CHAPTER I
INTRODUCTION

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CHAPTER I

“If there were one aspect of health care delivery, an organization could work on, that would have the greatest impact on patient safety, it would be improving the effectiveness of communication at all levels – written, oral, electronic”

~ Richard K. Croteau, MD, executive director for strategic initiatives for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

1. INTRODUCTION

It is clear that effective communication is essential in hospitals, schools, communities, homes and in fact every place where people interact with one another. Communication is also the foundation on which relationships between nurse and other members of healthcare team are built.

Nursing is not just about having the ability to successfully carry out a series of functional task like collecting samples or administering medicines. It is about caring for the patients and their families in a holistic manner, taking their physical, emotional, spiritual and cultural aspects into consideration. Communication may be used to inquire, inform, persuade or reassure the patient.

The history of communication dates back to the time when people used symbols to represent different concepts. The oldest symbols created for communication are seen in cave paintings which transmitted a lot of information. Over a period of time, new forms of communication came into being. Communication can vary from subtle exchange of information to full conversations and in today’s time to mass media. Throughout history, words have been used to influence people for good or evil. Words used by Hitler and his associates corrupted a nation. Words used by Florence Nightingale resulted in the creation of nursing as a profession.
Communication from Latin *commūnicāre*, meaning "to share"¹ is the activity of conveying information through the exchange of thoughts, messages, by speech, visuals, signals, writing, or behavior. It is a continuous, active and complex process. It is transmitting and sharing of ideas, opinions, facts, and information between persons or groups in such a way that “the meaning received is equivalent to that perceived and understood by the sender”.

The communication process consists of five elements namely Sender (source), Receiver (audience), Message (Content), Channel(s) (Medium), Feedback (Effect). Three aspects of human communication have been identified in the literature: speaker, subject and environment². All elements influence the communication outcome and ineffective communication will result if anyone of the elements is not in co-ordination. To be effective, the sender and the receiver must be sensitive and open to each other’s messages, and alter their actions accordingly.

In nursing, communication is a sharing of information, mostly health related, between a patient and a nurse and both have interchangeable roles of being a sender and receiver. Communication is a reciprocal process. The information shared can be verbal or nonverbal, written or spoken or body language, personal or impersonal, problem-specific, or even relationship-oriented, to name a few. Words are of course the most powerful drug used by mankind ³. Words can do much: put a patient at ease, set up a productive relationship, and carry out interventions. There is no other skill that is used more in nursing than communication.⁴. The art of getting message across effectively is a vital part of a nurse’s duty.

Patients’ experiences are influenced by how the healthcare team delivers care. While communicating with patients, nurses can reassure them, make them comfortable, enable them to voice their fears and concerns, help them to follow treatment protocols and understand their responses intelligently. Good communication helps to build a therapeutic relationship.

Each time a nurse meets a patient, a therapeutic relationship begins for both, the patient and the nurse. These relationships develop at a vulnerable point in patient’s
life vis a vis the health status, when they are seeking treatment, information or just reassurance. Patients share their past, symptoms, concerns and experiences by talking to nurses and they may also be required to reveal intimate parts of their lives or subject their bodies for painful procedures. Observation and listening help the nurses interpret non-verbal cues provided by the patient, which may be in isolation or in combination with words. For patients to feel respected, safe and cared for, nurses must create environment that allows them to be at ease and facilitate treatment, recovery or peaceful death. Establishment of trust, respect and time availability are fundamental steps that must occur before implementing strategies aimed at improving communication.

Due attention to non-verbal communication cues such as tone of voice, expression, gestures are important if the correct message is to be conveyed. Non-verbal communication conveys a great deal to patients who may scrutinize their doctors and nurses for changes in expression or behavior.

Evidence from studies shows that empathy a concept that originates from psychotherapy plays a significant role in communication between nurses and patients with cancer. The importance of empathy in a therapeutic relationship cannot be underplayed. Irrespective of the context of therapeutic relationship there appear to be a core set of common aims or purposes that include initiating supportive interpersonal communication in order to understand the perception and needs of patient, empowering the patient to learn or cope more effectively with his/her environment and reduction/resolution of patient’s problem.

Dinkins C. S. in his article mentioned that empathy is one of the basic building blocks of ethical conduct towards others. Without empathy, the needs and wants of other may not be understood. Understanding is essential to treat a patient kindly and generously. The author felt that nurses should not take empathy as a feeling/instinct but as a practice.

