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Communicating with patients and their families



Communicate with the patient

Illness and hospitalization are stressful, often deeply frightening experiences for patients and their families. The nurse is there to help patients through this experience. Good, clear, supportive communication is an important part of the help given. When you first meet a patient, say, "I am here to help you". Also, immediately tell the patient who you are: "I am Mrs Corpus, your nurse". Then, every time you enter the patient's room, take the opportunity to communicate. Your smile, your caring and your readiness to make contact will ease the patient's time in the hospital. Follow these basic guidelines for communicating with the patient.

Listen to the patient

Begin a conversation with the patient by using open questions like these:

"How are you feeling today?"

"Yesterday you were feeling very worried; how are you today?"

Concentrate on the patient and do not let other things distract your attention. Use your eyes, facial expression and tone of voice to show interest. Try not to interrupt. Let the patient say what he or she needs to say.

If the patient's message is not clear, ask questions to get more information or to clarify what was said. Do not jump to conclusions about what the patient means or what the patient needs. Listen to what the patient says and also to how he or she says it and to what is not said. Watch the expressions on the patient's face, and any gestures and body movements. Sometimes the patient's face, or tone of voice, or way of speaking can say more than words.

Keep what the patient says confidential

If information from the patient needs to be given to another person in order to help the patient, let the patient know that you are going to tell that person. For example, if the patient tells you about a symptom that he or she has not had before, tell the patient that you will let the doctor know. If the information will not be useful in helping the patient, do not repeat it to anyone else. Above all, do not gossip about patients with other nurses or other staff.

Put yourself in the patient's place and try to understand what he or she feels

The most important rule in communicating with patients is to imagine yourself in their place. Then you can understand their feelings and respond emotionally to their needs or distress.

The key is to care about the patient as a person, to recognize that this is a human being like you, who is sick and perhaps in pain, who is in need of your help. To express this caring, show warmth and interest when you are with the patient. Be attentive and respectful. Try to meet the patient's needs and respond to his or her feelings.

Remember that when you are kind to another person, both that person's life and yours are enriched.



How to communicate with difficult patients

Sometimes you must deal with patients who are so angry that they shout or angrily criticize you or other nurses or the doctor, refuse the care they need, pull out tubes or pull off bandages. At other times you will encounter patients who complain constantly and want something done for them at every moment. Some patients may scold you or call you incompetent if you do not run to them as soon as they call.

These patients are not easy to like. Often staff respond by becoming angry in return. Sometimes staff simply avoid these patients. Unfortunately, these responses will only make the problems worse.

When patients are angry, it is important to try to find out what they are angry about. Someone may be criticizing the nurse but really be angry that he or she has been diagnosed with a serious disease. It often helps if you calmly ask patients to talk about what their feelings are. It is important to listen and respond with understanding of the pain and difficulties.

If the patient appears to have a legitimate complaint, say that you will tell the nurse or doctor in charge, and do so.

If a patient complains constantly, you can be reassuring in a calm voice, let him or her complain, and perhaps use humour or a smile to help. At the same time, you can set some limits on the patient's demands, while showing warmth and an understanding of the difficulties. For example, you might acknowledge the frustration the person is feeling at having to depend on others for everything.



Respond to the patient's needs

Most of the time when patients talk to you, they are conveying information about their feelings and basic needs, and it is important to try to meet those needs as quickly as possible. Patients feel cared about when you try to make them feel better by doing things

like bringing water when they ask for it. A smile or a touch that conveys caring and concern for their needs is always helpful.

When the patient gives you information about his or her physical condition, listen carefully and act quickly on the information. If a patient says he or she is in pain, assess the pain and provide relief (see the chapter on caring for the patient in pain). Do not wait an hour to give medication because you have other things to do.

If the patient tells you about new problems, make sure you have the essential information and respond quickly. For example, if the patient says that he or she vomited this morning, try to find out the cause and possible related problems. You might ask such questions as,

"When did you vomit?

"Did you vomit before or after you ate?"

"Did you feel any nausea before you vomited?"

"Have you felt any nausea before this?"

"Was the vomiting sudden?"

"Have you had any diarrhoea?"

The information in the patient's answers will help you to find out what he or she needs. If the problem appears to be serious, inform the doctor.



Provide information to the patient

When you give information to the patient, be simple and clear. Always be genuine and honest. Do not use medical words to describe the problem or to explain what will be done or what the person can expect to happen. Do not use words that people outside the hospital do not understand. Use ordinary language. Say walk, not ambulate. Do not say you will take an apical pulse. Say you are going to listen to the patient's heart.

Do not pretend that you know things when you do not know. If you cannot answer a patient's question, say that you do not know

and offer to try to find the answer. If only the doctor knows the answer, tell the patient that you will ask the doctor, or suggest that the patient ask the doctor.

Never lie to a patient. If the patient is going to feel pain when a tube is removed, do not say that it will not hurt.

