Communication in Patient Care

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Man does not live alone in the world but in a society. He is therefore bound to be interacting with his fellow beings and with his environment. These interactions are inevitable and are a must to satisfy all his needs. In other words, the social interactions are a necessity for one's peaceful living. The vital key for the social interaction is communication.

Communication is the means by which one conveys one's thoughts, ideas and feelings of another. It occurs when the behaviour of one individual influences the behaviour of another. Unfortunately communication does not always flow as easily or smoothly as we desire. Blocks tend to develope time and again owing to many communication barriers.

Scientists have proved that the major barrier to communication is emotion. Man being man, he is a slave to his emotions. Fear, worry, anger, jealousy, a feeling of insecurity, a feeling of guilt, need for recognition and such other emotional factors impede communication.

A break in communication can also occur if the message lacks clarity, credibility or meaning. Another barrier to communication is the semantic problem—cultural variations, intellectual differences or modes of thought and attitude.

Because of these problems which are inevitable, the need for positive communication is being felt more and more wherever men work in groups. For example, industry owes its recent success to the scientific management of personnel in which effective communication plays a vital role.

A hospital is a human beehive—where different categories of men, different in culture, different in education and in intellectual capacity work together, with a common aim—that of providing good patient care. The need for effective communication hardly needs emphasis. Here the need is two-fold. The whole machinery of the hospital must be run without friction, which would foster an optimum working relationship among the personnel as well as ensure the best possible care to the patient i.e. cater to the needs of another human being sick in body and mind.

With the accent on health today the concept of the nursing profession has changed or rather it has acquired a new dimension. The nurse plays a dynamic role in society as an agent of health. In order to carry out this responsibility of hers successfully, the nurse should, in the first place, be accepted by society. This mainly depends upon the image, she creates at the bedside of the sick. The spirit with which she executes her duties when he is in dire need of her help is the best propaganda for public relationship.

In the past, nursing was purely an art—feeding, washing, comforting cleaning, dressing, supporting, fomenting, messaging and such other simple acts. Perhaps it was this simple attention to personal needs, or perhaps the element of physical contact that conveyed eloquently love and sympathy to the suffering individuals. The nurse of yester-year was able to retain the image of a 'ministering angel'. Can we say the same of the modern nurse, with the same assurance ?

Equipped with scientific knowledge, the modern nurse has a better understanding and a deeper perception of the patient, taken as a whole. With such advances the nursing profession should be beyond reproach. On the contrary there is a sad general complaint that the service is not upto the mark ; that there is a lack of that intangible something—the milk of human kindness.

The prevailing condition of understaffing, increased work-load and/or over-crowding of hospitals is usually blamed for any mishap or for the poor standard of nursing. But to a casual onlooker it would be apparent that the direct root cause that deters good patient care is the absence of effective communication. The sad fact is that no one understands or cares to understand this aspect of patient care.

The pattern of administration in the hospital is a major communication barrier. The bureaucratic structure with its characteristic value system of authority, command, status, prestige, obedience and submission—which perhaps cannot be helped—seriously hinders communication. It favours downward communication but often the upward communication, if any, is poor and inadequate and is usually frowned upon. The snag is that communication moves along the official lines at a turtle speed both ways. By the time the information reaches the respective quarters, the message either loses its importance or gets distorted or misunderstood. The bigger the size of the hospital, the more serious is the impediment. There is a long chain of officials—the stronger pecking the weak ; the weakest in this set-up is the patient who is pecked by all. He has no voice or choice in his own treatment. He loses his identity and is reduced to a mere number.

"The patient is the important person in the hospital", so teaches every school of nursing, "the hospital exists for his sake." Yet, he finds no place provided for him in the hospital organisation chart. Perhaps he is placed somewhere near to those on the lower rung of the heirarchical ladder—the internee, the student nurse and the orderly. He looks to them for information concerning his illness and his treatment. Their knowledge of him is either inadequate or fragmented and cannot help him in an appreciable measure. The seniors —the physician, the staff nurse and the head nurse are too busy with

"the business of keeping up the system" so he dare not approach them. His questions remain unasked and unanswered. It is not for him to question his "betters"; he must simply be docile, submissive and do what he is told to do —some one may thrust a thermometer into his mouth or jab a needle into him, all without a word to him—he may be hustled on to a trolley and be taken to, goodness knows—where, may be to the laboratory or the radiological department with his body tense with fear, his heart pounding and his mouth dry. If only someone had told him where he was being taken, much of the mental agony could have been spared. But no one tells him anything, no one cares for his feelings.