Skilled use of non-verbal communication through silence, facial expression, touch and closer physical proximity appeared to facilitate active listening and helped develop empathy, intuition and presence between nurse and the patient. Preservation
of therapeutic space during nurse patient interaction helps patients experience psychological safety and provides them an opportunity to openly communicate with the caregiver. Non verbal communication is about becoming aware of how we behave in the interpersonal space and deliberately creating an environment where the space becomes therapeutic and not oppressive.\textsuperscript{10}

Humor may help to ease the pain, show the human side of the healthcare team, and help everyone cope. Whether the patient uses humor to lighten the mood of a difficult consultation with the physician, or healthcare workers use it to help cheer each other through the day, humor and laughter can be valuable tools. Humor can soften the isolation experienced by both patients and staff. When used sensitively, respecting the gravity of the situation, humor can build the connections between the caregiver, patient, and family. However, insensitive joking is offensive and distressing, and experience suggests a variable acceptance of humor by patients with life-threatening illnesses, making humor a high-risk strategy.\textsuperscript{11}

Effective communication is fundamental to nursing practice. The prospects of establishing and nurturing clinical relationships are fewer in the rapidly changing healthcare environment. The initial encounter with a patient may be during the admission process or when carrying out an intervention. Admission process is the initial encounter of the patient with nurses in an inpatient setting. If the communication is established at this phase, an effective interaction follows. Communication between nurses also occurs during transition of care especially during a shift change. Most errors occur during this phase. Important information about the patient’s care, treatment or referral may be missed causing minute errors or may lead to morbidity /mortality. The hand over has to occur without any distractions or disruptions. It is important to conduct the hand over at the bedside, as it gives an opportunity for the incoming nurse to be introduced to the patient, allows the nurse to assess and inspect tubes and drains and discuss plan of care. Patient’s involvement is pivotal during shift hands off.
1.1 Admission of patient to a hospital

Hospital admission can be a frightening experience, more so for a patient diagnosed with cancer. Hospital admission can be an overwhelming experience since hospital can be a place that can confuse, demoralize or cause anxiety in a patient, especially if it’s his first experience. Apprehension, uncertainty, waiting, expectation or fear of the unknown, can do a patient more harm than any exertion. It is good to remember that the patient is face to face with his enemy all the time, internally wrestling with him, having long imaginary conversations with him. “Rid him of his adversary quickly is the rule with the sick”\(^{12}\). In a cancer hospital, every patient’s reason for admission maybe different. It may be for diagnosis, treatment or palliation. Though a hospital is supposed to be a place for rest or recovery, it may not be so for the patient. The hospital is a busy place and most of the activity goes on throughout the night causing a lot of disturbance for the patients. In a survey of 2,217 adults carried out by YouGov, it was noted that one in 10 patients staying overnight was examined in an open ward or with the curtain round their bed partly open. Some 15 per cent felt they were belittled by nurses while 14 per cent were forced to wait at least 30 minutes after asking for help to go to the toilet – one per cent waited for at least two hours. Mike Hobday, the charity’s director of policy and research, said: “The lack of basic care, dignity and respect experienced by cancer patients in hospital is shocking. Giving patients a positive experience is as important as good medical care but sadly there’s still a culture in some hospitals where hitting targets is put before compassionate care.”\(^{13}\)

In nursing, observation is an important communication tool. Cues like irritability, drowsiness, pallor, fatigue, pain etc, signify the patient’s state non-verbally. The experienced nurse can always tell that a person has taken a narcotic the night before by the patchiness of the color about the face, when the re-action of depression has set in; that very color which the inexperienced nurse will point to that very color as a proof of health.

Florence Nightingale in her work published in Notes on Nursing has elaborated on importance of observation. “But the nurse seldom distinguishes. She
will talk to the patient who is too faint to move, without the least scruple, unless he is
pale and unless, luckily for him, the muscles of the throat are affected and he loses his
voice. Yet this faintnesses is perfectly distinguishable, by the mere countenance of the
patient. The most important practical lesson that can be given to nurses is to teach
them what to observe—how to observe—what symptoms indicate improvement—
what the reverse—which are of importance—which are of none—which are the
evidence of neglect—and of what kind of neglect. All this is what ought to make part,
and an essential part, of the training of every nurse. Yet it appears that scarcely any
improvement in the faculty of observing is being made. Vast has been the increase of
knowledge in pathology—that science which teaches us the final change produced by
disease on the human frame—scarce any in the art of observing the signs of the
change while in progress”.

