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Open access peer-reviewed chapter Submitted: 27 October 2017 Reviewed: 06 February 2018 Published: 21 March 2018 DOI: 10.5772/intechopen.74995 Nurses are critical in the delivery of essential health services and are core in strengthening the health system. They bring people-centred care closer to the communities where they are needed
most, thereby helping improve health outcomes and the overall cost-effectiveness of services. Nurses usually act as first responders to complex humanitarian crises and disasters; protectors and advocates for the community and communication is a core component of sound relationships, collaboration
and co-operation, which in turn are essential aspects of professional practice. The quality of communication in interactions between nurses and patients has a major influence on patient outcomes. Increases in nursing communication can lessen medical errors and make a difference in positive patient outcomes. This chapter explores how effective
communication and interpersonal skills can enhance professional nursing relationships with various stakeholders. It explains principles of communication, models of communication, models of communication and strategies of improving
communication and guidelines for successful therapeutic interactions. communication Nurses are critical in the delivery of essential health services and are core in strengthening the health system [1, 2]. They bring people-centred care
closer to the communities where they are needed most, thereby helping improve health outcomes and the overall cost-effectiveness of services [3]. Nurses usually act as first responders to complex humanitarian crises and disasters; protectors and advocates for the community and communicators and co-ordinators within teams. Communication skills
for nurses are essential but may be difficult to master. Communication is the exchange of information is conveyed effectively between people. To be a successful nurse, excellent communication skills are
required [4]. Nurses speak to people of varying educational, cultural and social backgrounds and must do so in an effective, caring and professional manner, especially when communicating with patients and their families [5]. The quality of communication in interactions between nurses and patients has a major influence on patient outcomes. This
influence can play a very important role in areas such as patient health, education and adherence [6]. Good communication plays an important role in the organizations effective functioning [7, 8, 9]. A nurse must therefore, continuously try to improve his/her communication skills as poor communication can be dangerous and lead to confusion.
Advertisement Principles of communication is a process; Communication is not linear, but circular; Communication is complex; Communication is reversible; and Communication is not linear, but circular; Communication is not linear, but circular; Communication is reversible; and Communication is not linear, but circular; Commun
and does evokes a reaction from the other person, and this reaction again stimulates another reaction from the first person [10, 11]. Three things are needed for successful communication. They are: A sender; A clear message; and A receiver [12].
investigate. A single message can have one or more of the following purposes: To convey information/opinion, for example, I have headache or I am here to give you medication. To request information/opinion, for example, Hello or
Good morning. These three primary types of messages can be combined in many ways so that they form an interaction (conversation). The goals of the interaction is purposefully and consciously planned to promote the patients
health and wellbeing. Advertisement Verbal and non-verbal communication is associated with spoken words and is vitally important in the healthcare context. Members of the multi-disciplinary healthcare team communication is associated with spoken words and is vitally important in the healthcare context.
patients as well as family members. Non-verbal communication is not reliant on words. It is sent through the use of ones body rather than through speech or writing. This kind of communication, called body language, can tell a great deal or can totally the wrong impression. It is worth noting that body language may indicate a different meaning to
what is spoken. As approximately 60% of communication is non-verbal messages. Non-verbal messages send stronger signals than verbal messages. Non-verbal messages send stronger signals than verbal messages. Non-verbal messages send stronger signals than verbal messages.
appearancePostureProximitySpeech errorsTiming of speech [5, 8, 9, 10]. Advertisement The communication process may be explained by means of a linear model of communication entails a sender, a message, a receiver and noise
(Figure 1).Linear model of communication. Interactive model of communication gives a slightly more complex explanation of the communication process. Communication is seen as a process in which the listener gives feedback or responds to a message after a process of interpretation. A communication gives a slightly more complex explanation of the communication process.
field of expertise and/or a frame of reference Figure 2). Interactive model of communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasis to the dynamic nature of interpersonal communication acknowledges and gives emphasize the dynamic nature of interpersonal communication acknowledges and gives emphasize the dynamic nature of interpersonal communication acknowledges and gives emphasize the dynamic nature of interpersonal communication acknowledges and gives emphasize the dynamic nature of interpersonal communication acknowledges and gives emphasize the dynamic nature of interpersonal communication acknowledges and gives emphasize the dynamic nature of interpersonal communication acknowledges and gives emphasize the dynamic nature of interpersonal communication acknowledges and gives acknowledges and gives emphasize the dynamic nature of the dynamic nature 
meanings, shared systems of communicators and personal systems all pay a role in the process of communicators often participate simultaneously (sending, receiving and interpreting). The unique interpreting and 
communication skills and strategies are important for nurses. Clear communication means that information is conveyed effectively between the nurse, patients, family members and colleagues. However, it is recognized that such skills are not always evident and nurses do not always communicate well with patients, family members and colleagues.
The message sent may not be the message received. The meaning of a message depends on its literal meaning, the non-verbal indicators accompanying it and the context in which it is delivered. It is therefore, easy to misinterpret the message, or to interpret it correctly, but to decide not to pursue its hidden meaning this leads to obstruction to
communication. Continuous barriers to effective communication brings about a gradual breakdown in relationships. The barriers to effective communication outlined below will help nurses to understand the challenges [8]. Language differences between the patient and the nurse are another preventive factor in effective communication. When the
nurse and the patient do not share a common language, interaction between them is strained and very limited [9, 10, 11]. Consequently, a patient may fail to understand the instructions from a nurse regarding the frequency of taking medication at home. Culture is another hindrance. The patients culture may block effective nurse patient interactions
because perceptions on health and death are different between patients [12, 13, 14]. The nurse needs to be sensitive when dealing with a patient from a different culture, no one can possibly know the health beliefs and practices of every
culture. The nurse needs check with the patient whether he/she prefers to be addressed by first name or surname. The use of eye contact, touching and personal space is different in various cultures and rules about eye contact, touching and personal space is different in various cultures and rules about eye contact, touching and personal space is different in various cultures and rules about eye contact are usually complex, varying according to race, social status and gender. Physical contact between sexes is strictly forbidden
in some cultures and can include handshakes, hugging or placing a hand on the arm or shoulder. A yes does not always mean yes. A smile does not indicate happiness, recognition or agreement. Whenever people communicate, there is a tendency to make value judgements regarding those perceived as being different. Past experiences can change the
meaning of the message. Culture, background and bias can be good if they allow one to use past experiences to understand something new; it is when they change meaning of the message that they interfere with the communication process [12]. It is important for nurses to think about their own experiences when considering cultural differences in
communication and how these can challenge health professionals and service users. Conflict is a common effect of two or more parties not sharing common ground. Conflict can be healthy in that it offers alternative views and values. However, it becomes a barrier to communication when the emotional noise detracts from the task or purpose. Nurses
aim for collaborative relationships with patients, families and colleagues. The factors in care setting may lead to reduction in quality of nurses from discussing their patients communication. Increased workload and time constraints restrict nurses from discussing their patients communication. Increased workload and time constraints restrict nurses from discussing their patients.
specific amount of work in a day and work with a variety of other professionals, patients and their families. The roles are hard, challenging and tiring. There is a culture to get the work done. Some nurses may consider colleagues who spend time talking with patients to be avowing the real work and lazy. Nurses who might have been confident in
spending time with patients in an area where this was valued, when faced with a task-orientated culture have the dilemma of fitting into the group and spending time engaging with patients. Lack of collaboration between the nurses and the doctors in information sharing also hinder effective communication. This leads to
inconsistencies in the information given to patients making comprehension difficult for the patient and their families. Internal noise has an impact on the communication process. Fear and anxiety can affect the persons ability to listen to what the nurse is saying. People with feelings of fear and anxiety can affect the persons ability to listen to what the nurse is saying.
