Problem areas of social communication in Nurse-patient interaction In Clinical Practice

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Summary
Appropriate communication is necessary in the sphere of mutual relationship between Health Worker and patient as well as in all other areas of daily living. Communication underlies all Nursing Care. Nursing Practice attaches considerable importance to the abilities of interaction and communication with patients (1). Social communication belongs to Health Worker’s fundamental capabilities. It is an essential component in caring for a patient. Its effectiveness is determined by two parties, i.e. the Health Worker and the patient (6). In Clinical Practice, the Health Worker is more responsible for its course. This paper analyzes survey results in the area of social communication in Nurse-patient interaction.

Keywords: Nurse, patient, social communication, interaction.

Introduction
Social communication represents a theoretical base for communication in Nursing Care. Communication carried out between the Nurse and patient is necessary, unavoidable and unrepeatable (2). In diseases, which cause permanent changes and defects, there can be personality changes that can evoke a sense of inferiority; diminished self-confidence; egocentrism; lack of interest up to personality degradation (4). The starting point of the survey was a review of current conditions in the area of communication in Clinical Practice in Nurse-patient relationship. The empirical part points out the level of Social Communication in the Nurse-patient relationship. Problem areas in communication which were elicited in the survey can be applied to remove mutual mistakes in the communication process in daily Nursing Care. Due to the revealed information, options for solutions in the field of Health Worker’s training in the sphere of communication with various groups of patients can be designed, both within the training for a future profession and during life-long education.

Methods
The survey was carried out in 2012 in five governmental and non-governmental facilities of the Moravian-Silesian Region involving 564 individuals at Inpatient and Outpatient Departments. Within the survey Questionnaire method with 22 items in the Nurse Set and 20 items in the patient set were used.
In order to evaluate the survey the following methods were used:
Quantitative methods (classification of data, sums of answers, specification of order);
Qualitative methods (analysis, synthesis of Questionnaire items, comparison of Nurse’s answers in various spheres of the workplace, comparative method).
In connection with the survey aim, working hypotheses partial goals were determined.

The set Nurse – hypotheses: Nurses are supposed
H-S-1: to have no troubles in establishing contact to patients and keeping rules of conduct.
H-S-2: to appreciate time and content capabilities during patient interviews.
H-S-3: to provide patients with confidential information properly all the time.
H-S-4: to behave professionally towards patients and not to detract patient’s
health conditions.

**H-S-5: to find their visits to patients rooms** sufficient and to keep rules of proper communication.

**H-S-6: to have participated** in Educational Courses and Seminars to develop their communication skills during their Clinical Practice.

### Results

![Bar chart showing addressing the patient]

- **Nurses**:
  - 100% addressed patients by their surname or degree and surname.
  - 80% had participated in Educational Courses and Seminars.
  - 70% had retaken sessions.

- **Patients**:
  - 88.3% confirmed the Nurse’s statement.
  - 11.7% encountered familiar addressing, which is 8.7% more than Nurses had said.

- **University – BSc., MSc., PhD.**
- **College**
- **Study of medical speciality**
- **Vocational high school – Medical high school**
- **Retraining sessions**
- **Vocational high school without school-leaving examination**

- **Very good level of training**

**Figure 1. Addressing the Patient**

97.0% of Nurses confirm that they address patients by their surname or degree and surname. 88.3% of patients confirm the Nurse’s statement. They encountered familiar addressing from Nurses 11.7%, which is 8.7% more than Nurses had said. From the table the Nurses do not indicate that they address the patients unprofessionally, according to their social role (Granny, Gramp…). On the other hand, some patients do not seem to be surprised and permit unprofessional addressing or they even wish it – maybe also to calm the uneasy situation and personify the relationship.
Figure 2. Time Capacity for an Interview
The Nurses indicate they communicate with patients and 74.4% devote enough time to the interview. Only 32.5% of the patients are satisfied with the time devoted to them by Nurses. Some patients claim that Nurses communicated only when explaining or educating; the Nurse was not able to communicate because they had much to do. Possibly some patients need more frequent communication with Nurses to discuss ordinary procedures of Nursing Care; education activity; or just want to have a chat.

Figure 3. Telling Confidential Information
55.8% of Nurses responded that they provide information in peace and privacy and had arranged an appointment with the patients for the most suitable time. 16.2% of Nurses said that under normal circumstances they provided confidential information to the patient. Patients mention that 49.1% of the Nurses provided information under normal circumstances in the room or even in the waiting room.

**Figure 4. Detraction of Health Condition**
The patients indicate that Nurses did not detract their health conditions but almost half of the Nurses listen to them; 47.3% of the Nurses let the patients talk and 52.7% work with the patients in the future.
Figure 5. Nurse’s Visits to the Room
50.9% of the patients-respondents wish frequent Nurse’s visits to the room. 47.0% perceived Nurse’s visits to their rooms to be sufficient. 53.8% of the Nurses tend to less frequent visits to patient’s rooms. Only 33.0% of Nurses advocate frequent visits to the room. Some Nurses give reasons for this situation because of Department Operations; too extensive Nursing documentation; they do not want to disturb the patients by entering their room.

