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Effective communication with the patient as part of nursing care

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Ефективне спілкування з пацієнтом як частина сестринської допомоги

Вища школа охорони здоров'я та соціальної роботи
Св. Алжбети, м. Братислава, Словаччина

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Эффективное общение с пациентом в рамках сестринского ухода

Высшая школа здравоохранения и социальной работы
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Motto:

“Unless we learn to listen to each other and let other know our needs and feelings in a human way, to communicate, we will not be able to provide quality care to our patients, because the healthcare is not only about treating the body but more and more often about treating the soul.”

Jana Karešová

Introduction

Ethics is part of each society's culture. Culture presents learned and kept values, standards, beliefs, traditions and customs of a particular group of people. It affects the patterns of human behavior and thinking. Various ways of living of different cultures cannot be forgotten even in nursing practice. Therefore, it is very important for a nurse to know and in practice to consistently kept to ethical principles. Knowledge of nursing ethics is therefore as important to her as professional knowledge and skills. In today's modern age, the need to address various ethical issues, problems and their importance requires the adherence to ethical principles in health and nursing care. The profession of a nurse as a healthcare giver is not limited only to the choice of good professional practice, but the moral aspect and the high "ethical burden" are increasingly being considered. It takes into account what is moral, correct, ethical, admissible or inadmissible or immoral behavior [1]. The ethics of the nurses are based on the relationship between the suffering, injured, and helping person. The current ethical principles of autonomy, charity, harmlessness, truthfulness, justice, and credibility in health come from the Hippocratic oath and come from the social changes of modern times associated with the influence of liberalism. Nursing Ethics focuses on nursing activities, the role and role of nurses who carry out these professional activities. It is the duty of the nurse to maintain the good of the patient as the main goal of her pursuit and to subject it to the providing of highly qualified nursing care. Ethics is more personal than law, and is dependent on the conscience of man, the law is being impersonal and suppressing undesirable behavior to enforce its demands. Ethics has never defined good only as what is in subjective consciousness. Ethics always strived to know what is morally correct and in practice tried to apply it as a moral

norm [2]. Ethics has an irreplaceable place in the nursing care, resulting from the very nature of human life and coexistence. An essential part of adhering to ethical aspects in the nursing care process is communication. Without productive communication, it is not possible to approach the patient and carry out the nursing process. It is the basis for the formation of the relationship between the nurse and the patient and without communication cannot be reached the start and its development.

Methodology of research

The healing process requires good communication based on ethical principles. The research objective was to analyze the current state of communication of nurses in health care from the point of view of patients and also to establish the level of ethical aspects of communicating with nurses in interaction with the patient.

Based on the main objective, we set the following **partial objectives**:

- Find out if communication between nurses and patients is in line with the ethical aspects of communication.
- Verify whether the age of the respondents is related to the subjective perception of ethical aspects in the communication of nurses.
- Find out whether the education of respondents is related to the subjective perception of ethical aspects in the communication of nurses.
- Map out whether the subjective perception of ethical aspects of nursing communication is related to the facility where the respondent is hospitalized.
- Monitor patient's satisfaction with communication of nurses at workplace.

Methods of data analysis

The sample in our research consists of patients with a deliberate choice. This was a group of patients hospitalized in internal, surgical, neurological, and long-term care wards. We used the tools of descriptive statistics in the descriptive part of the research. We processed the obtained answers by using the Microsoft Office 2013 and statistical software Statistica 13. The processed data are presented in the work by frequency tables with absolute and relative frequency. Hypotheses have been verified by inductive statistics tools. Most of the variables have been chosen as numerical variables with values on a 5-degree scale. To verify the hypotheses we used Spearman's correlation coefficient was used in the sub-hypotheses 2 to 5. We make a decision on the significance of the differences based on the calculated p-value and the importance level of 0.05.

Demographic data

Table 1. Gender of respondents

Gender of respondents	Number	%
Women	68	60
Men	45	40
Together	113	100

The survey was attended by a total of 113 respondents. There were 68 women in the selection file, which made up 60% of the selection and 45 men, it is 40% of selection.