"Patients are people in trouble," says Esther Lucile Brown, Ph. D. in her book 'Newer Dimention of Patient Care'. A patient is not only sick physically but also mentally—physically ailment has a telling effect on his mind—worries about his family, job, finances connected with his illness and its consequences—will he be maimed for life ?—will he return home alive ?—who will support his family if something adverse does happen ?—weighed down by these worries he enters the hospital to be pressed down with more mental stress. The hospital, with its 'monster-looking' equipment and the callous and indifferent attitude of the hospital staff, are in themselves anxiety inducing. Fear, worry and anxiety put the patient at a disadvantage—he is unable to convey his thoughts and feelings to the nurse atleast not overtly. Psychologically he regresses to a state of a child in his need for security and because of his dependency. If the nurse does not understand this psychological need of the patient, she is likely to react negatively and so fail to satisfy him.

The neat little triangle of doctor, nurse, patient no longer exists. It is not possible for any unit or service to work independently today. The needs of the patient are being met through many complex and highly organized services. But the drawback here is that these departments or services work as if in water-tight compartments, providing no channels of inter-personal relationship ; as a result one department fails to understand the working conditions and the problems of another and so fails ultimately to co-ordinate patient care.

The hospital jargon plays its own role to add more to the misery of the patient. A simple order as "Sister, send him for 'Swallow' tomorrow", can cause untold misery not knowing what the word 'swallow' meant. There was an article in one of the Tamil Magazines written by a patient from the Student ward of a city hospital, titled 'My Experience in the Hospital', in which he had given a vivid account of what he had gone through mentally. The point of interest here is the account of an incident on his first night. He said he could not sleep or rest and was up every half hour or so, on the pretext of going to the toilet or to the pantry or to walk on the verandah. It was nearing midnight, his restlessness made the nurse call the doctor to prescribe a sleeping pill for him. Sleeping Pill, or not he just could not sleep, and he was trying to make sense out of what the nurse meant when she said, 'four for eight, four, eight, twelve,' while she was handing over to another. The moment he put his head on the pillow then stood those wavering figures in front of his mind's eye wavering and shifting, shifting and wavering all the time confusing and perplexing till with sheer exhaustion he dozed off towards the morning.

Another factor which indicates the failure of the hospital to keep up its promise to the patient is the fact of not taking any measure to control noise. There is in the hospital so much of bustle and noise which has no end. The rumbling of trolleys, the squeaking of wheels, the banging of doors and the incessant loud or high pitched voices of the staff do little to reduce the nervous tension of the patient or to aid in providing him complete rest. There was an interesting article in "The Sunday Standard" dated 25.11.1973, on 'NOISE'. Here I give the excerpt of the article which concerns health, "—noise reduces depth and quality of sleep and thus adversely affects mental and physical health ; and indirectly contributes to the development of cardio-vascular problems as high blood pressure, gastro-intestinal problems like peptic ulcer. It influences the unborn babies producing malformation in the nervous system of the foetus". If this is true, can we not gauge what the patient has to undergo, exposed to constant noise, as he is ?

Nursing was born out of love for suffering humanity. Love calls for a supreme sacrifice. Unmindful of the material benefit, men and women of the Christian era devoted themselves to alleviate the suffering of mankind. But over the years a gradual change has come on giving it a different aspect. Now it is a profession in the hands of secular power. Therefore communication problems arise not only from the patient and the administrative set-up but also from the personnel who are subjected to emotional upheavals; problems may arise from all the three sources at the same time, one influencing the other, thus forming a vicious circle.

Because the major portion of patient care is rendered by the nursing department, the responsibility of maintaining good communication mainly rests on the nurse. If only every nurse understands her part and plays it well, most of the seemingly unsurmountable problems can be overcome. The important point to bear in mind while she is attending to a patient's physical ailment is that she must reduce the mental trauma that may arise as a result of his sickness and help him face his difficulties squarely.

