PROFESSIONAL COMMUNICATION IN NURSING

LECTURE MANUAL

A BrainzUnlimited® Learning Guide

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DEDICATION

To you, mum and dad;
And to you, Ms. Belinda Dziedzorm Korley,
SN, Ho Polyclinic.

ACKNOWLEDGEMENTS

I give cognizance to the Infallible God for his providence through this task.

My sincere gratitude goes to the first batch of Healthcare studentry of CHTS, whose questions and contributions in class have formed the contents of this manual.

Indeed, I salute Mrs. Christa Osei-Mensah, Ms. Ramatou Agambire, Mrs. Theresa Aidoo, Mr. Maxwell Kwegyir-Aggrey, Mr. Felix Owusu, Mr. Evans Owusu, Mr. David Tsatsu, Mr. Gyebi E. Newton, Mr. Darlington Arthur, Mr. Frank Nukunu, Mr. Samuel Oheneba, Mr. Eric Dadson, and Mr. Emmanuel K. Ahli; may God crown your goodwill with success.

Finally, I say thank you to Mr. and Mrs. Noah Mends, Mr. Aaron Ato Mends, Ms. Mercy Charway, Ms. Doris Ahelegbe, and the entire board of directors of CHTS.

PREFACE

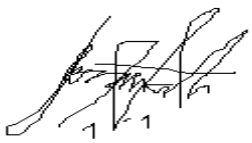
I wouldn't want to believe that the calibre of nurses that are trained in Ghana and elsewhere in Africa are incapable of meeting the professional standards set by their colleagues in the medical profession as some critics claim.

Communication in the healthcare environment is a complex concept, though it seems simple. The bottom-line is that language and cultural barriers complicate the situation. It is worth noting that language is the framework upon which the worldview of a culture is moulded, and it describes the boundaries and perspectives of a cultural system. A language barrier militates against a listener's ability to assess meanings, intent, emotions, and reactions and creates a state of dependency on the individual who holds the keys to the entire process—the interpreter (decoder).

Interpretation also requires a great deal of skill. The interpretation process must account for divergent worldviews. Individuals and cultures have varying perspectives regarding the cause, presentation, course, and treatment of sickness, as well as the risk it represents to others.

Fellow student, I must admit that before we can make meaningful interaction with our clients and colleagues, we have to be conscious of ourselves and what we stand for. By appreciating our own biases, values and stance in the communication continuum, we stand a better chance to succeed in understanding the stance of our clients; in doing so, we also succeed in helping to meet their needs.

This document is the progeny of a thorough research into the most authoritative academic and practical materials that play in this subject area. It is my belief that, if the principles outlined in it are well appreciated, you should be able to confront creditably the many challenges that parade the healthcare setup ---all that you need and more to become a 'professional' nurse.



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INTRODUCTION TO COURSE STRUCTURE

Thank you for using this manual. Herein, you will be exposed to the nitty-gritty that make up the fabric of the daily interaction you already have with yourself and with other people, as well as the elements that underpin successful intercourse between you and your clients as prospective healthcare givers.

It must be noted that you will form the prime mover in the learning process, which also means that a lot of the learning will depend on you. At this level, it is expected that you automatically assume some creditable amount of self-responsibility regarding all spheres of your learning.

This document is in two folds: first, as a lesson manual, and second, as a workbook. The self-test quizzes prescribed herein are to equip you in preparing for the challenges confronted in the professional setup. As we move along in the discussions, try to jot down new things that may strike your attention.

The primary synopsis of this course has been skewed in order to enable you to prepare for general papers in English, Professional Communication, and Nursing Practice.

OBJECTIVES

By the end of the course, you are expected---

i. To be able to tell what communication is, and outline the types of communication.
ii. To be able to account for what go into the communication process as well as the anatomo-physiological basis of communication; how sounds are produced with the lungs, teeth, tongue, lips, velum, alveolar, glottis, and how decoding is done with the ear and brain.
iii. To acquire the appropriate communication skills and to apply them in studying, report/speech writing and presentation, history taking, care of clients, Book Reviews, Record keeping, etc.
iv. To appreciate the Johari Window to boost your interaction with the client.
v. To appreciate the work environment better and demonstrate the appropriate skills in your interaction with other healthcare givers: Nurses, Doctors, etc.
vi. To be able to help the client to assume the sick role as well as to go through the grieving process successfully.
vii. To be able to appreciate the health needs of clients from diverse cultural backgrounds in order to be able to render effective Cross-cultural client care.
viii. To be able to appreciate the modern advances in Communication in the healthcare setting.

I. SCOPE OF COMMUNICATION

SCOPE / INTRODUCTION TO COMMUNICATION

Objectives:
By the end of this topic, you are expected—

i. To be able to tell what communication is, and outline the types.
ii. To be able to account for what go into the communication process as well as the anatomo-physiological basis of communication: how sounds are produced with lungs, teeth, tongue, lips, velum, alveolar, glottis, and how decoding is done with the ear and brain.
iii. To be able to assess and identify clients with key communication problems in order to administer individualized intervention.

Definition:
Communication is the process of creating and exchanging meaning through coded/ symbolic interaction. As a process, communication constantly moves and changes. It does not stand still. Meaning involves thoughts, ideas, and understandings shared by communicators. The fact that it is Symbolic means that we rely on words and nonverbal behaviours to communicate meaning and feelings. It implies that words are abstract symbols.

