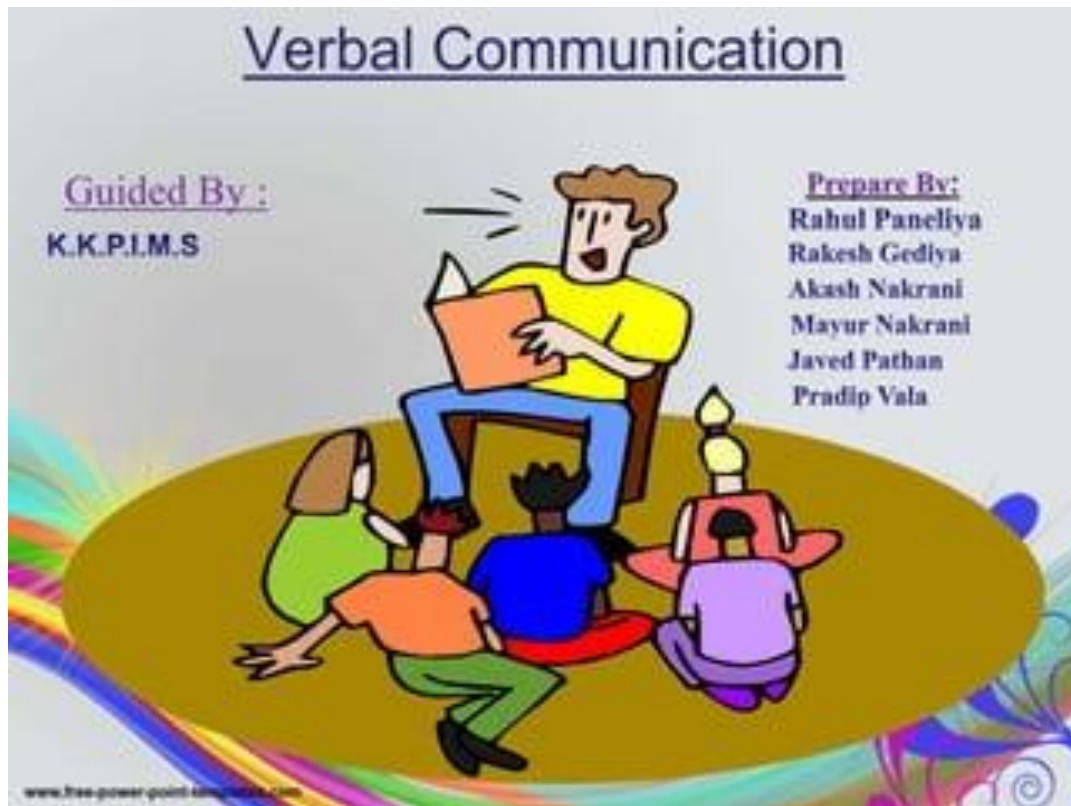
- **NON-VERBAL COMMUNICATION** ; In this type of communication, facial expressions, expression through eyes, touch and bodily gestures etc. Are included, words are not used in this, mono acting for imparting health education is an ideal example of this.



- **VERBAL COMMUNICATION** ; In this type written or spoken words are used for communication.

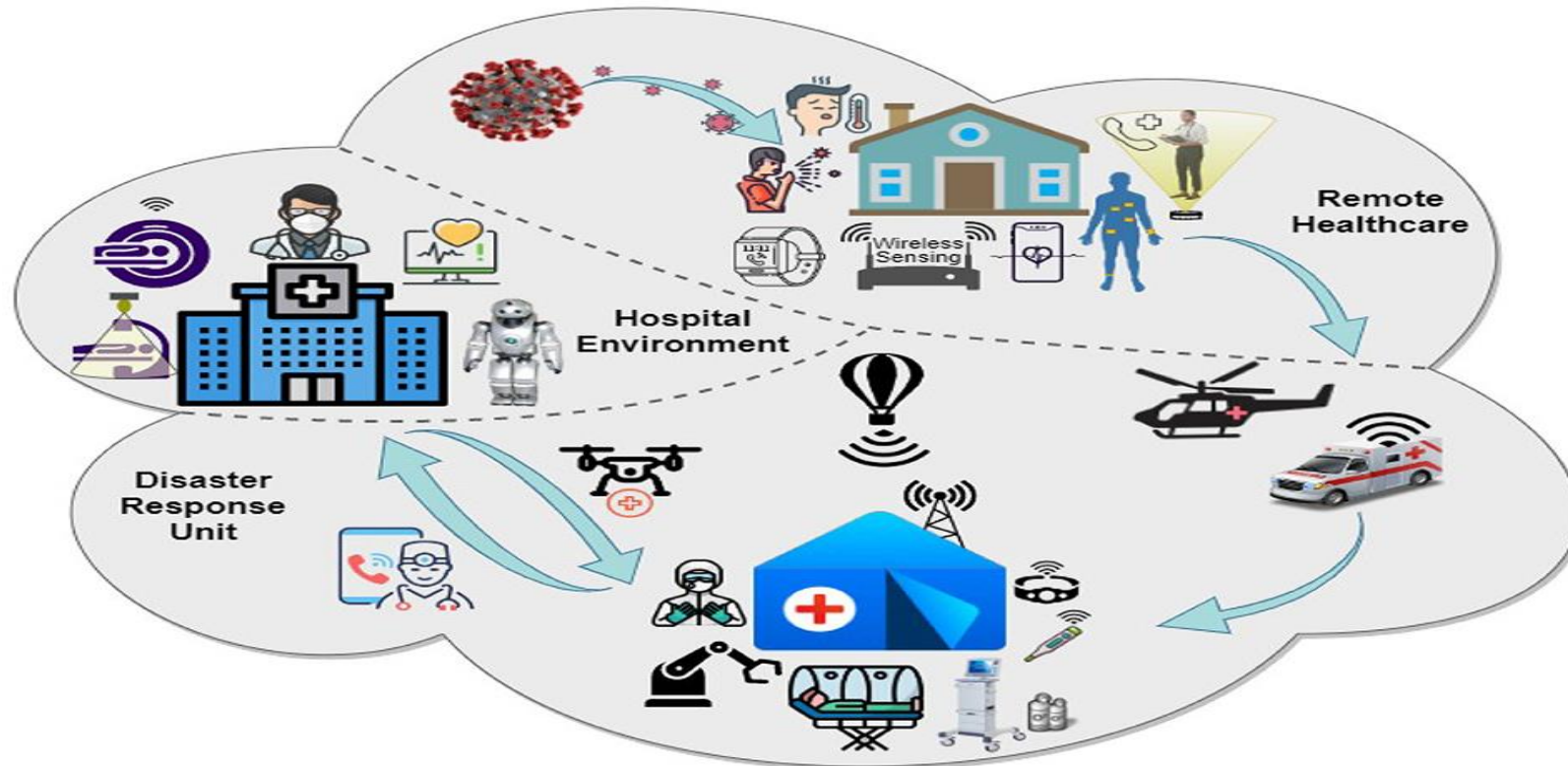
Oral communication; Is done through conversation, telephone, interview, lecture, conference and other means but unclear words and absence of permanent record can lead to misunderstanding and damage.

