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The specificities of communication in the care of patients with cardiovascular diseases

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Специфіка спілкування при лікуванні хворих на серцево-судинні захворювання

Вища школа охорони здоров'я та соціальної роботи
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*"Listen to your patient well,
he tells you the diagnosis."*
prof. Josef Thomayer

Introduction

For a long time, cardiovascular disease (CVD) has been the "leading" cause of morbidity and mortality, in terms of all diseases. However, the major advances in medicine, in particular pharmacotherapy or medical technology and devices, have not improved this condition either [1]. Physicians and health care professionals are constantly focusing on the ways to improve the quality of patient care and decrease the number of patients with CVD or the mortality rate for CVD. One of the possible solutions is to improve cooperation from the perspective of the health care provider – patient – health care provider. The communication of the medical staff with the patient is one of the crucial roles in the treatment process. Communication as a life skill is acquired in childhood and improved through direct experience in everyday life. It is assumed that doctors and nurses can communicate effectively, but it is just a false belief. We all have experienced different types of misunderstandings and conflicts in our lives. Most cardiac patients gain experience and meet doctors and nurses not only in the sphere of their profession and expertise, but also their personality, behaviour, and the way they communicate during their medical examination, consultation, or hospitalization. Usually, most failures occur in routine communication, when the patient's disease is considered a condition that needs to be treated and monitored, or it is a disease that will eradicate over time, and therefore, it is not important to focus on the form and content of the communication. However, this is a big mistake, because it is communication itself that forms the image of the health care system and creates the opinion of the patients or the public on the system and quality of health care. It is very common to meet doctors or nurses who still make mistakes in their routine communication. According to the data of the Health care surveillance authority, 60% of complaints are against wrong approach or poor communication with the patient. Effective communication between the patient and the medical staff has a

great impact on patient satisfaction and, through his active approach, on the results of their treatment [2]. Patients need medical staff and health care professionals who not only treat them or take care of them but who also use effective and open communication. It can also lead to higher quality patient satisfaction, treatment outcomes, lower health care costs, and fewer patient complaints.

Communication in the past and present

In the past, the patient's passive approach on the one hand, and the doctor's authoritative approach on the other hand were considered ideal cooperation. The patient was expected to follow the doctor's recommendations – "compliance" – regarding the medications and recommended lifestyle changes important for disease management and reduction of cardiovascular disease risk factors. This common approach has prevailed until now, especially during the consultation with the doctor or hospitalization, when patients become frightened or anxious expecting the worst [7]. Then patients want a helping hand, to turn to the doctor or the nurse with confidence, so they need information to orient themselves and start cooperating. Despite the emphasis on a proactive approach and co-responsibility – "adherence", not all health care professionals are prepared for this form of communication. Modern technologies and the Internet help to increase the awareness of the public about cardiovascular diseases, invasive examinations, and treatment methods. The rapid and accessible acquisition of medical information means that patients require much more information than it was in the past and health care professionals need to be aware of the risks relating to the acquisition of not always adequate information. Moreover, it is important to change "silent medicine" into an open partnership and to offer educational guides and information leaflets based on current professional literature and clear authorship to the patients.

When providing educational manuals and leaflets, the health care professional should set aside time and space for the

patient's questions and be interested in whether the patient understands the recommendations and the importance of cooperation. The general goal of education today is aimed at the prevention of health disorders and problems (in terms of disease), information provision and its correct understanding as well as at the change of the attitude and behaviour of people so that they could adopt a healthy lifestyle. Another very important goal is to support individuals to actively participate in the learning process, and to make decisions based on their own self-interests, beliefs, and values.

Effective communication

Proper communication is very important not only in the sphere of the relationship between the health care professional and the patient but also in all fields of daily life. Communication can be defined as the transfer of information, or the mutual exchange of information through various signals and symbols [2]. It can be transmitted in speech, writing, as a non-verbal way of communication, or by communication media such as newspapers, radio, television, and others. Interaction among people is usually accompanied by a specific type of communication and nursing care is no exception. Nursing practice put emphasis on communication and the ability to interact with patients.

