Nurses’ knowledge Regarding Therapeutic Communication with Patients in Soba University Hospital, Khartoum State, Sudan (2016)

Elbadry  Hassin Khlife Ahmed

B.Sc In Nursing Science, University Of El Imam Elmahdi (2006)

A Dissertation

Submitted to University of Gezira in Partial Fulfillment for the Requirements for Award of the Degree of Master of Science

in

Community Health Nursing

Department of Nursing

Faculty of Applied Medical Sciences

University Of Gezira

November 2016
Nurses’ knowledge Regarding Therapeutic Communication with Patients in Soba University Hospital, Khartoum State, Sudan (2016)

Elbadry  Hassin Khlifa Ahmed

Supervision Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bothyna Bassyonie Elssyed Etewa</td>
<td>Main Supervisor</td>
<td>....................</td>
</tr>
<tr>
<td>Dr. Ietimad Ibrahim Abd Elrhman Kambal</td>
<td>Co - supervisor</td>
<td>....................</td>
</tr>
</tbody>
</table>

Date: December, 2016
Nurses’ knowledge Regarding Therapeutic Communication with Patients in Soba University Hospital, Khartoum State, Sudan (2016)

Elbadry Hassin Khifa Ahmed

Examination Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bothyna Bassyonie Elssyed Etewa</td>
<td>Chair Person</td>
<td></td>
</tr>
<tr>
<td>Dr. Kalthuom Yousef Ibrahim</td>
<td>External Examine</td>
<td></td>
</tr>
<tr>
<td>Dr. Ikhlass Mohamed Alli</td>
<td>Internal Examiner</td>
<td></td>
</tr>
</tbody>
</table>

Date of Examination: 3/12/2016
قال تعالى (بَيِّنَيْ أَيْمَنَيْ الْصَّلَّةَ وَأَمُرْ بِلِمْعَارِفٍ وَأَنْهَ عَنْ الْمُنْكَرِ وَاصْبِرْ)

على ما أصابك إن ذلك من عزم الأمور

صدق الله العظيم

سورة لقمان الآية (17)
Dedication

To of my Father and Mother, My Brothers and My Sister

Who gave all their best and supported me in all my decisions

My Loving Partner to my best friends

I'm So Cheerful to Dedicate this Research.
Acknowledgement

Thank Allah First and University Of Gezira
Who Give Me Opportunities to try Ideas And
Taught Me as Much as Taught Thanks all
Contributors Who help and Participate in This
Study, Soba University Hospital and.

Especial Thanks for My Main Supervisor:

Dr: Bothyna Bassyonie Elssyed Etewa

Especial Thanks for My Co.Supervisor:

Dr: Ietimad Ibrahim Abd Elrhman Kambal
Nurses’ knowledge Regarding Therapeutic Communication With Patients in Soba University Hospital, Khartoum State, Sudan (2016)

Elbadry  Hassin Khliya Ahmed

ABSTRACT.

The therapeutic communication is established by the nurse as soon as possible upon first meeting the client by assess the overall messages that the client is communicating to the nurse, such as fear, pain, sadness, anxiety or apathy. A descriptive hospital based study was conducted aimed at assessing nurses’ knowledge regarding the therapeutic communication with patient in Soba University Hospital, Khartoum State, Sudan (2016). The sample size consisted of (56) nurses that constituted the available nurses’ during the period from (August to November 2016). The data was collected by using a questionnaire designed for the study. Data analysis was performed by using statistical package of social science (SPSS). The Results revealed that (74%) of nurses’ responded with correct answers regarding factors affecting nurses’ therapeutic communication, and (78%) of them responded correctly regarding communicate with psychiatric patient. (60%) of the study sample responses with correct answers regarding principle of therapeutic communication. (46%) of them responded correctly regarding therapeutic communication with elderly patients. The study concluded that nurses’ knowledge regarding therapeutic communication with patients in Soba University Hospital were inadequate. It recommended that periodic educational program about therapeutic communication must be done, and Update nurse knowledge by attending work shop regularly, Examine and evaluation nurses’ knowledge annually, hand books must be design for nurses about therapeutic communication and should be available in the Hospitals.
تقييم معرفة الممرضين والممرضات تجاه الإتصال العلاجي مع المرضى بمستشفى سوبا الجامعي، ولاية الخرطوم، السودان (2016)

البدرى حسين خليفة أحمد

ملخص الدراسة

يطبق الإتصال العلاجي من قبل الممرض في أول مقابلة مع المريض لتقييم الحالة العامة، مثل الخوف والألم والحزن والقلق أولامبالاة. أجريت هذه الدراسة الوصفية وهدفت إلى تقييم مدى معرفة الممرضين والممرضات تجاه الإتصال العلاجي مع المرضى بمستشفى سوبا الجامعي، مدينة الخرطوم، السودان (2016). تكونت عينة الدراسة من (56) من الممرضين والممرضات، و التي تشكل العينة المتاحة أثناء فترة الدراسة من (أغسطس إلى نوفمبر 2016). تم جمع البيانات باستخدام استمارة استبيان تم تصميمها للدراسة. تم تحليل البيانات باستخدام برنامج الحزمة الإحصائية للعلوم الاجتماعية (SPSS). كشفت النتائج أن (74٪) من عينة الدراسة كانت اجاباتهم صحيحة عن العوامل التي تؤثر على الأتصال العلاجي، و (78٪) منهم كانت اجابتهم صحيحة عن التواصل مع المريض النفسي. (60٪) من أفراد العينة كانت اجابتهم صحيحة عن مبدأ التواصل العلاجي، (46٪) منهم كانت اجابتهم صحيحة عن الاتصال العلاجي مع المريض المسن. (42٪) من أفراد العينة كانت اجابتهم صحيحة عن متطلبات الأتصال العلاجي. خلصت الدراسة إلى أن معظم الممرضين والممرضات بمستشفى سوبا الجامعي كانوا معرفتهم بالإتصال العلاجي غير كافية، أوصت الدراسة بعمل برامج تدريبية للممرضين والممرضات عن الأتصال العلاجي وتحديث المعرفة للممرضين والممرضات من خلال حضور وقيام دورات عمل تدريبية بانتظام، دراسة واختبار معلومات الممرضين والممرضات لتقديم كتب للممرضين والممرضات عن الإتصال العلاجي مع المرضى و تكون متاحة في المستشفيات.
# List of content

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dedication</td>
<td>I</td>
</tr>
<tr>
<td>Acknowledgement</td>
<td>ii</td>
</tr>
<tr>
<td>Abstract English</td>
<td>iii</td>
</tr>
<tr>
<td>Abstract Arabic</td>
<td>iv</td>
</tr>
<tr>
<td>List of Content</td>
<td>viii</td>
</tr>
<tr>
<td>List of Tables</td>
<td>viii</td>
</tr>
<tr>
<td>List of Abbreviation</td>
<td>viii</td>
</tr>
<tr>
<td>List of Figures</td>
<td>ix</td>
</tr>
<tr>
<td>List of Diagram</td>
<td>xi</td>
</tr>
</tbody>
</table>