Written communication ; Is done by posters, hand book, booklets, letters, news papers, magazines, bulletins, and notice board etc. But the records of viewers should be able to understand the language of effective communication.



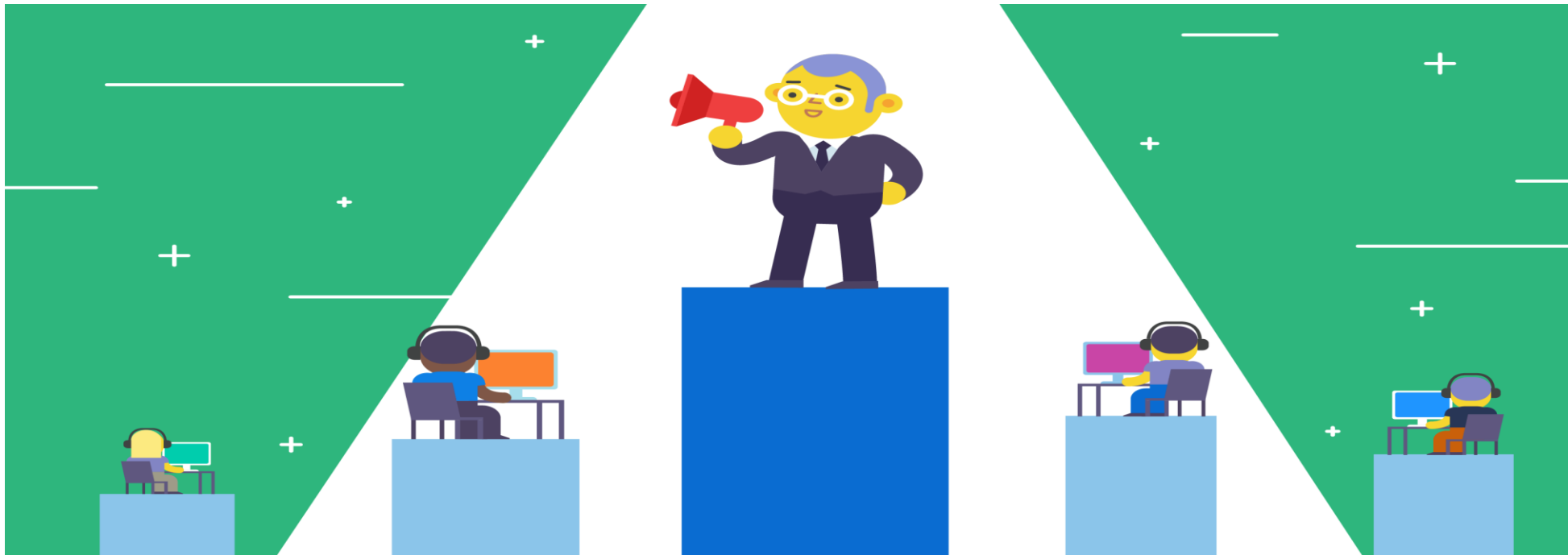
Telecommunication:

- It is the process of communication over distance using electromagnetic instrument designed for the purpose, e.g. TV, radio, internet, etc. are mass communication media while telephone, telex or telegraph are known as point-to-point telecommunication system.