During communication with patients, they may have to disclose confidential
information about their lives and their bodies, or submit to painful procedures. In the
healthcare sector, small errors take place during communication. These can range
from the tone of voice to judgmental listening. The art of listening in a therapeutic
relationship is the most important action for the nurse.

Each time a nurse meets a new patient, a therapeutic relationship is established
between the nurse and patient. The tone of voice during the initial conversation
determines the interaction and care that will follow. In order for the patient to feel
comfortable, accepted and respected, the nurse must take the initiative to create an
environment that will make patients feel safe and comfortable and assist in revelation,
comprehension and help to unveil a smooth transition. In our busy schedule, it takes
only a few minutes to listen and respond to our patients. This will help us to
understand our patients better, observe and identify their problems and plan nursing
interventions appropriately.

1.2 Communication during patient hands off.

All patients have a right to effective, safe care at all times. Patients admitted to
a healthcare setting can be treated by a number of healthcare personnel, in multiple
settings. Patients also move between areas of diagnosis, treatment and care on a
regular basis and may encounter three shifts of staff each day. The hands off between units or amongst care teams might not include all important information or there are chances that this information may be misinterpreted / misunderstood. These gaps in communication can cause serious breakdown in continuity of care and may also harm a patient.

Hands off communication relates to the process of passing patient specific information from one healthcare personnel to another for purpose of ensuring patient care continuity and safety. Involving patient and family in the process of care is also recognized as an important aspect of care delivery.\textsuperscript{15}

The end-of-shift report, while seemingly a single continuous process, can be broken into three steps or sub processes that might be conducted through different means. These three steps are: (1) content transfer (i.e., sharing patient specific information); (2) clarification and inquiry (i.e, asking and answering questions); and (3) historical review (i.e., reviewing charts and notes). In units that use a face-to-face report process, steps 1 and 2 occur simultaneously. However, for units that use a taped or written process, they occur sequentially and often through different means. Assessing and understanding your unit’s needs for all three steps facilitates effective design for your unit’s environment. A recommendation for units wishing to redesign their end-of-shift report process is to require that outgoing and incoming nurses meet, even if briefly, by creating a triggering event to signal a clear transfer of responsibility. Such a symbol might be an introduction of the incoming nurse by the outgoing nurse to patients, or the transfer of due lists and notes to the incoming nurse. During this transfer, incoming nurses would be expected to use this time to ask questions, as needed. In addition, outgoing nurses would not leave until this transfer had occurred.\textsuperscript{16}

Joint commission international (JCI) works to improve patient safety and quality of healthcare in the international community by offering education, publication, advisory services and international accreditation and certification. The following strategies were suggested for the nursing fraternity.\textsuperscript{15}
1. Implement a standardized approach to hands off communication between staff; change of shift and between different patient care units during patient transfers by using SBAR technique.
2. Sufficient time should be allocated for hands off without interruptions whenever possible.
3. Information related to patient status, medications, treatment plans and any significant changes should be discussed.
4. Limit exchange of information to that which is necessary to provide safe care to patients.
5. Inform patients who the responsible provider of care is during each shift and who to contact if they have a concern about safety or quality of care.
6. Inform patient and family of the next step in their care, so they can if necessary communicate this to the care provider on the next shift.
7. Create an opportunity for patients and family members to address any questions or concerns
8. Incorporate training on effective hands off communication into educational curricula and continuing professional education

Kaiser Permanente developed SBAR technique, a consistent approach to communication that allows for effective information sharing between physician and other care givers. An organization should standardize its approach to the information communicated during hands-off communication to make sure that information about a patient’s status and care plan is not lost or forgotten during the precarious transition in care. To standardize the approach to hands-off communication, every organization can consider different approaches. One of the approaches which has been tested in many institutions is the SBAR technique. SBAR is an acronym that stands for Situation, Background, Assessment and Recommendation. The main purpose of SBAR technique is to improve the effectiveness of communication through standardization of communication process. Nurses often take more of a narrative and descriptive approach to explain a situation, while physicians usually want to hear only main aspects of a situation. The SBAR technique closes the gap between these two approaches allowing communicators to understand each other better. It includes
summary of the patient’s current medical status, recent changes in condition, potential changes to watch for, resuscitation status, recent lab values, allergies, problem list and a to-do list for the incoming nurse. It is specially used for communication between a physician and a nurse when there is a change in patient condition or between a nurse and nurse during patients shift to new department or during shift change. It is a techniques used to deliver quality patient care. It is a skill that can be learned.17

