Caring, comforting and communicating

Chapter 24

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• **Communication**: is the process by which human meet their needs, build relationship and express joy

• **Comforting**: is the process by which the nurse assist client and significant others to face the daises and discomfort

• **Caring**: intentional action that conveys physical and emotional security and genuine, connectedness with another person or group of people.
**Outcome of caring:**
- promote self actualization
- promote individual growth
- preserve human dignity and worth
- augment self healing
- relive distress

**Comforting process:**
- include discrete, transitory action, such as touching, or broad longer listing intervention such as listing.
- The comforting process is the client led process because it occur in response to cues presented by the client
Communication:
- It is mean exchanging information or feeling between two or more people.
- It has two main purposes: to influence others and to obtain information.

The communication process
- **Sender**
- **Massage**
- **Receiver**
- **Response**
**Sender:**

- A person or group who wishes to convey massage to another.
- Encoding involve the selection of specific sign or symbol (code) to transmit the message.

**Massage:**

- What is actually said or written.
- Talking face to face with person may be more effective in some instance than telephone or written massage.
**Receiver:**
- The listeners who must listen observe and attend. This person is a decoder.
- ineffective communications occur when the massage sent is misinterpreted by the receiver

**Response:**
- It is the massage that the receiver retransmits to sender
- It is also called feed back, can either verbal or non-verbal
Mood of communication

- verbal communication: use spoken or written word.

- non verbal communication: use body form such as gesture or facial expression.
**Verbal communication:**

When choosing word to say or write nurse need to consider:

- **pace and intonation:** the manner of the speech as in the pace or rhythms and intonation will modify the feeling or impacted of the massage

- **simplicity:** the use of commonly understood words.

- **clarity and brevity:** clarity is saying precisely what is meant and brevity is using the fewest word necessary.

- **Timing and relevance:** the massage need to be related to the person's interest and concern. should not asked several question at once
• adaptability: spoken massage need to be altered in accordance with behavioral cues from the client

• Credibility: is the worthiness of belief. Nurses foster credibility by being, consistent, dependable and honest.

• Humor: can be used to help client adjust to difficult and painful situation, reducing tension by providing a different perspective and promoting sense of well being
Nonverbal communication:

• Some time called body language; often tell other more about what persons is feeling than what actually is said

• To observe nonverbal behavior efficiently required a systematic assessment of the person's overall:
  - Physical appearance
  - posture and, gait
  - Facial expression
  - Gesture
• Physical appearance: clothing and adornments. How a person address is often indicator of how the person feels.

• posture and, gait: the ways people walk and carry themselves are often reliable indicator of self concept.

• Gesture: hand and body gesture may emphasize and clarify the spoken word or thy may occur without word to indicate particular feeling or give sign.

• Facial expression: feeling of surprising, fear, anger sadness etc.. Can be conveyed by facial expression
  -nurses need to be aware of their own expressing and what they are communicating to others.
  – Eye contact is essential element of facial communication
Factor influence the communication process

• Development: knowledge of a client's developmental stage well allow the nurse to modify the massage accordingly.

• Gender: female and male communicate differently; girl tends to use language to seek confirmation, minimize deference's and establish intimacy. boys use language to establish independence and negotiate status within grope.

• Value and perception
• **Territoriality**: is concept of the space and things that an individual consider as belonging to the self

• **Roles and relationship choice of word, sentence structure and tone of voice**: vary from role to role

• **Environment**

• **Congruence**: the verbal and nonverbal aspect of the message match.

• **Interpersonal attitude**: attitude such as caring, warmth, respect, and acceptance facilitate communication
Personal space: is the distance people prefer in interaction with other

1- Intimate distance communication: touching to 1 1/2 feet. Is characterized by body contact. Examples include cuddling a baby, touching, positioning a client.

2- Personal distance communication: 1 1/2 to 4 feet. Voice tone is moderate. Example when nurse sitting with a client giving medication, giving IV infusion.

3- Social distance: 4 to 12 feet. Characterized by clear visual perception of the whole person. Communication is more formal.

4- Public distance: 12 to 15 feet. Required loud clear vocalization. The perception is often group of people or community.
Therapeutic communication

- Promote understanding and can help establish constructive relationship between the nurse and the client

- Nurses need to respond not only to the content of client's verbal massage but also to the feeling expressed.

- People usually need to deal with feeling before they can cope with other matter.
Attentive listing:
• is listing actively, using all senses. This required energy and concentration. It involves paying attention to the total massage.
• Nurses can convey effectiveness in listing to the client in various ways such as nodding the head, uttering "uh huh" or "mmm".

Physical attendance:
Five actions of physical attendance:
- face the other person squarely
- adopt an open posture
- lean toward the person
- maintain good eye contact
- try to be relatively relaxed
Barrier to communication:
• See table 24-3 on page 432
• Major barrier to communication:
  - failure to listen
  - improbably decoding the client's intended massage
  - placing the nurse's need above the client's need

The helping relationship
• Nurse client relationship-
• Helping is a growth—facilitating process that strives to achieve two basic goals:
  • helping client's to manage their problem more effectively.
  • help client become better at helping themselves in their every day life.
• The key of helping relationship:
  - the development of trust and acceptance between the nurse and the client
  - Underling belief that the nurse care is about and wants to help the client

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Phases of helping relationship

• **pre interaction phase**: is similar to the planning stage before an interview, nurse has information about client before face to face meeting.

• **introductory phase**: referred to as the orientation phase or Pre helping phase. the client and nurse closely observe each others.

• **working phase**: nurse and client began to view each others as a unique individuals. this stage have two major work that exploring and understanding thought and belief, and facilitating and taking action.

• **termination phase**: this allow time for a client to adjust to independence.
Developing helping relationship

- listen effectively.
- help to identify what the person is feeling.
- put yourself in the other person's shoes.
- be honest.
- be genuine and credible.
- Be aware of cultural differences.
- maintain client confidentiality.
- know your role and limitation.
Nursing process

• **Assessment**: the nurse determines the communication barriers and communication style

• **Impairment (barrier) to communication**:
  - language deficit
  - sensory deficit (hearing, see, smell etc)
  - cognitive impairment (e.g. cerebrovascular disease)
  - structural deficit: of the oral and nasal cavity
  - paralysis
**Style of communication:** verbal or nonverbal.

**Nursing diagnoses:**
- Impaired verbal communication
- Anxiety related to impaired verbal communication

**Planning:**
- to promote effective communication
- to reduce or resolve the factor impairing the communication

**Implementation:**
- manipulate the environment
- provide support
- employ measure to enhance communication
- educate the client

**Evaluation**
- Evaluate client and nurse communication.