We must not lose sight of the fact that what is said is not exactly what is heard or understood. One way of saying this is that 'the said is not exactly the intended message' especially when we have two different people at both ends of the interaction continuum.
Now let's do a quick demonstration;

QUICK DEMONSTRATION

……

Intended Message: Dr. Tuokpier wants Nurse Naomi to set up 600mg of Quiuine in 500mls of Normal Saline at bed 4.

Now, assuming you were a nurse, pass this information through 4 other nurses who have not heard or seen this message to Nurse Naomi.

What was the Result……..??????????

It may have been observed that the message was reduced to a very lethal meaning by the time it got to Nurse Naomi. If the foregoing case were true, then someone would have killed a patient. Of course, if this message was written down and sent through these nurses, the problem of misinformation would have been annihilated as the case may have been.

It is interesting to see how information is embellished or altered from a sender on one end to a recipient on the other end. A colleague says one thing and, before you know, someone reports something that is completely different from what had been said. We have all been witnesses to such problems especially as we listened to commentary on radio or television. This problem leads to chaos and misunderstanding.

THINK ABOUT THIS

The major World Wars (I & II) could have been averted if some communication problems were dealt with. The bottom-line was MISUNDERSTANDING….

Purpose/function of Communication

i. To exchange information
ii. To convey thoughts and ideas
iii. To transmit feelings
iv. To create understanding

CLASSIFICATION OF COMMUNICATION

For easy appreciation, communication can be classified under 4 main categories namely Network, Method, Direction, and Level. Of course, other classifications may apply depending on other factors. Under each classification, we may have specific types of communication.

A. Classification under **Network of Communication**

i. Formal:

This type of communication does not draw per se on personal relationship between parties involved. >>> It is strictly business. Focus is normally just to inform and to direct. It is commonly the case between a superior and a subordinate. For example: The Director of Nursing Service and the healthcare student on the ward.

ii. **Informal**: This type of communication draws heavily on personal relationship between parties involved. Personal sentiments are not limited. Focus is to establish bond, trust, and or relationship. It is normally the case between colleagues.

B. Classification under **Method of Communication**

i. **Verbal/Written/Planned**:
This comprises Speaking, Writing, and Reading. Written information is verbal communication. These are normally planned out and so are also called planned communication.

ii. **Nonverbal/Unwritten/Unplanned**:
This comprises Gestures, Facial Expressions, Posture and Gait, Tone of Voice, Touch, Eye Contact, Body Position, Physical Appearance. The way we dress or present ourselves speaks so much of us. Because we don't normally document this kind of communication, it is also called unplanned communication.

C. Classification under **Direction of Communication**

Under this classification, we have 2 main types of communication: Vertical and Horizontal. But Vertical communication may be either *upward* or *downward* in terms of direction.

i. **Vertical**: This occurs between parties of different social statuses. It comprises:

a. **Upward** (bottom-to-top): It is non-directive in nature, from down below. The intent is normally to give feedback, to inform about progress/problems, to seek approval, etc. For example: Your report, as a student nurse, to the DNS or Doctor.

b. **Downward** (top-to-bottom): It is highly Directive, from Superiors to subordinates, to assign duties, to give instructions, to inform, to offer feedback and or approval, to highlight problems etc. E.g.: Your directive, as a caregiver, to the ward orderly.

ii. **Horizontal**: This occurs between parties of the same calibre; among colleagues, peers at same level, for information sharing, for coordination, etc.

D. Classification under **Level of Communication**

a. **Intrapersonal** Communication: This occurs in your own mind. It is "self-talk or soliloquy in theatrical terms," which is the inner speech or mental conversations that we have with ourselves. It is the basis of your feelings, biases, prejudices, and beliefs. For examples: when you contemplate or decide on what to eat or wear, when you think

about something – what you want to do on the weekend or when you think about another person.

b. **Interpersonal** Communication: It is the interaction that occurs between two people but can involve more in informal conversations. Through this kind of communication, we maintain relationships. For examples: when you are talking to your friends; a teacher and a student discussing an assignment; a patient and a doctor discussing a treatment; a manager and a potential employee during an interview; any one-on-one or informal communication.

c. **Small group** Communication: This is communication within formal or informal groups or teams. It is group interaction that results in decision-making, problem solving, and discussion within an organization. Examples: a group planning a surprise birthday party for someone, a group therapy session, etc.

d. **One-to-group** Communication: This involves a main speaker who seeks to inform, persuade, or motivate an audience. Examples are a teacher and a class of students, a preacher and a congregation, a speaker and an assembly of people in the auditorium, and so on.

e. **Mass** Communication: This is the electronic or print transmission of messages to the general public. Outlets called mass media include the radio, television, film, television commercials and printed materials designed to reach large audience, a magazine article, books, newspapers, billboards, etc. The advantage this has over other types specified above is that the messenger reaches a large amount of people without necessarily meeting them face-to-face. Feedback is generally delayed with mass communication.

THE COMMUNICATION PROCESS:

The communication process involves the following major factors or components.

i. **Sender**: Source → encoder.
ii. **Message**: What is actually said/written, or body language.
iii. **Medium:** Words/ gestures are transmitted via a Channel, also called the medium.
iv. **Receiver**: Listener → decoder → who perceives the senders intention and gives Response → **Feedback.**