EXAMPLE OF COMMUNICATION DURING PATIENT HANDS OFF17

1.3 Documentation: Written mode of communication

The patient’s medical record is a legal document. All information about patient care and treatment, that is collected during observation, examination and monitoring should be documented in patients record and this document is treated as confidential. Documentation has been viewed as an important part of professional
practice. It is an integral method of communication. It is this record that their counterparts rely on for continuity of care. Florence Nightingale emphasized the need for nurses to record the proper use of fresh air, light, warmth, cleanliness as well as proper selection and administration of diet with the goal of collecting, storing and retrieving data to manage patient care intelligently.\textsuperscript{12}

In earlier times documentation was used to communicate implementation of medical orders only and not used to assess and observe patient condition which is now one of the focal points in documentation. Documentation is an important function of nurse’s responsibility for patient care. Nurses need to learn and describe their judgment and evaluation. It also provides valuable evidence about patient’s condition and treatment thereby protecting themselves in malpractice cases. Today’s consumers (patients) have increased awareness from the large volume of information available through net or books, magazines etc.

A legible accurate medical record is an important document as it communicates important information to various healthcare personnel. The nurse must document nursing interventions and responses to treatment as soon as they occur. When a health problem is encountered, periodic entries of events at the time of occurrence along with nursing action should be documented in nurse’s record till the problem is resolved. It is important to note that only actions carried out by self should be documented by each nurse.

Documentation is also essential in health insurance. Nursing documentation must describe patient’s ongoing status from shift to shift with records of all nursing interventions. In order to make written communication effective, documentation must be legible, include date, time and briefly describe factual information in patient’s record. Only approved abbreviations and symbols must be used. The events should be documented chronologically and the nurse must sign each entry.

While nurses also use verbal and/or tape recorded shift reports to communicate important nursing care information, documentation of complete and accurate information is needed to reflect the entire spectrum of nursing care.
Documentation of care planned and provided is an important nursing responsibility. Tornvall et al investigated the utility of electronic nursing documents by exploring to what extent and purpose, the nursing documentation is used by general practitioners and care unit managers. Results of the study pointed out the weakness and shortcomings in nursing records like difficulties in finding important information due to routine notes. Nursing records need clarity and need to be prominent regarding specific nursing information to fulfil their purpose of transferring information and to constitute a base for quality development of care.

The patients desire to be informed about their diagnosis, treatment and prognosis, irrespective of whether the news is good or bad. Receiving accurate information about their health status can help them to identify treatment options and also take responsibility for their own health and plan for the future. It also helps in assisting them to plan for end of life because since being admitted to hospital, they are isolated from their familiar surroundings, family and community.

Cancer is a life threatening disease and medical treatment can have far reaching consequences. Good communication between the nurse and the patient and also within the healthcare team is the foundation of cancer care. Patients with cancer have special communication needs especially because of their thirst for information and also to enable making the right decisions about their care. Patients with cancer may feel fear and anxiety, since the treatment modalities are often difficult and complicated; there are financial implications too. Communication will help them to understand the changes that cancer treatment will bring about, help them cope with their feelings, and deal with their family members and friends. Thus nurse patient interaction helps in establishing trust and rapport, gathering information, giving bad news and addressing patients’ feelings/emotions. The nurses need to consciously adapt communication to meet the patients’ needs. When discussing investigation or treatment related information, an observant nurse should be able to detect subtle, nonverbal cues from patients, and modify, rephrase or restate the information. Information overload will create confusion because of cognitive and emotional burden. Therefore nurses need to check their comprehension levels during the course of their interaction. Studies have shown that when there is effective communication, patients are likely to follow through with treatment, and feel more satisfied and in
control of their care. Therefore communication is vital right from the time of admission of the patient up to the end of life care and is one of the most important aspects of nursing care in an oncology setting. Two types of communicative behaviors employed by nurses seem to be important in meeting the cognitive and more 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. Secondly, 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. However, the emotional load in cancer nursing makes interactions between nurses and patients difficult.21

Effective communication of nurses with patients and other healthcare personnel has many beneficial effects. It is an important determinant of the accuracy and completeness of information about signs and symptoms, side effects, assessments, nursing diagnosis and will influence emotional and physical wellbeing and satisfaction of patient and healthcare team members.

