Communication and Care Go Hand in Hand

Exercises for young nurses
Objectives

- Stimulate thinking about certain care situations and the nurse’s relationships with patients
- Demonstrate the need for effective and warm communication to provide better patient care, care that the patient will receive more willingly, and to motivate the patient to want to get better
- Encourage the student to examine her professional behaviour, looking for those aspects that can be developed for use in these types of situations
- Improve students’ knowledge of some basic communication concepts
Greeting patients
Greeting patients

The patient’s arrival in the department is an important moment, both for the patient and for the nurse.

Patients have an immediate impression of the quality of the relationship they will develop with their nurses.

This first impression is difficult to change after the fact.

This is when the care partnership with a patient and his or her family begins.
Even if we are busy, it is essential to make a good first impression.
The patient should be greeted warmly to help get them comfortable with an unfamiliar place and new people.
The nurse should introduce herself, show the patient around, describe departmental routines and, if appropriate, talk about treatment.
Greeting patients (cont. 2)

Maintain visual contact and smile when appropriate; these are important aspects of your communication with the patient.

A nurse must also reassure her patients, explaining that she or someone else will be there to help them as required.

It is critical that you avoid abrupt answers that might reveal irritation or fatigue.
Greeting patients (cont. 3)

Very often we begin gathering information as we are welcoming patients and taking them to their rooms. We observe their facial expressions and behaviour, make note of their complaints and determine their needs: getting up, food, elimination, etc.

Remember that we communicate in many ways, including how we act and dress and what we do.
Hello, I have an appointment for day surgery.

Can’t you see that I’m busy!
Hello, I came with Mr. X. He’s a patient of Dr. Loo. Where should I leave him?

Margot Phaneuf, RN, PhD
Can you tell me where I can find my father, Mr. Khalil?

Hey, this isn’t the information desk! You should have asked downstairs.

Why isn’t the lady being nice to us?
How could you have answered in a way that would show both compassion and professionalism?
Requests for information
Requests for information

Patients and their families will be anxious and need information, but often their requests are not really relevant or are clumsily expressed.

We are nevertheless the ones who need to be understanding of their concerns and any inappropriate behaviour that may result.

The information they need is important. It reassures them and helps them understand the process and make certain crucial decisions.
Requests for information (cont. 1)

Some information on diagnoses, prognoses or even treatment must come from the patient’s physician. It is not our place to provide this information.

As a result, we may not able to help. When this happens, we need to apologize and direct people towards the people who can help them.

We must always be polite and warm in how we respond, within the limits of what we are able to do and what we know.

It is also essential that our non-verbal behaviour is welcoming and demonstrates a willingness to help.
Whether dealing with a request for information, greeting a new patient or providing care, our verbal response and our non-verbal behaviour must always be in agreement: our words should indicate availability and our facial expression should communicate interest and availability.

Remember that frequent requests for information may indicate a high level of anxiety, and this deserves our attention.
Can you tell me what this medication is for?

I’m not your nurse. I’m not the one who should be answering!
I always have trouble breathing. Why is that? Nobody else has this problem!

Will I always be like this?

Not everything in life makes sense!
My wife asked you for test results two days ago. You said that you didn’t have them. Is that true?

Uh, I don’t know… I have no idea.

Has the doctor finally made his diagnosis?
How could you have answered? You need to give a logical explanation, be respectful and follow rules of professional conduct.
Expressions of pain
Expressions of pain

Patients often talk about their pain, and it’s the nurse’s job to listen. How she listens is crucial to their relationship.

We need to remember that the patient must be able to sense that we are receptive, no matter what the complaint is about.

We cannot judge other people’s pain based on our own criteria or threshold of pain. What we think of as a minor pain may be considerable for someone else.
Expressions of pain (cont. 1)

We must take the time to listen to patients’ descriptions of their pain and show them empathy.

A patient’s perception of physical pain must be assessed on a scale of 1 to 10.

We also need to consider other manifestations or repercussions of their pain, such as agitation, perspiration, discomfort or extreme fatigue.
Expressions of pain (cont. 2)

Care for pain is often accompanied by comfort care. Dry clothes and an antalgic position can be very effective.

But we must also give due consideration to the psychological repercussions of pain (sadness, discouragement or a complete loss of hope) and provide the patient with needed support. This is an important moment in your therapeutic relationship with the patient.
Expressions of pain (cont. 3)

The patient must also be monitored for evidence of side effects from the medication (hypoventilation, allergies, lack of relief, etc.).

There are times when we need to reassure patients about the effects of the antalgic medication, because they may fear that the situation will get out of control.