## Chapter One  Introduction

1. Introduction                                | 1    |
1.1 Background                                | 1    |
1.2 Problem statement                         | 2    |
1.3 Justification                             | 2    |
1.4 Objectives                                | 3    |
1.4.1 General Objective                      | 3    |
1.4.2 Specific objectives                    | 3    |

## Chapter Two Literature Review

2.1 Definition of Therapeutic Communication   | 4    |
2.2 Types therapeutic communication          | 5    |
2.3 Steps of therapeutic communication       | 6    |
2.4 Importance of therapeutic communication  | 6    |
2.5 Barrier affecting human communication    | 7    |
2.6 Communication techniques                | 7    |
2.7 Principles of therapeutic communication  | 8    |
2.8 Methods of therapeutic communication     | 9    |
2.9 Factors affect therapeutic communication | 10   |
2.10 Requirements for therapeutic relationship.
2.11 Therapeutic Communication Technique.
2.12 Therapeutic communication in the nursing profession.
2.12.1 Communication strategy.
2.12.2 Improving communication between Nursing assistants and nursing Home Residents during care Routines.
2.12.3 Communication and team work nursing essay.
2.12.4 Therapeutic communication and problem-solving.
2.12.5 Non therapeutic communication techniques.
2.12.6 Communication skills.
2.12.7 care of the visually impaired patient objectives.
2.12.8 Nurse communication with loss of hearing client.
2.12.9 Nurse communication with anew admission patient.
2.12.10 Nurse Communication with psychiatric patient.
2.12.11 Nurse participates In development to patient care plan.
2.12.12 Improving communication with elderly Patients.
2.12.13 Patient – centered communication.
2.12.15 How to improve your communication skills.
2.12.16 Reason behind nursing lacking communication.
2.12.17 Effective communication in nursing.
2.12.18 Basic communication skills.
2.12.19 Nurse communication with blind client.
2.12.20 Previous Study.

Chapter Three: Material and Methods

3.1 Study design
3.2 Study area
3.3 Study population
3.3.1 Inclusion criteria
3.3.2 Exclusion criteria
3.4 Sample size
3.5 Data collection tools
3.6 Sampling analysis 32
3.7 Data analysis. 32

Chapter Four: Results and Discussion

4.1 Results 33
4.2 Discussion 50

Chapter Five Conclusion and Recommendation

5.1 Conclusion. 52
5.2 Recommendation 53
5.3 References 54
Appendix 1 56
Appendix 2 58

List of Tablet

<table>
<thead>
<tr>
<th>Table</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table.1</td>
<td>Distribution of study sample according to their socio-demographic data</td>
<td>33</td>
</tr>
<tr>
<td>Table.2</td>
<td>Showed distribution of the target sample for their receiving training course in therapeutic communication</td>
<td>34</td>
</tr>
<tr>
<td>Table.3</td>
<td>Table (3) correlation between years of experience and therapeutic communication with psychiatric patient</td>
<td>34</td>
</tr>
<tr>
<td>Figures</td>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Figures1</td>
<td>Shows the study population knowledge about the therapeutic communication.</td>
<td>35</td>
</tr>
<tr>
<td>Figures2</td>
<td>Shows nurse knowledge about types about therapeutic communication</td>
<td>36</td>
</tr>
<tr>
<td>Figures3</td>
<td>Subject awareness of method of therapeutic communication</td>
<td>37</td>
</tr>
<tr>
<td>Figures4</td>
<td>Shows importance of the therapeutic communication</td>
<td>38</td>
</tr>
<tr>
<td>Figures5</td>
<td>Study population knowledge about appropriate therapeutic communication</td>
<td>39</td>
</tr>
<tr>
<td>Figures6</td>
<td>Shows nurse knowledge about poor therapeutic communication</td>
<td>40</td>
</tr>
<tr>
<td>Figures7</td>
<td>Study population knowledge about nursing the therapeutic communication technique</td>
<td>41</td>
</tr>
<tr>
<td>Figures8</td>
<td>Shows nurses therapeutic communication with blind client</td>
<td>42</td>
</tr>
<tr>
<td>Figures9</td>
<td>Shows nurses therapeutic communication with anew admission</td>
<td>43</td>
</tr>
<tr>
<td>Figures10</td>
<td>Shows nurses therapeutic communication with psychiatric patient</td>
<td>44</td>
</tr>
</tbody>
</table>
List of diagrams

<table>
<thead>
<tr>
<th>Figure</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagram.1</td>
<td>Sample knowledge about factors affecting nurses therapeutic communication</td>
<td>45</td>
</tr>
<tr>
<td>Diagram.2</td>
<td>Show sample knowledge about principle of therapeutic communication</td>
<td>46</td>
</tr>
<tr>
<td>Diagram.3</td>
<td>Show application to improve therapeutic communication</td>
<td>47</td>
</tr>
<tr>
<td>Diagram.4</td>
<td>Show sample knowledge about required for therapeutic communication</td>
<td>48</td>
</tr>
<tr>
<td>Diagram.5</td>
<td>Show nurses therapeutic communication with older patient</td>
<td>49</td>
</tr>
</tbody>
</table>

List of Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHO</td>
<td>World health organization</td>
</tr>
<tr>
<td>EMS</td>
<td>Emergency medical system</td>
</tr>
<tr>
<td>ALS</td>
<td>Advance life support</td>
</tr>
<tr>
<td>BLS</td>
<td>Basic life support</td>
</tr>
<tr>
<td>SRCS</td>
<td>Sudanese Red crescent society</td>
</tr>
<tr>
<td>PICU</td>
<td>Pediatric intensive care unit</td>
</tr>
<tr>
<td>NICU</td>
<td>Neonatal intensive care unit</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>BBB</td>
<td>Bleeding and broken bones</td>
</tr>
<tr>
<td>IFT</td>
<td>Inter-facility transport</td>
</tr>
<tr>
<td>RN</td>
<td>Registered nursing</td>
</tr>
<tr>
<td>PCC</td>
<td>Patients centred communication</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical package science</td>
</tr>
</tbody>
</table>
CHAPTER ONE

Introduction
1. Introduction

1.1. Background.

Nursing profession is very important in the health care sector and focuses on the quality of care for patients in hospitals, and also to take care of individuals and families in the community. Therapeutic communication provides the skills and techniques, is necessary for effective treatment of a variety of patients and used to develop the basic needs of the patient to ensure the necessary care, DeLaune, S. (2013).

The reaction of the patient to the hospital and disease as well as the emotional response will review the stages of the disease along with therapeutic communication techniques, and interview techniques and communication approaches to apply when treating patients who are blind, deaf and speaking other languages. In general involves the reciprocal process of sending and receiving message between two or more people. In fact communication only successful when both the sender and receiver understanding the same information, by successfully getting message across you convey or thought and idea effectively, when not successful the thought and idea that you actually send do not recertify reflect. Courting communication break dawn and creating road block that standing way from your good both personally and professionally Interpersonal communication (Kneisl, C.R. (2012).