Health care professionals use communication skills when interacting with patients as part of their professional equipment. The ability to communicate helps to establish and develop contact with the patient [9]. Communication is a skill that must be always developed, the only thing we need is to want it, know it and be able to develop it. Ischemic heart disease, hypertension, acute myocardial infarction, separation from family, fear, inability to work, the need to make further decisions without obtaining effective information, etc. are some of the examples that result in impaired patient communication skills and a passive approach to self-care. The basic principles of communication are:

- simplicity, the need to adapt to the patient in communication, the way of expression and terminology, in their education as well as the ability to understand the issue and each other,
- not to disclose any information or overload patients with information that they cannot remember,
- trust and openness,
- use of assertiveness in communication,
- active listening in communication,
- encouragement of the patient to communicate,
- patience,
- empathy in communication,
- equality in communication despite unequal status,
- enough time [2].

Communication strategies

- to use active listening techniques,
- to use plain language,
- to use open-ended questions that force patients to discuss the topic,
- to use the technique of remembering the information,
- to establish an agreement with the patient to adhere to a collaboratively developed treatment plan,

- to monitor and identify patient cues,
- to communicate with the patient in a courteous, respectful, and friendly manner.

The course of communication

The purpose of every communication is to evoke a response, so it means that communication is a process. The communication process consists of five basic components. If one is missing, communication cannot begin or run properly. These components are:

1. Sender – nurse as an educator – a person who sends the information.
2. Receiver – patient as a recipient – a person who receives the information and who tries to decode it and to understand it.
3. Message – information – an idea/topic that is conveyed.
4. Feedback – response, answer – a message that the information has been received.
5. Situational context – situation, environment, and tools – are important in a communication process and can fundamentally change the meaning of educational information [6].

The specificities of communication in nursing care

Quality nursing care is impossible without effective and successful nurse-patient communication. However, nurses cannot be satisfied with the standard communication they have acquired in life, so it is important for them to constantly learn and work on their communication skills. To carry on effective communication which will meet the expectations of both, the patient, and the nurse, it is necessary to learn and follow several guidelines.

1. At the first nurse-patient contact, the important facts are:
 - greeting – introducing the nurse to the patient (name, title, etc.) as well as the patient to the nurse,
 - the first impression is very important – clothes, jewellery, scent, etc.
 - eye contact helps to build a relationship of trust; it is important to seek eye contact however patients often ignore it due to the feeling of uncertainty,
 - focus on the patient – leaving the patient alone, mobile phone not switched off, etc.
 - encourage the patient to talk – empathy,
 - patience and enough time.
2. If the nurse knows what to expect from the patient, she/he can prepare for it, and set a goal for what to achieve during the interview. In the implementation of educational and intervention activities, the nurse needs to prepare educational materials and educational leaflets, which are easily formulated, understandable, written in larger letters, graphically modified and coloured, and suitable for patients with different educational backgrounds. They need to be regularly updated and revised.
3. When educating the patient, it is important to have knowledge of the topic and information about important facts in the field of CVD and its prevention.

4. When conducting an interview, the strategic preparation of the nurse is also required. The nurse should be prepared for various questions and reactions from the patient and should clarify the best outcome when communicating with the patient. It is also important to know what compromises can be tolerated and what result is unacceptable.

5. It is important to know how the patient is perceived by the nurse. If the nurse treats the patient as an enemy, it affects the way they communicate together, and the patient can perceive it negatively. It can be revealed by the tone of the nurse's voice, the body language, or the choice of words. The nurse should perceive the patient as an equal person who has rights and opinions as well as strengths and weaknesses. Nurses do not always have to agree with the patients' views, but they can accept them and agree on some compromises. It is important to find out what patients really think, what the meaning of their words is, and what they want to achieve [5].

6. Trust, mutual respect, and consideration are essential for the nurse-patient relationship. If the nurse understands the patient, there are better opportunities to have a discussion or lead a dialogue. Moreover, when a nurse tries to listen to the patient without saying a word, it is possible to interrupt the patient politely, not using phrases such as "It is enough! Stop! It is my turn, I will talk!"

7. The nurse should not be interrupted when communicating with the patient. Many patients have a bad habit of interrupting people so if the nurse meets them, it is necessary to be polite and friendly saying: "Please, allow me to finish my sentence." "Please wait, I would like to say one more sentence".

8. If the nurse does not catch the patient's attention, after 30 seconds of the speech the patient stops listening, starts focusing on something else, and soon gets bored. The nurse should try to present her opinion as briefly as possible and give enough space to the patient [3].