The personal approach will ensure that nurses recognize that the patient—though ill, is still normal mentally, in other words, is still a human being. Treating the patients as human beings and recognizing their individuality, help them to understand the facets of their illness and thus aid their own recovery. Effective communication is essential to nursing practice. It’s a skill that can be learned and improved with keen observation, if there is a willingness to be reflective and commitment to listen and learn.
1.4 NEED FOR THE STUDY

Communication is a complex phenomenon. Nurses are entwined in a web of relationships, most important ones being nurse – patient, nurse – clinician and nurse – nurse. Successful communication is largely dependent on the nurse’s ability to listen, comprehend and share information. In recent times, increasing workload, advance technology, and super specializations have lead to nurses spending more time performing non nursing activities thus decreasing interaction with patients and nurses. Communication between healthcare workers accounts for the major part of the information flow in healthcare, and growing evidence indicates that errors in communication give rise to substantial clinical morbidity and mortality.\textsuperscript{22}

Nurses must be as proficient in communication skills as they are in clinical skills. However, before any technical intervention can take place, communication between nurse and patient must begin.

The environment in which nurses and patient interact is very challenging. Most of the interactions occur in busy hospital wards or in crowded out patient departments. Good communication skills are not only important for relaying information, they are also essential for establishing trust and rapport, and showing respect for needs and feelings of the patient. "Rid him of his adversary quickly," is a first rule with the sick quoted Florence Nightingale,\textsuperscript{12} and for this to happen, communication with patient is of utmost importance.

Nurses also have a moral commitment to deliver safe individualized patient care at all times. The goal of nursing documentation is to permanently record the nursing care that has been provided. It also illustrates that patient’s needs are being addressed and the patient’s response to that nursing care is monitored. If care has not been documented, it can be assumed that it has not been provided.

Despite the measurable benefits obtained through good communication and their being emphasized during nursing education to student nurses, many nurses still have inadequate communication skills thus creating a means of dissatisfaction for patient and other healthcare personnel. This is especially true in an oncology setup.
where dealing with a complex disease condition and where stressful information has to be delivered.

Traditionally nursing shift reports have taken place at the nurse’s station amidst interruption. Communication behaviors in an interruptive workplace, seemed to contribute to inefficiency in work practice. As times changed, all nurses moved to patient bedside, but the patient was not involved in decision making or were not informed about delivery of care. There was no standardized format to hands off. All nurses visiting every bedside was time consuming and did not add to quality of care. This pattern of patient care also needed to be changed in a way that made the patient, who is the centre of care feel involved and valued.

There are published evidence that Situation, Background, Assessment, Recommendation (SBAR) provides effective and efficient communication, thereby promoting better patient outcomes. Nursing documentation must describe patient’s ongoing status from shift to shift with records of all nursing interventions. Nursing manpower shortage is one of the challenges of healthcare scenario today. Therefore inadequate nurse patient ratio and not having “enough time to communicate” is one of the reasons given for inadequate communication with the patient.

There is a need for a paradigm shift in nurses perception about communication as “requiring time”. It is necessary for nurses to recognize the importance of short interaction while providing care with quality communication to get to know their patients better and thus provide patient centered care.

Effective nursing hands off can have a positive impact on patient outcomes. Inadequate or incorrect information jeopardize patient safety and the continuity of care. Nursing shift hands off varies from hospital to hospital and within a hospital, from department to department. In the current scenario, hands off used to take place verbally with all nurses visiting every patient bedside. There was evidence of omission of information regarding changes in vital parameters, diet, medication and referrals with current hands off practices. These incidences were reported as and when they occurred primarily by the physician and most commonly by nurses in charge. Therefore a need for structured format was necessary to capture and disseminate
essential information about patient care. Structured hands off incorporating key areas of essential information will provide a framework to ensure effective continuity of care.