alter a persons thought processes. Reducing the cause of anxiety, distress, and anger would be the first step to improving communication. If a healthcare professional feels that the person is talking too fast, not fluently, or does not articulate clearly etc., he/she may dismiss the person. Our preconceived attitudes affect our ability to listen. People tend
to listen uncritically to people of high status and dismiss those of low status. People can experience difficulty in speech and hearing following conditions like stroke or trauma may affect brain areas that normally enable the individual to comprehend and produce speech, or the physiology that produces sound. These will present
barriers to effective communication. Medication can have a significant effect on communication for example it may cause dry mouth or excess salivation, nausea and indigestion, all of which influence the persons ability and motivation to engage in conversation. If patients are embarrassed or concerned that they will not be able to speak properly or
control their mouth, they could be reluctant to speak. Equipment or environmental noise impedes clear communication. The sender and the receiver must both be able to concentrate on the messages they send to each other without interrupting the
sender. Show empathy at all times and try to understand. Try to stay focused on the conversation. Do not however, force the patient to continue if he/she becomes anxious or seems to wish to change the subject. Use the body language that indicates your interest and concern. Touch the patient if it seems appropriate. Lean forward, listen intently and
maintain eye contact if it culturally acceptable. Offer factual information. This relieves anxiety. Do not offer your personal opinion. Assure the patient that you have professional discretion. Try to reflect the feelings and thoughts the patient that you have professional discretion. Try to reflect the feelings and thoughts the patient that you have professional discretion. Try to reflect the feelings and thoughts the patient that you have professional discretion. Try to reflect the feelings and thoughts the patient that you have professional discretion.
messages. Avoid giving long explanations. Give your co-workers your full attention when communicating with them. Ask questions to clarify unclear messages. Do not interrupt until the sender has completed the messages. Do not interrupt until the sender has completed the messages. Provide a quiet environment without distractions. Be convincing wen communicating [17]. Advertisement There are several points to
be kept in mind when communicating with patients. The first point is that you are there to provide care and support to the patient and keep his/her cultural preferences in mind. Answer nurses bells promptly. Make sure you have the patients attention when communicating. Use
words that are non-threatening explain what you would like to do and do not give orders to the patient. Use a pleasant and normal tone of voice to the hard of hearing. Always stand so that the patient can see the
nurses face when communicating, as lip reading is part of all normal hearing. Use body language that is appropriate. Explain facts and procedures before donning a mask that covers the wearers mouth and lower face. Be alert to the patients needs. Allow time for answers to your requests and to answer patients questions [17]. Advertisement Nurses
often communicate over the phone with patients, family members and colleagues and this can lead to misunderstandings. The way in which the pone is answered and a message is interpreted needs special skills because the body language of the person at the other end of the phone line cannot be seen. When answering the phone or making a
call:Always speak clearly into the mouthpiece of the phone. Offer a greeting for example, good morning or good afternoon. Identify the unit or place of work. Identify the unit of work. Identify the uni
remember all the information. If you are asked to call another person, note the date, time, callers name and telephone number together with the message. Date and sign the message [17]. The skill of assertiveness is important to nurses. Nurses are expected to be the patients advocates. So, they need to have the assertive communication skills in order
to be able to be patients advocates. Assertiveness enables a person to be honest with him/herself and in relationships with others. Assertiveness helps to enhance relationships, avoid power games and is a vehicle for clear outcomes. Hargis as cited by van Niekerk identifies four elements of assertiveness helps to enhance relationships, avoid power games and is a vehicle for clear outcomes.
people involved are embedded gently in the statement. This could be done by using an explanation, empathy for the listener, and praise for the listener in the
communication process. These include respect, expressing feelings, having your own priorities, being able to make mistakes and choosing to say nothing. Process concerned with how people express themselves assertively. Is their body language, intonation and choice of language reflective of a confident assertive person? Are the
processes that make up communication congruent, in keeping with what is being said? The process also involves managing the likelihood of assertive communication happening again involves feedback to the listener to show that their
accomplishment is appreciated. Non-verbal cues gesture, touch, proxemics and posture also need to reflect confidence, regard and respect for self and others. Therapeutic interactions are purposeful as opposed to social. Social interactions are purposeful as opposed to social interaction entertains the participants, but in a professional situation, the nurse usually has a clinical objective that he/she
wants to achieve with communication. The nurses therefore, decides on the purpose of the interaction before or shortly after it begins. The following purposes are common in nursing: Assess a patient: The nurse wants to know more about a patient to identify his/her problems. This type of conversation can be a structured interview using an interview
schedule. The purpose of this conversation is always a better understanding of the patient. Instruction may vary from an informal conversation during which few facts are conveyed to an elaborate instruction may vary from an informal conversation during which few facts are conveyed to an elaborate instruction may vary from an informal conversation during which few facts are conveyed to an elaborate instruction session. Problems with a nurse, the nurse helps the patient to analyze the
problem, consider possible alternative ways of handling it and how to decide which way is the patients and not for them. Give emotional support: The presence of an empathetic nurse, that is, one who can enter into the patients and not for them. Give emotional support: The presence of an empathetic nurse, that is, one who can enter into the patients and not for them.
Emotional support alleviates the loneliness of the patients experience of illness and increases his/her dignity [17]. After the purpose of the therapeutic interaction has been established, the following guidelines assist in conducting a successful interaction: The nurse must strive to maintain a low-authority profile at the beginning of the conversation. As
the conversation progresses, the nurse can use more directive techniques to find out specific information. There are usually differences in age, sex, occupation, cultural background, moral and religious convictions between the nurse and the patients behavior and
questions. Using the terminology which the patient does not understand can also frighten the pat
symptoms that he/she has not actually experienced [18]. Nurses should understanding of each others point of departure. In an assessment interview, the nurse can, for instance, say: Mr Jones, I would like to give you
participate in the conversation. When providing emotional support, this understanding is often all that is necessary. For nurses to understand patients, they must encourage them to talk not just about their feelings. The nurse must listen more than speak, both to what the patient is saying verbally and what is being said non-
verbally. Having listened carefully, the nurse then concentrates and responds empathetically to the patients feelings. Only when the nurse has a reasonably complete understanding of the patients situation and has communicated this understanding, can she proceed to interventions, such as giving information or solving a problem. Saying something
does not necessary mean that the message has been received and understood. It is the responsibility of the nurse to ensure this, the message has to be adapted to the language, culture and socio-economic status of the patient. The emotional or physical condition of
patients may also make it difficult for them to receive long of complicated messages or even any message. The message must also be adapted to the age of the patient [10]. Validation means that you
ask the patient whether your interpretation is correct or not. You therefore, ask him/her to confirm your understanding of what he/she said. Many misunderstandings arise because people interpret other peoples words without checking their interpretation. The nurse should try to eliminate misunderstandings in the conversations by checking meaning
with the patient. Active listening means concentrating all your senses and thoughts on the speaker? It is, of course, also clear
from the verbal responses: Are there regular verbal responses, even if these consist only of encouraging sounds? Does the feelings and the implications of the facts? It is much easier to speak than to listen. Nurses are, in general, very active people, who want help b acting quickly. To
just listen without expressing opinions or offering advice is therefore, often not in their nature. Active listening is a valuable skill to acquire [10, 17, 18]. In the interest of nursepatient relationship, it is essential that they ascertain whether their communication has been successful. The following criteria can be used: Simplicity: Say what you want to say
concisely and without using difficult or unfamiliar terms. Clarity: Say precisely what you want to say without digressing, and support your verbal indicators. Relevance: Make sure that your message suits the situation, the time and the person you are speaking to. Adaptability: Adapt your response to the clues the patient that
the patient gives you. Respect: Always show respect for the individuality and dignity of the person you are speaking to [17]. Table 1 gives an overview of therapeutic communication techniques and provides examples of each technique [10, 13]. General area of issueTherapeutic communication techniques and provides examples are speaking to [17]. Table 1 gives an overview of therapeutic communication techniques and provides examples of each technique [10, 13]. General area of issueTherapeutic communication techniques and provides examples are speaking to [17].