With respect to the research objectives, we divided the respondents according to the institution in which they were hospitalized or located. Altogether, we distributed the questionnaires in 4 different wards of the Hospital of A. Leňa in Humenné and in the Nursing Care House in Veľké Kapušany.

Table 2. Age of respondents

Age of respondents	Number	%
Below 20 years old	6	5
21-30 years old	14	12
31-40 years old	21	19
41-50 years old	31	27
Over 50 years old	41	36
Together	113	100

Patients over the age of 40 prevailed in the selection. The oldest age group – over 50 years – consists of 41 patients. Their share of the selection was 36%. Younger patients, aged 41 to 50, were 31, making up 27% of the sample. At age 31 to 40 years there were 21 patients, i.e. 19% selection. Younger patients under the age of 30 were 17% of those under the age of 20, with only 6 patients, it is 5% of the sample.

Table 3. Education of respondents

Education of respondents	Number	%
Elementary school	12	11
Vocational school	21	19
Secondary school	50	44
Universities	30	27
Together	113	100

Hypothesis 1. Subjective perceptions of ethical aspects of communication are related to the age of patients

As we verified the perceptions of ethical aspects through several questions, the hypothesis was divided into several sub-hypotheses and for each of them we verify the validity of zero or alternative hypothesis.

Table 4. Verification of the 1st hypothesis

Correlation of ethical aspects and age	Correlation coefficient	Test. statistics	p-Value
Willingness to listen	0,556	7,046	1,60E-10
Possibility to show own will	0,501	6,091	1,60E-08
Sharing pleasure and worries	0,5	6,084	1,70E-08
Explanation of procedures	0,421	4,893	3,40E-06
Clarity of expression	0,402	4,628	1,00E-05
Space for expression	0,333	3,715	0,000 3
Importance of greeting and age	-0,027	-0,283	0,778
Enough of time	-0,004	-0,041	0,967

To verify the hypothesis, we calculated the Spearman's correlation coefficient, the corresponding test statistic and the p-values of the test. All relevant and p-value values are calculated in Table 4, and the data are sorted out. Of all the variables examined, we found the most significant correlation between the assessment of willingness to be heard by the nurse and the age of the patient. The correlation coefficient of these two variables is 0.556, which represents a direct linear relationship. The older the patient is the better he appreciate the

willingness of the nurses in this matter. The P-value of the test is 1.6E10, which is significantly below the importance level, so we reject the zero hypothesis and state the significant dependence between the variables. To a such similar conclusion we come to the assessment of patients' ability to express their will and share the joys and concerns with their nurses. Again, the correlation coefficient is relatively high of 0.501 (or 0.500), so the context is again direct and statistically significant. Elderly patients, therefore, are more likely to

appreciate that they can show their willingness during hospitalization, as well as sharing the joys and concerns of patients with nurses. Somewhat lower correlation coefficients were the result of a comparison of the age and the assessment of the explanation of procedures by the nurses as well as the clarity of their expression. However, these correlation coefficients 0.421 and 0.402 are thought as statistically significant as the corresponding p-value is still smaller than the importance level. The last variable, which is linked to the age, is the assessment if patients are given opportunity to express themselves in the communication by nurses. Elderly patients rated this behavior significantly better than younger patients as the p-value of the test was 0.000 3. Only in two areas of the assessment age did not appear as an influence factor. Regardless of age, patients evaluated the importance of a nurse

to greet at the entrance to the room as well as having or not having enough time to spare for a nurse. The P-values of these tests are well above the importance level.

We state that the 1st hypothesis was confirmed in almost all sub-hypotheses, with the exception of two. Subjective perceptions of ethical aspects of communication are directly related to age. Elderly patients evaluate behavior of nurses more positively than younger patients.

Hypothesis 2. Subjective perceptions of ethical aspects of communication are related to the education of respondents

Once again, we will use subdivisions to sub-hypotheses and their verification using the Spearman's correlation coefficient and the test of its non-Zeroing.