9. It is important to check whether a person understands everything, whether it is a nurse or a patient. With the right targeted questions, the nurse can guide the conversation –

speaking clearly and choosing correct expressions and precise language with many examples.

10. The success of communication and education of the nurse also depends on the fact how the patient remembers the key information. Some studies have shown that patients can remember only half of what the health care professional – a doctor or a nurse has said. Usually, it is the introductory information or the final information at the end of the discussion. An important and necessary way to improve the effectiveness of communication is to verify that the patient has understood the information correctly. Through effective communication and a well-chosen method, the nurse can help the patient to understand and remember information better. Moreover, it helps the nurse to see whether the key concept has been understood and memorized correctly by the patient [8].

11. It is important to inform the patient during the decision-making process. The information must be objective, impartial, patient-oriented, up-to-date, evidence-based, reliable, accessible, relevant, and in accordance with the law. Patients who are actively involved in the decision-making process have a better prognosis. Most patients undergoing the selective coronary angiography, primary coronary intervention, or a coronary artery bypass graft (CABG) have limited health literacy – understanding of their disease and sometimes they have unreasonable expectations regarding the proposed intervention, its complications, or the need for re-intervention, especially of the primary coronary intervention.

12. Patients deserve to understand the risks, benefits, and uncertainties associated with their cardiovascular disease and its treatment. It is necessary for the nurse to avoid incomprehensible jargon, or to use terminology that patients do not understand.

13. Patients have the right to know who will treat them, examine them, as well as who will educate them [4].

14. It should not be forgotten that successful communication is an important aspect of nursing care, and it is part of the therapy. Effective communication with patients is as important as meeting their basic needs.

Table 1. **Barriers to information absorption in communication**

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|-------------------------------------|--|
| Nurse | The use of technical terms, speech mismatched, fast, no practical examples; the same form of providing information not taking into consideration education, employment, current mental and physical health; in conclusion, failure to repeat the plan of cooperation, which is expected by the patient |
| Patient | Unusual situation, worries, anxiety, fear, shame to ask when the patient does not understand |
| Halo effect nurse – patient – nurse | The tendency to judge patients by their looks, and their first impression rather than what nurses or patients say and how they behave |

Source (here and after): based on Kristová, 2004.

Table 2. **The most common difficulties of communication in education between the nurse and the patient**

- inaccurate, obscure information about health problems,
- failure to follow the doctor's instructions, treatment, and recommendations,
- non-compliance with the nurse's recommendations in the secondary prevention for health promotion,
- the patient's passive attitude towards treatment and prevention,
- failure to take responsibility for the patient's health.

Conclusions

One of the crucial tasks in the treatment and nursing process is the communication of medical staff with the patient. Patients as laypeople often do not know how to evaluate the medical expertise of a doctor or a nurse, but they know how to evaluate their approach, communication, their behaviour during diagnosis, examination, treatment, or education. Even most

complaints about medical staff are not based on poor medical or nursing care but arise due to inappropriate and often misunderstood communication. Professional and human communication with patients and their relatives is very important – it helps to avoid unnecessary conflicts and complaints, moreover, it promotes good relationships between the nurse and the patient, improves compliance, and reduces the stress of the nurses when performing demanding tasks.

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The major advances in medicine, in particular pharmacotherapy or medical technology and devices, have not improved condition of cardiovascular disease.

Objective: the ways to improve the quality of patient care and decrease the number of patients with CVD is to improve cooperation from the perspective of the health care provider – patient – health care provider.

Own text: the communication of the medical staff with the patient without mistakes.

Conclusion: effective communication between the patient and the medical staff has a great impact on patient satisfaction.

Key words: communication, education, nurse, patient.

Основні досягнення медицини, зокрема фармакотерапії чи медичних технологій та пристроїв, не покращили стан серцево-судинних захворювань.

Мета: шляхами підвищення якості обслуговування пацієнтів та зменшення кількості пацієнтів із ССЗ є покращення співпраці з точки зору постачальника медичної допомоги – пацієнта – медичної допомоги.

Власний текст: спілкування медичного персоналу з пацієнтом без помилок.

Висновок: ефективне спілкування між пацієнтом та медичним персоналом має великий вплив на задоволеність пацієнтів.

Ключові слова: спілкування, освіта, медсестра, пацієнт.

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