broad opening remarksThis gives the patient the freedom to choose what he/she wishes to talk about pourselfUse open-ended questionsThis type of question allows the patient to talk about his/her views about the subject. In this way, what the patient sees as important, what his/her intellectual capacity is and how well-
orientated he/she is, becomes clear. This encourages the patient to say more and does not limit answers to a yes or noHow did you experience the pain? You say you felt dizzy, and then Tell me more about that Share observations and thoughts This shows that you are aware of what is happening to the patient and encourages him/her to talk about it You
seem to be upsetConfrontationThis entails confronting the patient with an observation you have made and assess his/her reaction to it. This technique is useful when verbal and non-verbal communication do not matchYou say that your ankle is very painful, but you do not react when I bend the ankle. How is it possible?ReflectionThis means that your ankle is very painful, but you do not react when I bend the ankle. How is it possible?ReflectionThis means that your ankle is very painful, but you do not react when I bend the ankle.
repeat what the patient said in the same or different words. This shows you are involved in what the patient is saying and that he/she should talk more about a specific point, or explain further atients views and feelings Tell me how it
happenedValidate what is being saidThis is to make sure that you understand the patient correctly by I understand you correctly when you until they come to fetch you for the operation in theaterSummarizingBy organizing and checking
what the patient has said, especially after a detailed discussion. This technique is used to indicate that a specific part of the discussion is coming to an end and that if the patient wishes to say any more, she should do soYou went for a walk and then you felt the sharp chest pains, which radiated down your armUse of interpretationDraw a conclusion
from the information you have gathered and discuss it with your patient to see whether it is true. The patient can then disagree with it, or confirm that your conclusions are trueYou must have been exhausted after walking a long distance from home to the hospitalTo give supportive remarksMake supportive remarks to encourage the patient
to participate in the conversation. Show that you are listeningYes. MmmmGo on, I am listeningYes. MmmmGo on, I am listeningYes understanding of the patient besice touchingParaphrasingThis conveys understanding of the patients basic
messageIt sounds as though the most important problem is the dietTo assist in analysis and problem solvingAcknowledge the personThis promotes a sense of dignityGood morning Mr. JonesSequencingThis helps the patients needs, the nurse often needs to
know the time frame within which symptom sand /or problems developed or occurredDid you experience this sharp pain before or after eating? Ask for clarificationThis helps the nurse to understand and the patient to communicate more clearly What do you mean by everybody? Ask for alternatives This stimulates creative thought and promotes finding
solutionsWhat else can you try?Use of transitionThis is used to guide the conversation to another subject, without losing the continuity of the conversationIt seems to me that you have solved the problem of poor appetite, but I would like to hear more about your diabetes. How long have you been aware of this illness?ComparisonUse of examples and
comparisons to concrete objects. In this way, a vague or abstract concept can be more easily explained Does the patient the chance to think, and/or to his/her organize thoughts. Silence also give a nurse an opportunity to observe the patient. However, the nurse should avoid
silences that last too long because they can make the patient anxiousTo instruct the patient anxiousTo instruct the patient towards realityWhen the patient interprets something incorrectly, the nurse draws his/her attention to realityI
am not your daughter, I am Nurse JonesQuery what the patients observation is called into question without belittling him/her, or arguing about itAre you sure about that? Withhold social rewardDo not give social approval to wrong behavior so as not to encourage a repeat of the wrong behaviorDo not smile, nod or agree when the
patient jeopardizes his/her recovery with wrong behaviorGive social rewardReward behavior that promotes health to encourage a repeat of the correct behaviorHord is approval at a patient with a weight problem who declines to eat a heavy mealTherapeutic communication techniques. There are certain counter-productive communication techniques.
that the nurse should avoid as they do not assist in the recovery of the patient and do not have any therapeutic value. Table 2 shows counter-productive communication techniques (10, 18). Non-therapeutic techniques examples (10, 18). Non-therapeutic techniques examples (10, 18).
aside the patients aside the patients worry by acting as though it is unnecessary or inappropriate. Reassurance is not based on fact or real certainty. This helps the nurse more than it helps the patients behavior, thoughts or feelings and in doing so, placessary or inappropriate.
herself in the position of an adversary or a person who knows better and moreAs a Christian, I do not think you should terminate this pregnancyGiving adviceThe nurse tells the patient. This is particularly problematic when the
advice is based on limited assessment and knowledge of the patient and the situation is needed. If this type of questions require only a single word as an answer when specific information and may be interpreted as an interrogation Do you
feel any pain in your arm? Why questions These questions demand that the patient explains behavior, feelings or thoughts that he/she often does not understand himself or herself to the nurse Why are you
upset?Offering platitudesThis is stereotyped expression of something the patient is in any case aware of and which, therefore, helps little. This is similar to giving adviceEverybody goes through this in lifeDefensivenessThe nurse tries to defend someone or something the patient or its places the nurse and the patient on opposite sides and
does not promote further openness on the part of the patientWe are very short-staffed; so we cannot help everyone at the same timeNon-therapeutic communication in health care is demanding and challenging because of the nature of the work environment. Nurses who have
received training in communication skills communication skills communicate effectively and show increased confidence in communicating with patients. Many nurses choose to work in other countries develop
communication skills, cultural awareness and sensitivity before arriving. For example, in China talking about death is taboo [19]. In South Africa, maintaining eye during communication may be regarded as being disrespectful by Black people [11]. This article provides a reflective account of the experiences of one of the authors of working overseas
This chapter provides the effective communication, and interpersonal skills that enhance professional nursing relationships by explaining principles of communication, types of communication, barriers to effective communication, models of communication and strategies of
improving communication and guidelines for successful therapeutic interactions. The author wishes to acknowledge the Durban University of Technology for funding this book chapter. The author declares that there is no conflict of interest in this chapter. 1. World Health Organization (WHO). Global strategic directions for strengthening nursing and
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qualitative study. International Journal of Nursing Studies. 2015;52(1):288-296 Submitted: 27 October 2017 Reviewed: 06 February 2018 Published: 21 March 2018 The Author(s). Licensee IntechOpen. This chapter is distributed under the terms of the Creative Commons Attribution 3.0 Licensee, which permits unrestricted use, distribution, and
reproduction in any medium, provided the original work is properly cited. Effective communication in nursing is important for the nursepatient relationship as well as for professional relationships in the healthcare setting. Nurses must be able to effectively communicate vital information such as changes in a patients blood pressure or unmanaged
pain to doctors and other members of the healthcare team. Focusing on improved patient safety and higher-quality care. 1 Effective nursing communication also strengthens trust in nursepatient relationships and leads to better patient outcomes
and higher satisfaction.1Furthermore, effective communication can improve teamwork and increase job satisfaction among healthcare providers.2 Nurses and members of the healthcare team who practice effective communication are found to enjoy more trusting relationships with their coworkers, and they are also less likely to experience burnout
and turnover.2Types of Communication Skills in NursingThree common skills to practice that enhance your effectiveness in communication are verbal, nonverbal and active listening. Incorporating the right amount and timing of each of these can help you effectively communication Skills in NursingThree communication are verbal, nonverbal and active listening. Incorporating the right amount and timing of each of these can help you effectively communication Skills in NursingThree communication Verbal communication, or your effectively communication Skills in NursingThree communication Skills in NursingThree communication NursingThree communication are verbal, nonverbal and active listening.