ON THE BASIS OF DIRECTION

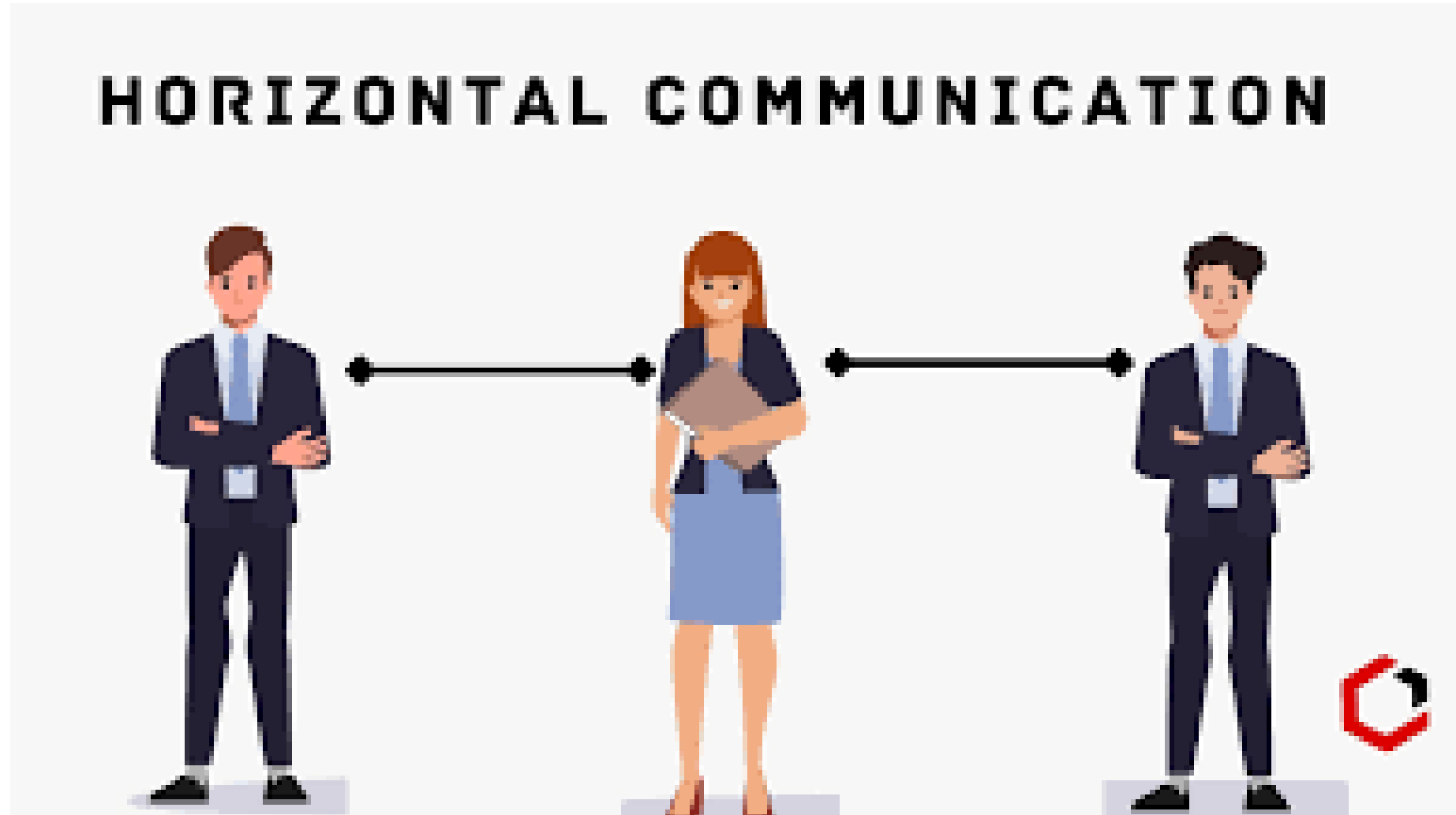
- **DOWNWARD COMMUNICATION**; communication flow from top to bottom and the main objective is to convey orders, directives, instructions etc.



- **UPWARD COMMUNICATION** ; is from the subordinate staffs to the superior, which flows in the form of reports, complaints, and suggestions. Message runs from lower level to higher level.



- **HORIZONTAL LEVEL**; is exchange of information between individuals of the same status or designation.



Factors Affecting Communication Process

- The various factors which affects communication process are:
- **Attitude**-Attitude refers to the internal predisposition of a person to act in a certain way towards a situation. The attitude of person influences the communication. A person with negative attitude may not response adequately to question, on the other hand; a person with positive attitude will help and try to solve the problem.
- **Sociocultural Background** -Culture plays a significant role in patient's psychosocial well being, so for effective therapeutic relationship, a nurse should seek information regarding cultural practices and beliefs of the patient
- **Past Experience**- Previous experiences influence one's ability to communicate, for example, a person who has been criticized by family or friends whenever attempting to express feelings may develop a poor self image as a result may avoid interaction with other people.
- **Knowledge**- A person who is well educated or knowledgeable about certain topics may communicate with others at a high level of understanding. The receiver who is relatively less knowledge able of topic under discussion may be unable to comprehend the message or consider the sender to be an expert.

- **Interpersonal Perception-** Interpersonal perceptions are mental processes by which intellectual, sensory and emotional data are reorganized logically and meaningfully, which determine how we perceive others. Inattentiveness, disinterest or lack of use of one's senses during communication can result in distorted perception of the other.
- **Environmental Factor-** Environmental factors such as time, place, number people present and noise level can influence the communication between people in those particular surroundings
- **Physiological Factors-** Physiological factors can interfere with communication, example pain is experienced by patient, so all his energy is focused on coping with the pain and it is difficult for him to communicate about anything
- **Psychosocial Factors-** The client with anxiety, fear, loss and grief make client emotionally disturbed, which can alter the process of communication. Certain mental diseases like depression, schizophrenia and mania. the client has flights of ideas and disturbed thought process which can alter the verbal communication
- **Medication/Drugs-** Certain drugs like alcohol sedatives, antidepressants, anesthetics, opiates and neuroleptics can alter the consciousness of patient which can also cause verbal speech impairment or a heavily sedated person may not send or respond to the messages.

Advantages of Communication

- **Oral Communication**

- It is a face to face communication and therefore gives more clarity and understanding.
- There is an opportunity to ask questions, ideas and clarify meaning.
- It develops a friendly and cooperative spirit.
- It is easy and quick.
- It is flexible and hence effective,

- **Written Communication**

It is a permanent record for future reference.

- It is less likely to be misunderstood.
- It has adequate coverage and accuracy.
- It is suitable for communicating lengthy messages.
- It is an authoritative communication.

Disadvantages of Communication

- **Oral Communication**

- The spoken words may be misunderstood.
- The facial expressions and tone of voice of communicator may mislead the receiver.
- Not suitable for lengthy communication.
- It requires the art of effective specificity while communicating.
- It has no record for future reference.