Table 5. Correlation of ethical aspects and education

Correlation of ethical aspects and age	Correlation coefficient	Test. statistics	p-Value
Space for expression	-0,35	-3,931	0,0001
Willingness to listen	-0,342	-3,829	0,0002
Explanation of procedures	-0,341	-3,821	0,0002
Sharing pleasure and worries	-0,269	-2,943	0,004
Clarity of expression	-0,226	-2,439	0,016
Possibility to show own will	-0,137	-1,457	0,148
Enough of time	-0,095	-1,003	0,318
Importance of greeting and age	0,01	0,103	0,918

Ethical aspects in communication have been put in relation to the educational factor. The calculated characteristics were re-arranged according to the p-value. It is evident from Table 5 that the correlation coefficients are negative. This means that higher education of patients predict lower assessment of individual aspects of communication. A lower p-value than the importance level of 0.05 was found in 5 aspects of communication: listening space, willingness to listen, sufficient explanation of procedures, sharing patients concerns and joys, clear comprehension towards the patient.

In all these areas the correlation coefficient is negative and its p-value is low. Therefore, we reject the validity of zero hypotheses and accept the validity of the alternative hypothesis that the correlation between the variables is non-zero, so statistically significant. At the same time, for all areas, more educated patients perceive ethical behavior more negatively.

Hypothesis 3. Subjective perceptions of ethical aspects of communication are related with the respondents' gender

Table 6. Correlation of Ethical Aspects and Gender

Correlation of Ethical Aspects and Gender	Average men	Average women	Test. statistics	p-Value
Sharing pleasure and worries	3,53	3,11	2,047	0,04
Space for expression	3,71	3,31	1,815	0,069
Possibility to show own will	3,69	3,44	1,472	0,142
Importance of greeting and age	4,22	4	1,091	0,276
Willingness to listen	3,65	3,44	1,044	0,298
Clarity of expression	3,74	3,64	0,578	0,562
Explanation of procedures	3,87	3,76	0,446	0,653
Enough of time	2,32	2,33	-0,235	0,818

Finally, we evaluate the subjective perceptions of ethical aspects in communication according to the patient's gender. The view of the calculated p-values for individual tests reveals that there is no great difference between men and women in the subjective perception of ethical aspects. The only

area where a significant difference in evaluation is confirmed is the sharing of joy and worries. The average assessment of this aspect in men (3.53) is higher than the average in females (3.11). Based on p-value 0.040, we reject the zero hypothesis and accept the validity of the claim that the evaluation is

different. In the other areas, no differences between men and women have been confirmed. We state that hypothesis 3 has not been confirmed with the exception of one subhypothesis. There are no significant differences between men and women in the assessment of ethical aspects.

Hypothesis 4. Patient age is related to satisfaction with communication with nurses at the workplace

Whether patient satisfaction with communication with his or her age gives the answer 4. Hypothesis. The correlation

coefficient between satisfaction and age is relatively high 0.636 and expresses moderate dependence. The P-value confirms its statistical significance. Since the correlation coefficient is positive, satisfaction with communication directly depends on age – the older the patient, the more satisfied. The third line of the table just confirms the finding that the correlation between the need to improve communication and age is the opposite of the previous comparison. It is also statistically significant, but the context is indirect – the older the patient, the less expectation of improvement.

Table 7. Correlation of Satisfaction and Age

Correlation of Satisfaction and Age	Correlation coefficient	Test. statistics	p-Value
Satisfaction with communication	0,636	8,674	0,000
Need to improve communication	-0,527	-6,533	0,000

Discussion

The ability to communicate should be the basic professional tool for each nurse and should serve to establish and develop cooperation with a patient. It is necessary that nurse is able to initiate, effectively support and maintain proper communication [3]. The target of the research was to analyze the current state of communication of nurses in health care from the point of view of patients and to find out whether nurses adhere to the ethical aspects of communicating with them. Survey was conducted through a questionnaire survey and involved 113 patients hospitalized in internal, neurological, surgical, long-term wards and a nursing home. In our research there was a higher percentage of women who made up 60% of the choice compared to the men who made 40% of the choice. In terms of age, patients in the oldest age group over 50 years of age dominated. With regard to education, patients were divided into 4 educational groups, from basic to university degree of education. The most powerful group were patients with secondary education with maturity exam. We were interested whether the subjective perception of the ethical aspects of communication was related to the age, education, and gender of the respondents, and we also wanted to determine the impact of age on the patient's overall satisfaction with nurse communications. If we wanted to find the impact of age on subjective perceptions of ethical aspects, we came to the conclusion that elderly patients rated nurse communication and behavior more positive than younger respondents. The exception were only two aspects – the importance of greetings when entering the room, which is important for both groups, and also having enough or lack of time for nurses. When verifying hypothesis 3, we found out that in five aspects, more educated patients perceive more negative communication with their nurses, so their expectations were higher. This difference was not found in three aspects. Without the difference of education, everyone also perceives the possibility of expressing their own will, having enough/lack of time for the nurses, and is also an important greeting when entering the room.