spoken words, is how most communication happens. 3 Remember to think before speaking, use language appropriate for your audience, be precise and compassionate verbal communication techniques when speaking with their patients, their families and colleagues, and
they should convey appropriate information to ensure understanding of their plan of care. For example, when explaining a medication schedule to a patient, nurses should use simple, jargon-free language and verify that the patient understands when and how to take their medicine by having them repeat the instructions and schedule.2. Nonverbal
CommunicationYour actions often speak louder than your words. Your nonverbal communication body language, facial expressions and gestures can drastically change how someone receives information from you. 3 If you are standing with your arms crossed while discussing a patient's treatment plan, that posture may come across as defensive or
unapproachable. By contrast, if you pull up a chair and sit at their bedside to explain the process, and how it will help your patient feel refreshed and prevent complications of poor hygiene (such as infections, bed sores and mouth sores) the same information will be much better received. Furthermore, maintaining eye contact and nodding while a
patient speaks can reassure them that they are being heard and valued. Nonverbal communication is also invaluable when having difficult conversations with patients or their loved ones. Holding a patients hand while sharing information can help your patient to know that you care. Leaning forward shows attentiveness and empathy, without the need
to say a word.3. Active ListeningThe third type of communication is active listening, which can be a combination of verbal and nonverbal communication. If you nod your patient to finish their thought before responding, and using your response to
assure the patient that you heard and understood their concerns, is part of active listening for nurses involves fully concentrating, understanding and responding to patients, ensuring they feel heard and validated. For example, when a patient expresses concern about a medications side effects, a nurse practicing active listening might be patients.
say, I hear that youre worried about the nausea youve been experiencing. Lets discuss this with your doctor to find a solution. Practicing these three key communication with patients and coworkers. Communication is an essential element of
building trust and comfort in nursing, and it is the basis of the nursepatient relationship (Dithole et al, 2017). Communication is a complex phenomenon in nursing and is influenced by multiple factors, such as relationship, mood, time, space, culture, facial expression, gestures, personal understanding and perception (McCarthy et al, 2013; Kourkouta to the basis of the nursepatient relationship, mood, time, space, culture, facial expression, gestures, personal understanding and perception (McCarthy et al, 2013; Kourkouta to the basis of the nursepatient relationship).
and Papathanasiou, 2014). Effective communication has been linked to improved quality of care, patient satisfaction and dherence to care, leading to positive health outcomes (Burley, 2011; Kelton and Davis, 2013; Ali, 2017; Skr and Sderberg, 2018). It is an important part of nursing practice and is associated with health promotion and prevention
health education, therapy and treatment as well as rehabilitation (Fakhr-Movahedi et al, 2011). The Nursing and Midwifery Council (NMC) (2018) emphasised effective communication remains a complicated phenomenon in nursing, and most patient-
reported complaints in healthcare are around failed communication (Reader et al, 2014). The aim of the present concept analysis is to explore and clarify the complexity of establishing effective communication between nurses and patients in practice. Concept analysis is to explore and clarify the complexity of establishing effective communication between nurses and patients in practice.
(Walker and Avant, 2011). Concept analysis aids in clarifying concepts in nursing by using simpler elements to reduce ambiguity and identify all aspects of a concept (Nuopponen, 2010; Foley and Davis, 2017). Draper (2014) criticised concept analysis as being methodologically weak and philosophically dubious, further arguing that there is no
evidence of its contribution to patient care. However, concept analysis facilitates the review of literature on a concept of interest, thereby enabling a thorough examination of the concept and, therefore, applying it appropriately. Correspondingly, understanding key concepts in
nursing practice enables the nurse to identify strategic interventions that could benefit patients. Although McKenna (1997) argued that there is no definite meaning of a concept because they are experienced and perceived differently by people, Walker and Avant (2011) highlighted that the ability of the nurse to describe concepts in an exploratory
way is an important means to demonstrate evidence base in practice. Nursing is an evidence-based practice; hence it is the responsibility of the nurse to keep up-to-date with quality evidence and demonstrate it in practice (Thompson, 2017). Therefore, it is paramount for nurses to understand concept analysis and be able to analyse key concepts in
nursing. Method This concept analysis aims to clarify the concept of effective communication and address the gap in knowledge using Rodgers's (1989) theoretical framework. The evolutionary method of concept analysis was chosen because it adopts a systematic approach with focused phases (Tofthagen and Fagerstrm, 2010). Rodgers's (1989)
method is perceived as a simultaneous task approach, which does not seek boundaries to restrict a concept and considers its application within multiple contexts (Gallagher, 2007). However, the framework will be used because it facilitates an exploration and deep comprehension of a concept (McCuster, 2015). Additionally, the framework offers an
alternative to a positivist approach to concepts, allowing different findings depending on the situation (Ghafouri et al, 2016). Effective communication between patients and nurses was analysed using the
seven phases of Rodgers's (1989) evolutionary method (Box 1A). Further, the following four questions were addressed (Box 1B). Box 1A.Rodgers's method of analysis (1989) Stage 1: Identify and select an appropriate realm (sample) for
data collectionStage 4: Identify the attributes of the conceptStage 5: Identify a model case of the conceptStage 6: Identify a model case of the conceptStage 6: Identify a model case of the conceptStage 7: Identify a model case of the conceptStage 6: Identify a model case of the conceptStage 7: Identify a model case of the conceptStage 6: Identify a model case of the conceptStage 7: Identify a model case of the conceptStage 6: Identify a model case of the conceptStage 7: Identify a model case of the conceptStage 6: Identify a model case of the conceptStage 7: Identify a model case of the conceptStage 6: Identify a model case of the conceptStage 7: Identify a model case of the case of 
Rodgers's (1989) framework of concept analysis; the four questions are aimed at analysing the concept of effective communication What is effective communication? What are the surrogate terms and related use of the concept of
effective communication? What attributes, antecedents and consequences apply to the concept of effective communication? Who benefits from effective communication? Who 
analysis. Explicit inclusion and exclusion criteria were used to select relevant articles, as recommended by Tofthagen and Allied Health (CINAHL) and MEDLINE (Ovid)-were searched using the keywords effective communication and nurses and patients. The inclusion
criteria allowed selection of only peer-reviewed academic journals written in the English language. Studies exploring or analysing effective communication difficulties were excluded, because it is likely that such patients or nurses represent a special challenge in
communicating. Only articles exploring effective communication and factors that influence communication between nurses and patients were considered. A total of 2086 articles were retrieved from the databases, and these articles were retrieved from the databases, and the databases are retrieved from the databases.
for the analysis (Figure 1). The articles selected were published between 1965 and 2019. Figure 1. Search criteria and results Defining effective as successful or achieving the results that you want (Cambridge University Press, 2018). According to the Oxford English Dictionary
         inication is imparting or exchanging information by speaking, writing or using some other medium (Oxford University Press, 2018). The Department of Health and Social Care (2010) described communication as the meaningful exchange of facts, needs, opinions, thoughts, feelings or other information between two or more people. Further
communication can be face-to-face, over the phone or by written words. McCabe and Timmins (2013) also described communication as a cyclical and dynamic process, involving transmission, receiving and interpretation of information between people using verbal or non-verbal means. Rani (2016) simply described communication as sharing
meaning. Interestingly, Hazzard et al (2013) described communication as a primary condition of human consciousness. They further explained that people are always exchanging information. The authors, however, described communication as the actions taken after
speaking to someone; this highlights communication as responsive. This may be the action and reaction people adopt after a communication as what we are and not just what we do. Kourkouta and Papathanasiou (2014) defined
communication as the use of speech or other means to exchange information, thoughts and feelings using either verbal or non-verbal expressions to successfully produce a desired or intended result. Effective communication between
nurses and patients may be analysed from both the nurse's and the patient's perspective of effective communication entails patient that the patients' perspective of effective communication revolves around time, task, rapport and
patients' agreement on what has been communicated. Although both perspectives appear to differ, they are both driven by the expectation as the ability to engage with patients and to achieve clinical goals. Similarly, patients may be influenced by their expectation
regarding their management outcome (Schirmer et al. 2005). Therefore, effective communication between nurses and patients may be defined as mutual agreement and satisfaction with care (provided and received). Surrogate terms and relevant uses The terms most communication between nurses and patients may be defined as mutual agreement and satisfaction with care (provided and received). Surrogate terms and relevant uses The terms most communication include: the respective communication 
communication, interpersonal relationship, intercommunication, interpersonal communication (Fleischer et al, 2009; Casey and Wallis, 2011; Jones, 2012; Bloomfield and Pegram, 2015; Daly, 2017).