Effective communication is helping relationship on one knowing what one is trying to convey communication either by face to face, telephone, written, in nursing communication is essential ingredient for success in rabidly changing health climate. Communication not only mean with client also with colleagues, administration official, and, the most common and urgent needs of clients seen to be Unless the hospitalized patient received the desired inform concerning their illness, the procedures, and social organization of the hospital, their anxiety level tend to high, they also exhibited the need for the same one to talk to keep them from feeding isolated and lonely, to be kind with them and to give them emotional support. Basic to the problem process that the more know and shared about patients their physical, psychological, spiritual and socio culture functioning. (Patrick R. Coonan 2013).
1.2. problem statement.

Wide World.

Barriers to Therapeutic Communication in the world and Develop countries is challenging even under the most ideal circumstances. The situations in which nurses and clients must communicate often present obstacles, which the nurse and client must navigate in order to communicate effectively. Common barriers to effective communication are discussed below, followed by suggestions to help nurses overcome these barriers. Angela C. Gray (2007).

Develop countries.

The ongoing policy debate about the value of therapeutic communications technology in promoting development objectives is diverse. Communications technology as insufficient to solve development problems of therapeutic communications technology as assisting all sections of the population. This research looks at evidence to support or refute the idea that develop nursing knowledge regarding therapeutic communication to be an effective healthcare intervention in developing countries (Wilson, F., 2010).

Problem in Sudan.

Study conducted because there much problem in the Sudan that affect the therapeutic communication example language, silence, communication apprehension, differences gender, lack of expressing which occurs when a person uses ambiguous or complex legal words filtering, selective perception, information overload, emotions, descriptions of a situation or environment that is not understood by the recipient, poor or outdated equipment, particularly the failure of management to introduce new technology, may also cause problems, staff shortages are another factor which frequently causes communication difficulties, so that there no previous study conducted before in the Sudan about therapeutic communication.

1.3. Justification and rational.

The therapeutic communication is important in nursing which reflect good relationship between the patient and nurses also help to improve nurse's ability to communication assertively and responsibility with. Also enable nurses to develop their abilities prepare for variety of patient. Therapeutic communication skills is essential part when providing nursing care, as we know nursing process in way of thinking, acting based as scientific method and this primary problem solving approach and this facilitate the development of therapeutic relationship between nurse and patient.
1.4. Objectives

1.4.1. General Objective
To study Nurses’ Knowledge Regarding Therapeutic Communication with Patients at Soba University of Hospital, Khartoum, Sudan August to November (2016).

1.4.2. Specific Objective
1- To assess nurses knowledge regarding variable aspects of therapeutic communication (nursing knowledge and practice regarding definition of therapeutic communication, therapeutic communication technique, principle of therapeutic communication, communication with psychiatric patient, communication with elderly patient) with patient at Soba University Hospital.
2- To identify barrier effecting therapeutic communication With Patients at Soba University Hospital.
3- To identify nurses needs when performing good therapeutic communication with patients at Soba University Hospital.
Chapter two

Literature Review
2. Literature review

2.1 Definition of therapeutic communication.

Therapeutic communication a process in which the nurse consciously influences a client or better understanding through verbal or nonverbal communication. Therapeutic helps the client to communication involves the use of specific strategies that encourage the patient to express feelings and ideas and that convey acceptance and respect (Wilson, A, 2013).

Nursing is a caring profession. It is also a profession that is more and more evidenced based in practice. In as much as the scientific aspects of nursing is increasing due to the complex technological advancement of medicine and the machinery that is used at the patient’s bedside, the fact remains that the nurse is the first person that the client usually comes in contact with in any emergency or hospital setting. Having said this, the term, “caring” is an essential emotion that all nurses, for that matter, all individuals in the health profession must possess. With caring comes the trained ability of the nurse to facilitate therapeutic communication. One might ask, what is therapeutic communication? To better answer this question, the term communication should first be defined, Wilson, A,(2013).

Communication can be defined as “The Process of transmitting messages and interpreting meaning With therapeutic communication, the sender, or nurse seeks to illicit a response from the receiver, the patient that is beneficial to the patients mental and physical health. Just as stress has been proven to adversely affect the health of individuals, the therapeutic approach to communication can actually help. In any given situation everyone uses communication. Everyone has seen the individual that looks like they are either angry, stressed, feeling ill or maybe sad. These emotions are communicated to others not always by words, but by gestures and facial expressions. A nurse must always be aware of these expressions in clients, for these expressions may be the only way that the nurse can tell if there is something else going on that needs their attention. The term given to this type of non-verbal communication is called, meta-communication. In meta-communication, the client may look at their amputated stump and say that it doesn’t really look that bad, while at the same time tears are rolling down from their eyes. In a case such as this the nurse should stay and further explore how the person actually feels. There are many factors associated with the healing and comforting aspects of therapeutic communication. Circumstances, surroundings, and timing all play a role in the effect of therapeutic communication. If a client is being rushed down for an emergency surgery there might not be time for a bedside conversation, but the holding of a hand could convey much more than words to the , (Anne ,G 2010).

Therapeutic communication to be effective the nurse must be aware of how they appear to the client. If a nurse appears rushed, for example, they are speaking quickly, their countenance looks harried, and they are breathing heavily, their eyes not on the client but perhaps on an intravenous bag on the client in the next bed. In a case like this, there is nothing that this nurse could say to the client in a therapeutic manner that the client would believe. The helping relationship has not been established and therefore therapeutic communication cannot be facilitated. (Potter, Patricia A. 2013).
All of these emotions go into the client nurse relationship, which must be established by
the nurse as soon as possible upon first meeting the client. To begin to establish this nurse client
relationship, the nurse must assess the overall message that the client is communicating to the
nurse, such as fear, pain, sadness, anxiety or apathy. The nurse should be trained in keying into the
message that the client is sending. Only then can the nurse determine the best therapeutic
approach. Anyone that has to be thrust in to a hospital or emergency room environment has level
of anxiety. This level can go up considerably when the client feels that they have been abandoned
or that there is no one there that really cares about how they feel. When a client is the recipient of
therapeutic communication from a caring individual, a level of trust is achieved and more than,
that the clients entire countenance can change for the better. Their blood pressure, respirations and
levels of stress can simultaneously decrease. When this takes place, the management of pain, if
any is involved, can be resolved more quickly. The goal for a nurse is to become proficient in the

Therapeutic Communication is a critical part of the healing process. All caregivers
communicate with their clients, but not all know how to focus communication in the most helpful
manner. Therapeutic Communication provides a framework for delivering specific non-verbal and
verbal messages that are designed to be an integral part of a client's healthcare experience.
Therapeutic Communication includes a review of basic communication theory and discusses the
differences between social and therapeutic communication. Learners are provided with definitions,
video, and illustrations of specific techniques that facilitate or block communication. The lessons
are supported by computer exercises, practice interactions, and quizzes that reinforce the learner's
understanding of the therapeutic communication process. (Perry, Anne G. 2013).