Patients who are suffering feel vulnerable. They need the support of their nurses.
How we respond to complaints about pain is crucial. Our attitude can minimize patients’ suffering and give them the impression that they have no reason to complain.

Nurses must also avoid giving lessons, moralizing or, above all, leaving the impression that they are turning a deaf ear.

Responses such as “Don’t worry, everything will be fine” provide no comfort at all.

Communication is a circular process of exchange. A lack of feedback or inappropriate feedback breaks the cycle.
It hurts so much! Can you give me something?

What, you think I’ve got nothing to complain about?

Don’t moan like that, you’re bothering everyone!
Stop complaining, it doesn’t help! If you had been more careful, you wouldn’t need this help!

Ow! You’re hurting me! Stop!
I’m tired, and my arm hurts. Can you do something about it?

Don’t act like a spoiled child!

Margot Phaneuf,
I have such a headache!

Did you have your blood tests this morning?
What could you do to be more receptive with these suffering patients? How could you use draw on your interpersonal skills, and what would you say? What nursing interventions would be appropriate?
Criticism from patients
Criticism from patients

Patients who are in pain and anxious may complain about the services they receive and the complexity of a soulless health care system.

We need to be understanding and respond to their criticism without provoking or adding to their aggression.

Whenever and as much as possible, we must try to solve the problem.

But it is not our job to defend the system.
Criticism from patients (cont. 1)

To defuse their anger, it is better to acknowledge the problem. This takes nothing away from our professionalism.

In the face of complaints about the department or the hospital, it is also important to not take it personally or feel that the complaint is directed at you.

Defensive responses easily feed anger, and people who are sick do not care about our work problems or staff shortages.
There will be times when a nurse must follow up on a complaint from a patient or family member by referring them to the appropriate department: food services, maintenance, the administration, etc. When someone criticizes what we do or where we work, we should not hold it against them.
My wife has been here three hours now. She’s in pain and no-one has come to help!

Is this a hospital?

She is not my responsibility!
Margot Phaneuf, RN, PhD

Slow down please!
You’re too rough…
You’re hurting me!

I’ve got other things to do, you know!
What’s going on? I’ve been calling you for twenty minutes!

You’re not the only patient, you know! There are people here with more urgent needs!

Did you forget about me?
Well, it isn't my fault, you know. The nurses on the night shift have a lot to do, and there aren't many of them.

My wife called during the night and no-one came to help her!

What kind of hospital are you running here?
My daughter tells me that no-one is taking care of her, she hasn’t eaten and she doesn’t even have any water…

Well, she only has to ask. We can’t read minds, you know!
It’s boring in this hospital!

Well, you aren’t here to have a good time!
How could you respond to these complaints without being defensive and remaining open and empathetic?
Reprimands from nurses
Reprimands from nurses

- Patients don’t always understand the treatments we administer and how our services are organized.
- When people or children are ill, they become more nervous and vulnerable, and sometimes they act in ways that are difficult for a nurse to deal with.
- Faced with inappropriate behaviour, as long as the behaviour is socially acceptable and not harmful in a medical sense, the nurse should avoid reprimanding the patient or making negative remarks.
- To resolve the situation, we can use humour, gently confront the patient or simply, politely and without any anger ask them to change their behaviour.
Avoid any and all negative comments about the patient.

A reprimand from a nurse breaks any relationship of trust she has established and makes the patient less cooperative.

Reproaches from nurses come from a desire to exercise some power over patients, and this is particularly true when the patient is young or elderly.

The most effective approach is to try to get along with the patient and motivate them to continue pursuing the care process.
Reprimands from nurses (cont. 2)

- Talking about their well-being or about taking pleasure in being alive and getting back to a normal life is a more effective way of motivating patients than making reproachful remarks.

- It is important to show interest in your patients’ interests. You can use this knowledge to motivate them and personalize their care.

- This could include getting back to their families or their jobs, spending time in nature or travelling.
Of course the nurse must do everything in her power to get the patient to follow the prescribed treatment. But if the patient is conscious and intellectually competent, the nurse cannot impose anything by force. Nurses are there to provide care, not to give reprimands. Comparisons with other patients are always inappropriate, and making threats must also be avoided.
You’re so temperamental! My other patients aren’t like that!

I’m tired of being here. I want to leave, I want to see my friends.
I’ve told you at least 20 times not to talk with the thermometer in your mouth.

You’re a big girl. You should understand that!
What’s gotten into you, calling every five minutes like that?
Lilly, you’re still unbearable. If you keep it up, I’ll have to put a stop to it!