For example, through intercommunication or interpersonal communication, a nurse can encourage a patient to participate in their care decision-making regarding care and agree with a negotiated care plan could reflect effective communication. This act of mutual agreement
through negotiation and shared decision-making suggests concordance (Mckinnon, 2013; Snowden et al, 2014). Abdolrahimi et al (2017) pointed out that therapeutic communication as an important means for establishing interpersonal relationships. These concepts
are different from effective communication; however, these notions express an idea of the concept of effective communication and highlight an understanding of effective communication as dynamic and cyclical, because it involves a process of transmission, receiving
and interpretation through verbal or non-verbal means. This reflects the communication, which involves speaking, being heard, listening, understanding or being accepted, as well as being seen and acknowledged. Hence, assessing factors that could affect communication, such as noise or interference, is always crucial for effective
communication (McCabe and Timmins, 2013; Webb, 2018). Daly (2017) explained that other skills for effective communication, which are consciousness, compassion, competence, professionalism and person-centredness, are all important concepts in nursing studies and practice. This indicates that communication is intentional in nature, so the
purpose and perspective of individuals involved should be valued and respected (Jones, 2012). In the case of the nurse must consider a patient's perspective, background and concerns when communicating. It is important for a nurse must consider a patient's perspective, background and exhibit an individualised approach in
communicating with patients (Bramhall, 2014; Bloomfield and Pegram, 2015). For example, when communicating with a patient with no medical background, medical terms should be explained further or avoided. This promotes person-centredness, which is a determinant for effective communication for patients. A nurse must respect human rights
and be professional (NMC, 2018). However, it can be challenging when communicating with a patient who does not want to communicate about their right to autonomy. Nonetheless, it is paramount for a nurse to identify the purpose of communication and the difficulties, so that they can mitigate them as part of their
professional and ethical duties (Royal College of Nursing, 2015; NMC, 2018). This can be done by reassuring and encouraging patients. Correspondingly, this act of communication features in Duldt et al's (1983) theory of humanistic nursing communication. This theory is reflected in Bramhall (2014) and Kourkouta and Papathanasiou's (2014)
exploration on communication in nursing. The theory explains the need for communication among nurses and clients as well as colleagues. The focus of the theory is on interpersonal communication among nurses and clients as well as colleagues.
include empathy, deeper respect, encouragement and interpersonal relationship. For example, listening to people, providing privacy when communicating, giving patients ample time, using kind and courteous words such as please and thank you, as well as being frank and honest when communicating. All these approaches may promote effective
communication between nurses and patients (Jevon, 2009; Bramhall, 2014; Bloomfield and Pegram, 2015). Further, Miller (2011), Casey and Wallis (2011), Jones (2012)Bloomfield and Pegram (2015) and Daly (2017) demonstrated how effective communication is key in the assessment, planning and implementation of personalised
nursing care. Holistic assessment in nursing includes history-taking, general appearance, physical examination, vital signs and documentation (Toney-Butler and Unison-Pace, 2018). Patient assessment in order to promote person-centred care (Toney-Butler and Unison-Pace, 2018). Moreover,
non-verbal cues such as general appearance or posture are vital in communication, and understanding them could help in the assessment process. Although not ideal, however, appearance can
be a powerful transmitter of intentional or unintentional or unintentional messages (Ali, 2018). For instance, a nurse may sense neglect or abuse when a patient appears physically unkempt, with bruises or sores. This may inform the nurse on appropriate questions to ask during history-taking in order to ascertain the patient's situation and safeguard, signpost or refer
them for support if necessary. Nurses' ability to identify these concerns may aid in providing the best necessary care for their patients. This promotes person-centredness, which is perceived as a means of effective communication by patients. This promotes person-centredness, which is perceived as a means of effective communication by patients. This promotes person-centredness, which is perceived as a means of effective communication by patients.
communicating with patients to collect subjective data and using this information to determine management plans (Jevon, 2009). In history-taking, inaccurate information may be collected when communication is not effective (Burley, 2011; Jones, 2012; Daly, 2017). However, it is important for nurses to establish good personal relationships with
patients, so the latter can feel comfortable in sharing their complaints (Casey and Wallis, 2011). It needs to be noted that, since patients are experts in their own lives, the nurse's ability to make patients feel comfortable may encourage patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients feel comfortable may encourage patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients feel comfortable may encourage patients are experts in their own lives, the nurse's ability to make patients feel comfortable may encourage patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients are experts in their own lives, the nurse's ability to make patients are experts in the nurse's ability to make patients are experts and the nurse's ability to make patients are experts and the nurse are experts are experts and the nurse are experts are experts and the nurse are experts and the nurse are experts are experts and the nurse are experts and the nurse are experts are experts and the nurse are experts and the nurse are experts and the nurse are experts are experts and the nurse are experts and 
important if nurses are to implement their roles effectively with regard to holistic assessment, considering the subjective experience and characteristics of their patient. Further, a well-informed collaborative assessment through effective experience and characteristics of their patient. Further, a well-informed collaborative assessment through effective experience and characteristics of their patient.
For instance, a patient may convey all necessary information to a nurse during assessment, and this may inform the nurse and patient of the necessary examination and investigations to aid in evidence-based nursing diagnosis and a collaborative management plan. The ability to establish a mutual agreement for the nursing process suggests effective
communication for both parties. Effective communication aids in planning and implementing personalised care. It helps patients to set realistic goals and choose preferred management for better outcomes. Communication is a bidirectional process in which a sender becomes a receiver and vice versa (Kourkouta and Papathanasiou, 2014). Therefore,
there is a need for both patients and nurses to realise that they are partners in communicating care planning and implementation (Bloomfield and Pegram, 2015). This realisation may promote the patient's dignity and may also influence patients' desire to adhere to their plan when they feel involved in decision-making (Casey and Wallis, 2011).
Conversely, patients may be reluctant and unhappy if they feel dictated to or patronised. Most importantly, involving patients through effective communication can empower them to have full control over their health and wellbeing. This is reflected in the self-care theory proposed by Orem (1991) and the theory of self-efficacy proposed by Bandura
(1977). These theories focus on the role of the individual in initiating and sustaining change and healthy behaviours. Orem (1991) reinforced the importance of communication, as self-care is learned through communication and interpersonal relationships. Attributes of effective communication and interpersonal relationships. Attributes of effective communication and interpersonal relationships.
effective communication that is more realistically reflective of how patients and nurses use the term in healthcare settings (Rodgers and Knafi, 2000). The most common attributes identified in the literature include: effective communication as a building foundation for interpersonal-relationship, a determinant of promoting respect and dignity, a
precedent of achieving concordance, an important tool in empowering self-care in patient, a significant tool in planning and the nursing process (Casey and Wallis, 2011; Jones, 2012; McCabe and Timmins, 2013; Bramhall, 2014; Bloomfield and Pegram, 2015; Daly, 2017;
Webb, 2018; Barratt, 2019). These attributes make it possible to identify situations that can be categorised under the concept of effective communication include: personality trait, perceived communication competence and level of education on
communication. Personality traits were linked with communication in early research. Carment et al (1965) demonstrated that people who are introverts are less likely to communicate well compared with extroverts. McCroskey and Richmond (1990) also indicated that people with low self-esteem are less willing to communicate. This is because they
are more sensitive to environmental cues (Campbell and Lavallee, 1993). Additionally, McCroskey and Richmond (1990) asserted that people who perceived themselves as poor communicating may not be willing to, due to low self-esteem, anxiety or
fear. As a result, such people may have low communication efficacy despite having high actual competence (McCroskey and Richmond, 1990). Therefore, it is important for nurses to consider these factors when communicating with patients in order to identify their communication needs and manage them accordingly (Daly, 2017). Furthermore,
Dithole et al (2017) and Norouzinia et al (2016) highlighted that the nurse's level of education on communicate effectively with their
patients. Consequences of effective communication and healthcare encounter for patients. In the community settings, effective communication and healthcare encounter for patients. In the community settings, effective communication and healthcare encounter for patients.
