chapter 8

Communication and the Nurse-Patient Relationship

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Objectives

Upon completing this chapter, you should be able to:

Theory

1. Describe the components of the communication process.
2. List three factors that influence the way a person communicates.
3. Compare effective communication techniques with blocks to communication.
4. Describe the difference between a therapeutic nurse-patient relationship and a social relationship.
5. Discuss the importance of communication in the collaborative process.
6. List three guidelines for effective communication with a physician by telephone.
7. Identify four ways to delegate effectively.
8. Discuss five ways the computer is used for communication within the health care agency.
9. Describe how communication skills can affect the quality and safety of patient care.

Clinical Practice

1. Use interviewing skills to obtain an admission history from a patient.
2. Interact therapeutically in a goal-directed situation with a patient.
3. Communicate effectively with a patient who has an impairment of communication.
4. Give an effective report on assigned patients to your team leader or charge nurse.
5. Be present and nonjudgmental when communicating with patients, and be mindful of their needs.

Key Terms

active listening (p. 100)
advocate (p. 101)
aphasia (ā-FĀ-zē-ă, p. 108)
body language (p. 99)
communication (kŏ-myū-nĭ-KĀ-shŭn, p. 99)
confidentiality (kŏn-fĭ-dĕn-shē-ĂL-ĭ-tē, p. 107)
congruent (kŏn-GRŪ-ĕnt, p. 99)
delegate (DĔ-lĕ-gāt, p. 110)
empathy (ĔM-pă-thē, p. 107)
feedback (p. 100)
incongruent (ĭn-kŏn-GRŪ-ĕnt, p. 101)
input (p. 111)
ISBAR-R (p. 110)
mindful (p. 100)
nonverbal (NŎN-vĕr-bŭl, p. 99)
nonjudgmental (p. 101)
patient-centered care (p. 101)
perception (pĕr-CĔP-shŭn, p. 100)
rapport (ră-PŌR, p. 106)
shift report (p. 109)
therapeutic (thĕr-ă-PYŪ-tĭk, p. 103)
therapeutic communication (p. 102)
verbal (VĔR-bŭl, p. 99)

THE COMMUNICATION PROCESS

Communication occurs when one person sends a message to another person who receives it, processes it, and indicates that the message has been interpreted (Figure 8-1). The receiver must acknowledge that the message has been received and comprehended for communication to be complete. By its nature, communication is a continuous, circular process and occurs in two ways: **verbal** (in words) and **nonverbal** (without words). Verbal communication consists of words either spoken or written. Nonverbal communication, also known as **body language,** is conveyed by gesture, expression, body posture, intonation, and general appearance. Nonverbal communication conveys more of what a person feels, thinks, and means than is actually stated in words (Figure 8-2). Sometimes the person's nonverbal communication is not **congruent** (in agreement) with the verbal communication. If you state that you want to sit and talk for a while and then sit with legs crossed and a foot bouncing rapidly

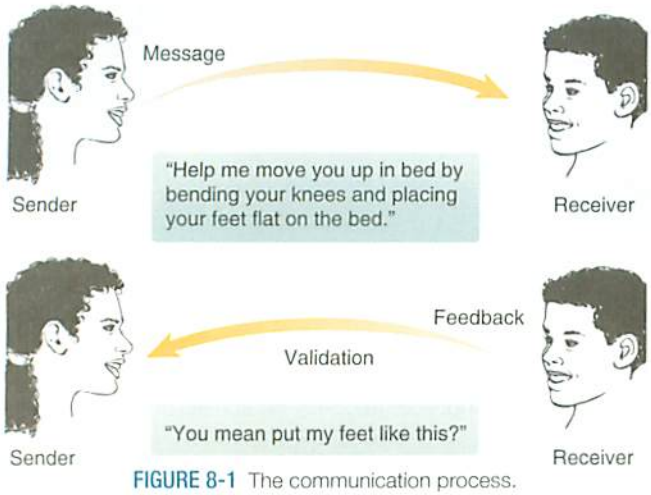

FIGURE 8-1 The communication process.

FIGURE 8-2 Nonverbal communication signals that the nurse is interested in the patient and what she is saying.

during the conversation, the message is one of impatience rather than attentive listening.

Think Critically

Look at Figure 8-2. Identify six or seven examples of nonverbal communication that the nurse is using in this nurse-patient depiction.

You can learn about patients by observing nonverbal behavior. **Anxiety, fear, and pain are often expressed by nonverbal cues.** Wincing when turning, a pinched expression, or picking at the bed covers may indicate what patients are really feeling, although they say they are fine. Rigid body posture or slow movements often indicate pain. Restless movements may indicate anxiety. Experience will increase your ability to assess nonverbal communication. Validate **perception** (recognition and interpretation of sensory stimuli) of nonverbal communication with the patient. This can be done by asking about feelings and thoughts. For, example, "Mrs. Lopez, you seem a little restless [and anxious] today. Would you like to talk about something?"

Good communication requires **active listening** (focusing on what is being said), timely **feedback** (return of information and how it was interpreted), and validation of assumptions about nonverbal cues.

Clinical Cues

Giving positive feedback increases the likelihood that a desired behavior will be repeated. For example, you are trying to get Mrs. Panopoulos to independently perform activities of daily living. *"Mrs. Panopoulos, I saw you combing your own hair this morning.* (State the observed behavior.) *I really liked the way that you styled it.* (Give praise.) *Keep up the good work!"* (State the desired behavior.)

FACTORS AFFECTING COMMUNICATION

Culture, past experience, emotions, mood, attitude, perceptions of the individual, and self-concept all contribute to the way people communicate. Every culture has norms for appropriate communication. The norms include the distance between communicators, whether eye contact should be established, the tone of voice, and the amount of gestures used. The physical environment and the person's comfort level can also influence the ability to receive and process the information. It is important to be **mindful** (highly aware and alert) of each individual's style and needs.

Cultural Differences

Individuals differ in the amount of personal space they need between them and the person with whom they are speaking. In the United States, 18 inches to 4 feet is the distance that individuals generally place between themselves and a new acquaintance. This distance is called **personal space.** The distance lessens when people converse with someone with whom they are intimate. When people are not acquainted, they maintain a social distance of 4 to 12 feet if they have a choice. In general, American Indians, northern Europeans, and Asians maintain more distance from others than do Hispanic, southern European, or Middle Eastern people.

Cultural Considerations

Eye Contact

Most Americans expect direct eye contact when interacting with someone; other cultures—for example Japanese, Chinese, Vietnamese, and Laotians—may consider it rude to look directly at someone. For Jamaicans, direct eye contact toward an authority figure or between strangers may indicate a challenge. Learn how eye contact is used in your patient's culture by observing how your patient interacts with others. Find opportunities to talk with colleagues from different cultures to learn about eye contact and other communication nuances.

Past Experience

All of our experiences affect how we perceive communication. Interpretation of messages is influenced by

cultural values, education, familiarity with the topic, occupation, and previous life experiences.

Think Critically

You are with Mrs. Ito and the physician walks in and says, "A cardiac catheterization needs to be done to see if the coronary arteries are blocked." The patient has limited experience with hospitalization and medical terminology. She shyly looks down at her hands. It is unclear if she understands. What could you do?