I want to keep playing! There’s no way I’m going to bed now!
What could you say to these unruly patients without resorting to reproaches or reprimands?
When you are reluctant to provide a service.
Reluctance to provide services

Nursing is a profession based on providing services, so we must be open to requests from patients and their families and be gracious in our responses.

Begin by listening; try to fully understand the nature of the request.

If it is impossible for you to do what is asked, explain why and see how you might minimize the problem. Kindness is important here.

You cannot satisfy all their requests; some are unrealistic, and satisfying others could be harmful.
Reluctance to provide services (cont. 1)

Sometimes patients have to rely completely on nurses to satisfy their needs.

Nurses need to appreciate how this can be irritating or even humiliating, and that this makes it difficult for the patient to express their needs.

People who are naturally timid or accustomed to doing things for themselves find it difficult to ask for help.

Nurses must therefore be attuned to their needs.
Reluctance to provide services (cont. 2)

On the other hand, a nurse must not accept any verbal or physical abuse from patients.

We must respect patients, but we must also insist on being respected ourselves, calmly and with dignity.

Gentle confrontation may be used to show the patient that a request is unrealistic or not logical.

If the individual acts improperly or unacceptably, we need to be firm, stating that such behaviour is unacceptable.
Reluctance to provide services (cont. 3)

We need to remember that one request can hide another, or indicate anxiety, sadness or depression. Our job is to try to understand what the patient is going through.

An appropriate response to a request for services will calm the patient’s anxiety and make things better for them.

Through small things such as providing food and linen changes or helping with their washing and elimination, a nurse can help motivate a discouraged patient to get better and feel better about themselves.
Could I have some more tea?

You’re in a hospital! You can’t expect us to satisfy every whim!

I’m not your maid!
My wife needs to be changed!

The day nurse will do it when she arrives.

He doesn’t understand – I’ve worked all night, and I’m tired.

What a hospital!
My doctor should come and see me. What's going on? What are you doing? I need to know!

You can’t expect him to be here all the time!
Would it be asking too much to help me go to the toilette?

We have orderlies for that!
How could you respond to a patient who asks for something? If you cannot do what they ask, what will you say, and how?
When a patient refuses care
Refusal of care

Since we think of treatment and care as essential, we find it strange to think that someone would refuse them.

Yet a patient has a right to refuse care and even has the right to refuse our offer of a therapeutic relationship.

To start with, we need to listen to the patient and try to understand the reasons behind his or her refusal. The reasons behind the refusal (such as allergies or fear) may be serious and must be considered in the plan of care or passed along to the physician.

Our job is to explain the importance of the treatment or care, and try to motivate the patient to accept them.
Refusal of care

If the patient still refuses care, simply say that you will come back later, so that they will have some time to think about it.

Above all, do not make negative comments and create a standoff.

Usually things can be worked out if you give the patient some time to think it over.

After such an incident, it is important not to hold anything against the patient for having created an inconvenience.

Sometimes refusal of care simply indicates that the patient wants to be done with the whole situation. Our job is to explore the subject and make the necessary adjustments to their care.
I’m not myself today. I don’t have the strength to get up. Leave me be!

I’m doing this for you, not for me, you know!
I don’t want your syrup.
I want my Mommy!

It doesn’t matter whether or not you want it!
I don’t want to take that stuff any more. I feel worse when I take it!

You’re not allowed to stop. You have to take what has been prescribed for you!
I’m sorry, but this is the only time I have to do it. I’ll be on my break later!

I’m too tired and in too much pain for you to change the bandage.
How could you respond to a patient who refuses treatment? What would you need to be careful about?
When a patient expresses anxiety and fear
Anxiety and fear expressed by a patient

- **Patients are often anxious and may be afraid of treatments and medical interventions.** Because of their state of health, they may even be afraid of the future.

- **The nurse must understand this reaction to the ordeal of being ill.** She needs to consider this emotional reality and provide patients with the support they need.

- **There will be times when the fear and anxiety is not openly expressed, but it may be evident in other ways,** such as a loss of appetite, sadness, a bad mood, irritability or insomnia.
Anxiety and fear expressed by a patient
(continued)

The nurse must be attuned to anxiety and fear that is not expressed directly, particularly among men, who hide their fear. They are ashamed to talk about it.

A nurse can communicate understanding and support through her therapeutic relationship with the patient.