- **Written Communication**

- It requires skill and education for understanding.
- It is one way communication and hence may not be effective.
- There is no opportunity for the subordinates to ask questions and exchange ideas.
- It may not communicate all aspects

Methods of Effective Communication

Humans are involved in communication virtually in all working moments, the therapeutic use of communication requires training and practice to develop the skills.

1. Attending skills: Conversation or the exchange of verbal communication is social interaction. For more effective communication, the following things have to be taken care of:

- a: Keep the communication as natural as possible and control the tone of voice.
- b. Be knowledgeable about the topic of conversation and have an accurate information.
- c. Be flexible, clear and concise. d. Avoid words that may be interpreted differently.
- d. Active listener.
- e. Use therapeutic touch in the communication.



2. Rapport building skills: It is one of the important skill of the effective communication. Rapport is relationship of mutual understanding between people. Nurse should develop rapport with the patient through warmth and non-judgmental attitude. There are some techniques to build rapport, eg posture, eye contact, using appropriate facial expression and body gestures. Rapport establishment will help to reduce patient's anxiety and patient feels comfortable for self-disclosure.



- **Empathy skills:** Empathy is the action of understanding. being aware of, sensitive to the patient's feelings and problems but remains objective enough to help towards positive outcomes. Empathy helps to recognize, perceive and directly experiencing feeling and emotions of another person.



- **Observation skills:** Nurses must need to observe the patient by his looks, sounds and action. The observation focuses on the patient's minor changes and doubts of client which can be clarified with or even without further questioning. Observations must be made skillfully to prevent unwanted or wrong judgments. Whenever nurse observes something on the patient and wanted further classification, she should ask questions with a warm and gentle voice.



Barriers of Effective Communication

Communication is a straight forward process but barriers make it complex. Some barriers of communication are given ahead:

1. Physical barrier: Physical distraction is the physical barrier that gets in the way of communication. These are some common physical barriers: telephone rings, noise, light, physical distance.

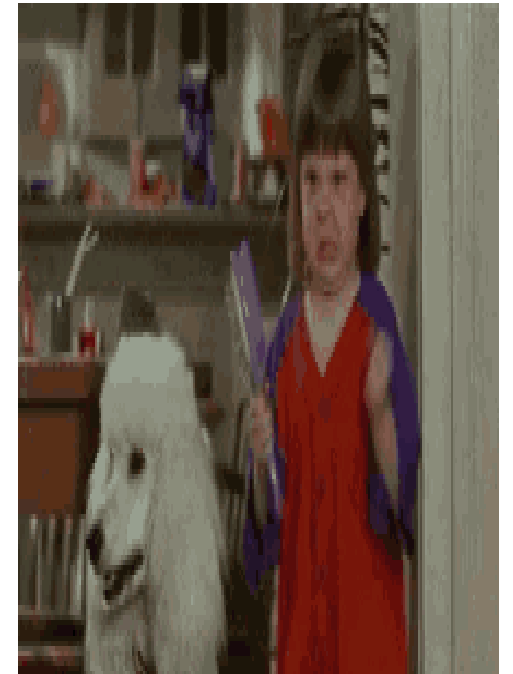
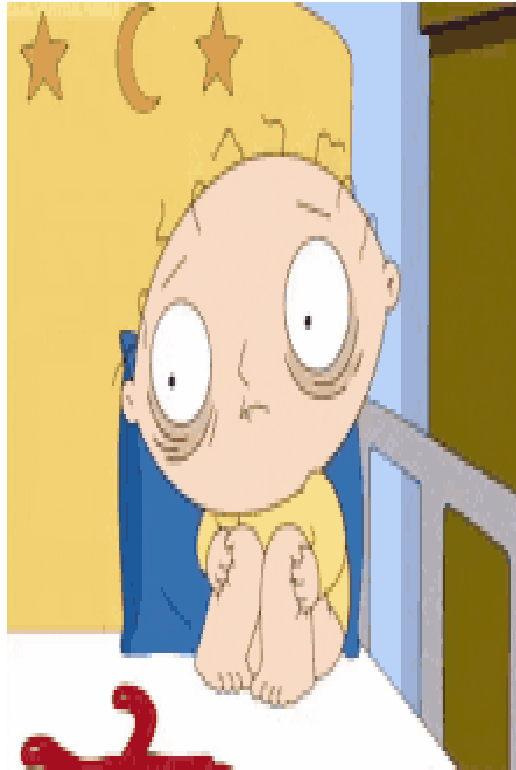


- **Physiological barriers:** A physiological barrier to communication is the result of sensory dysfunction, either on the part of the receiver or the sender.

- Low level of intelligence
- Vision defects
- Hearing problems
- Poor listening
- Ear problems
- Poor concentration
- Poor attention



- **Psychological barriers:** It comprises mainly of fear, worry, anxiety, suspicion and aggression.