Emotions, Mood, and Environment

Emotions and mood can drastically affect the way messages are sent or interpreted. **A highly anxious person may not correctly hear what is said or may interpret the message totally differently than the sender intended. A depressed person tends to use few words. A person who is upset or stressed may speak in a loud, harsh tone or be more abrupt than usual.** Remember, most patients are in a hospital environment, away from home, often sleep deprived with some level of pain. By recognizing emotions and moods, keeping patients as comfortable as possible, and frequently obtaining feedback, misunderstandings can be reduced.

Attitude, Perceptions, and Self-Concept

A person's attitude, perceptions, and self-concept affect how a message is worded and the body language that accompanies it. When your attitude is one of acceptance of the patient, caring and concern are displayed by open, attentive body language. If you have a negative perception of and disapprove of the patient's behavior, you may use a closed body stance and stern expression and be somewhat distant during interactions. Someone with an accepting attitude will make an effort to understand what a person is trying to convey during the communication by **being present** (focused on the moment) and being an **advocate** (representative) for their needs.

Try to be open and attentive to patients' communications, to maintain a **nonjudgmental** (refraining from judgment) attitude, and to not take personally anything unpleasant a patient says when upset or frightened.

COMMUNICATION SKILLS

Some people are more effective communicators than others. Effective communication can be learned by practicing and improving basic communication skills. Nurses must have **knowledge** of the principles of effective communication, implement the **skill** of communicating effectively, and possess the **attitude** of wanting to improve communication skills. **Patient-centered care,** with the patient as the focus, is essential in providing compassionate and coordinated care based on respect for patient preferences, values, and needs (QSEN, 2010a).

Active Listening

Active listening requires great concentration and focused energy. All the senses are used to interpret verbal and nonverbal messages, attention is on what the speaker is saying, and the mind is focused on the interaction. Listen for feelings as well as words. It takes practice to tune out other thoughts that try to intrude and to avoid formulating a response until the speaker is finished. When you are an active listener, you demonstrate interest, and a trusting relationship can be built. An active listener maintains eye contact without staring, gives the patient full attention, and makes a conscious effort to block out other distractions. An active listener does not interrupt, and waits for the full message before interpreting what is said. Responding to the content and feelings of the message by stating what you, as the listener, understand was said by the patient completes the process. Nonverbal cues that indicate active listening are leaning forward, focusing on the speaker's face, nodding slightly to indicate the message is being heard, and maintaining an open body posture.

Interpreting Nonverbal Messages

The speaker's posture, gestures, tone, facial expression, and eye movements should be observed. A smile or frown, hunched-down posture, and hand-wringing all express feelings. When taking in nonverbal messages, remember that they must be interpreted in the context of the **speaker's** culture, not the listener's. The listener must decide whether the nonverbal messages are congruent with the spoken message. Mixed messages, in which the verbal and nonverbal messages are **incongruent** (do not agree), require the listener to explore what the speaker really wishes to communicate.

Clinical Cues

Laughing, smiling, and appropriate use of humor can decrease stress and anxiety and have a positive effect on the immune system (Hasan and Hasan, 2009). Encourage and support your patient's efforts to smile and be positive; however, be sensitive to incongruent behaviors. If you think your patient is smiling to cover her fears or anxieties, provide openings for her to express her true feelings.

Elder Care Points

When interacting with an elderly person, try not to speak too quickly. Allow more time for the person to process your message and formulate a response. Many elderly people have some degree of hearing loss. Face the person so that your lips can be seen and she has the best chance of hearing your words. If the person wears a hearing aid, be certain it is in place and turned on.

Obtaining Feedback

A vital part of communication is checking to see if you interpreted a message correctly. You can do this by

rephrasing the message or directly asking a feedback question, such as "Is your headache severe?" "Are you uncertain about having this surgery?" or "Does the idea of having anesthesia scare you?" The response received should verify whether the original message sent was interpreted correctly.

Focusing

Keeping the patient's attention focused on the communication task at hand can save time. The effective communicator refocuses the other person gently to the issue at hand when the focus has wandered. Occasionally the approach, "We'll come back to that later, but right now I need to know..." will quickly refocus the communication. At other times, commenting, "I think we were talking about..." is what is needed.

Adjusting Style

Consider the patient's style and level of usual communication when interacting. If the person is a slow, calm communicator, adjust to that pace. If a response is slow in coming, allow plenty of time for response; try not to display impatience. If it is comfortable for the patient to display feelings only in the context of telling a story about a related topic, allow enough time for full development of the topic so that the feelings can be adequately expressed.

Cultural Considerations

Conversational Pace and Flow

Long pauses are a natural part of conversation in some cultures. This is often found among Native Americans. Do not be too quick to assume the speaker is finished. Among some cultural groups, giving a direct "no" answer is considered rude, so maintaining silence means "no." This may be true of those raised in a Japanese family. Often it is necessary to "give permission" to ask questions. Certain groups regard asking questions as rude or disrespectful.

THERAPEUTIC COMMUNICATION TECHNIQUES

Therapeutic communication (communication that is focused on the patient needs) promotes understanding between the sender and the receiver. Various phrases or cues may be used to promote understanding or facilitate an interaction between a patient and the nurse. These techniques should be used judiciously and in a varied manner or the interaction will feel stilted and uncomfortable (Table 8-1).

SILENCE

Appropriate use of silence is one of the hardest techniques for most students to develop. The new nurse is often uncomfortable with silence, and so tends to be too quick to end it. Silence gives the patient time to think and respond. Remain attentive and use body language indicating patience and interest; this will encourage the patient to verbalize feelings or thoughts.

Clinical Cues

If you are having trouble using silence, remember you are not passively waiting for the patient to speak. Observe nonverbal behaviors during this silence. Note the patient's body position (e.g., relaxed, tense), expression on the face (thoughtful, sad), conditions of the environment (presence or lack of personal items), and indicators of emotional duress (picking at nails, restless movements). These observations provide a significant amount of objective data.

OPEN-ENDED QUESTIONS

An open-ended question is broad, indicating only the topic, and it requires an answer of more than a word or two. An open-ended question allows the patient to elaborate on a subject or to choose aspects of the subject to be discussed. Open-ended questions or statements are helpful to open up the conversation or to proceed to a new topic. They usually cannot be answered with one word or just "yes" or "no." "Tell me about your day" versus "Did you have a good day?" or "How did you sleep?" versus "Did you sleep well?" are examples of open-ended versus closed questions. The closed question forces the listener to stick directly to the topic and to be concise. **Open-ended questions create an inviting atmosphere for sharing thoughts, feelings, and concerns.**

Clinical Cues

Closed questions are usually not considered part of the therapeutic communication process; however, at times, closed questions are appropriate: when you are gathering information ("Have you ever had a blood transfusion?"), if the patient is highly anxious ("Are you hurt?") or confused ("Do you need to go to the toilet?"), or if the patient is at a young developmental age ("Would you like the red one or the blue one?").