2.2 Types therapeutic communication.

1- Verbal communication.

The sharing of information between individuals by using speech. Communication that
employs readily understood spoken words, as well as insuring that enunciation, stress, and
tone of voice with which the words are expressed is appropriate.

2- Non verbal communication.

1- Eye contact.

This is the most important thing, making an eye contact with a person tells other person that
you are confident on what you are speaking. It also send signals to other person that you are
interested in listening to their part of conversation as well. But it doesn’t mean that you stare
them continuously, just try to be normal.

2- Body language.

Have a positive body language because body language say a lot about you. Be relaxed and
don’t cross your arms this may send a signal to other person that you are not interested in the
conversation.

3- Written communication.

Nurses must also be able to write clearly and well. For instance, when making notes
regarding a patient’s behavior or symptoms, nurses must be able to communicate in exacting
detail. Noting that a patient "had a rash" isn't as instructive or helpful as, "the patient had a 3-
inch rash along the armpit, where the skin stood up in hard, red bumps that resembled infected
pores." In addition to detail, nurses must also be able to write professionally, using concise
sentences, correct grammar, punctuation and spelling. The better the writing, the more easily the message is conveyed.

4-Interpersonal communication.
When a nurse communicates one on one, this is interpersonal communication. However, nurses must be able to communicate with patients as well as with co-workers. Nurses often don't have a great deal of time, so they must be able to read people's body language as well as understand what they're saying. Nurses have to be able to communicate in "normal" language as well, explaining sometimes complicated medical terms and ideas to patients in plain words which they can understand. Additionally, nurses need to be able to keep positive communication aspects as patients may not want to cooperate and a nurse will need to be persuasive.

2.3 Steps of therapeutic communication.
1- Empathy.
is not only the desire but the actual putting of self mentally and emotionally in the client’s place. This enables you to acknowledge their uniqueness and adapt your approach to create an effective change in them.

2- Respect.
has to do with you being flexible and adjusting rather than the client adjusting to you. What happens when a client is stripped of their clothes, separated from loved ones, lost their familiar routines and surroundings. To preserve self-esteem and power, the nurse must be willing to make changes as holding off breakfast to let a client sleep in the morning.

3-Genuineness.
is being truthful. Do not guess at an answer but be honest and say that you need assistance. Also evaluate your interactions to see what was appropriate or what needs improvement.

4-Concreteness and confrontation.
offer responses to client’s questions and concerns so that he/she understands. You have to express clearly what you mean and the client has to so the same. Thus confrontation is used to clarify when thoughts are not expressed clearly.

of active listening and every nurse should be active listeners. (DeLaune, S, 2012).

2.4 Importance of therapeutic communication.
Nursing is a caring profession. It is also a profession that is more and more evidenced based in practice. In as much as the scientific aspects of nursing is increasing due to the complex technological advancement of medicine and the machinery that is used at the patient's bedside, the fact remains that the nurse is the first person that the client usually comes in contact with in any emergency or hospital setting. Having said this, the term, “caring" is an essential emotion that all nurses, for that matter, all individuals in the health profession must possess. With caring comes the trained ability of the nurse to facilitate therapeutic communication. Communication can be defined as “The Process of transmitting messages and interpreting meaning” (Wilson .F, 2013).

With therapeutic communication, the sender, or nurse seeks to illicit a response from the receiver, the patient that is beneficial to the patients mental and physical health. Just as stress has been proven to adversely affect the health of individuals, the therapeutic approach to communication can actually help. In any given situation everyone uses communication. Everyone has seen the individual that looks like they are either angry, stressed, feeling ill or maybe sad. These emotions are communicated to others not always by words, but by gestures and facial expressions. A nurse must
always be aware of these expressions in clients, for these expressions may be the only way that the
nurse can tell if there is something else going on that needs their attention. The term given to this type
of non-verbal communication is called, meta-communication. In meta-communication, the client may
look at their amputated stump and say that it doesn’t really look that bad, while at the same time tears
are rolling down from their eyes. In a case such as this the nurse should stay and further explore how
the person actually feels. There are many factors associated with the healing and comforting aspects
of therapeutic communication. Circumstances, surroundings, and timing all play a role in the effect of
therapeutic communication, (Wilson .F, 2010).

A client is being rushed down for an emergency surgery there might not be time for a bedside
conversation, but the holding of a hand could convey much more than words to the client at such a
moment. Ideally, for therapeutic communication to be effective the nurse must be aware of how they
appear to the client. If a nurse appears rushed, for example, they are speaking quickly, their
countenance looks harried, and they are breathing heavily, their eyes not on the client but perhaps on
an intravenous bag on the client in the next bed. In a case like this, there is nothing that this nurse
could say to the client in a therapeutic manner that the client would believe. The helping relationship
has not been established and therefore therapeutic communication cannot be facilitated. Some of the
emotions associated with therapeutic communication include but are not limited to the following:

2.5 Barrier affecting human communication.

Barriers to effective communication can retard or distort the message and intention of the message
being conveyed which may result in failure of the communication process or an effect that is
undesirable. These include filtering, selective perception, information overload, emotions, language,
silence, communication apprehension, gender differences and political correctness Organizational
Behavior. 6th ed. Pearson, French’s Forest, This also includes a lack of expressing "knowledge-
appropriate" communication, which occurs when a person uses ambiguous or complex legal words,
medical jargon, or descriptions of a situation or environment that is not understood by the
recipient. Physical barriers are often due to the nature of the environment. An example of this is the
natural barrier which exists if staff are located in different buildings or on different sites. Likewise,
poor or outdated equipment, particularly the failure of management to introduce new technology, may
also cause problems. Staff shortages are another factor which frequently causes communication
difficulties for an organization. While distractions like background noise, poor lighting or an
environment which is too hot or cold can all affect people's morale and concentration, which in turn .
(Julia .W, 2008).

2.6 Communication techniques

Communication between nurses, technicians, doctors and patients is a key element to the
medical profession. Communication is the forefront for the nurse as the patient's advocate for
health and wellness. By assembling or devising a way to obtain information while the receiver
speaks is very important.
1. Basics.
The nurse needs to communicate her assessment to the patient by repeating the responses given to her. By re-verbalizing the patient's statements, she can be sure that what she has received is clarified and correct. Thus, the nurse can take the next step, whatever it may be, such as checking the patient's orders or by calling the doctor.

2. Techniques.
Communication with staff members, whether peers or supervised staff, is an important tool in advocating for the wellness and health of a patient. Good listening skills are a must along with professionalism tied to communication. Body language often conveys what the speaker is thinking. Tilting of the head when listening communicates to the speaker interest and care regarding the information being communicated. Repeating statements to and from staff assists the communication continues to be clear and concise. Most goals are achieved by team effort and a team response. The communication from the nurse needs to be team oriented regarding the staff members. In other words, she should express ideas as "we need to do this" rather than "you need to do this." By communicating as a team the nurse will be sure to achieve any goals in regard to the wellness and health advocacy of the patient involved. (Gillie, B, 2014).