empowers patients to talk about their concerns and expectations (Griffiths, 2017). Further, effective community settings, where patients may report pleasant and comfortable nursing care (Newell and Jordan,
2015; Barratt, 2019). Kourkouta and Papathanasiou (2014) and Wikstrm and Svidn (2011) pointed out that the success of a nurse mostly depends on how effective communication may lead to unsuccessful outcomes. For example, a patient may convey their fears, signs and symptoms to
a nurse and how the nurse decodes and applies the information may influence the intervention given (Kourkouta and Papathanasiou, 2014). Likewise, a nurse may convey a piece of information to a patient, but the patient's understanding of the information will determine their action. Therefore, how the message is understood determines the action
taken (Kourkouta and Papathanasiou, 2014). Additionally, through effective communication, a patient may be empowered to have full control over their health and wellbeing (Newell and Jordan, 2015) and may not require extended care. Clearly, effective communication can lead to positive and cost-saving consequences for patients, nurses and the
healthcare system. Model case The final phase of Rodgers's (1989) method of analysis highlights an application of the concept in an exploratory case scenario. A model case for effective communication between a nurse and a patient, revealing some surrogate
terms, defining attributes, antecedents and consequences of the concept. The case model highlighted Audrey's positive engagement in her care decision-making when the nurse Dani communicated effectively. Dani visited Audrey in her home, where Audrey had spatial and environmental control, but she was reluctant to engage in her own care.
Audrey perceived that other nurses did not involve her in her care decision-making. This indicates ineffective communication and may be attributed to factors such as age difference, generational gap, gender and culture and ethnic difference, generational gap, gender and culture and ethnic differences between Audrey and the other nurses (Tay et al, 2011; Norouzinia et al, 2016). Box 2. Model caseAudrey, a
90-year-old housebound patient with bilateral leg ulcers was visited by Dani, a 45-year-old community staff nurse working in a diverse multicultural district nursing eye contact. Audrey appeared to be guiet and in
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a low mood; Dani identified this nonverbal cue and was determined to engage Audrey in conversation. Dani knew from her experience that leg ulcer treatment can affect a person's mental health, causing low self-esteem, fear and anxiety. Dani asked how Audrey felt and if there was something she could help her with. Audrey mentioned she was fine; her carers had visited and supported her with personal care, breakfast and medication, she had been waiting for the nurse's visit. Dani asked Audrey about the ulcers not healing. Dani reassured Audrey, explained leg ulcers to her and advised Audrey about some effective practice to promote the healing process. Dani asked Audrey how she understands her own body better than any other person. Dani also

reassured and encouraged Audrey that her opinions mattered, as this helped empower her, promoted her dignity and informed the nurse on how to care for her. Audrey then expressed to Dani that her other nurses, who are much younger than Dani, never ask her opinion regarding the ulcer managementioned that those nurses came in to re-dress her ulcers and they spoke to her about the care plan, but she did not feel involved in decision-making about her care. Audrey then mentioned that she did not mean to create problems or report anyone. Dani reassured Audrey that there would be no track they would involve her in her care and decision-making, which is the expectation. Audrey was then comfortable, communicated in a suitable tone and maintained eye contact with Dani. She asked Dani if she could bandage her right leg first, as she tende to Audrey that she would be making a referred pleased and indicated she was happy with how Dani had communicated with her; she felt she could trust her. Dani was also pleased, because she could provide the best care for Audrey. Another important factor that can affect effective communication is the environmental factor. Norouzinia et al. (20 parrier to effective communication for patients. Additionally, Tay et al. (2011) indicated the possibility of unilateral communication due to the hierarchical structure of the hospital environment. Conversely, although nurses may feel quite comfortable in the hospital or inpatient setting, they might feel to be a quest in Audrey's nonce the focus of another complete work. In the model case described in Box 2, the nurse acknowledged that she was privileged to be a guest in Audrey's home, and she tailored her strategy to gain Audrey's perspective. The nurse's aim was to get Audrey involved in her care decided to a calcular to achieve their desired outcomes, in this case, the patient's satisfact.	ouble, so she should not be afraid to speak up. nurses would feel they had been reported; however, is dressed first. Dani gained consent from Audrey, il to her GP about this matter. Audrey was very olf) revealed that the hospital environment is a el relatively intimidated when visiting a patient's n, a full discussion of these is beyond the scope of sion-making since Audrey knows herself best. ion with care and the nurse's ability to provide the
best care. ConclusionEffective communication in nursing is clearly a complex, multidimensional and multifactorial concept. Factors such as emotions, general appearance, personality trait, mood and level of education on communication and in nurses and nurses and satisfaction of care for both patients and nurses. It has been linked to precede the achievement of concordance in patients, and in nurses and a suitual agreement and satisfaction with nursing care. Thus, effective communication is an important concept to prioritise in nursing education and practice. For this reason, engaging nurses in communication skills and on-the-job training their patients. As endorsed by Rodgers's (1989), the outcome of this analysis is not the endpoint of the concept but should direct the future exploration of effective communication. Therefore, a systematic study of effective communication between nurses and patients as well as a systematic review of an apatients with underlying communication difficulties, cognitive disabilities and intercultural perspectives can ultimately enhance nursing science. KEY POINTSEffective communication is a key component of nursing practiceEffective communication is intentional in nature and can be improved the nurses communication mean to you? What are some challenges nurses face in communication effectively? How can an interpersonal relationship between nurses and patients influence effective communication. Written By: Darby Faubion BSN, RN Communication is one of the most powerful tools in communication can impact every aspect of work and nurse-patient relationships, nurses must collaborate with nursing and implement measures for effective communication. In this article, you will learn the importance of therapeutic communication and find 18 useful first to incommunicate With? A nurse's job requires communication with several people each day. Nurses must collaborate with patients, family members, and other members of the healthcare delivery team, including physicians and clusters and laboratory sta	ocess. This aids in implementing compassionate g will empower them to communicate effectively with onsidering effective communication among nurses ough direct actions taken by the e relevant in nursing studies or practice? What does urses use when providing patient care. Because mprove communication in nursing. Who Do Nurses atient care and involves nurses speaking with ole, a patient may report his pain is a 2 on a scale of 1 unication open and honest. Communicating with one
another and documenting when care is provided or withheld, the likelihood of errors related to treatment lessens. According to the Code of Ethics for Nurses established by the American Nurses Association, patient advocacy involves a therapeutic relationship and communication between the nurse dentifying patient concerns and working to alleviate fear, creating better experiences for the patients. Many patients have needs that extend beyond their immediate medical concerns. For example, you may be assigned to a patient with a history of diabetons that lead to morbidity and patients medical history and personal preferences is an essential part of developing a plan of care conducive to their physical and mental well-being. Social determinants with a slack of stable housing, poverty, food insecurity, and unempersonal health conditions that lead to morbidity and mortality. Communicating with patients to understand the social determinants affecting them is essential to developing care plans focused on addressing these factors and positively impacting patient outcomes. Nurses typically spend more time we communication skills, the nurse can better understand the patient's status, allowing them to provide care on a deeper, more personal level. There are several things you can do to help promote good communication in nursing. The following are examples of components that foster an environment constitution on the patient of the patient of the patient of the preson. Even if your patient does not keep eye contact with you, it is important for you to maintain eye contact as possible to look up when a saying is not important to you. One of the fastest ways to lose the interest of someone else is to make them feel as if what they are saying is not important to you. One of the fastest ways to lose the interest of someone else is to make them feel as if what they are saying is not important to you will help foster effective communication in nursing. When you communicate with others, it is necessary to keep in mind there is a diff	e who has religious beliefs that prohibit them from loyment are associated with increased rates of ith patients than other caregivers. By using effective inductive to the appendic communication between at you and finds your eyes wandering elsewhere, d and smile, when appropriate. Anything you can do relevant to the topic. Avoid wandering to different a comprehend what they hear or the way they convey person. Although it is okay to have a goal in mind rn how much you say when you are not speaking.