From the gender perspective and its impact on subjective feelings of patients, we did not detect any significant differences, except for one subhypothesis. Her analysis pointed to the

difference in the perception of empathy of the nurses, the aspect of the nurse's ability to share with the patient the joy and worries. In this matter, the nurses were rated more favorably by men than women, which may be due to greater sensitivity of women. When we investigated how patients are happy with nurse communication, we got mostly positive responses, which greatly delighted us, even though the patient group subsequently said that there was some room for improvement. At the same time, we came to the conclusion that elderly patients are more satisfied with communication of nurses and less needed improvement of communication they expect. Bačišinová [4], in her research, also found out that the majority of the respondents, 70% evaluated mutual communication only as informative, based on the principle of mutual discussion "in the run". Vozárová [5] conducted research in various geriatric departments of Slovakia. Her selection sample consisted of 100 nurses. In her hypothesis she assumed that patients had a greater interest in communicating, and that more than half of the nurses were actively listening to them. Its results showed that 75% of the interviewed nurses had a greater interest in communicating had the patient than their nurse, and 70% of the nurses said they were actively listening when the patient was talking. In the research, Morovicsová and Semančíková [6], whose respondents in total amount of 40% expressed the true idea that if the nurse had a real interest in communicating with the patient, she is able to find some time for a little conversation. Bystřická [7], in her research with her respondents found out if they had sufficient time to answer or to complete the task. The largest group of respondents, 93.6% said that they had enough time to respond or to complete the task. The author gained a more positive response compared to us. The success of providing quality nursing care is directly dependent on mutual communication between the nurse and the patient. The usual way of communicating is not enough for a nurse. It is necessary for a nurse to acquire a set of specific communication practices and skills, including: active listening, feedback, empathy, respect, interpretation, support, interest, silence, quiet, understanding, authenticity, advice.

Conclusions

Today, communication is of the utmost importance, not only in healthcare. This area for healthcare professionals

is much discussed, but understood as part of quality nursing care for the patient. Communication is difficult, time and psyche demanding, so mastering communication techniques and mastering communication barriers is very important in the work of nurses. Due to this it is necessary:

- In communication with the patient, approach individually – not a template approach,
- Behave in a way that is equally non-discriminatory, with no regard to various aspects such as age, gender, education, religion, race, culture and so on,
- Show interest in participating in training with a focus on communication and are constantly improving in this matter,
- Monitor patient's satisfaction with nursing communication at their own wards,
- Increase the number of lessons to teach communication in nursing and to focus on it also on practical exercises in communication skills,

- Encourage students and nurses to practice research on nurse communication with the patient and to publish obtained results obtained.

A positive change in the quality of communication occurs when the nurse is presently accepting an attitude towards everything that the patient is at the moment. In order for a nurse to apply this principle in practice, she must always work on herself. It is extremely important to ensure that nursing care never misses the emotional and human dimension, for, as Antoine De Saint-Exupéry said: "The greatness of every vocation is perhaps above all in uniting people: there is only one real luxury, and that is human relations. If we work only for material gain, we build our own prison. We shut ourselves in solitude with imaginary money that won't that won't give us anything worth living for".

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The basis of providing care are three aspects. The first aspect is the doctor who provides health care, the second aspect is the nurses providing nursing care. The third aspect is the patient. There must be a relationship between these three aspects that can only be established through communication and the communication process. Due to this, through research we analyze the current state of communication of nurses in health care from the perspective of patients and also determine the level of compliance with ethical aspects of communication by nurses in interaction with the patient.