3. The report.
The final step after treating the patient is writing the report and writing it correctly. The report must be factual and in a clear and concise format. It should be straightforward and follow the chronology of the events. The facts are what seal the report, such as: "at 3 p.m. Mr. Jones complained he has suffered sharp, radiating pain in his upper abdominal quadrant." The nurse will date and time the report of his actions to assist the patient in his complaint. By providing a plan and action within the report the nurse has written a care plan that will communicate Mr. Jones's complaints to other professionals, who are or will be involved with his care. (Potter, A, 2013).

2.7 Principles of therapeutic communication.
The interaction between the nurse and the patient, which results in a beneficial outcome for the patient, is what, in nursing parlance, is referred to as Therapeutic Communication. The primary goal of therapeutic communication is to make the patient feel and realize that he or she is being taken care of and the pain, agony or feelings of the patient are well understood and adequately addressed through treatment, care and assistance. Therapeutic communication is not the same as social interaction or other forms of verbal communication exchanged between any two or more persons. The communication between the nurse and the patient has the purpose and vision—care and assistance for the patient—and hence it is essential that the principles of therapeutic communication be mastered by the nurses. (DeLaune, S, 2012).

Therapeutic communication is that it is non-judgmental. Care and assistance to the patient is the primary goal of therapeutic communication and gaining skill and expertise over this important aspect requires a nurse to follow some basic principles of therapeutic communication. The nurse should ensure that he or she interacts with the patient at a suitable time where the patient is comfortable discussing with the nurse. If the patient had just undergone some treatment and feeling a bit tired, probably due to the impact of medication, then the nurse should not disturb the patient with discussion related to his or her health. (DeLaune, S, 2012).

The nurse should also bear in mind the physical environment in which the patient is placed and ensure that there is adequate privacy around so that the communication can be effective between
the patient and the nurse. If there were visitors to the patient around the bedside, then he or she might show some uneasiness discussing with the nurse. The atmosphere or environment should be better so that it encourages the patient to speak with openness with the nurse. Before beginning the conversation, the nurse should make it clear to the patient the purpose of the interaction. This will make it clear for the patient and, having realized that it is related to his or her health care and assistance, he or she will more likely cooperate and provide the required information. (Ladner, P, 2012).

One of the most important aspects of therapeutic communication on behalf of the nurse is to be non-judgmental. In other words, the nurse should accept what the patient says, "As it is" without passing on any personal judgments. The nurse should be aware of his or her own biases and should not allow his or her biased vision to intervene with what the patient has to say. The nurse can extend best possible care and assistance only and only when he or she accepts the patient's remarks and understands what the patient says, keeping his or her judgment or bias under control. The nurse should be an active listener in therapeutic communication. In other words, he or she should correctly interpret and understand what the patient conveys during the conversation. The nurse should ensure this by repeating what the patient has said and providing an opportunity to the patient to confirm what he or she had said about the problems. This is a hallmark.

2.8 Methods of therapeutic communication.

People sometimes seek help for life problems from a professional, hoping that he can find a way to ease their suffering and return to normal functioning. Communication is at the heart of this process, allowing the counselor to assess the nature and extent of the problem, develop a plan for therapy and work with clients toward solutions. Therapeutic communication methods, when used in the context of a trusting, productive helping relationship, enable the desired change to occur.

1-Active listening.
The importance of truly listening to clients cannot be underestimated. Although this might not seem like communication at first glance, consider what message is sent when someone clearly is not paying attention to what you are saying. Active listening involves making eye contact, leaning forward slightly, nodding and even silence to communicate your full attention. Focusing entirely on what clients are saying, are not saying or are revealing through nonverbal means not only provides valuable information, but also shows clients you are fully present in the moment with them.

2-Questions.
Asking questions shows interest and gathers the information you need as a helper. Closed questions can be answered with "yes," "no" or a brief answer, and they are appropriate for gathering specific information. Open questions encourage clients to explore their thoughts and feelings and to clarify what has been said. These questions are more often used in therapy because they allow deeper exploration of the problem and help clients to examine facets they may not have thought about. (DeLaune, S. 2013).

3-Reflections/Restatements.
Because communication is an imperfect process, it is important to check our understanding of what we have heard. Restatements consist of paraphrasing what clients have said in a way that is clearer and more concise. This allows clients to clarify mistaken impressions and truly hear what they are saying. Reflections of feeling focus on emotion rather than content, helping clients
identify what they are feeling. They also communicate acceptance of clients' emotions, fostering an environment in which they can express themselves openly. (DeLaune, S, 2012).

4- Challenges/Interpretations.

Beyond exploration, therapy involves promoting insight into the problem. Challenges are a way to encourage the client's deeper understanding of their fears, desires, struggles and emotions. For example, "You say you want to study music, but you don't practice. What's about it?" Interpretations, on the other hand, go beyond what the client has said by highlighting patterns, themes and connections noted by the helper. "I wonder if your procrastination is related to a fear of failure" is one example of an interpretation. (DeLaune, S, 2012).

5- Self-disclosure.

When used appropriately, disclosing when you have experienced a similar problem and how you handled it can be quite healing for clients. Self-disclosures allow clients to see possible ways to address their problems, help them understand what they are feeling and minimize the power differences in the relationship to stimulate their full participation in problem-solving. With the intention to assist the client and foster insight, occasional self-disclosure can be beneficial.

2.9 Factors affect therapeutic communication.

1. Language.

Even when two people speak the same language, it may be difficult for them to understand each other. In additions linguistic barriers, such as discrepancies in sophistication of vocabulary, for example, intrusive self talk, preconceptions, and individual differences in the use of certain words and expressions can render messages unintelligible despite a shared dialect. Imagine the potential barriers when two people do not speak the same language When English is the nurse or client's second language, the nurse can enhance the client’s understanding by seeking common ground. Nurses can endeavor to learn some of the client’s language. When this is not practical, nurses must bridge language gaps by thinking critically and creatively. Interpreters, foreign language dictionaries, pictures, and symbols are some potentially effective tools the nurse can use to enhance communication with a client who speaks a different language. (Williams, R, 2012).

2. Culture.

Cultural differences in communication transcend spoken language. For example, while people from one culture may consider it perfectly appropriate to express thoughts and feelings with spontaneity and exuberance, people from another culture may value stoicism and reservation in verbal communication. Eye contact, physical proximity and contact, and the role of small talk are but a few examples of culturally idiosyncratic elements of communication. for a more in-depth discussion of cultural influence on communication. (Williams, R, 2012).