Above all, avoid giving false “reassurances,” such as, “Don’t you worry, everything will be just fine!”
Anxiety and fear expressed by a patient  
(continued)

- Sometimes just listening to patients and explaining a procedure, combined with compassionate touching, will be enough to reassure them.
- In a highly emotional situation, touching the patient is always very reassuring.
- There are two predominant messages when communicating with a patient: the informative or intellectual message and the emotional message. One or the other is always predominant.
Anxiety and fear expressed by a patient
(continued)

- When someone is predominantly emotional, he or she is not very receptive to explanations and information. For example, a patient who says that she is afraid of a procedure is in a predominantly emotional mode.
- If you respond by saying that she is only having minor surgery, she will not be reassured and will think that you do not care about her fear.
- We need to be in the same mode as the patient, either intellectual or emotional.
You say you have to do a gastric intubation. The very idea scares the wits out of me!

Ah, it’s no big deal!
I miss my Mommy, and I’m afraid of staying here!

Oh come on, you’ve got nothing to be afraid of!
My operation is tomorrow. Is it dangerous? I’m not feeling very confident!

You don’t need to worry, you’ll see, it’ll be nothing. Everything will be fine…
My IV stopped, you’re going to re-insert it and I’m afraid of needles!

If this is the worst pain you’ll have to deal with in your life, you’ll be very lucky!
What could you say to these people to show them that you understand and respect what they are going through, and you are there to help?
Preparing patients to receive medication and treatment
Preparing patients for medication and treatment

Treatment is essential for proper healing or for improved patient health.

It is therefore very important to prepare the treatment and properly prepare the patient to receive it.

The patient needs to be informed in advance, but not necessarily too far in advance if he or she is likely to be anxious about the treatment.

The nurse must also explain the goal of the treatment and what it will involve.
Preparing patients for medication and treatment (continued)

- While paying due attention to the technical aspects of treatment, it is also important to note how the person is reacting (fear, pain, tears).
- You need to speak to the patient and provide encouragement.
- With anxious people, a sensory information strategy is helpful; i.e., specify all the sensations they could have during the treatment: odours, cold, tingling or burning sensations, etc.
- It is also important to thank the patient for the courage they showed and for their cooperation. After all, it is patient who lets us do our work.
Hey! It’s time for another injection!

No, not again! You know I don’t like needles. Leave me alone.
C’mon! It’s time for your exercise!

Not again!
Jerry, are you ready for another injection and bandage?

Not at all!
I’m here to remove your bandage.

Oh no! I didn’t know it was today. I’m not ready. You should have warned me.
What could you have said and done to better prepare these people for treatment and properly inform them about the care they were to receive?
Satisfying needs
Satisfying needs

The nurse’s role with patients involves doing whatever the patient cannot do on their own: whatever the patient could do if he or she had the strength and motivation and had the necessary knowledge.

The nurse must therefore help the patient satisfy their needs in the best way possible.

While respecting the patient’s abilities, the nurse helps the patient do what they can, even if that only means providing a bit of support.
Satisfying needs

The day-to-day work of nursing requires your patience and understanding, since patients can sometimes be a bit difficult. Nurses must nevertheless address patient needs with good humour and dedication.

Nurses must take care of patients’ basic needs, and it is also their business to know to what extent these needs have been satisfied (food, sleep, elimination, etc.).

If some needs have not been satisfied, the nurse must find out why and plan appropriate responses.
I’m thirsty. Can you get me something to drink?

Don’t you know that you’re not allowed to drink anything before surgery?
I’m not hungry!
I don’t want to eat!

Eat it or else we’ll force feed you!
What’s your problem, calling every five minutes like that?
My neighbour is preventing me from getting some sleep! Do something!

What would you have me do, exactly?
I needed to urinate, but now it’s too late. You took too long!

Next time, call for me first!
How could you respond to these patients in order to better meet their needs while taking into account their independence?
Hospital discharge
Hospital discharge

Hospital discharge is the final stage of hospital care. Like any other important moment in the process, it must be properly prepared.

At discharge, the nurse must provide the patient with the information needed to continue treatment and even important teaching on things like medication, injections and bandages.

When appropriate, the nurse must also inform the client about their next appointment with their physician, providing the time and location: at the doctor’s office, in an out-patient clinic, in a CLSC, etc.
Hospital discharge

- The patient may have some concerns about going back to normal life.
- The nurse must enquire about the nature of these problems. Does she need to respond by sending information to the physician about the need for a consultation with a psychologist, organizing a home visit, etc.?
- Here again, the patient needs the nurse’s support and needs to be reassured, without having the nurse take his or her concerns lightly.
Here are the prescriptions you need to continue your treatment.

But I don’t know what to do with these things!
You can prepare your bag, you are discharged.

I don’t know what comes next. Do I continue treatment?

I don’t know.
May I leave now? And is there something I’ll need to do?

If there was, you would have been told!
What could you say or do in order to properly prepare these people for their departure?