RESTATING

Listen for the basic message the patient is conveying, then rephrase the heart of the message. If the patient states, "My son hasn't been to see me in months," responses that restate the thought in different words might be as follows: "Your son hasn't been around much lately," or "You miss your son's visits." **Restating is used to encourage the patient to continue with information on a topic.**

Reflection is another way to restate the message. The same words the patient has said are reflected back. A patient says, "I'm worried about cancer," and the nurse replies, "You are worried about cancer." The idea is simply reflected back to the speaker in a statement to encourage continued dialogue on the topic. **Restating and reflection should be used sparingly and skillfully.** If overused, the patient will quickly

Table 8-1 Therapeutic Communication Techniques

TECHNIQUE	EXAMPLE	RATIONALE
General leads	"Go on." "I see." "Uh huh." "Please continue."	Encourages patient to continue or elaborate.
Open-ended questions or statements	"Tell me more about that feeling." "I'd like to hear more about...."	Encourages patient to elaborate rather than answer in one or two words.
Offering self	"I'm here to listen." "Can I help in some way?"	Shows caring, concern, and readiness to help.
Restatement	Patient says, "I tossed and turned last night." Nurse says, "You feel like you were awake all night."	Restates in different words what the patient said; encourages further communication on that topic.
Reflection	Patient says, "I'm so scared about the surgery; anesthesia terrifies me." Nurse says, "Something scares you about anesthesia?" Patient looks scared. Nurse says, "You look scared."	Reflects received message back to patient. Also encourages further verbalization of feelings. Reflects feelings. Can also be used if patient is unable to verbalize or if nonverbal information is incongruent with verbal.
Seeking clarification	Patient says, "Having my little girl come to visit me was so hard. I'm so upset." Nurse says, "Something about your daughter's visit upset you?"	Seeks clarification about the source of the upset feeling. Helps the patient clarify thoughts or ideas.
Focusing	"Do you have any questions about your chemotherapy?"	Asking a goal-directed question helps the patient focus on key concerns.
Encouraging elaboration	"Tell me what that felt like." "I need more information about that." "Tell me more about that experience."	Helps the patient describe more fully the concern or problem under discussion.
Giving information	"The test results take at least 48 hours." "You will get a preoperative injection that will make you sleepy before you are taken to the operating room."	Provides the patient with information relevant to specific health care or situation.
Looking at alternatives	"Have you thought about...?" "You might want to think about...." "Would this be an option?"	Helps patients see options and consider alternatives to make their own decisions about health care.
Silence	Patient says, "I don't know if I should have chemotherapy, radiation, or both." Nurse remains silent, sitting attentively but quietly.	Allows patient time to gather thoughts and sort them out.
Summarizing	"You've identified your alternatives pretty clearly." "You are aware of the important signs and symptoms to report to your physician; you plan to call to make an appointment next week."	Sums up the important points of an interaction.

recognize that you are repeatedly saying her words back to her, which is annoying.

CLARIFYING

Clarifying helps verify that the message heard is what the patient intended. It is particularly useful when the dialogue has rambled. If a patient says that family members visited and that they all sat around and drank coffee, and then says that sleeping was difficult last night, the nurse might say, "Are you saying that the coffee kept you awake?" This asks for confirmation that it was the caffeine in the coffee that prevented sleep, and not a problem brought in by the family that might have caused the sleeplessness.

TOUCH

Gentle touch indicates caring is **therapeutic** (effective or curative). It may be used to signify support for the person or when appropriate words are hard to find. Use touch judiciously, and take into consideration the patient's cultural and personal feelings about being touched by a stranger. You should have verbal or implied permission from the patient for touch to occur. Messages accompanied by touch can add a feeling of caring and comfort. Touching the patient warmly on the shoulder and saying, "I'm glad the medicine has relieved your pain" indicates caring. Touch must be beneficial for the patient; it should not be done to meet the nurse's needs. Consider how the patient will perceive and interpret touching before implementing it.

Cultural Considerations

Using Touch to Communicate

Some cultures are more accepting of touch within the health care setting. For example, a Portuguese patient may interpret touch as reassuring. For the patient from Mexico, it may be advisable to touch while you are giving a compliment to neutralize the power of the "evil eye." Koreans traditionally hug and touch family members or close friends, but touching from strangers is considered disrespectful unless for physical examination purposes. Touching during communication is also uncommon in the Japanese culture.

GENERAL LEADS

Use general leads to get the interaction under way. If a patient says, "I feel guilty for breaking my leg," a general lead would be, "Tell me more about that." General leads cannot be answered with "yes" or "no" and require more than a few words in response. "Perhaps you'd like to talk about your chemotherapy," "I noticed the doctor came after I left yesterday; perhaps you'd like to talk about what he said," and "I hear you are being discharged today; what do you think about that?" are other examples.

OFFERING OF SELF

Being available to the patient is one way of offering yourself. Answering call lights quickly or checking on something immediately states that you are available to the patient, but this is not always possible. Letting the patient know when you will return or when you will obtain the desired information conveys availability. Fulfilling such promises helps establish trust. Another form of offering yourself is to tell the patient, "I'll just sit here with you for a while," and remain with the patient.

ENCOURAGING ELABORATION

Statements such as "You said you have had a difficult time these last few months" or "Tell me more" encourage the patient to share feelings. "I'm not certain that I follow what you mean" is another way to encourage the patient to continue. **Encouraging elaboration is used when more information is needed about a topic.** This technique might be used rather than restatement or reflection.

GIVING INFORMATION

Nurses must give patients information about medications, procedures, diagnostic tests, and self-care. Giving information concisely and allowing time for questions is therapeutic for the patient. Giving too much information can be confusing. Pay attention to nonverbal signals and ask for feedback to verify that the patient has understood the information given.

LOOKING AT ALTERNATIVES

Nurses help patients solve problems. To accomplish this, they are sometimes directive in assisting the patient in looking at alternative solutions to a problem. Some helpful leads for this purpose are "You might think about...," "Have you thought of your options?" or "What might be possible solutions?" The focus is on helping patients look at things from their point of view while you refrain from giving advice.

SUMMARIZING

Summarizing what has occurred during the interaction is helpful. A summary of alternative solutions to a problem, decisions made, plans for action, or feelings that have been expressed provides closure. "You've indicated that you have a choice between undergoing surgery and trying medication for your problem. We've discussed the potential side effects and benefits of both treatments, and now you'd like time to think about it" would be a summarizing statement.

Clinical Cues

To improve your therapeutic communication skills, you have to practice. Your instructor may ask you to do a process recording. Practice your skills with a real patient, then analyze and think about the patient's behavior and your response. (See the Evolve website for a sample process recording.)

BLOCKS TO EFFECTIVE COMMUNICATION

Just as some phrases and cues encourage effective communication, other phrases or cues tend to block or terminate interaction. Table 8-2 summarizes blocks to effective communication.

CHANGING THE SUBJECT

When a patient is speaking and you change the subject, it indicates discomfort, disinterest, or anxiety on your part. You are avoiding listening to a patient's pain, distress, fear, or perception of problems. If you change the subject in an effort to keep the patient's thoughts off unpleasant things, you deny the patient's desire to express feelings. Sometimes the patient will talk about an experience that is similar to something that happened to you. It is tempting to relate your experience, directing the conversation away from the patient. Students often make this mistake. Over time, you'll learn to consider whether the information is of real value to the patient before sharing your personal experiences.