The greatest cause of disturbance to the patient’s peace of mind is a failure of communication at all levels. Poor communication is an important factor in errors occurring in healthcare units. Patients admitted in the hospitals believe that they are in competent hands, but an increasing number of incidents of medical errors are being reported. 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, a breakdown in team communication is a top contributor to sentinel events. Therefore communication in nursing is essential for achieving good outcome for patients.

Communication should be viewed as a core clinical skill that merits a considerable investment in terms of time and resources to train them in communication skills. It must be noted that only few nurses have received formal education in Communication Skills using methods to bring about a change in confidence or competence. The manner in which information is given, has just as important an impact on patient recall as does understanding the content. Use of technical terminology and jargons for eg vitals signs, aspirate, CBC, PCA etc lead to confusion and also demonstrated provider centered communication thus creating a barrier to education, empowerment, effective interpersonal communication and relation building.

During the course of practice, the researcher has observed nurse’s interaction with patients in the oncology unit. For cancer patients, communication with healthcare professionals is an important mode of interaction. It was noted in many situations that an effort at communicating with patients would have resolved many problems. Several patients who were discharged after their stay in the oncology units revealed that they remember their hospitalization with feelings of anxiety, anger, and distrust about the staff along with difficulty in communication. These findings suggest that the nurses need to improve communication skills. Several authors have also
published positive results from randomized trials or other outcomes assessments of
communication skills training in oncology.\textsuperscript{27}

There is much to be desired as communication is a skill that can be learnt, the
researcher felt the need to prepare a module which will help nurses to improve their
interaction with patients and relatives. The aim of the nurses is to guide the patient
and relatives through their illness. In order to do this effectively, the nurses must first
understand the theory behind the art of communication and its associated problems.
Nurses carry a significant responsibility for the interpretation of communication
between individuals and other healthcare team members.

Therefore it is essential for nurses to be appropriately trained in addressing
patient care issues in their nursing practice. Oncology nurses who are trained in
clinical communication skill will be able to help patients in a professional manner.
Informational need can be addressed by various methods. One of the methods is a self
instructional module. Since they are adult learners, a self instructional module will
help the nurse to read and comprehend the contents at her own pace. It will also help
as a reference guide when needed.

1.5 THEORETICAL FRAME WORK- Imogene king’s Goal Attainment Theory

The model proposed by Imogene King an eminent American nursing scholar
focuses on interaction. It uses concepts which King found to be recurring in nursing
literature, research, training and practices.

King (1981) arranges her work in three open systems.

1. Personal system which deals with the individual either nurse or patient and
relates to perception, self, body image, growth & development, time & space
2. Interpersonal system which deals with people interacting either one to one or
in larger groups and relates to role, interaction, communication, transaction
and stress
3. Social system which deals with dynamics of society, its organization & effect on the environment and people and relates to organization, power, authority, status, decision making and role

King maintains that all systems have an end product or goal and she proposes that the goals of these systems related to nursing are health. Health is defined as dynamic life experiences of a human being, which implies continuous adjustment to stressors in internal and external environment through optimum use of one’s resources to achieve maximum potential for daily living (King 1981)

Nurses who have a major input in helping individuals during life events associated with health require a broad perspective, which includes appreciations and awareness of personal circumstance, the past, the future hopes etc. of the others world and his/her interpretation of health. Environments refer to internal and external environment, both of which create stressors for the individual. As an open system, the person is in constant interaction with the environment and adapts to changing circumstances.

Nursing is defined as nurse and patient using action reaction & interaction in a healthcare situation. This interaction using communication enables the nurses to set goals and select methods to meet these goals.

Goal of nursing is achievement of health in individuals by meeting three basic health needs.

1. Need for usable health information
2. Need for preventive care
3. Need for care when ill

The specific sub goal to be achieved by nurses is to establish transactions between themselves and patients, their families and other social systems. King sees nursing mainly as an interpersonal interaction between nurse and patient. The concepts of her theory are
1. Perception: Perception is each person representation of reality and this depends on awareness of personal circumstance, the past, the future hopes etc. The importing of energy from environment and organizing it by processing, storing and exporting information in form of observable behavior are the elements of perception

2. Judgment: Having perceived the situation, the person makes a Judgment

3. Action: When two people meet, some kind of actions is involved. It is a sequence of behaviors or activities which include mental action in terms of examining the situation from a personal perspective

4. Reaction: Results of action. It is feedback received after taking action

5. Interaction: interplay of communication between 2 or more people

6. Transaction: reaching some agreement to pursue an action plan to achieve desired outcome

Nurses require specific skills of observation and communication to collect information to make decisions and to implement plan of care. An understanding of her process of nursing involves the nurse learning communication skills and understands how to use them to help the patient move towards agreed upon goals. The nurse needs to be skilled in the above interactive process (concepts) before effective professional practices can be achieved.