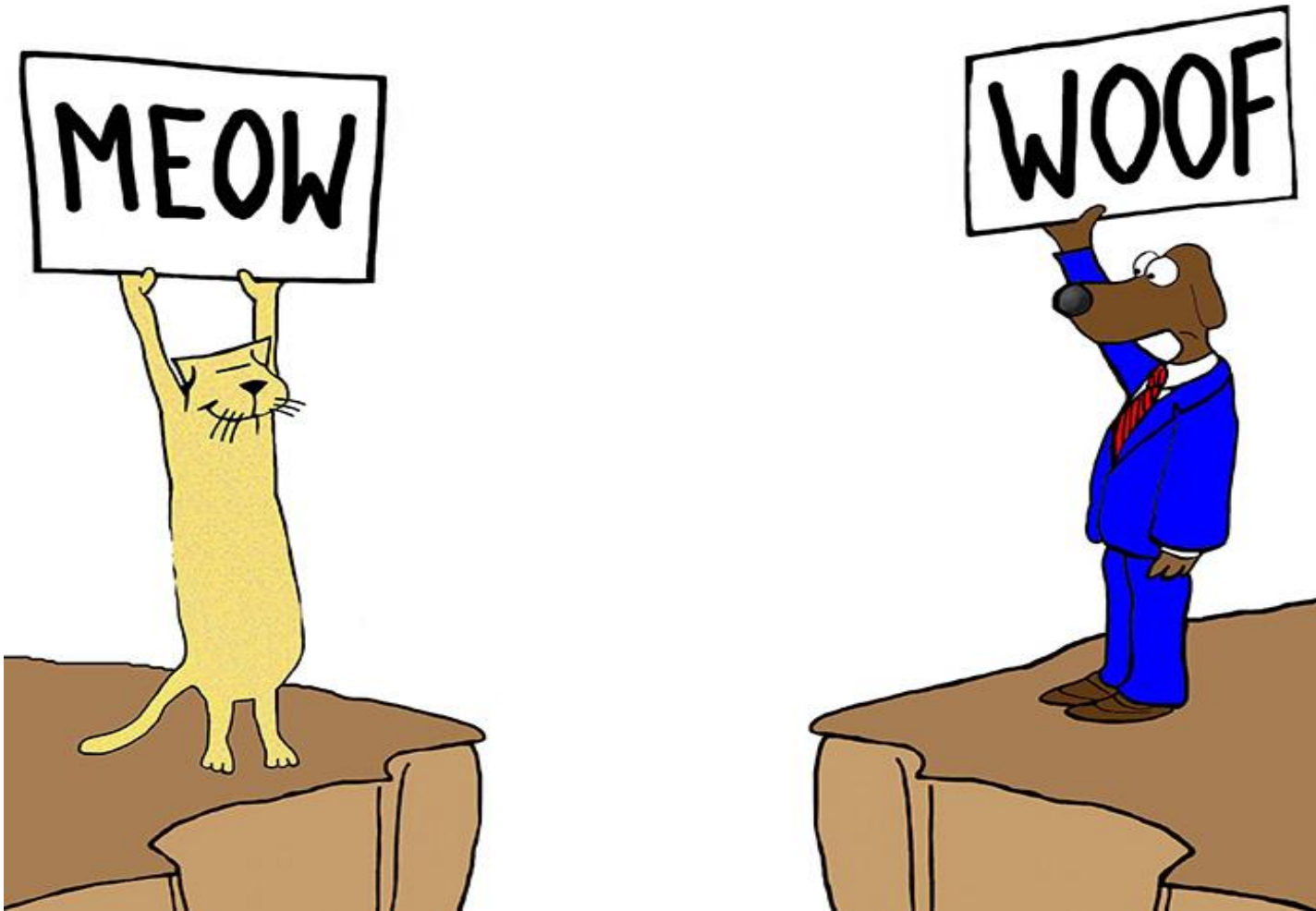
- **Cultural barriers:** Every culture has its own symbol of behavior. If these symbols are not understood by an individual then there are barriers in their communication.



- **Interpersonal barriers:** Interpersonal communication is real time, face to face conversation that allows immediate feedback. Common interpersonal barriers include gestures, movements, facial expressions and appearance. Most common causes of all these barriers are limited vocabulary, emotional outbursts and poor listening skills.



- **Language barriers:** Language is a vehicle for communication. Language describes what we want to say. Confusion between symbols, content and poor pronunciation, fluency, vocabulary may hinder the communication process.



- **Lack of feedback:** Feedback is the mirror of communication. Feedback is the receiver's message sending back to the sender. So, lack of feedback leads to ineffective communication as there is no desired response from receiver to sender.



- **Perceptual barriers:** The problem of communicating with others is that all the people work differently and different attitudes of persons influence the communication



PROFESSIONAL COMMUNICATION

- INTRODUCTION

The term professional communication refers to the various forms of speaking, listening, writing, and responding carried out both in and beyond the workplace, whether in person or electronically. From meetings and presentations to memos and emails to information and annual reports, in service communication, it's essential to take a professional, formal, civil tone to make the best impression on audience, whether its members be your colleagues, supervisors, or customers.

Definition

- Professional communication refers to the oral, written, visual, and digital forms of delivering information in the context of a work place.

Importance

- Effective professional communication is critical in today's world. Most problems in an organization arise as a result of poor communication. Effective communication ensures a smooth flow of ideas, facts, decisions, and advice. This way, employees eliminate hindrances in achieving the organization's target.

Features Of Professional Communication

1. Accuracy

- Accuracy is one of the most vital features of professional communication. The relayed information needs to be correct. Inaccurate information cannot be viewed as credible. It significantly undermines the reputation of any organization. It may also attract litigation. Additionally, anyone who relays incorrect information also risks losing their credibility.
- Apart from the accuracy of the content conveyed, effective professional communication also needs to be accurate even in simple things such as grammar, spelling, and punctuation. Even one mistake has the potential to lead to miscommunication between parties. Consequently, this may lead to financial losses for the business.