Methods. We used the tools of inductive statistics Spearman's correlation coefficient to verify the hypotheses. We make a decision on the significance of differences based on the calculated value and the significance level of 0.05.

Results. By analyzing the results, we found that the subjective perception of ethical aspects of communication is directly related to age. Older patients rate nurses' behavior more positively than younger patients. At the same time, more educated patients perceive ethical behavior more negatively. There are no significant differences between men and women in the evaluation of ethical aspects, and satisfaction with communication depends directly on age – the older the patient, the happier he is.

Conclusions. It is the wrong communication and approach without an empathic basis that leads to patients' refusal to cooperate, feelings of anxiety, fear, distrust, but also aggression. There are various complications in the provision of nursing care.

Key words: communication, nursing care, nurse, patient.

В основі надання медичної допомоги лежать три аспекти. Перший аспект – це лікар, який надає медичну допомогу, другий аспект – це медсестри, що забезпечують догляд. Третій аспект – це пацієнт. Між цими трьома аспектами повинна бути взаємозв'язок, який може бути встановлений лише за допомогою спілкування та процесу комунікації. У зв'язку з цим за допомогою досліджень ми аналізуємо поточний стан спілкування медсестер в сфері

охорони здоров'я з точки зору пацієнтів, а також визначаємо рівень дотримання етичних аспектів спілкування медсестер у взаємодії з пацієнтом.

Методи. Для перевірки гіпотез ми використовували інструменти індуктивної статистики коефіцієнта кореляції Спірмена. Ми приймаємо рішення про значущість відмінностей на основі розрахованого значення і рівня значущості 0,05.

Результати. Аналізуючи результати ми виявили, що суб'єктивне сприйняття етичних аспектів спілкування безпосередньо пов'язане з віком. Пацієнти старшого віку оцінюють поведінку медсестер більш позитивно, ніж більш молоді пацієнти. У той же час, більш освічені пацієнти більш негативно ставляться до неетичної поведінки. Істотних відмінностей між чоловіками і жінками в оцінці етичних аспектів немає, а задоволеність спілкуванням безпосередньо залежить від віку – чим старше пацієнт, тим він більш задоволений.

Висновки. саме неправильне спілкування і підхід без емпатичних основи призводять до відмови пацієнтів від співпраці, почуттю тривоги, страху, недовіри, але також і агресії. Надання сестринської допомоги пов'язане з різними труднощами.

Ключові слова: комунікація, догляд за хворим, сестра, пацієнт.

В основе оказания помощи лежат три аспекта. Первый аспект – это врач, который оказывает медицинскую помощь, второй аспект – это медсестры, обеспечивающие уход. Третий аспект – это пациент. Между этими тремя аспектами должна быть взаимосвязь, которая может быть установлена только посредством коммуникации и процесса коммуникации. В связи с этим посредством исследований мы анализируем текущее состояние общения медсестер в сфере здравоохранения с точки зрения пациентов, а также определяем уровень соблюдения этических аспектов общения медсестер во взаимодействии с пациентом.

Методы. Для проверки гипотез мы использовали инструменты индуктивной статистики коэффициента корреляции Спирмена. Мы принимаем решение о значимости различий на основе рассчитанного значения и уровня значимости 0,05.

Результаты. Анализируя результаты мы обнаружили, что субъективное восприятие этических аспектов общения напрямую связано с возрастом. Пациенты старшего возраста оценивают поведение медсестер более положительно, чем пациенты более молодого возраста. В то же время, более образованные пациенты более негативно относятся к неэтичному поведению. Существенных различий между мужчинами и женщинами в оценке этических аспектов нет, а удовлетворенность общением напрямую зависит от возраста – чем старше пациент, тем он более удовлетворен.

Выводы. Именно неправильное общение и подход без эмпатической основы приводят к отказу пациентов от сотрудничества, чувству тревоги, страха, недоверия, но также и агрессии. Оказание сестринской помощи сопряжено с различными сложностями.

Ключевые слова: коммуникация, уход за больным, сестра, пациент.

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