NURSES’ PERCEPTION ABOUT COMMUNICATION

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Abstract

In nursing interactions with patients, providing care and information are essentials, but also includes affective behaviors such as showing respect, giving comfort etc. Our perceptions are essential to explain differences in the way we see, feel, hear etc, and therefore crucial in shaping our communication. Perception and communication are twin skills needed by every nurse. The aim of this study was to identify perception among nurses regarding verbal, non-verbal and written communication. Methods: A descriptive survey was initiated in a tertiary care hospital, where 84 nurses responded to a 20 item questionnaire. Findings: Aspects like being comfortable touching patients, given importance as team members and being courteous and polite while communicating with patients were perceived positively but they were uncomfortable breaking bad news and a few got emotionally involved with patients.

Keywords: Communication, Perception, Nurses

Introduction

Perception is an active process of becoming aware and understanding ones environment that is unique to the individual and is strongly influenced by communication. Factors that can cause perceptions to vary between people include physiology, past experiences and roles, culture (and co-culture) and present feelings. Perception in communication means explaining differences in the way we see, feel, and hear, etc. How a person views himself and others, influences communication. Perception is developed in early stages of childhood based on one’s experiences which are good or bad. They mould how a person thinks and feels and how he relates with others, which also includes his communication patterns. When two people meet, their body language like eye contact, tone of voice and their dress code send signals which are interpreted and perceived differently, thus creating a different response from person to person. Perception of the self and others is influential in developing relationships and communicating with other people.

Nurses must be as capable in communication skills as they are in clinical skills. Often nurses focus on perfecting their technical skills. However, before any technical intervention can take place, communication must begin between nurse and patient. A number of authors have previously reported that cancer nursing is laden with emotions. (Northouse & Northouse 1987, Maguire & Faulkner 1988, Chaitchik et al. 1992, Faulkner 1993)\(^2\,3\,4\,5\).
Two types of communicative behaviors employed by nurses seem to be important in meeting the cognitive and especially the affective needs of cancer patients. In the first place, these include instrumental behaviors which are of significance in informing the patients about the illness and treatment and providing medical and practical care. In the second place, they include affective behaviors, such as showing respect, giving comfort and trust, which is important in building a relationship with the patients, in which s/he has a sense of being understood (Hall et al. 1987, Bensing 1991). However, the emotional load in cancer nursing makes interactions between nurses and patients difficult. Patients, in the care of clinically expert professionals, suffer medical errors with alarming frequency. Nearly three in four errors are caused by human factors associated with interpersonal interactions. In addition, according to data from the Joint Commission on Accreditation of Healthcare Organizations, breakdown in team communication is a top contributor to sentinel events. And what is the connection between perception and communication? Perception and communication are the twin skills needed by every nurse... Therefore perception in communication is essential in nursing, making it crucial in achieving good outcome for patients.

**Problem Statement**
Perception among nurses regarding communication in a cancer hospital

**Objectives**
1. To identify perception of nurses regarding communication in Verbal, Non-verbal & Written communication
2. To correlate their perception of communication with variables like age, gender, qualification, and experience.

**Methodology**
An exploratory descriptive design using survey method was used to elicit data from nurses working in a 94 bedded tertiary care oncology research unit. Eighty eight nurses fulfilling the inclusion criteria and willing to participate were recruited into the study. The questionnaire had a five point Likert scale with twenty statements, validated by experts and to be completed by (anonymous) self-report & hand over to senior nurse. Only 79 of 88 questionnaires were returned and some respondents returned incomplete data, therefore the valid percentage was taken into account for statistical analysis.

**RESULTS**
**Demographic data**
The age group of nurses ranged between 21 – 60 years with majority of them belonging to 21 – 30 years of age. The group consisted of a mix of male (24%) and female (66%) staff. Over half (54%) of nursing staff had completed their general nursing and
midwifery course and 16% of staff had also completed their post basic certificate in oncology nursing. The experience of nursing staff varied from 0 to 20 years. Majority (68%) of the nursing staff had less than five years of experience, though there were a few (5%) who had more than 16 years of experience.

Perception of Nurses Regarding Communication

Breaking Bad News - A higher proportion (49.4%) disagreed with the statement that nurses should be involved in breaking bad news to patients. In the Indian scenario, when a person is diagnosed with a life threatening illness, the relatives consider it natural not to divulge this information to the patient.

Withholding Information- A majority (73.4%) of the nurses felt that it was not acceptable to withhold information from patients about their disease and treatment, which also highlights the fact that informed consent is essential and patients have a right to know about their diagnosis and treatment. The principle of patient’s autonomy has to be ensured.

Confidentiality- They also disagreed that if there is time and space constraint, it is acceptable to discuss patient information in front of others, thereby revealing the fact that they respect patient information as confidential.

They also felt that communicating with patients is not a waste of time (45.6%), though there was an agreement with 49.4% of staff that they tend to neglect proper communication, when there is a work overload. Training needs to include prioritization of communication at time of stress.

Clarification- Majority of the nurses (53.2 %) agreed that when communication is not clear, patients clarify their doubts by asking questions.