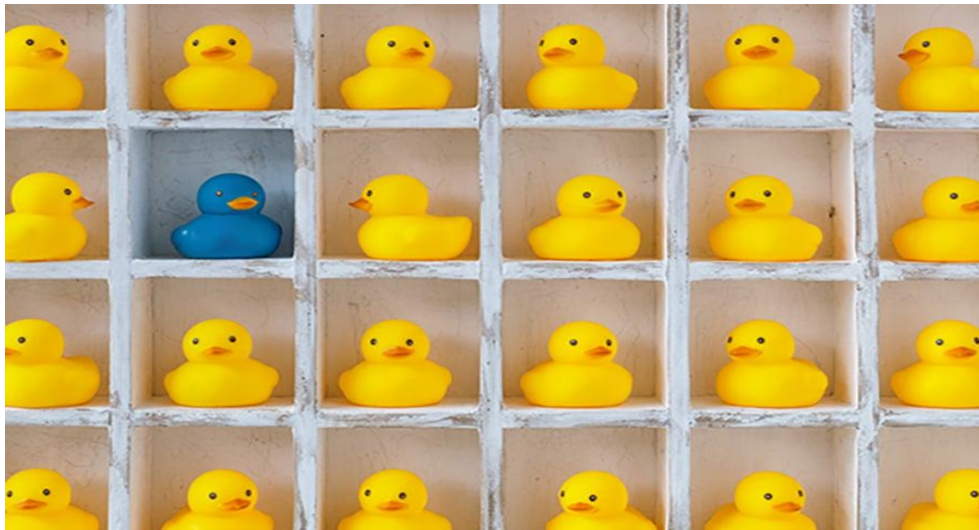
2. Clarity and Brevity

- Communication needs to be brief and to the point. Professionals don't have time to read long circulars and letters littered with superfluous information. They will feel more comfortable with short letters designed to convey the message quickly.
- Additionally, the information therein needs to be clear and free from any ambiguity. Therefore, a professional communication needs to be conscious of the objective of their communication.



3. Distinctiveness

- Communication in the professional world is done with a particular goal in mind. General professional communication will not achieve the intended objective. One needs to be specific to communicate effectively. The more specific the message is, the more the target audience is likely to understand it and the more it meets the desired objective.
- Any communication in an organization should only deal with one particular subject at a time. This is the only way to reach effective results. Dealing with multiple issues at a time has the potential to create chaos and confusion. This is a threat to sound management.



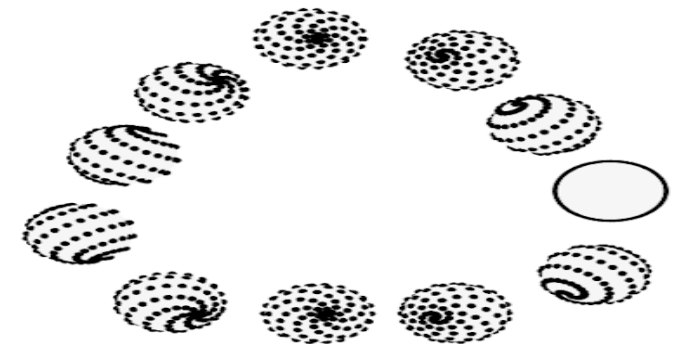
4. Segmentation

- When it comes to professional communication, employees in any organization, even the small ones, it will have different needs, interests, and desires. Therefore, communication needs to be tailored to meet the specific needs of the target audience for it to have the desired effect or impact.
- Communication in any organization needs to be segmented for specific departments. For example, writing one letter to all the departments and individuals may not be an effective way of communicating. The communicator should tailor the information to particular departments. Additionally, communication should be handled by an individual specialized in the workings of specific departments especially when expert knowledge is required.



5. Continuity

- Continuity is also one of the most crucial features of professional communication. Communication must always be present in an organization. Without it, a company cannot claim to exist. As blood circulation is critical to a living body so is communication to a company. Managers should, therefore, ensure that communication is adequate and flowing smoothly in all directions.
- Whenever there is a breakdown in communication, a misunderstanding arises leading to unfavorable hostility, conflict, and attitudes. Therefore, communication needs to be continuous. It should move up, down, and sideways to ensure that all concerned parties remain in the loop and are participating actively.



Helping Relationships (Nurse Patient Relationship) - Purposes and Phases

Introduction:-

NPR is a basic requirement of nursing practice. These relationships find encouragement when we are feeling down & comfort when we are hurting.

Definition:-

It is an interaction between two persons in which the nurse offers a series of purposeful activities & practice that are useful to particular patient.



Characteristics

- It is an intellectual and emotional bond between the nurse and mainly focused on the client.
- It respects the client as an individual.
- Considering family relationship and values.
- Maximizing the clients abilities to participating in decision making.
- It respects client confidentiality.
- It is based on the mutual trust, respect and acceptance.

Helping Relationship

Definition

- It is an interaction process in which the nurse fulfills her role by using her professional knowledge and skill in such a way that she is able to help the patient physically, socially and emotionally.
- It is an inter-action process between two persons in which nurse offers a series of purposeful activities and practices that are useful to particular patient.

Developing Helping Relationship

- The following points are important, to develop a nurse- client relationship or helping relationship.
- Listen actively.
- Be honest.
- Be aware of cultural differences.
- Maintain client confidentiality.
- Know your rolls and your limitations.

Phases of Relationship

1. Pre-interaction phase
2. Introductory phase
3. Working phase
4. Termination phase

1. Pre interaction phase

- Pre interaction is a phase which a nurse goes through before actual interaction with the patient
- This phase begins when the nurse is assigned a patient to develop therapeutic relationship with him till she goes to him for interaction nurses
- The pre interaction phase begins before the first contact with the patient..
- This involves preparation for first encounter with the client.

Task of pre-interaction phase.

- Obtaining available information about the client from his or her charts, significant others or other health team members..
- From this information the initial assessment are begun.
- This initial information may also allow the nurse to become aware of personal response to the knowledge about the client
- Examining ones feelings, fears and anxieties about working with a particular patient.
- Set objective for the interaction phase.
- Take help of the clinical supervisor or co-workers to overcome fears.

Reactions of Nurse in Pre-Interaction Phase

- The nurse thinks and feels about the patient before interacting according to her knowledge, fears and miss concepts..
- She tries to collect information from secondary sources like the patient's records, a resource person and other nurses working in the ward.
- The nurse plans how she is going to interact with the patient, what she is going to achieve from this interaction and how she is going to help the patient.
- She plans her objective for interaction phase.
- The nurse may experience anxiety.
- Anxiety may be manifested by standing in duty room and going through the records, talking with the clinical instructor.