OFFERING FALSE REASSURANCE

Giving reassurance not based in fact is damaging because it discounts the patient's concerns and destroys trust. Saying "Don't worry; everything is going to be fine" when a patient has valid concerns indicates a lack of understanding. The nurse who tells a woman who has just had breast surgery that she should not think that her husband will find her scar distasteful because she is "still a beautiful woman" is offering inappropriate

Table 8-2 Blocks to Effective Communication

TECHNIQUE	EXAMPLE	RATIONALE
Changing the subject	Patient says, "I'm so worried about my husband." Nurse says, "It is time for your bath now."	Deprives the patient of the chance to verbalize concerns.
Giving false reassurance	"I'm sure it will turn out fine." "You don't need to worry."	Negates the patient's feelings and may give false hope, which, when things turn out differently, can destroy trust in the nurse.
Judgmental response	"I don't think that was a good thing for you to do considering you have diabetes."	Nurse is judging the patient's action. Implies that the patient must take on the nurse's values and is demeaning to the patient.
Defensive response	Patient says, "My doctor never seems to know what is going on." Nurse says, "Dr. Smith is a very good doctor; he's here every day."	Nurse responds by defending the doctor. Prevents patients from feeling free to express their feelings.
Asking probing questions	"Why were you there at that hour?" "What did you intend to prove?"	Pries into the patient's motives and therefore invades privacy.
Using clichés	"Cheer up, you'll be home soon." "This won't hurt for long." "You have a long life ahead of you."	Negates the patient's individual situation; stereotypes the patient. This type of response sounds flippant and prevents the building of trust between patient and nurse.
Giving advice	"If I were you, I would...." "I think you should...." "Why don't you...."	Tends to be controlling and diminishes patients' responsibility for taking charge of their own health.
Inattentive listening	Turning your back when the patient is sharing feelings or pertinent information; showing impatience with body language (e.g., tapping your foot or having your hand on the door to go out).	Indicates that the patient is not important, that the nurse is bored, or that what is being said does not matter.

reassurance about someone else's feelings. This type of comment conveys the message that you do not care about the patient's fears and feelings about her new body image and jeopardizes the professional relationship. Reassurance should be based on fact. Informing a patient that there will be some discomfort after a diagnostic procedure but analgesic medication will be available to relieve the discomfort is better than saying that it is a simple procedure and not to worry. A realistic approach helps maintain trust.

GIVING ADVICE

Giving advice is another area that prevents many novice nurses from being therapeutic. **Giving advice places the focus on the nurse rather than the patient.** Also, many patients think that they must do what you say because you are the authority figure. Your role is to guide patients to alternative choices for solving their own problems.

Clinical Cues

Do **not** use phrases such as "Why don't you . . . ," "When that happened to me, I did . . . ," or "I think you should . . . ." Rephrase to help the patient explore various alternatives. For example, "Have you thought of your options?" or "You might want to *think about* . . . ," or "Have you considered . . . ?"

DEFENSIVE COMMENTS

Becoming defensive when a patient has a complaint interferes with effective communication. If a patient complains that the call light is not promptly answered in the evenings and you state, "You should realize how short-staffed we are in the evenings," the patient is denied the right to a valid view and complaint. By taking a position opposite to the patient's point of view, you take on the role of adversary rather than helper. Acknowledge the patient's feelings by saying something like, "It's upsetting when no one can get here promptly."

PRYING OR PROBING QUESTIONS

Probing questions may place the patient on the defensive. This occurs when you ask questions about the patient's private business, and these questions have no relation to the treatment or clinical condition. Questioning why the patient did or did not do a particular thing makes the patient defensive about the action and causes feelings of discomfort. If you ask a patient who has been injured in an automobile accident, "Why were you driving so fast in the rain?" you are inappropriately probing.

USING CLICHÉS

A cliché is an overused expression that may have no relation to the current situation. Comments such as

"You'll be fine," or "Don't worry, it will turn out OK," are clichés. They show a lack of respect for the patient as an individual and discount the patient's feelings. It is better to express that you are available to listen to the patient's concerns and feelings and to be supportive as needed.

INATTENTIVE LISTENING

Failing to really listen to what the patient is saying is a communication block. If you continue to straighten the room and turn away while the patient is trying to express feelings or something of importance, your actions express that you are not interested. **Interrupting or jumping in before the patient has finished speaking, or frequently changing the subject, also indicates inattentive listening.**

Think Critically

Observe nurses in the hospital as they communicate with patients. What types of blocks to communication do you see occurring? Speculate as to why these nurses are blocking communication with their patients.

INTERVIEWING SKILLS

An interview is more directed than a therapeutic communication interaction. It is planned and has a definite purpose. It is important to establish rapport (a relationship of mutual trust) with the patient before beginning an interview. Introduce yourself and ask how the patient wishes to be addressed. Include the family in your greeting. Explain the purpose of the interview and provide privacy. Ask patients if they wish their family or friends to remain during the interview by saying, "Would it be better if we were alone for this interview?" Eliminate excess noise by turning off electronics. Be certain the patient is comfortable, draw up a chair to within 3 to 4 feet, and sit down facing the patient (Figure 8-3). Chapter 5 contains more information about the interview.

FIGURE 8-3 Interviewing the patient.

Communication

Establishing Rapport

To establish rapport with a patient so that you can proceed with the interview or therapeutic interaction, you might use a few of these phrases:

- "Hello, Mr. Sanchez, I'm John; I'd like to know more about you. Can you tell me a little about what you do for a living [or did before you retired]?"
- "Mrs. Jackson, I see that you live alone. Can you tell me a little about your friends and activities?"
- "Ms. Lee, you've had a lot happen to you over the past few weeks; it must be hard to have your life interrupted this way."
- "Janice, your mom says you play basketball. It must be hard not being able to play during this part of the season."
- "Joey, it's OK to be angry and cry when you've been hurt. Can you tell me how your leg feels now?"

When obtaining a health history during an admission interview, take control of the interaction and initially ask closed questions that call for specific data. This type of direct interview does not allow the patient to ask questions or discuss concerns until all the necessary information has been collected. Examples of questions might include the following:

- What medications did you take today?
- Do you have pain?
- Do you have any allergies?
- If you have been hospitalized before, what year was it?

After taking the history, use open-ended questions to find out how the patient feels about the hospitalization. Examples of useful open-ended questions include "What brought you to the hospital?" "What are your concerns about this hospitalization?" and "Do you have any questions?" This last question indicates that the interview is coming to an end. A brief summary statement, ending with "I think I have the information I need," closes the interview. Thank the patient for supplying the information collected before finishing. An example of the nursing admission history form is found in Chapter 5.

Elder Care Points

When taking a lengthy history from an elderly patient, it may be necessary to redirect the interaction frequently if the patient focuses too long on one illness or hospitalization.

THE NURSE-PATIENT RELATIONSHIP

The nurse-patient relationship focuses on the patient, has goals, and is defined by specific boundaries. The relationship takes place in the health care setting, and boundaries are defined by the patient's problems, the help needed, and the nurse's professional role. When the patient is discharged, the relationship ends.

Good communication skills establish a therapeutic relationship between you and the patient that assists in the healing process. **In this relationship, you are in a helping role rather than a social role.** Interaction between you and the patient should build trust. Without trust, the patient will discount much of what you say.