The time of admission is crucial. Each patient is a unique person making a unique demand on the nurse. It is at this time, at her first encounter with the patient, the nurse needs to have all her wits about her, in order to establish a ready rapport. Paying attention

and helping to solve on his arrival the immediate problem medical or otherwise, enquiring about his condition without embarrassing him, giving a brief orientation of the ward and the ward-routine will help him to adjust easily to the ward she says that matters as much as how she says it—it is the tone of her voice, her facial expression, her body movement that count in assuring him that she is genuinely interested in him and that he will find a friend in her. For, the non-verbal communication though seemingly unimportant conveys much more quickly and efficiently the correct meaning of what one actually feels or thinks. If the nurse has no genuine feeling, her action and her gesture will give her away. Once the patient senses her falsehood which he will quickly do, he will recoil and will only respond negatively.

An intelligent nurse will not only be on the alert to guard her feelings and actions, but also to be on the lookout for the unguarded action or covert behaviour of the patient in order not to fail to recognise his cry for help. One patient may be noisy, demanding and aggressive. Another may be silent and withdrawn. Both are in need of help or in need of a friend, each expressing this in his own way. The behaviour of the former can be easily ignored and of the latter overlooked, if the nurse is not vigilant or does not care to learn the underlying meaning of his behaviour.

As the nurse goes about her work, if she gives a friendly nod to one, a warm smile to another and stops for a brief talk with the third she will help to dispel the gloomy and strange atmosphere of the ward and will make the patient feel that he is cared for. A frequent attention to his physical comfort—tucking in his blanket, adjust the bed clothes, changing his position, giving him a drink when he needs or soothing his fevered brow will give him a sense of comfort and assurance. Paying attention to minute details of the work in hand; checking and correcting drains and infussions when needed, quick and deft handling of difficult cases, taking a quick and correct decision at the times of emergency—all these may go un-noticed by others, but to the patient they are sufficiently eloquent to make him feel that he is under the care of a person whom he can trust.

If only every procedure follows a simple explanation in the language that he would understand, many fears and worries of the patient could be allayed. If he knows what to expect he would be relaxed and be able to co-operate better. At the same time the nurse must be cautious not to give too much information which may stimulate an adverse reaction.

Listening is an art. In the hands of a nurse it is an instrument to open up and inner recesses of the patient, to help him unburden himself and to help the nurse to gain insight into the underlying psychological problem which might be the root cause of his present physical illness.

Today patient care is becoming too complex with different services coming in which are on the increase each year. Even so, it is the nurse who cares for the patient round the clock. Naturally it falls to her lot to maintain a social millieu conducive to a peaceful working relationship. She is charged with a responsibility of providing a calm, clean and restful environment that will give the patient a sense of peace and relief from nervous tension.

It is a clean, well dressed and well disciplined nurse that can create a good picture in the mind of a patient and if this picture is spoiled by her careless attire or attitude, then doubts will arise in his mind as to his safety.

The responsibility of keeping the nursing unit functioning smoothly and efficiently rests squarely on the nursing administrator. Provisions for satisfactory working conditions, making a democratic supervision, giving constructive criticism when criticism is needed, giving warm encouragement when effort is made, listening to the personal or official grievances of the staff and solving them impartially are some of the measures of good administration to booster up the morale of the staff. It is very important to keep the nursing personnel satisfied for surely one cannot expect a grumpy, grousy or an angry, unhappy and frustrated nurse to emanate good feelings and happiness around her.

Another area where the nursing administrator should show a keen interest in the maintenance of good communication in patient care is the education of the staff in the art of fluent reporting. By providing opportunities for the staff to exchange views on patient care and to learn the changing views in medical science and in the nursing profession and also by keeping them well informed of the hospital policies and change of policies as and when they occur, she will indirectly be helping them to increase their communication skill.

Many of the problems of conflicting nature which bring on a strained relationship between the nursing department and the other departments can be avoided, if the nursing administrator plays as a mediator by keeping the heads of the departments informed about the nursing profession and about what happens in the nursing service, as well as keeping the nursing personnel informed about the problems of the other departments. This can be well complished, if there is a common meeting ground where the heads of all the departments can meet at least once a year to discuss their corporate responsibility for the care of the patient and to mutually find satisfying solutions for the inter-related and the departmental problems.

A word about the visitor or patient's relatives, who like the patients, are in need of our utmost consideration. Often forgetting that he or she is an important person in the patient's life and is equally interested in his welfare, we keep her or him aloof by our

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