Good communication in nursing requires being aware of your body language and the message(s) that it sends. Standing with your arms crossed or hovering over a patient can make them feel anxious or nervous. Instead, try to to understanding and compassion, even if you have not been in the same situation your patient is now facing. Taking the time to listen to what others say and putting fort to understanding and compassion, even if you have not been in the same situation your patient is now facing. Taking the time to listen to what others say and putting fort to understanding and receiving feedback allows you and others to verify information was received and understood. When communicating with patients, a great way to get feedback to determine their understanding is to respond. The way nurses communicate with one another, their patients, and caregivers can significantly impact relationships. Your tone of voice, body language, and willingness to listen reflect how you feel and can cause a patient to get a ease or increase anxiety. In the following scenarios, you nervised. Which was not a patient to good and bad nurse responses for each scenario. Mr. Simms presents to the emergency department with hypertension and complaints of chest pain and status and status the status and the standard complaints of chest pain and status the feel at ease or increase anxiety. In the following scenarios, you need to calm down before you have a heart attack. "The nurse responds to Mr. Simms by saying," It understand you must feel overwhelmed. Were you experiencing chest pain before you learned about the contract? If so, can you tell me when your symptoms began?" Miss West is altraud appears oriented, her boyfriend continually interrupts her and answers your questions. Miss West does not make eye contact and seems anxious every time her boyfriend speaks. "Sir, I need you to stop interrupting Miss West, or I'll have to ask you to leave. She is the "Thank you so much for bringing Miss West in. I'm sure it is a relief to have someone to	uild strong nurse-patient relationships. One of the pask open-ended questions and allow time for them will find examples of effective communication skills to close. I know you're upset about your business deal a patient in triage accompanied by her boyfriend. The patient and does not need you to speak for her." and passed away two years ago. Despite visits from the patient in triage accompanied by her boyfriend. The patient and does not need you to speak for her. The patient is hard, but you are making things have alle. The patient is hard, but you are making things have any more respect for me than to ask me before
caken by surprise to find your wife was not in her normal room. A water pipe burst in her hallway, and several residents were moved to prevent falls and injuries. Our maintenance team is working as fast as possible to repair the leak. Housekeeping is on stand-by to make sure all water is cleaned up residents back to their rooms. Why don't I show you to your wife so you can visit while we get things taken care of?" Every aspect of patient-centered care involves some type of communication. Patients and healthcare teams rely on effective communication skills in nursing enough. Here are some tips on ways you can improve your communication skills in nursing include the way you relate to a fact the process of nonverbal communication skills in nursing include the way you relatent patients of communication skills in nursing include the way you relatent patients of nonverbal communication with healthcare team members, use correct terminology and be direct, making sure to ask for clarification if needed. Body language is the process of nonverbal communication through conscious or unconscious or unconscious use of gestures and movements. Conscious effort acial expressions such as a smile or frown to differentiate between happiness and sadness. Unconscious body language may occur when your patient grimaces in pain or turns away from an unpleasant smell. Observant nurses learn to recognize changes in their patient's body language and compare suggests. Much like your fore communication in the nurse-patient relationship is to show genuine interest in what your patient says. Please pay attention to nonverbal cues as much as you do their verbal communication in the nurse-patient relationship is to show genuine interest in what your patient says. Please pay attention to nonverbal cues as much as you do their verbal communication. When patients feel that their nurses or other healthcare providers are rushed or communication. Remember that illness, disease, and some medications, may alter a patient's mental status or cause confusi	so we can get your wife and the other displaced ether. As a nursing instructor, I cannot stress the s, use concise language without talking to them in a s of body language include using hand motions or what the patient says to what his body language pen up to others, especially if they are sick or afraid. disinterested, it can hinder therapeutic newhere else. It is normal for patients to feel anxious d in every situation. For example, if Mr. Smith has member is to create an atmosphere that promotes asier than bridging the gap caused by ineffective
communication. Active listening means you listen to understand, not just respond. When speaking to a patient or colleague, sit close enough to make them feel comfortable and like they have your attention. Not your feel phem feel engaged. Do not cross your arms and allow your body to be cooking around the room can make others feel you are not concerned with their thoughts or feelings. Emotionally intelligent nurses find it easier to identify nonverbal cues and articulate their own thoughts more effectively, reducing the risk of miscommunication. When nurses exercise emotionally intelligent nurses find it easier to identify nonverbal cues and allow your patients who are sick or worried may not feel like talking. One of the best ways to foster effective communication in nursing is to use open-ended questions. Imagine you have a patient being treated for a fractured forearm. Instead of saying, "Are you in pain?" ask you asking a question that requires more than a yes or no answer, you promote effective communication between you and your patient. Nurses are busy people. It is common for some nurses to be responsible for several a barrier to effective communication between you and your patient. Nurses are busy people. It is common for some nurses to be responsible for several a barrier to effective communication. Take the time to be attentive when your patient tries to communicate with you. Some patients have trouble communication, whether it is due to physical impediments of a patient of the patients of the patients. Nurses should strive to practice communication in nursing. You may have an outgoing personality and find communicating with a patient or their loved one difficult, ask for input from a member of your team. The solution may be as simple as your patient knowing your coworker personally and feeling comfortable with mem. The important thing to remember is your patient needs to communicate, and effective communication in nursing requires being attentive to and aware of your patient's unique situation(s). Usi	elligence, nurse-patient and interprofessional r patient, "Can you describe the pain for me?" By on, it can be easy to rush through your work. ur attention. Patients have diverse religions, ommunicating easy, but not everyone does. If you sometimes that means you need to ask for help. or example, your patient may have received news of a see different methods of communication to promote a lts may have experienced a stroke that left them ences. While role-play can be used with adults, it is a
when they have someone they know and trust, and nurses who understand this need find communication easier. Being in a hospital or other healthcare facility can be scary. Your patients may feel helpless or depressed. Showing compassion by treating patients with dignity and respect promotes the suited for improved patient outcomes. Effective communication is an essential part of any business or relationship. While therapeutic communication between nurses, patients, and peers can build solid relationships and positively impact patient outcomes, there are also consequences of poor communication skills and behaviors in nursing. When nurses fail to practice effective communication about a patient's condition or symptoms. This issue can lead to improper treatment decisions or delayed more streatment or or withheld. In some cases, nurses feel increased pressure to get a job done that another nurse may have already accomplished, making their workload more streatment became result in patients who feel confused about their treatment plan or follow-up instructions. Nurses and nursing staff should keep an open line of communication with one another and with their patients. Some things that seem simple, like lowering a patient's side rails or assisting a patient to a bed is not aware to check on the patient or the patient does not understand to use the call light to ask for help. In 2016, the CRICO Strategies CBS Report, Malpractice Risks in Communication Failures, found that thrity percent of all malpractice claims involve failed communication. Of the 23,000 malpractice Risks in Communication, costing nearly 2,000 lives. Unless you have an administrative or management position in nursing, you may not realize how patient satisfaction affects your job. Funding resources often contact the end/beginning of their shifts. During report, nurses rely on documentation, which is a form of nonverbal communication. Failure to follow through with effective communication when documentation she help improve communication she help improve	rapeutic relationships, which foster an environment inication in nursing. The following are examples of ing the patient's potential outcome. The lack of fective communication between patients and nurses side commode, can result in patient accidents if staff actice lawsuits filed, more than 7,000 were related to ancially. Poor patient satisfaction means less private ation. Even if something is missed during the verbal cessful nurses have in common is that they strive to so, podcasts, and books. The way nurses communicate