A social relationship differs from a therapeutic one in that the focus is on both participants and the usual goal is to meet one's own needs. The social relationship is established for mutual enjoyment, with considerable sharing of experiences, life events, and thoughts.

Characteristics in the nurse that facilitate a therapeutic nurse-patient relationship include effective communication skills, **empathy** (ability to understand the situation from another's perspective), a desire to help, honesty, a nonjudgmental attitude, genuineness, acceptance, and respect. **Confidentiality, or keeping information private, must be maintained for trust to endure.**

EMPATHY

Empathy is the ability to place oneself in another's position. It involves being able to see situations from another person's perspective and perceive them as that person does. If empathy is present, the other person's feeling is understood. Empathy is different from sympathy. With sympathy, concern and perhaps sorrow are felt, indicating that the person is experiencing something difficult. Warmth, a nonjudgmental attitude, and a focus on the patient's feelings are present when empathy is expressed. Be careful about saying "I know how you feel" or "I understand what you are going through" because no one can really know or feel what someone else is experiencing. State an interpretation of the patient's feeling and then seek validation that the interpretation is accurate.

? Think Critically

Why is empathy important in the nurse-patient relationship? Discuss incidents where you (or someone you observed) had trouble feeling empathy for a patient. What were the outcomes? What could have been done to alter the situation?

BECOMING NONJUDGMENTAL

Becoming nonjudgmental takes considerable practice and discipline and is directly related to the degree of empathy a person is capable of generating. It is far easier to accept people as they are if you can truly see things from their perspective. Patients come from all kinds of backgrounds and have many different sets of values. To be nonjudgmental, you must look at the patient in reference to *her* values rather than your own.

MAINTAINING HOPE

Maintaining hope is an important part of the nurse-patient relationship. There is always hope, even if the direction of hope changes. The dying patient can hope for less pain, peace, a pleasant moment, and a good laugh. A patient with cancer can hope for a positive prognosis, a healing outcome from surgery or therapy, or emotional growth from the illness experience. The nurse should help the patient establish realistic hopes, but even unrealistic hopes should not be totally dismissed. **Hope is what helps a patient cope in a difficult situation.**

Application of the Nursing Process

Assess the patient's language ability during the first encounter. Consider the following questions when gathering data about the patient's communication needs:

- Is English spoken and understood, or is a translator needed?
- Is the vocabulary level equivalent to that of the average person of this age, or will it be necessary to simplify language?
- Does the patient have a neurologic impairment that causes problems with the comprehension of oral or written communication or with the ability to hear or speak?
- What cultural factors affect how this patient interacts verbally?
- How much personal space does the person need?
- If the person is unable to speak but can communicate in writing, what provisions should be made to accommodate this?

Patients who have problems with communication are given the nursing diagnosis Impaired verbal communication. If the problem is related to difficulty with hearing, use the nursing diagnosis Disturbed sensory perception.

In addition to writing individual expected outcomes, you must plan appropriate amounts of time with the patient for a communication interaction. An assessment interview should not take more than one-half hour. If the patient has communication impairment, varying amounts of time will be needed for each interaction. When a patient does not speak English, plan ahead and locate an interpreter before beginning an interaction with the patient.

NURSE-PATIENT COMMUNICATION

Trust and understanding are the keys to effective nurse-patient communication. When the nurse possesses knowledge, skills, and attitudes (KSAs) related to patient-centered care, successful nurse-patient communication can be achieved. (See Table E8-1 on the Evolve website.)

COMMUNICATING WITH THE HEARING-IMPAIRED PATIENT

When a patient has a hearing impairment, determine how to interact with the patient to promote the best level of communication. If the patient has hearing aids, see that they are used, that the batteries are functioning,

and that the device is turned on. A hearing aid does not guarantee that the individual will hear perfectly. The following techniques promote comprehension for a hearing-impaired person:

- Get the person's attention, making certain the person is aware that verbalization is going to take place. If the person is seated, sit down.
- Face the person directly. Speak slowly and distinctly. Do not cover your mouth, chew gum, or have food in your mouth when speaking.
- Do not shout, since this can distort speech.
- Maintain voice pitch at mid-range, neither low nor high.
- Maintain a distance for speaking to a hearing-impaired person of 2½ to 4 feet.
- Never speak directly into the person's ear. This can distort the message and hide all visual cues.
- Be aware of nonverbal communication.
- Use short, simple sentences. Try to limit each sentence to one subject and one verb.
- If the patient does not appear to understand or responds inappropriately, rephrase the statement.
- Give the person time to respond to questions.
- Ask for rephrasing to make certain the patient has understood important information.

COMMUNICATING WITH AN APHASIC PATIENT

The patient with **aphasia** (difficulty expressing or understanding language) will require specialized nursing interventions. Recruit the assistance of a speech therapist to determine methods to facilitate communication for these patients. A white erasable board is handy for aphasic patients who can write (Figure 8-4).

Some techniques can be helpful when communicating with a patient who has aphasia as a result of neurologic damage from a stroke or head injury. The use of appropriate nonverbal gestures sometimes helps. Guidelines presented in Box 8-1 can assist you in communicating more effectively with the aphasic patient. (See Nursing Care Plan E8-1 on the Evolve website.)

COMMUNICATING WITH THE ELDERLY

The elderly vary greatly in their communication abilities, interests, and capabilities. Healthy older adults sometimes require more time to think and formulate a response. Other older adults may have hearing, sensory, or motor impairments that interfere with communication. Be certain you have the person's attention before beginning an interaction. Eliminate outside distractions. Introduce one idea at a time, and do not rush the person, as this may cause confusion.

It is especially important to obtain feedback from an older adult that the message has been clearly understood. If people have difficulty comprehending, they may just nod their head, pretending to understand, for fear of appearing forgetful. Many are embarrassed about their hearing deficiency.

FIGURE 8-4 Communicating with an aphasic patient.

Box 8-1 Communicating with the Aphasic Person

- Make the environment as relaxed and quiet as possible.
- Assume the patient can understand what is heard unless deafness has been diagnosed.
- Speak to the patient as an adult; do not act as if the patient is mentally incompetent.
- Talk to the patient; do not talk to someone else in the room about the patient.
- Face the patient, establish eye contact, and speak slowly and distinctly without dropping the voice level at the end of sentences; do not shout.
- Give directions with short phrases and simple terms; use gestures to enhance the words.
- Phrase questions so that they can be answered with a "yes" or "no," and look for nonverbal behavior that agrees with the patient's answer.
- Give the person time to respond to questions; processing may be slower than usual.
- Ask only one question at a time; be patient and wait for an answer.
- If you need to repeat something, use the same words the second time. If there is still difficulty, phrase what was said differently.
- Use body language to enhance the message.
- Allow one person to speak at a time.
- Be patient.

Wait for an answer to one question before asking another. Introduce one subject at a time in the conversation, and give only one instruction in any one sentence. It is important for all members of the health care team to communicate in a consistent manner with elderly patients.

Assignment Considerations

Sharing Communication Tips

Nursing assistants often provide much of the basic care related to activities of daily living (ADLs) for elderly people. Share your knowledge about how to communicate with elderly patients and ask the assistants for their input. Also ask them to share their communication success stories.