The present study “Facilitating clinical communication skills: Development of a training module and testing its efficacy on knowledge and practices in selected aspects of clinical Communication skills of nurses in their interaction with patients and healthcare professionals, in an oncology unit” is explained using the concept of King’s goals attainment theory28.

The nurse has her own perception of how information has to be communicated, the art of communicating verbally, non verbally and through written documentation which maybe learnt during her initial nursing training. The nurse also brings in her own experience of communicating with patients, relatives and other healthcare personnel. The nurse may or may not be aware of the communication gaps.
The researcher also brings in her perception of how communication should occur and how information should be communicated and her own perception of the existence of communication gaps.

Both individuals i.e. nurse and researcher agrees to take an action of improving communication through the act of using the content of the module to improve communication skills. As a result of which, the reaction of the nurse is to give consent to participate in the study by participating in the pre-test and post test, show willingness to understand and pursue the communication skill required by implementing the concepts in daily interaction and specially the first interaction with patient during the admission process and also use of SBAR for communicating patient details during shift handoff. The nurse also becomes aware of gaps in her/his communication. The reaction of the researcher is to implement the pre-test based on the self instructional module and SBAR form to be used for nursing handoff.

Thus a mutual agreement has been undertaken to clarify doubts and both consented to achieve goal of improving communication skill in selected areas of patient care. Patients admitted to the hospital are in the process of adjusting to new environment which can be stressful. The nurse’s first contact with the patient and how she uses the communication technique will impact patient perception of the nurse and the environment. The reaction will be positive and beneficial to nurse and patient if the first interaction was fruitful. In this study transaction refers to agreement by the nurses to follows measures suggested in the Self Instructional Module to achieve desired outcome.

The agreement to participate in the post test included testing of their knowledge and skills, translating the concepts of the SIM into practice in day to day interaction and presenting their opinion on the information booklet. It was observed that the knowledge and skill improved thus closing the communication gap, indicating goal achievement and satisfaction on the part of the researcher, nurse and patient.

If the goal was not achieved, there would be dissatisfaction related to communication skill which would indicate a need for improved transaction.
FIGURE 1: THEORETICAL FRAMEWORK BASED ON IMOGENE KING’S GOAL ATTAINMENT THEORY
1.6 PROBLEM STATEMENT

Facilitating Clinical Communication Skills: Development of a training module and testing its efficacy on knowledge and practices in selected aspects of clinical communication skills of nurses in their interaction with patients and healthcare professionals, in an oncology unit in Navi Mumbai.

1.7 OBJECTIVES

Phase I

To develop and validate a self instructional module on clinical communication.

Phase II

1. To assess the knowledge regarding clinical communication among nurses working in an oncology hospital before and after providing the self instructional module
2. To assess the practices of nursing staff in relation to clinical communication skills before and after providing the self instructional module
3. To compare the knowledge and practices of nursing staff before and after providing self instructional module
4. To find out the association between clinical communication skills and selected variables such as age, gender, work experience, professional education
5. To find out the views of nursing staff regarding the teaching module
6. To assess the patient satisfaction regarding communication received from nurses

1.8 VARIABLES IN THE STUDY.

Independent variable: in this study the independent variable is the self instructional module which was given to the nurses regarding clinical communication skills.

Dependent variable: In this study, the dependent variable is the knowledge and practice of nurses with regard to hands off and admission process.

The effect of the independent variable on dependent variable was studied.
1.9 OPERATIONAL DEFINITIONS:

a) Facilitate:

In this study, facilitate means bring about changes in nurse’s current communication skills for better patient care outcomes through the Self Instructional Module.

b) Clinical communication skills:

In the study clinical communication skill means interactions of nurses among themselves and with patient in selected aspects in following clinical situation. Between nurse-patient e.g. admission procedure and between nurse – nurse during hands off using SBAR format. The SBAR tool was developed by Kaiser Permanente. It is a technique used for prompt and appropriate communication in the healthcare organization.