communication in nursing, you can help foster therapeutic relationships with your patients, significantly impacting patient outcomes. Several things could indicate you are a good communicator. If you are approachable, a good listener, open-minded, and well-spoken, these are positive solud indicate you are a good communication. If you are approachable, a good listener, open-minded, and well-spoken, these are positive solud indicate you are a good communication. If you are approachable, a good listener, open-minded, and well-spoken, these are positive solud indicate you are a good communication runsing career. The refore the repetitive communication is a wind to be importance of the repetitive communication and ways to implement effective communication measures and are advised to build upon those skills in nursing almost immediately. Nursing students learn the importance of the repetitic communication and ways to implement effective communication measures and are advised to build upon those skills in nursing almost immediately. Nursing students learn the importance of the repetitic communication is a vital tool for all members of the healthcare team. Good communication skills and interdisciplinary relationships and help improve patient outcomes. Effective communication is also instrumental in reducing healthcare costs, pre njuries. Therefore, all nurses should strive to develop good communication skills. While verbal communication is the primary source of relaying messages between nurses, patients, and the healthcare team, nurses, patients, and the healthcare team, nurses, sould strive to develop good communication skills. While verbal communication is the primary source of relaying messages between nurses, patients, and the healthcare team, nurses, patients and all lead the develop good communication skills and learn different types of communication in shall an unseal nurses, patients	se daily with patients, their loved ones, and e skill of therapeutic communication should be a venting medication errors, and minimizing the risk of hing about. Therefore, it is vital for all nurses to a community college and university levels. Because ler, you need exceptional communication skillsand accerns of each of their patients are better prepared alting in a medical error. A report by the Joint Healthcare communication competency offers a communication in healthcare means approaching
every patient interaction with the intention to understand the patients concerns, experiences, and opinions. This includes using verbal and nonverbal communication skills, along with active listening and patient teach-back techniques. Below, we explore 10 communication skills that are important for conductive listening and patient teach. This method is a part of health literacy. If you are feeling stressed out-of-back techniques. Below, we explore 10 communication skills that are important for conductive listening and possible persons age, culture, and level of health literacy. If you are feeling stressed on one provided and increasing the nonverbal communication skills, along with active listening and patient teach, and so a page and patient to the persons and patient to the persons age, culture, and level of health literacy. If you are feeling stressed on one provided and increasing the patients of the patients is asying by maintaining eye contact and nodding your head, but never one present and nodding your head, smile, but dont stare. Sit down when you can, and lean forward to show that conveys openness. Active listening means listening includes both verbal and nonverbal communication skills. For example: Nod your head, but never interrupt. Lean forward and maintain eye contact to let the person know youre engaged. Include minimal verbal encouragement, such as I understand, and assential for effective nurse-to-nurse communication. As a nurse, you will be responsible for creating and updating the patients medical record it is critical that the medical record is accurate and current so your patients can receive the best care possible. Also, remember to protect patient cord sexpertise clearly in a variety of workplace settings, such as presenting at conferences, participating in job interviews, giving case reports to physicians, and more. Its a good idea to: Plan out your presentation to both your verbal communication and body language. Add vis Understand your audience and know what they want and need from the	our patient interaction. You can: Encourage patients nicationsuch as facial expressions, eye contact, body youre engaged. Use nonthreatening body language neare providers as a tool for building trust and go on. Written communication skills are also tiality. Some tips: Make notes immediately following will also help you demonstrate your knowledge and muals to your presentation for a better explanation. In protocols. This skill is especially important for adherence to care instructions. Poor understanding
wou explain it to me in your own words? Its important to get to know the person behind the patient. Patient centered relationships are critical in helping patients feel safe and comfortable. Creating meaningful connections with patients can improve outcomes and trust. Some ideas: Spend a couple of know them. Find out a fun fact about each patient. Show interest in their lives and share stories of your own. Its important for healthcare professionals to inspire trust in patients by listening actively and taking every complaint and concern seriously. Building that nurse elucators and leaders should also cultivate as they work to develop the next generation of nurses. To inspire trust, nurse leaders and educators is something that nurse educators and leaders should also cultivate as they work to develop the next generation of nurses. To inspire trust, nurse leaders and educators and educational backgrounds. Every patient and coworker is unique, and its important to be aware and sensitive. For example, gauge the patients fluency with English and grade your vocabulary accordingly or bring in a translator if necessary and possible. With transformers and pronoun. Conveying compassion is an essential communication skill in healthcare. Studies show that compassion can assist in prompting fast recovery from acute illness, enhancing the management of chronic illness, and relieving anxiety. You can deliver compassionate nursing understanding their needs and expectations. Sometimes the message sent is not always received the way it was desired. Communication barriers in nursing result in weak patient-nurse interactions and relationships. To overcome these, we must first understand the types of communication barriers in nursing: physical, social, and psychological. The environment in which you communication Busy, loud, and distracting settings can increase patient stress. To create a sepening blinds, and mitigating outside noises whenever you can. Social barriers include differences in language, religion, culture, age, and cu	extra minutes every day with each patient getting to escary for some patients. Its important to make them I likely work with people every day who come from a and gender nonbinary patients, be sure to use their care by putting yourself in the patients shoes and that nurses face. In the article Communication and fe and comfortable environment, try closing doors, ion strategies depending on the patients age, as as may also need to overcome their own psychological eases Targeted Solutions Tool for Hand-Off a Kowitlawakul. Nurses Perceptions of Psychosocial
Care and Barriers to Its Provision: A Qualitative Study. The Journal of Nursing Research 25, no. 6 (2017): 411418. Stories are the threads that bind us; through them, we understand each other, grow, and heal JOHN NOORD Connect with Nurses Lab Editorial Team I hope you found this information Kindly write in comments section. Subscribe the Blog with your email so you can stay updated on upcoming events and the latest articles. Previous Article Narcotic drug & psychotropic substances-CNS depressants-Synthetics narcotics Next Article Intentional Torts in Nursing Aim: To examine the face the quality of communication skills of nurses in interactions with simulated patients. Background: The quality of communication in interactions between nurses and patients has a major influence on patient outcomes. To support the development of effective nursing communication in clinical practice communication is helpful. Design: An exploratory design was used involving individual interviews, focus groups and written notes from participants and field notes from researchers to investigate perspectives on nurse-patient communication. Methods: Focus groups and individual interviews may be provided and patients. These participants were asked to give oral feedback on the quality and content of these interactions. Werbatim transcriptions were undertaken of all data collected. All Thematic analysis of the data was undertaken. Findings: Four major themes related to nurse-patient communication were derived from the educators' and clinicians' feedback: approach to patients and patients and patients are patients, techniques used for interacting with patients and generic has added to previous research by contributing grounded evidence from a group of nurse educators and clinicians on the aspects of communication that are relevant for effective nurse-patient interactions in clinical practice. Keywords: communication; educator; feedback; nurse-patient computing supervisor.	eedback given by nurse educators and clinicians on e, a good understanding of what constitutes effective eld between August 2010-September 2011 with a written notes and field notes were also transcribed. aspects of communication. Conclusion: This study

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