COMMUNICATING WITH CHILDREN

When communicating with children, consider the influence of development on language and thought processes. Young children are very responsive to nonverbal messages. A young child may become frightened by sudden movements or gestures. Approach children at their eye level and use a calm, quiet, friendly voice.

When interacting with an infant, keep the mother within the baby's view. With a toddler or a preschooler, focus on the child's needs and concerns. Use simple, short sentences and concrete explanations with familiar words.

For the school-age child, give simple explanations and demonstrate how equipment works. Allow the child to handle the equipment if possible. Listen carefully to the child's fears or concerns.

An adolescent needs time to talk. Use active listening, avoid interrupting, and show acceptance. Try not to give advice, and avoid embarrassing questions if at all possible.

Above all, with any child, be honest and tell the child what to expect.

COMMUNICATING WITH PEOPLE FROM OTHER CULTURES

Determine whether the person speaks and understands English. If not, follow your facility's guidelines for obtaining an interpreter. Be accepting; do not show impatience with someone's lack of ability to speak English. Facilities that accept federal funds (e.g., Medicaid) are legally required to provide language access to all patients. Most health care agencies have a list of interpreters that can be called for assistance (Figure 8-5).

Follow the patient's lead about the use of eye contact and distance. If the patient is not comfortable making eye contact, respect this cultural difference. Watch how much distance is maintained between the patient and other people when they interact.

Cultural Considerations

Assisting Elders from Other Cultures

In some cultures, older adults are not accustomed to taking instruction from a young person. It may be necessary to enlist the aid of an adult family member who will learn the essentials of self-care for the patient, and then have that person perform the patient teaching. Provide printed materials and be available to demonstrate or answer questions.

If you are from your community's nondominant culture and your primary language is not English, it is important to work on your English language skills and correct pronunciation. Your patients depend on good communication with you. If you cannot communicate well in English, you may miss important signs and symptoms of a change in a patient's condition. When a patient is unable to communicate well with the nurse, it adds further stress to the patient's situation and leads to dissatisfaction with care. Most communities have classes for students who wish to improve their English.

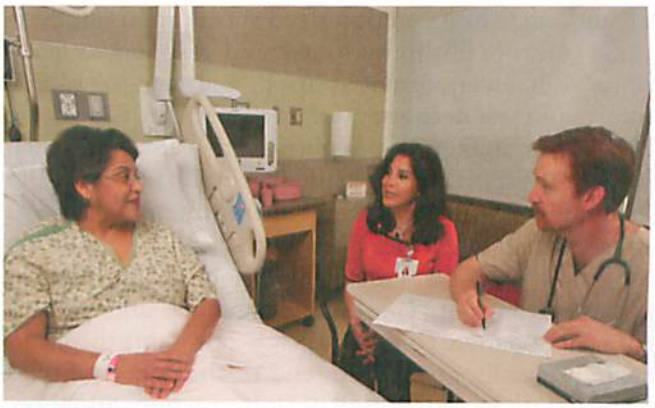

FIGURE 8-5 Communicating with the assistance of an interpreter.

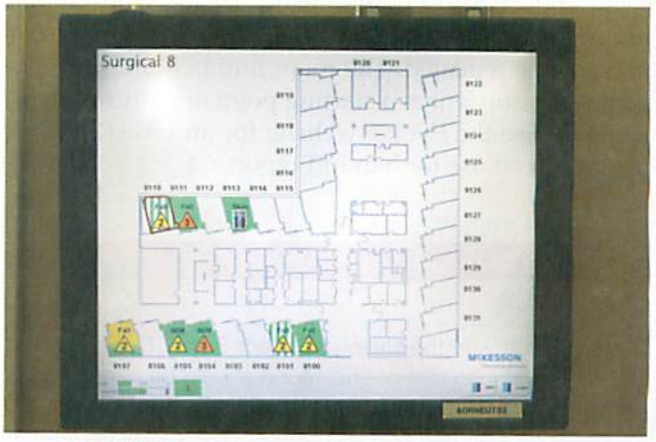

FIGURE 8-6 Communication board on a nursing unit.

COMMUNICATION WITHIN THE HEALTH CARE TEAM

Communication within the health care team occurs through writing and reading nurses' notes; physicians' orders; the dietitian's notes; and notes and orders of the respiratory, physical, speech, and occupational therapists, as well as listening to and giving a **shift report** (a verbal communication on the details of a patient's condition and treatment). Completing forms for the laboratory, radiology, and other departments is another method of communication. Entering information on the computer is an essential tool for communication among hospital departments. Communication boards can be helpful for reminding team members about patients at risk for falls or other problems to watch for (Figure 8-6). Clear communication is necessary when consulting with physicians about orders and when delegating tasks to ancillary workers.

END-OF-SHIFT REPORT

Many different formats are used to give a report. Sometimes the report is given as the nurses from the off-going and oncoming shifts walk from room to room together; known as **walking rounds.** If the report is recorded on

an audiotape or if computerized sheets are used, there must be an opportunity to ask and respond to questions. Whatever format is used, the same essential information is necessary for each patient. Get in the habit of organizing the report in the same way each day. A full report on each patient should take about 1 to 3 minutes. Give only essential information. It takes practice to give a logical, organized, concise report on a group of patients. Practicing at home with an audio recorder can help you gain confidence and present information more concisely. Box 8-2 presents the information usually given in an end-of-shift report. Styles of reporting include **ISBAR-R** (*I*ntroduction, *S*ituation, *B*ackground, *A*ssessment, *R*ecommendation, and *R*eadback) and SBAR-Q (*Q*uestions) formats. If the initial information is handed out on a computer printout, it need not be repeated. The room number and patient's name are sufficient as a starting point after introducing yourself. See the Evolve website for an ISBAR-R template you can use for handoff reporting.

Safety Alert

ISBAR-R

In accordance with the National Patient Safety Goals and the QSEN program, an end-of-shift report should be conducted in a standardized manner to reduce the risk of patient injuries and errors during hand-off communication. The **ISBAR-R** format gives caregivers the opportunity to ask and respond to questions concerning patient care. This format is borrowed from military communication models and has been successfully used in some health care settings.

Box 8-2 Information Included in End-of-Shift Report

- Room number, bed designation; patient name, age, and sex; date of admission; medical diagnoses; and name of primary physician. (If a computer census sheet is used that contains some of this information, then only the room number and name and any missing data are given.)
- Tests and treatments or therapies performed in the past 24 hours with patient response (e.g., computed tomography [CT] scans, surgery, procedures); intake and output for past shift.
- Significant changes in patient condition.
- Scheduled tests; consults or surgery; current intravenous solution, flow rate, and amount remaining; next solution to be hung; oxygen flow rate; equipment in use and current settings (e.g., gastric suction on low).
- Current problems (e.g., dehydration, severe pain, anxiety, depression, insufficient rest, or abnormal laboratory values or test results); amount of assistance with activities of daily living (ADLs) needed.
- Scheduled treatments, PRN (as needed) medications given, times given, patient response.
- Concerns, need for order changes, teaching, pertinent family dynamics, and emotional status.

Computer-printed information sheets are available at the beginning of the shift for the oncoming nurse in most hospitals. This sheet can be taken and used as a work organization sheet. If notes are added to the sheet during the shift, all the information needed for the report at the end of the shift should be readily at hand.