SBAR, is an acronym that stands for
Situation,
Background,
Assessment,
Recommendation.

c) Development

In this study, development means to prepare.

d) Training Module

In this study, training module means a self instructional training material, containing information and illustrations of communication in clinical setting in the following areas:

1. Introduction and importance
2. Communication: Definition
3. Communication process
4. Types of communication
5. Forms/Modes of communication
6. Barriers to communication in the clinical setting
7. Skills that facilitate communication
8. Use of SBAR technique during hands over/ off
9. Principles of documentation

e) Test Efficacy

In this study testing efficacy means to find out changes in mean knowledge and practice score regarding clinical communication skills.

f) Knowledge

In this study knowledge means correct responses given by nurses which are elicited using a structured questionnaire. The obtained response will be scored and graded arbitrarily as follows:

1-25% - Poor
26 – 50% - Average
51 – 75% - Good
76% and above – Excellent

g) Practice

In this study, practice means interaction occurring between nurses and with patient which will be observed and recorded by researcher using an observation checklist. The obtained practice scores will be scored and graded arbitrarily as follows:

1-25% - Poor
26 – 50% - Average
51 – 75% - Good
76% and above – Excellent
h) Selected aspects of clinical communication skills

In this study, selected aspects of clinical communication skills, refers to knowledge and practice of nursing staff with regard to use of verbal and non verbal communication during admission process and during shift hands off between nurses.

h-1) Verbal communication

Verbal communication is the use of words spoken. It is a way of communicating with people either face to face or via telephone. In verbal communication, pace, tone of voice, clarity, brevity and timing are relevant.

h-2) Non verbal communication

Non verbal communication is the use of other forms of communication such as body language, gesture, posture, touch etc.

h-3) Admission of patient

Patient’s first encounter to an inpatient unit is for purpose of diagnosis, treatment or supportive care. Initiative taken by the nurse to make patient feel comfortable, accepted and respected during the first interaction, will make patients feel safe and comfortable and assist in revelation, comprehension and help bring about a smooth transition.

h-4) Hands off

Hands off is the passing of the care of one or more patients to nurses working on the next shift, by informing them of

1. Tests ordered
2. Response to treatment
3. Recent changes in condition and circumstances
4. Plan of care including potential problems
5. Management issues and
6. Evolving or resolving problems

*In addition, both responsibility and authority are transferred.*
i) Healthcare professional

In this study, healthcare professional means nurses working in oncology unit at ACTREC.

j) Oncology Unit

In this study oncology unit denotes in-patients wards, where patients diagnosed with cancer are treated.

1.10 ASSUMPTIONS

1. Verbal and non verbal communication of nurses is an integral component of patient care
2. Communication skills of nurses vary from individual to individual.
3. Self instructional module is an accepted form of imparting information
4. Self instructional module may enhance nurse’s knowledge and improve their skills in clinical communication.
5. Adequate communication may enhance patient satisfaction

1.11 HYPOTHESIS

H₁ – There will be a significant difference in the mean knowledge scores of nurses regarding selected clinical communication skills before and after providing self instructional module.
H₂ – There will be a significant difference in the mean practice scores of nurses regarding handoff before and after providing self instructional module.
H₃ – There will be a significant difference in the mean practice scores of nurses regarding admission process before and after providing self instructional module.
H₄ – There will be a significant difference association between knowledge and practice of nursing staff and selected variables (age, gender, educational background and experience)
1.12 DELIMITATIONS

1. Only selected aspects of clinical communication skills are included.
2. Clinical communication skill is assessed among nurses and with patients.
   Other Healthcare Personnel is not included.
3. Observation for practices of clinical skills will be done using non-participatory
   observation.
4. Patient satisfaction regarding nurses communication is measured only post
   implementation of the self instructional module.

1.13 SCOPE

1. This study will enable to identify existing level of communication between
   nurse patient and nurse-nurse.
2. Exploration will help to gain a better insight about the nature of
   communication.
3. Communication with patients and healthcare professionals will influence the
   interaction and patients care outcomes.
4. Self instructional module will aid as training material and will bring about
   changes in knowledge and practice.
5. Self instructional module can be used as future reference material.
1.14 REFERENCES


13. Jo W. Cancer patient denied care and dignity by NHS Express, Home of the daily and sunday express [Internet]. 2013 03/03/15.