The timing of information is important. When the patient is upset, he or she may find it difficult to understand what you are saying. Look and listen carefully before deciding whether the patient is ready to hear you now or if you need to wait.

When you are explaining something to the patient, see if you can tell whether he or she understands what you have said. Ask the person to tell you what he or she heard, or to show you how he or she will do what they have learned. Remember that although patients may smile and nod their head in response, they may be trying to please you. They may not necessarily understand what you said.

Even if you speak very clearly, it is likely that the patient will not understand everything. He or she may forget much of what you say. People who are ill are frightened, and the hospital is a strange and confusing place. Patients who are frightened and confused find it hard to listen carefully. It is easy for them to forget things. You may have to tell the patient more than once.

Some patients want to know a lot about how they are, while others do not. It is important to give patients an opportunity to ask questions and to talk about their fears. If they do not want detailed information, however, do not force it on them.



How to give the patient bad news

One of the hardest tasks of doctors and nurses is giving bad news to patients. It is usually the doctor who tells the patient that he or she is not going to recover. Sometimes, however, the patient decides to ask the nurse about it. It is important for the nurse and doctor to talk and agree on how and when to tell the patient. Sometimes the complete truth is too much for the patient. Sometimes it may be best to tell the person a little at a time about what to expect in the future. It is important to know how much the

patient understands already and how much he or she wants to understand. Not all patients want to know everything. The best approach is to tell people as much as they indicate they want to know, and then try to help them to deal with their feelings.

When people are told bad news, they often do not want to believe it at first. This is called denial. It is useful as a first response, to help the patient to cope. However, the nurse needs to help the patient move on from denial. The person needs to understand that the situation is real. Gently tell the patient a little at a time about what to expect. Once patients understand what is going to happen, they may become sad and depressed. It is important to recognize their sadness and respond with compassion. It is also important to give patients hope but you must not give them wrong information to make them feel better. To give them hope, you can talk about what may be possible, not about what will definitely happen. You can also give patients hope by telling them that they will have some good time ahead in which they will be able to do many things.



Patients who have difficulty communicating

Sometimes patients cannot communicate clearly. They may not speak the language that is used in the hospital, or they may only speak it a little. You may find that a family member can help, or another staff member may speak the patient's native language. You may work with an interpreter who knows both languages and will translate your questions and the patient's replies. Face the patient and direct your questions to him or her. Carefully watch how the patient looks when speaking. You can understand a lot about what the patient means or is feeling even without words. Do not ignore the interpreter. Let the interpreter translate the questions while you face the patient.

Sometimes patients are deaf, blind or have poor vision. If patients cannot hear well, watch if they are reading your lips or if they are trying to communicate with sign language. If they are using their hands to communicate and you do not understand, try to find a family member to help you.

Sometimes a patient is confused, or cannot form words, or find the right words. When a person has a tube inserted he or she cannot speak at all. With these patients, try to communicate without using words. Ask the patient to signal yes or no to questions by using hand squeezes, or head movements, or eye blinks. Or give the patient paper or a word board to write on.

If the patient is trying to communicate but you do not understand, say that you do not understand, but provide support and encouragement, and continue the conversation. Do not pretend to understand when you do not. When the patient cannot communicate with you in words, it is especially important that you show attentiveness, warmth and respect through your touch and smiles.



How to communicate with families

Families of patients have to make many adjustments and changes in response to the illness, particularly if it is very serious and lasting. For example, they may have to spend time doing the tasks the sick person did before in the family. They also spend time going to visit and trying to take care of the sick person both in the hospital and when he or she returns home. They may lose money because of this sickness. The family members may be under a lot of stress. This may make them angry and difficult at times. When this happens it is important to think about how they are feeling. Try to realize how hard the situation is for them.

Make time to talk to the patient's family as soon as the patient is admitted; the sooner the better. Answer their questions simply but clearly. If they want more information than you can give them, offer to call the doctor or help to find a time when they can talk to the doctor. Ask the family about the patient; family members have a lot of useful information.

Whenever the family comes to visit, tell them what has been happening to their family member. Offer support and encouragement. Do not lie to the family. If they want to know more than you feel free to tell them, try to help them to talk with the doctor.

If the news is bad, you may wish to tell the family first and ask them to take part in a discussion about the best way to tell the patient. You may decide with the doctor that the patient should be told first, and then the family. Sometimes families want to help decide what will be done with their family member. For example, they want to help decide whether he or she will have surgery for the cancer. When they know what is expected to happen they might feel that it is better to do nothing at all except care for the person's symptoms.

If a family member wants to stay with the patient, make this as easy as possible.

If the family wish to help to care for the patient, give them instructions on providing daily care.

Before the patient leaves the hospital, talk to the family about the care he or she will need at home. Make sure they are able to give it. (This is discussed further in the chapter on preparing the patient for discharge.)