TELEPHONING PHYSICIANS

Physicians must be telephoned from time to time. Orders may be unclear, the patient's condition may change, the patient may have a particular request, or you may need further information about the patient.

If a physician is called regarding a change in a patient's condition or in any situation in which new orders are anticipated, certain steps should be followed. Have current data on the patient at hand, including data from the last vital signs assessment, pertinent laboratory data, information on urinary output, and medications received. Keep the chart handy, have a pen ready, and anticipate the information that the physician might need to make a decision. Know what allergies the patient has. Perform a quick assessment before calling, and prepare a concise statement of the problem or concern. Document the call, and note the health care provider's statement that the order is correct as read.

Safety Alert

Taking Telephone Orders

To apply the ISBAR-R format to a telephone order from a physician, you should introduce yourself (including the hospital unit), verify the patient's name and condition, listen to the order, write down the order, and then read it back to the doctor (Box 8-3).

The student nurse should have an instructor or another registered nurse standing by to speak with the physician and take the order again, including readback, because **students cannot legally take telephone orders.**

ASSIGNMENT CONSIDERATIONS AND DELEGATING

You must communicate well in order to assign tasks and **delegate** (authorize another person to do something) to others effectively. Give clear, concise messages and listen carefully to feedback. Include the desired results and the time constraints for completion of the task. It is better to say, "Let me know if Mrs. Hope's noon temperature is above 101.2° F" than to say, "Let me know if Mrs. Hope's temperature is high." Ask the person to whom you are assigning a task if there are any questions about what is to be done, and ask for a summary of what is understood about the task to be done. Although a task may be delegated, the ultimate responsibility will remain with you.

COMPUTER COMMUNICATION

The computer is used to transmit requests for laboratory, dietary, radiology, physical therapy, respiratory therapy,

and other services. The physician enters medication orders into the computer, and the orders are communicated to the nurse on a patient medication administration record. Supplies for patient care are ordered on the computer, and patient care plans are updated using the keyboard or a touch screen (Figure 8-7).

Box 8-3 Example of ISBAR-R Communication

I: Dr. Savoy, this is Nurse Lopez at ABC Extended Care Facility. I'm calling in regard to Mr. Tanglewood in room C12.

S: Mr. Tanglewood is an 85-year-old man with Alzheimer disease. He tripped in the bathroom and bumped his head on the toilet about 30 minutes ago. One of the nursing assistants saw him trip, and there was no loss of consciousness at any time.

B: He is normally alert and oriented to person, and he routinely ambulates independently.

A: His blood pressure is currently 140/83, pulse 75, respirations 16/min. He has a 3-cm laceration and hematoma just superior to his left eyebrow. The bleeding was readily controlled with direct pressure. We have applied an ice pack and pressure bandage over the wound. He is alert, and his speech is clear and appropriate to his baseline. He denies any pain, and he does not seem to have tenderness or bruising except on his forehead, but he did extend his right hand to break his fall.

R: Could I get an order to have him transported to the emergency department for additional evaluation and treatment? And do you have any additional orders for Mr. Tanglewood?

R: Thank you, Dr. Savoy. Let me repeat that order. Mr. Tanglewood will be transported to the emergency department by ambulance. After the evaluation he will be sent to radiology for x-ray examination of his right hand.

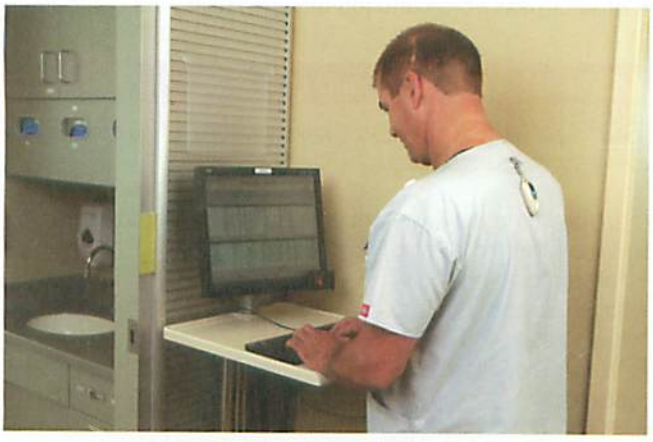

FIGURE 8-7 Communicating by computer.

Legal & Ethical Considerations

Computer Usage and Safeguarding Patient Information

Computerized patient information requires extra vigilance to safeguard confidentiality. When you use the computer at the health care facility, never leave a computer screen open when you are finished. Always log out so that someone else cannot access information using your password, and never share your password with others. If your facility uses e-mail to communicate about patient care, you will likely receive training to prevent HIPAA violations (see Chapter 3).

Many hospitals and home care agencies are converting to computer charting. In some agencies a handheld computer is used to note medications given, **input** (put in information) vital signs, chart assessment data, and record the nurse's observations. Computer skills are essential for today's nurse.

COMMUNICATION IN THE HOME AND COMMUNITY

Nurses who work in home care often have both a professional and a social relationship with their patients and families. Often, the nurse is the only person whom the patient sees on the day of a visit. Because of the social aspects of the visit, it is essential to state when instructions are about to be given so that active listening can occur.

Home Care Considerations

Tips for Efficient Interviewing

Before the initial home visit, ask the home care patient or family to list all medications the patient is taking, including over-the-counter medicines and herbal preparations, and to have the vials and bottles all in one place. Ask that a list of the patient's physicians with phone numbers be ready for you, plus the dates of any recent hospitalization or surgery. This will save you time when doing the interview, and you can take the lists with you for the later completion of your paperwork. Leave written step-by-step instructions with the patient whenever possible. The primary nurse will often call between visits to see how treatment is progressing and to assess for any problems.

Safety Alert

Telephone Communication in Home Care Settings

In accordance with The Joint Commission's National Patient Safety Goals, it would be inappropriate for a physician to leave orders for a home care patient on a voice mail message or to ask the family to convey the orders to the nurse. Likewise, a nurse should not leave instructions for a nursing assistant on a voice mail. Exchange of phone information between members of the health care team should follow the ISBAR-R format.

Office and clinic nurses often assess patients who call in to see whether they have an urgent need for medical attention. Such assessment requires good communication to obtain the data needed to make such a decision (Figure 8-8). The office nurse gives telephone instructions to patients on how to treat minor illnesses or injuries. It is important in these situations to obtain feedback so that there is no doubt that the patient understands the instructions.

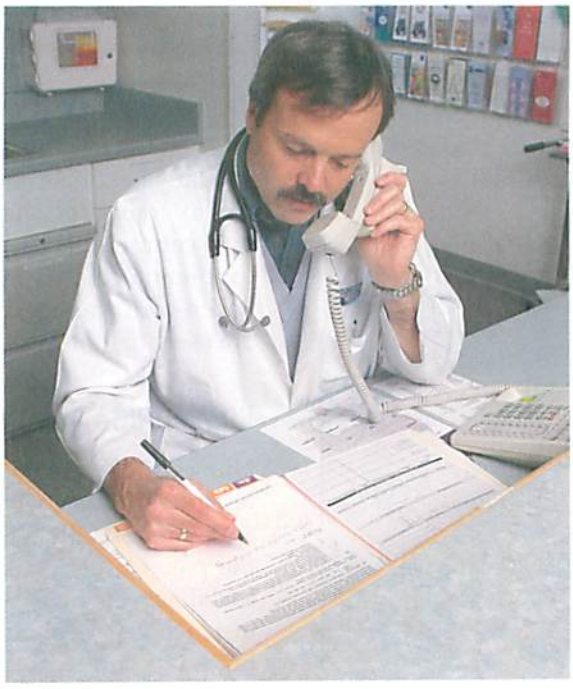

FIGURE 8-8 The nurse instructs a clinic patient over the telephone.