3. Gender.

While it is certainly a generalization with many evident exceptions, men and women sometimes differ in their communication styles. Many people believe, for example, that women tend to be more adept at reading nonverbal cues and are more comfortable than men are with close physical proximity when communicating with another individual. Recent developments in brain imaging techniques indicate possible gender-based differences in the speech centers of men and women, and it will be interesting to follow this science as it develops 1That said, as
with any generalization, it is important to avoid relying on rigid preconceptions based on stereo
typical gender-based differences. Similarly, confusion and perceptual alterations such as loss of
hearing or vision may impact the communication process. For a description of techniques that
may be helpful when communicating with clients whose physical and/or cognitive condition
might potentially impede effective communication (Williams, R, 2012).

4. Developmental Level.
Failure to communicate at the client’s individual developmental level can represent a
significant roadblock to effective communication. Young children, for example, are generally
incapable of abstract thought. Knowing this, the nurse will communicate with the child in
relatively concrete terms. It is important that the nurse consider not only the age but also the
developmental stage of the client, which may be affected by preexisting diseases (Williams, R, 2012).

5. Emotions.
In the health care setting, providers are sometimes guilty of treating the client as a curiosity, a
problem, or a disease. This stance may engender emotional distance, an unwillingness to “be
there” with the client. Despite the need to focus on the client’s alterations, the nurse must
remember that the client is, first and foremost, a human being in need of empathy and
understanding. Emotional distance precludes any modicum of therapeutic communication. On
the other hand, excessive emotional involvement on the part of the client or the nurse may
prove equally disruptive to the communication process. The client may be so emotionally
distraught that the nurse would do best to allow the client time to experience the emotions,
without trying to intervene. In the interest of the client, the nurse, too, must maintain some
control over his own emotions. Saying in hospice nursing goes, “It’s OK to cry with the client,
as long as you don’t cry more than the client.” The role of emotions in the communication
process, and in the overall nurse-client relationship, is complex. This complexity requires the
nurse to remain conscious of her own emotional state as well as that of the client, and to ensure
that neither emotional distance nor emotional excess derails the communication process
(Roger A., 2014).

2.10 Requirements for therapeutic relationship.
1- Rapport
2- Trust
3- Respect
4- Genuineness
5- Empathy
6- Phases of a Therapeutic Nurse-Client Relationship
7- Pre-interaction phase
8- Orientation/Introductory Period
9- Working
10- Termination

2.11 Therapeutic Communication Technique.
1- Using silence – allows client to take control of the discussion, if he or she so desires
Accepting – conveys positive regard Giving recognition - acknowledging, indicating awareness.
2- Offering self – making oneself available.
3- Giving broad openings – allows client to select the topic.
4- Offering general leads – encourages client to continue.
5- Placing the event in time or sequence – clarifies the relationship of events in time
6- Making observations – verbalizing what is observed or perceived.
7- Encouraging description of perceptions – asking client to verbalize what is being perceived.
8- Encouraging comparison – asking client to compare similarities and differences in ideas, experiences, or interpersonal relationships.
9- Restating – lets client know whether an expressed statement has or has not been understood.
10- Reflecting – directs questions or feelings back to client so that they may be recognized and accepted.
11- Focusing – taking notice of a single idea or even a single word
12- Exploring – delving further into a subject, idea, experience, or relationship

Seeking clarification and validation - striving to explain what is vague and searching for mutual understanding.
13- Presenting reality – clarifying misconceptions that client may be expressing
14- Voicing doubt – expressing uncertainty as to the reality of client’s perception
15- Verbalizing the implied – putting into words what client has only implied

Attempting to translate words into feelings - putting into words the feelings the client has expressed only indirectly.
16- Formulating plan of action – striving to prevent anger or anxiety escalating to unmanageable level when stressor recurs.

2.12 Therapeutic communication in the nursing profession.

Nursing is a caring profession. It is also a profession that is more and more evidenced based in practice. In the scientific aspects of nursing is increasing due to the complex technological advancement of medicine and the machinery that is used at the patient's bedside, the fact remains that the nurse is the first person that the client usually comes in contact with in any emergency or hospital setting, "caring" is an essential emotion that all nurses, for that matter, all individuals in the health profession must possess. With caring comes the trained ability of the nurse to facilitate therapeutic communication. One might ask, what is therapeutic communication? To better answer this question, the term communication should first be defined. Communication can be defined as "The Process of transmitting messages (Berry, D, 2010)

With therapeutic communication, the sender, or nurse seeks to elicit a response from the receiver, the patient that is beneficial to the patient’s mental and physical health. Just as stress has been proven to adversely affect the health of individuals, the therapeutic approach to communication can actually help. In any given situation everyone uses communication. Everyone has seen the individual that looks like they are either angry, stressed, feeling ill or maybe sad. These emotions are communicated to others not always by words, but by gestures and facial expressions. Nurses must always be aware of these expressions in clients, for these expressions may be the only way that the nurse can tell if there is something else going on that needs attention (.Berry,D,2014).

There are many factors associated with the healing and comforting aspects of therapeutic communication. Circumstances, surroundings, and timing all play a role in the effect of therapeutic communication. If a client is being rushed down for an emergency surgery there...
might not be time for a bedside conversation, but the holding of a hand could convey much more than words to the client at such a moment. Ideally, for therapeutic communication to be effective the nurse must be aware of how they appear to the client. If a nurse appears rushed, for example, they are speaking quickly, their countenance looks harried, and they are breathing heavily, their eyes not on the client but perhaps on an intravenous bag on the client in the next bed. In a case like this, there is nothing that this nurse could say to the client in a therapeutic manner that the client would believe. (Anne G. 2013).

The helping relationship has not been established and therefore therapeutic communication cannot be facilitated. Some of the emotions associated with therapeutic communication include but are not limited to the following: Professionalism, Confidentiality, Courtesy, Trust, Availability, Empathy, and Sympathy. All of these emotions go into the client nurse relationship, which must be established by the nurse as soon as possible upon first meeting the client. To begin to establish this nurse client relationship, the nurse must assess the overall message that the client is communicating to the nurse, such as fear, pain, sadness, anxiety or apathy. The nurse should be trained in keying into the message that the client is sending. (Potter, A, 2013).

2.12.1 Communication strategy.

Communication strategy is the "what, who, why, when, how, and where" of conveying a message. In this fast paced world, information travels at the speed of light and leads to undesirable consequences if only half the story (or a one sided opinion) is echoed in the marketplace. Communication strategies help the companies to propagate information in a structured and controlled manner. An ideal strategy details the structure of information flow, the message, the correct audience to address, potential vehicles to carry the message, resources required to fulfill, and feedback mechanisms to learn from the whole exercise. These strategies form the blueprint to build a campaign to inform, as well as to be informed by others. Communication strategies maximize shared information and minimize misinterpretations. An Advertisement might be a small chunk of a larger communication strategy, how leaders of yesterday would think Professional Communication. Nurses are members of the professional medical community, and like all professional positions, it comes with its own jargon, slang and job-specific terms. Nurses must be able to understand and use medical terminology to explain to their co-workers just what's happening with patients, and sometimes this communication must be short and to the point. (Martin M, 2010).