Physician’s verbal/ written orders- Most of them (82.3%) were not happy to receive verbal orders from doctors regarding patient care and treatment although they do get written orders which are not legible (30.3%). Illegible orders can increase the risk of medical errors if the nurse does not clarify the written orders. This also emphasizes that they perceive orders related to care and treatment are to be documented. It was surprising to note that around 68.4% perceived that they were also assertive while communicating with patients and doctors. This may indicate that they insist that the doctors document plan of care and clarify when written orders are not legible.

Communicating in challenges- They also agree that they regularly care for patients, who are unable to communicate due to illness/treatment (83.5%), but they do come across patients or doctors whose accent or
language they cannot understand (27.8%). This may be due to the fact that India is a diverse land and each region has a different language and dialect thus patients and health care personnel may have a different accent/language which the nurses may not understand. In this setup, nurses come from two predominant regions of India (Kerala and Maharashtra). This poses a language barrier and makes communication difficult. Vast majority (81%) have received training to improve their communication skill. This may be a part of their nursing curriculum, where this topic was addressed in general or as a part of their in house training.

**Attitudes**- Around two third of the nurses agreed that they feel uncomfortable breaking bad news to patients (63.3%). Majority of the nurses perceived (83.6%) that they were courteous and polite while communicating with patients and doctors. They also disagreed (59.5%) with the statement that their workflow is frequently interrupted by relatives and colleagues.

**Environment**- Regarding the statement as to whether they work in a noisy environment, an equal proportion agreed and disagreed (agreed: 49.4%, disagreed: 43.1%), which shows that in some work areas the noise level are above the acceptable levels which affect communication. This could also lead to nurses sometimes only pretending to be listening actively while communicating with patients (38%) in some units.

**Emotions**- Almost quarter of the staff (26.6%) gets emotionally involved while communicating with patients. Majority of them agreed to the statement that they are not uncomfortable to touch and comfort patients while communicating (78.4%), indicates that they enter into a therapeutic communication mode which is patient and goal oriented.

It is gratifying to know that majority of nurses (79%) felt that that they are given due importance as a member of the health team.

**Association between Perception of Communication with variables like Age, Gender, Qualification & Experience**

The difference in score with respect to age, education and experience was analyzed using Chi Square test. Experience was categorized in to two groups i.e. more than 10 years and less than ten years and scores of agree, strongly agree and disagree, strongly disagree was clubbed in order to have more meaningful comparison. With increase in years of age, education, experience, there is no significant increase in total score in verbal and non-verbal communication.

Based on their relevance, ten of the statements were analyzed to identify if there was a co-relation between experience, gender and their perception. Nurses with lesser experience perceived getting emotional while
communicating (p=0.021). There was no correlation seen between gender and their perception. It also shows that irrespective of the gender, when required, nurses are comfortable using touch as a method of non-verbal communication. They need to understand when and how to touch the patient. This is also evident from study by O’Lynn\(^9\) regarding nurses’ gender; participants who’d received intimate touch from nurses and those with experience with male nurses were less concerned with the gender of the nurse than with the nurse’s professionalism and communication skills.

**Summary**

Nurses by using verbal and non-verbal means of communication are in a good position to help the patient in the process of recovery. The analyses showed that majority of nurses were not comfortable breaking bad news to patients, which also reflects on the fact that they felt they should not be involved in breaking bad news. This finding is consistent with the study conducted by Trovo de Araujo \(^{10}\). In his study he reported that nurses were ill prepared to the task of delivering bad news, and often, distancing themselves from the dying patients because of their inability to deal with their own feelings, which were brought forth by the confrontation with the imminence of death. Training in this field will help them to handle patients and their relatives in a professional manner.

They also thought that working in a noisy environment affects communication though they did not feel that frequent interruptions by relatives and colleagues interrupted their work flow.

Majority also felt that information about patient’s disease and treatment should be conveyed to patients, this also conforms to the ethical principles of autonomy, that patient has a right to know what is planned for him/her and also wherever required, informed decision should be encouraged. They also felt that patient’s information should not be discussed in front of others emphasizing their importance of maintaining patient’s information as confidential. The reason for not establishing proper communication is work overload and noisy environment. Nurses should recognize the value of short, interactive interaction and chit-chat as quality communication for knowing their patients and providing patient-centered care (Chan EA\(^11\)).

Touch, is an important component of non-verbal communication. The nurses felt that they were comfortable touching patients when required, showing that a therapeutic relationship is understood as essential for communication. A study by O’Lynn C\(^9\) revealed that patients prefer professional touch and nurses who provide intimate care should be aware of patients’ attitudes on touch.
Fig 1. Perception of nurses regarding various aspects of communication with patients.
Conclusion

A kind word, a comforting touch and an empathetic listening will help the patients immensely. For communication to be effective, training should include prioritization of communication at time of stress, so that they are able to effectively communicate even if there is work overload. Creating an environment which is conducive for communication, like noise free/minimum noise, will also enhance communication.

Learning about verbal communication is important as it is largely a conscious effort, since people select words they use. Since this is a skill that can be developed, efforts in this area must be initiated to help the staff to select content with care, so as to establish a therapeutic relationship and also get the correct message delivered, which is a prerequisite for patient satisfaction. Training in enhancing communication skills will boost the morale of nurses and help them gain confidence in dealing with patients. Inclusion of clinical communication skills as a part of their curriculum during their basic nursing program will help prepare the nurses in handling difficult situations.

References