Figure 6. Interview to Overcome Anxieties
72.0% of patients highly appreciate this aspect of Nurse’s Professionalism which is manifested by empathetic interview; patient’s stimulation; smiles; kind words.
Figure 7. Engagement of Nurses
Within the study, it was confirmed that Nurses tried not to show their engagement to the patients or explain and give reasons for this situation.

Figure 8. Use of nonverbal communication
Nurses use nonverbal communication in their daily routine in contact with patients in Nursing Care almost 98% of the time. Patients confirm their statement 82.2%.

Figure 9. Ability to Listen
Patience, helpfulness, kindness and empathy belong to those traits which Nurses should apply in their Clinical Practice together with listening to patients’ problems. Nurses are trying to listen to the patients almost 80% of the time.
In the sphere of socio-demographic data processing the Nurse set concerning evaluation of Nurse’s Training for communication according to age, education and length of practice it can be stated that gathered data did not appear statistically significant.

To evaluate the hypotheses and determine most frequently occurring problem areas in Nurse-patient interaction a comparative method was used.
Evaluation of the Results of the Survey:

H-S-1 was confirmed. Figure 1. Nurses do not have any difficulties in establishing contact with patients and to keep Professional Rules of Conduct.

H-S-2 was confirmed. Figure 2, 6. Nurses try to make time for communication with patients in mutual interview and almost three quarters of them find it sufficient. In the area of content, they find empathic interview and acquiring patient’s confidence most difficult which show better psycho-social characteristics by the Nurses. Patients would need more frequent communication with Nurses within professional and open discussion.

H-S-3 was confirmed. Figure 3. Mostly Nurses keep basic principles concerning patient’s privacy. A part of the responding Nurses cope with this problem by shifting the problems to their Supervisors, avoiding conversation or regular contact.

H-S-4 was confirmed. Figure 4, 8, 9. Nurses do not detract the situation and use varied communication skills to improve the quality of Nursing Care.

H-S-5 was confirmed. Figure 5, 7. Nurses carry out regular visits to patient’s rooms. Nurses find them sufficient. The set implies that the patients are of different opinions. Nurses keep basic rules of communication.

H-S-6 was confirmed. Figure 10, 11, 12. Nurses participate during their Clinical Practice studies through Educational Courses and Seminars. They are interested in the latest information.

Discussion

Health Workers are expected to accept patient’s negative thoughts and provide them space, time and support (3). After analyzing gathered data it can be stated that the level of Social Communication between Nurse and patient has a range of problems. On a practical level, it means that it is necessary to anticipate these problem areas in their significance in Nursing Practice but especially included in communication schemes and gradually eliminated.

In the conducted survey, among the most frequently occurring problems are the time for interview; time engagement of the Nurse; telling confidential information; Nurse’s visits to the rooms; assistance in overcoming patient’s negative feelings.

Among problems in the level of Social Communication in Nurse-patient interaction, in the conducted survey, are social contact and addressing; ability to listen; ability to use nonverbal forms of communication; providing information in Nursing Care.

From the survey, it showed that the procedural aspect of communication is very sensitive. It means that in Clinical Practice greater attention must be paid to the level of the relationship between the patient, Health Worker and also the relatives. Alot of misunderstanding and communication barriers occur exactly in this area which prevent a mutual understanding between people. If communication is to be perceived as the ability to speak to other people; tell each other what we feel and think and say it clearly; listen to each other; understand each other; then communication must be perceived as a process in both directions. On a practical level it involves supporting and establishing partnership both to colleagues and especially to patients. Only in this way can the quality of Nurse-patient interaction be improved and we be actively enhanced in the Nursing Process.

Recommendation for Practice:

1. Educational Institutions – Universities, Colleges with specialization in Health, High Schools with Specialization in Health.

2. Clinical Practice.
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- Psychology of a ill person, Medical Psychology, Psychology and Communication should be allocated with enough lessons at all stages of the educational process. The student must become acquainted not just with the theory of the given problem but in practical classes he/she must learn the procedures and practice the skills which will be carried out in Clinical Practice.
- In the University Sector. I suggest to implement teaching Ethics in Health Service, not only at the theoretical level but some attention should be paid to practical classes. Students could discuss problems and problem situations with experts.
- I recommend to involve Experts who work in the area of Application of Psychology in Health Service and Communication in Health Service, in Educational Programs for Health Workers in Clinical Practice.

ad 2) Clinical Practice

- To lead Health Workers to mutual and efficient communication with patients by keeping all Principles of Communication Process in Clinical Practice.
- To pay attention to young Health Workers.
- To allow the Health Workers in Clinical Practice continuing self-improvement (Seminars, Trainings, Courses, Professional Conferences with the aim to extend their expertise in Social Communication and Psychological Approach to patients).

Conclusion

Nurse’s communicatory role is essential and interfaces with all areas of Nurse’s activities. It can be used to a large extent and Nurses cannot carry out any of their duties without it. By communication he/she gathers information from the patient; keeps him/her informed; influences and persuades him/her. It allows him/her to establish contact with the patient; perceive; observe; understand the patient better (5). The conducted survey focused on the level of communication in Nurse-patient interaction has accomplished its aim and exposed some problem areas in Social Communication in particular Clinical Practice. The results were presented to Medical Facilities in which the survey was conducted. High quality of communication has become the basis for the Nurse-patient relationship. Good levels of communication aid in fulfilling the Nursing Process and improve the quality of Nursing Care.

References


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