2.12.2 Improving communication between Nursing assistants and nursing Home Residents during care Routines.

Between CNAs and nursing home residents during care routines. We examined the effects of communication skills training and the use of memory books by certified nursing assistants (CNAs) on verbal interaction. CNAs were taught to use communication skills and memory books during their interactions with residents with moderate cognitive impairments and intact communication abilities. A staff motivational system was used to encourage performance and maintenance of these skills. Formal measures of treatment implementation were included, compared with those for participants on no-treatment control units. Trained CNAs talked more, used positive statements more frequently, and tended to increase the number of specific instructions given to residents. Changes in staff behavior did not result in an increase in total time giving care to residents. Maintenance of CNA behavior change was
found 2 months after research staff exited the facility. Although an increase was found in positive verbal interactions between CNAs and residents on intervention units, other changes in resident communication were absent. Nursing staff can be trained to improve and maintain communication skills during care without increasing the amount of time. (Menlo P.2013).

2.12.3 Communication and team work nursing essay.

Effective communication is fundamental for healthcare professionals. It is vital among professionals, patients and the organization providing care. The basic components of communication include sender, message, and receiver. According to “communication is the passing of information, ideas, and attitudes from person to person.” The method of communication can be verbal and/or non-verbal or both. Non-verbal communication can be through gestures, facial expressions, tone of voice, sign language. Communication in any form should be effective and meaningful to both sender and receiver. All healthcare professionals should be effective communication.(AnneG.2013).

Communication skills along with practice. An effective therapeutic communication is essential to deliver appropriate care and management. Good communication can reduce stress and burnout among professionals. Another benefit of effective communication is reduction in the amount of complaints and litigation. Effective communication skills will help to build relationship and trust among clinicians and patients (AnneG.2013).

2.12.4 Therapeutic communication and problem-solving.

Goals are often achieved through use of the problem-solving model:

- Client’s problem
- Promote discussion of desired changes
- Identify the Discuss aspects that cannot realistically be changed and ways to cope with them more adaptively.
- Discuss alternative strategies for creating changes the client desires to make.
- Weigh benefits and consequences of each alternative.
- Help client select.
- Encourage client to implement the change.
- Provide positive feedback for client’s attempts to create alternative change.
- Help client evaluate outcomes of the change and make modifications as required.

Listening to the patient.

To listen actively is to be attentive to what client is saying, both verbally and nonverbally.

Several nonverbal behaviors have been designed to facilitate attentive listening.

- S – Sit squarely facing the client.
- O – Observe an open posture.
- L – Lean forward toward the client.
- E – Establish eye contact.
- R – Relax.

Process recordings.

Written reports of verbal interactions with clients A means for the nurse to analyze the content and pattern of interaction A learning tool for professional development. How do I give a Patient is useful when its descriptive rather than evaluative and focused on the behavior rather than on the client is specific rather than generalist directed toward behavior that the client has the capacity to modify imparts information rather than offers advice, (William.R.2007).

2.12.5 Non therapeutic communication techniques.

1-Giving reassurance –may discourage client from further expression of feelings if client believes the feelings will only be downplayed or ridiculed.
2- Rejecting – refusing to consider client’s ideas or behavior.
3- Approving or disapproving – implies that the nurse has the right to pass judgment on the “goodness” or “badness” of client’s behavior.
4- Agreeing or disagreeing – implies that the nurse has the right to pass judgment on whether client’s ideas or opinions are “right” or “wrong”.
5- Giving advice - implies that the nurse knows what is best for client and that client is incapable of any self-direction.
6- Probing - pushing for answers to issues the client does not wish to discuss causes client to feel used and valued only for what is shared with the nurse.
7- Defending - to defend what client has criticized implies that client has no right to express ideas, opinions, or feelings.
8- Requesting an explanation - asking “why” implies that client must defend his or her behavior or feelings. Indicating the existence of an external source of power - encourages client to project blame for his or her thoughts or behaviors on others.
9- Making stereotyped comments, clichés, and trite expressions these are meaningless in a 10-nurse-client relationship. Using denial - blocks discussion with client and avoids helping client identify and explore areas of difficulty.
10- Interpreting - results in the therapist’s telling client the meaning of his or her experience.
11- Introducing an unrelated topic - causes the nurse to take over the direction of the discussion. Effective communication is the core skill in mental health care in primary care settings. Self-awareness and ability to collaborate with other health care providers are also skills that will facilitate accurate inquiry into the patient’s true concerns and the context in which they occur.

2.12.6 Communication skills.

Communication skills ten tips people of varying educational, cultural and social backgrounds and must do so in an effective, caring and professional manner. If you are looking to improve your communication skills, here are ten tips that may help therapeutic communication:

1. Speak slowly.
Certain words sound very similar to one another if they are spoken very quickly. Take the time to speak slowly and carefully, and your words may be less likely to be mistaken by others.

2. Speak clearly, not loudly.
With some people, especially those who are elderly, the inclination might be to raise your voice dramatically in an effort to make them understand you. Shouting only tends to make it harder to comprehend what you are saying. Instead of speaking louder, try speaking more clearly.

3. Avoid using Slang.
A common mistake that many people make is to try to use bigger and more complicated words. Another common mistake is to try to use slang terms that are not fitting or appropriate. Avoid both of these mistakes for better communication.

4. Remember your audience.
What you might say to a doctor or a fellow nurse might be very different from what you would say to a patient or a patient’s family. For example, use the word ‘medicine’ rather than ‘drug’ when talking to
patients. Many people associate the word ‘drug’ with illicit substances, whereas health professionals view the word ‘drug’ as any pharmaceutical preparation. Choose your words to fit the situation and the audience. (William. R, 2007).

5. Stop and listen.
One of the most important skills you can have for effective communication is being able to actually stop and listen to what is being said by the other person. Listening is a very powerful communication tool.

6. Reflect.
To make sure that the communication is flowing, learn the simple trick of reflecting on what the person is saying to you. To do so, you simply repeat what has been said in your own words, back to the person. If you are wrong, the person can say so before you walk away.

7. Use body language.
In addition to the words that you say, you communicate with those around you with your face, your hands your posture etc. Make sure that what you are saying and what your body is saying are in agreement, and you are not sending conflicting messages.

8. Know your communication road blocks.
If you have ever stumbled on a word or you have ever found yourself so frustrated that you could not communicate at all, then you know the roadblocks. Everyone has a few of them, knowing yours can help you to find ways around those issues. For instance, if you know that a person crying will effectively make your communication skills disintegrate then learn ways to manage such situations better.

9. Consider learning a foreign language.
It might sound strange but learning a new language puts you in better touch with your native tongue and can open your eyes to the way you use the words you already know.

10. Don’t forget all of the forms of communication.
In addition to speaking and listening, don’t forget that there are other skills that you should work on such as reading and writing.