Get Ready for the NCLEX® Examination!

Key Points

- Communication is a continual, circular process and occurs in two ways: verbal and nonverbal.
- Culture, experience, emotions, attitude, mood, and self-concept all contribute to the way people communicate.
- An active listener maintains eye contact without staring, gives the patient full attention, and makes a conscious effort to block out other sounds and distractions.
- Silence and therapeutic touch can be effective forms of communication.
- Asking open-ended questions, restating, clarifying, using general leads, offering of self, encouraging elaboration, giving information, looking at alternatives, and summarizing are all therapeutic communication techniques.
- Changing the subject, offering false reassurance, giving advice, making defensive comments, asking probing questions, using clichés, and inattentive listening are blocks to good communication.
- A therapeutic relationship focuses on the patient; helping the patient maintain hope is important.
- Empathy, a desire to help, honesty, a nonjudgmental attitude, genuineness, acceptance, and respect for the individual also facilitate a therapeutic nurse-patient relationship.
- Special communication techniques are needed for the patient experiencing aphasia, for patients with a hearing impairment, and for children.
- Be accepting and do not show impatience if a patient does not speak English; look for cultural cues regarding eye contact and distance between speaker and listener.
- Handoff report should include patient's name, age, and changes in condition; current concerns; treatments; and response to therapies, and should use the format ISBAR-R.
- When taking telephone orders, introduce yourself and verify the patient, listen, write, and read back what you have written.
- Protect passwords and log off when using the computer.

Additional Learning Resources

SG Go to your Study Guide for additional learning activities to help you master this chapter content.

evolve Go to your Evolve website (http://evolve.elsevier.com/deWit/fundamental) for the following FREE learning resources:

- Animations
- Answer Guidelines for Think Critically boxes and Critical Thinking Questions and Activities
- Answers and Rationales for Review Questions for the NCLEX® Examination
- Glossary with pronunciations in English and Spanish
- Interactive Review Questions for the NCLEX® Examination and more!

Online Resources

- Review the case studies of two children who died as a result of medical errors. What can we learn about patient communication and empathy from these tragic events? (Note: although QSEN asks viewers to set up an account, the account is free to set up and allows access to these very moving and personal stories.)

1. *The Josie King Story,* www.qsen.org/video/josieking
2. *The Lewis Blackman Story,* www.qsen.org/video/blackman

- *Improving Patient-Provider Communication (Joint Commission Video):* www.jointcommission.org/multimedia/improving-patient-provider-communication---part-1-of-4/

Review Questions for the NCLEX® Examination

*Choose the **best** answer for each question.*

1. The nurse is using therapeutic communication to establish rapport. The nurse says, "How are you feeling this morning?" Which nonverbal behavior is congruent with the nurse's verbal question?
   1. Looks at patient; stands with a relaxed body position
   2. Nods head up and down; arms folded across chest
   3. Smiles at patient and makes the bed while patient answers
   4. Adjusts IV and evaluates equipment and environment

2. A patient expresses serious concerns about the outcomes of a scheduled surgical procedure. Which response indicates that the nurse is using active listening while the patient is speaking?
   1. Nurse tells the patient not to worry about the surgery.
   2. Nurse asks the patient to take her medication before continuing.
   3. Nurse asks the patient why she is afraid of the surgery.
   4. Nurse nods his head.

3. What is a correct beginning for an ISBAR-R communication with a physician?
   1. "Your patient, Mr. Leo, is agitated and combative."
   2. "Dr. Williams, this is Patricia, the nurse caring for your patient, Mr. Leo."
   3. "Mr. Leo has demonstrated escalating inappropriate behavior ever since his dose of Lithium was reduced."
   4. "I need you to come and evaluate your patient, Mr. Leo."

4. A patient says, "I don't know what to do about the problem." The most therapeutic response would be:
   1. "You should define the problem and make a plan."
   2. "What options are you considering?"
   3. "That's not a big problem, you can handle that."
   4. "What does your doctor say you should do?"

5. The patient is aphasic. Which communication strategy would be appropriate in working with this patient? *(Select all that apply.)*
   1. Lean forward and say "Go on...."
   2. Face the patient, establish eye contact, and speak slowly.
   3. Use gestures to enhance the words.
   4. Give the person time to respond to questions.
   5. Explain procedures to the family member instead of the patient.
   6. Give directions with short phrases and simple terms.

6. The patient is about to undergo surgery. Which statement is an example of false reassurance?
   1. "Your surgery will take about 5½ hours."
   2. "You'll come through this procedure just fine."
   3. "Your family will be allowed to see you as soon as you are awake."
   4. "This surgeon has done many of these operations."

7. Which element characterizes a therapeutic relationship?
   1. Focus is on the patient's needs, and there are specific goals.
   2. The patient and the nurse get satisfaction from the relationship.
   3. The patient and the nurse equally exchange information.
   4. The relationship is terminated if needs are not being satisfied.

8. Which observation might indicate the staff could benefit from an in-service on the topic of patient-centered care KSAs?
   1. Nurses are seen consistently demonstrating principles of effective communication.
   2. Nurses are allowing family members to bring in home remedies "from the old country" after obtaining permission from the physician.
   3. The unit implements a 24-hour visitation policy.
   4. The staff complain about admitting patients from a certain geographic region of the world because "they are always so loud."

9. A way to promote trust with a patient is to:
   1. allow family members to visit whenever they want.
   2. assure the patient that her physician is excellent.
   3. follow through when you say you will do something.
   4. talk with her at length, about her life, likes, and dislikes.

10. A nurse is assigning a task to the nursing assistant. Which is the best example of how to communicate the task to the assistant?
    1. "Please do all the vital signs for my patients, and pay special attention to Mrs. Hondo and Mr. Takeda."
    2. "Please report any abnormal vital signs throughout the day, and keep an eye on Mrs. Hondo and Mr. Takeda."
    3. "Please check Mrs. Hondo's and Mr. Takeda's blood pressure and pulse as ordered by the physician. Call me if you have problems."
    4. "Please do vital signs at 8 A.M. on Mrs. Hondo and Mr. Takeda, and if the pulse is more than 85 per minute, let me know."

Critical Thinking Activities

Read each clinical scenario and discuss the questions with your classmates.

Scenario A

You are working with a patient who is quiet and withdrawn. When you walk into her room, she appears tearful and upset, but she tells you that nothing is wrong. How would deal with this situation?

Scenario B

Consider your own communication style. What three factors do you think have had the greatest influence on the way you communicate?

Scenario C

Develop your own checklist for giving handoff report. Why is it important for the oncoming nurse to have an opportunity to ask questions?