2. Introductory /Orientation Phase

- Begins when the nurse goes to the patient, introduces herself and gets introduction about him.
- The nurse and client get acquainted (know someone slightly.).
- The orientation phase ends when the nurse and he patient begin to accept each other as a unique human being.

Task of introductory or orientation phase

a) Establishment of Contact:

- Nurse introduce herself to the patient
- Build trust and rapport by demonstrating acceptance.
- Establishing a therapeutic environment ensuring safety and privacy

b) Making Agreement or Pact:

Initiating a therapeutic contract by establishing a time, place and duration of each meeting as well as the length of time the relationship will be in effect.

c) Talking with the Patient:

While talking with the patient, shows trust in her behaviour.

The patient may present a prepared 'spiel' to the nurse when she asks, "what is your problem?" during this task the nurse should establish a mode of communication which is acceptable to both the client and the nurse

d) Assess the Clients Need, Coping Strategies, Defence Mechanisms, Strengths and Weakness

3. Working Phase

- Working Phase starts when the nurse and the patient are able to overcome the barriers of orientation and introductory phase
- During this phase the nurse and the patient actively work on meeting the goals which they had establish during the orientation phase.
- The characteristic feature of this phase is that the nurse is able to overcome anxiety and the patient's fear of unknown is also decreased.

- **Task of working phase**

- The nurse collects the data in detail from primary and secondary sources and identifies the needs of the patient
- The nurse assists the patient to identify his or her problem.
- She helps the patient to communicate.
- The nurse helps the patient to find an alternative solution to his or her problem.
- She encourage the patients to use new patterns of behaviour.
- Helps the client to develop positive coping behaviours.
- Identifying available support system
- The nurse helps the patient to understand that he has a significant role in his treatment.
- Exploring the client's perception of reality and provide constructive feedback.
- Developing and implementing plan of action with realistic goals.
- Evaluating the results of plan of action.
- The working phase helps the nurse to develop knowledge and skill in nursing.
- She identifies her strengths and weakness as a nurse while interacting with patient.
- It enables the nurse to achieve the goals which they have plan for this phase.
- The end results lead the patient to verbalize, socialize, identify and face the problems realistically.

4. Termination Phase

- The final step of the therapeutic relationship is the termination phase.
- The nurse terminates the relationship when they mutually agreed: on goals are reached.
- The nurse discusses the termination phase with the client encourages to identify the progress that the client has made and explores the necessity of any referral that maybe beneficial to the patient.
- As separations occurs clients commonly exhibit regressive behaviour demonstrates hostility or experience sadness.
- The client may attempt to prolong the relationship as clinical symptoms of separation anxiety are experienced however; termination needs to occur
- if a therapeutic relationship to be a complete process.
- Preparation for termination actually begins during the initiation phase.

- **Task of Termination**

- Bring a therapeutic end to the relationship.
- Review feelings about relationship.
- Evaluate progress towards goal.
- Establish mechanisms for meeting future therapy needs.
- Summarize entire communication and follow ups treatments
- **Preparation of patient:**
- Explain whatever goals of therapeutic relationship where plans have been met.
- Allow the patient to talk about his or her fear and an individualistic approach has to be used.
- A social worker can be contacted to meet to visit the office and family of the patient.
- The patient may be sent through a half way home.
- The patient may be asked to attend the day care centre for few days.

Communicating effectively with patient, families and team members

- Communicating effectively with patient, families, and team members and maintain

1. The health care team

- a. Encourage one to one problem solving
- b. Maintain healthy and co-operative environment
- c. Develop understanding the better is the understanding between the health care team more effectively may be the communication
- d. Feedback and reinforcement results in effective communication
- e. A friendly and professional exchange can improve relationship between the members of health care team

2. Patient and family

- a. Assure the patient of your availability and encourage him to ask question
- b. listen to what patient has to say about their condition and care
- c. Involve all the procedures to patient and family
- d. Involve patient and family in developing the care plans when possible
- e. Use language that is understandable and simple. Avoid using techniques words and abbreviations avoid acronyms
- f. Ask one question at a time to the patient and give time to answer
- g. Be gentle and soft while communicating
- h. convey honestly and trustworthiness try not to overwhelm the patient with embarrassing or personal question
- i. Do not make promises you cannot keep if you say you are going to do something, make effort to do it or see that it gets done.
- j. Try to be there when you say you will. If you are late explain why
- k. This is especially important in a hospital setting where patient often experience a loss of identify call the patients by name and listen to his problem
- l. Accept and result the patient despite the symptoms of his illness
- m. Getting and giving feedback is essential for effective communication

3. Communicating with patients

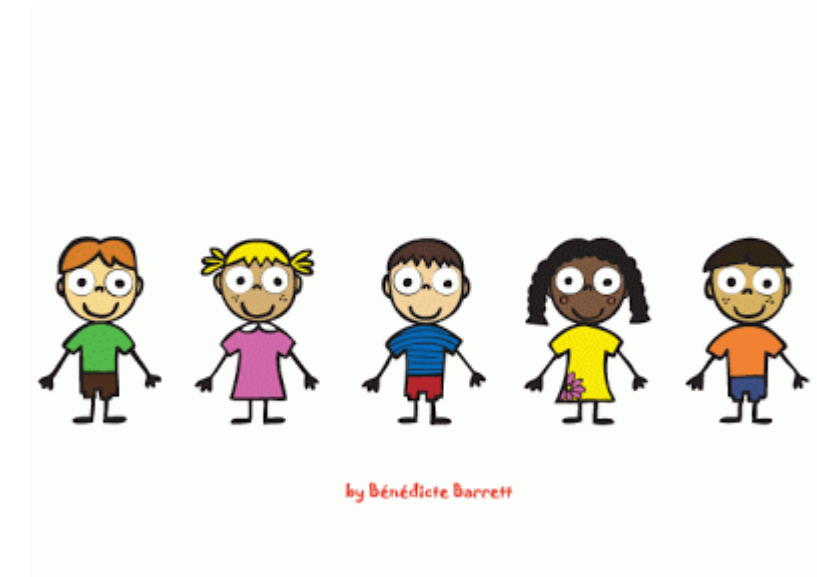
- There are several points to be kept in mind when communicating with patients. The first point is that you are there to provide care and support to the patient.
- Be open, respectful and gracious in all your interactions with the patient and keep his/her cultural preferences in mind.
- Answer nurses' bells promptly.
- Make sure you have the patients' attention when communicating.
- Use words that are non-threatening - explain what you would like to do and do not give orders to the patient.
- Use simple, understandable phrases, not medical terms as most patients do not understand these terms.
- Speak clearly and courteously.
- Use a pleasant and normal tone of voice to the hard of hearing.
- Always stand so that the patient can see the nurse's face when communicating, as lip reading is part of all normal hearing.
- Use body language that is appropriate.
- Explain facts and procedures before donning a mask that covers the wearer's mouth and lower face.
- Be alert to the patient's needs. Allow time for answers to your requests and to answer patient's questions

Maintaining effective human relations and communication with vulnerable groups (children, women, physically and mentally challenged and elderly)

Communication with vulnerable groups

A. Communication with children

1. While communicating with the children the nurses should consider the following points
2. Maintain rapport with the children
3. While communication consider the development age of the children
4. Use of toys and playful attitude will encourage children to express feeling and thoughts.
5. Speak softly use simple words and direct statement in communication
6. Always communicate with child in comfortable environment and an environment free of distracting machines or fear producing instrument
7. Observe the non verbal behaviour that indicate anxiety avoidance of eye contact or clenched fist
8. Interact with the parents and involve them in teaching



B. Communication with Old Age People

While communicating with the old person the nurse should consider the following points

1. Maintain eye to eye contact with the patient
2. Focus on the topic
3. Don't discuss about the extra topic
4. Only discussion in their conversation not arguing and questioning
5. Distracting area should be avoided
6. If we ask about any point, or any idea they are not directly involving because due to ageing they are very agitated and irritated easily only discussion is the best possible method to search. your point in proper way

Blind Patients

1. Always speak to the patient when you enter the room so he will know who is there
2. Speak directly to the patient ;do not turn your back.
3. Speak to the patient in a normal tone of voice
4. Speak to the patient before touching him/her
5. Offer to help with arrangements for patients who enjoy hearing tapes or reading Braille literature

Deaf Patients

1. Look directly at the patient when speaking to him/her
2. Do not cover your mouth when speaking because the patient may be reading lip
3. If the patients does not lips read charts with picture may be used or simply writing your question or comments on a piece of paper may be helpful
4. Charts with hand sign are available at the local society for deafness and or hearing preservation
5. Use communication aids; pad and felt tipped pen, magic slate, pictures denting basic needs and call bellsor alarm

C. Physically and Mentally handicapped

- Clients Who Are Cognitively Impaired
 1. Reduce environment distraction while conversation
 2. Get clients attention prior to speaking
 3. Use simple sentence and avoid lengthy explanation
 4. Ask one question at a time
 5. Allow time for client to respond
 6. Be an attentive listener
 7. Include family and friends in conversation especially in subject known to the client.

Clients who cannot speak clearly Aphasia, Dysarthria, Muteness)

1. Listen attentively, be patient and do not interrupt.
2. Ask simple questions that require yes or no answers
3. Allow time for understanding and response
4. Allow only one person to speak at a time
5. Do not shout or speak at a time
6. Alternative methods for communicating with the patient include
 - Lip reading
 - Sign language: Hand and finger signals in indicate letters
 - Paper and pencil: Patients write message and communicate needs
 - Picture cards: Patient picks appropriate
 - Eye blinks: Number of times a patient blinks response to question indicates year or no answer
 - Computer assisted communication: Patient uses keyboard to type message.

Clients who are unresponsive

1. Call the client by name during interactions
2. Communicate both verbally and by touch
3. Speak to the client as though he or she could hear
4. Explain all the procedures
5. Orientated - Time, Place and Person
6. Avoid talking about the patient to others

SELF-REVIEW

- Essay

1. Define Communication, its elements and methods of effective communication.

2. Define Nurse Patient Relationship. Explain phases of helping relationship.

- Short Essay.

- 1) Barriers of effective communication

- 2) factors influencing communication

- 3) Elements of communication

- 4) Patient teaching

References

1. Potter, P. A., Perry, A. G., Stockert, P. A., & Hall, A. M. (2021). *Fundamentals of Nursing* (10th ed.). Elsevier.
2. Taylor, C., Lillis, C., Lynn, P., & LeMone, P. (2019). *Fundamentals of Nursing: The Art and Science of Person-Centered Care* (9th ed.). Wolters Kluwer.
3. Peplau, H. E. (1997). Peplau's Theory of Interpersonal Relations. *Nursing Science Quarterly*, 10(4), 162–167.
4. Stuart, G. W. (2019). *Principles and Practice of Psychiatric Nursing* (10th ed.). Elsevier.
5. Basavanthappa, B. T. (2015). *Fundamentals of Nursing* (2nd ed.). Jaypee Brothers Medical Publishers.
6. Kozier, B., Erb, G., Berman, A., & Snyder, S. (2018). *Fundamentals of Nursing: Concepts, Process and Practice* (10th ed.). Pearson.
7. Park, K. (2021). *Textbook of Preventive and Social Medicine* (26th ed.). Bhanot Publishers.
8. World Health Organization. (2010). *Framework for Action on Interprofessional Education and Collaborative Practice*. WHO Press.