2. 12.7 care of the visually impaired patient objectives.
1. To provide protection from injury.
2. To promote independence.
3. The patient will be oriented to surroundings (furniture, bathroom, etc.). Provide a safe environment by removing excess furniture or equipment from patient’s surroundings. Implement Fall Precautions.
4. Accommodations will be made for guide assistance animals if needed.
5. The call light will be kept within the patient’s reach. Staff will respond to call light quickly.
6. Objects in the room will not be moved without informing the patient.
7. Staff will identify themselves and state their purpose when entering the room, and let patient know when they are leaving.
8. The patient will be allowed to feed and bathe self after being oriented to the location of needed supplies. Encourage arrangement of frequently used items in easily accessible areas.
9. The patient will be instructed in home and follow-up care.
10. Provide continuity by assigning same staff members to care for the patient, if possible.
11. outcome standards:
a- The patient will be mobile in his/her surroundings, unless contraindicated. Encourage good footwear.
b- The patient will be free from injury.
c- The patient will have maintained independence.
d- The patient will communicate understanding of home and follow-up care.

12. Have I documented:

2.12.8 Nurse communication with loss of hearing client.

Hearing begins when the outer ear, the visible portion of the ear that is on the outside of the head, channels sound waves down the auditory canal. This tube-like passageway is lined with tiny hairs and small glands that produce ear wax. The middle ear lies at the end of the auditory canal. It is composed of the ear drum and three small bones known by the layman as the hammer, the anvil, and the stirrup. When sound waves hit the ear drum, it vibrates and, in turn, moves the hammer. The hammer moves the anvil, which moves the stirrup which moves the vibrations into the inner ear. The inner ear consists of the cochlea and the nerve of hearing. It converts sound waves into nerve impulses that travel to the brain via the movement of tiny hair cells. The brain, in turn, allows us to hear... as long as the message it is receiving is not distorted due to problems in the process just described. At The Hearing Loss Clinic, you have access to the most caring and qualified hearing health care professionals who are whole-heartedly committed to your well-being. (Mehrabian, A. 2013)

We are extremely fortunate to work in a strong team and family environment that enables us to put our clients’ needs and wants at the forefront while we continue to support the internal processes necessary to ensure the precise delivery of our products and services. We continually strive to meet the desires of each and every one of our client’s hearing healthcare needs by providing unparalleled service. (Mehrabian, A. 2012)

The mission of The Hearing Loss Clinic is to make a positive difference in the lives of our clients. Our goal is to deliver client-centered hearing healthcare and comprehensive solutions for better hearing to assist our clients in achieving their highest potential as they gain confidence and effectiveness in their communications with others. We are committed to ongoing continuing education, providing the latest in hearing technology, needs with compassion and understanding. There is no better feeling than having the opportunity to improve the quality of life of an individual living with a hearing impairment. (Mehrabian, A. 2003)

The hammer moves the anvil, which moves the stirrup which moves the vibrations into the inner ear. The inner ear consists of the cochlea and the nerve of hearing. It converts sound waves into nerve impulses that travel to the brain via the movement of tiny hair cells. The brain, in turn, allows us to hear... as long as the message it is receiving is not distorted due to problems in the process just described. It is well documented that the senior population is at greater risk for depression, and a hearing loss can be a silent contributor. People with a loss gradually begin to withdraw from the things they had once enjoyed, parties, church, or visiting with family and friends. This withdrawal is due to frustration or embarrassment and can be isolating; which contributes to the depression so often seen in patients with a hearing loss. In fact, if your office sees twenty-one adults age sixty-five or older, seven will have a hearing loss. The majority of these adults will have sensory-neural hearing losses and can only be helped with hearing instruments. (Mehrabian, A. 2013)
2.12.9 Nurse communication with anew admission patient.

Nursing Assessment, Plan of Care, and Patient Education: The Foundation of Patient Care nursing process is predicated upon the baseline nursing assessment. At this point, I suspected the problem was with the initial assessment process. This realization led to a full analysis of the nursing admission assessment process and care-plan development.

A hospital secretary completed the typesetting, and she was very accommodating and willing to “work in” modifications as requested. New standards or practice updates were often inserted wherever they could be worked into the form. They also pointed out that the form didn’t follow a standard head-to-toe assessment, but rather it jumped around, in an inefficient manner. And, they said, the admission:

- Give the department nurse your name, job title and the name of the floor from which you are calling. State the patient's name, admission date and medical record number.
- was clear to me that the nursing assessment form itself wasn’t leading nurses to develop meaningful care plans and prioritize problem areas.
- At this point, the hypothesis was confirmed and the task identified. The nursing admission assessment form needed to be redesigned.

Plan
- After identifying the problem, I developed a vision for a new nursing assessment form. It needed to be user friendly for the nursing staff, yet functional. From this vision, I developed preliminary for the new nursing admission form:
  - Reader-friendly horizontal flow.
  - Logical flow so that similar items are grouped together.
  - Documentation requirements must be reduced.
  - Flow must lead to prompts to remind the nurse of the important items to address.
  - Accreditation requirements must be interwoven in natural.
  - assessment and become more meaningful components to the assessment
  - Typesetting must be professional.
  - Cheerful colors must be incorporated to provide more pleasure for the users.
  - An overall summary section must be easy for team members to review.
  - Because of the short time frame and because the responsibility.
  - JCAHO survey was on my shoulders, I chose not to delegate.

  - I began by researching published admission assessment forms, looking for user-friendly formats.
  - standard assessment processes, and summary sections. A basic format that would provide the framework for the new assessment form was the nurse admission form used at Ashland Community.
  - Hospital in Ashland, OR.1 This form contained basic elements identified in the first three original goals, such as horizontal layout, logical flow, and reduced documentation requirements. This format.
2.12.10 Nurse Communication with psychiatric patient.

Psychiatric nursing is a complex profession requiring a great deal of compassion, sensitivity and relationship building. The chief way that psychiatric nurses must develop these is through a set of communication skills geared toward helping their patients cope with challenging mental health disorders. Giving verbal instructions, guidance and reassurance to psychiatric patients is essential for nurses. Teaching patients how to cope with their mental disorders helps them feel more empowered and in control, in a situation where they have very little control over their lives. Psychiatric nurses must be skilled at knowing the right words to use with a patient -- words that will inform but not overwhelm, and be honest without causing upset. Nurses must know how to use their tone of voice and volume of speaking in ways that cause patients to respond with a calm and peaceful demeanor. At times nurses must communicate with a soothing voice, while other situations call for a more authoritative tone. (Angela C. Gray, 2014).

Body language is a form of communication that psychiatric nurses must be adept at deciphering to help them understand their patients. Nurses must be highly observant, noticing a patient's posture, facial expressions, grooming habits and clothing, and eye and hand movements. After keeping track of a patient's typical non-verbal cues, psychiatric nurses are able to predict a patient's responses and reactions. A nurse can also use non-verbal communication with patients, such as silence and listening, to Therapeutic give the patient acknowledgement and a sense of control. Leaning forward, facing the patient and maintaining eye contact are ways the nurse can actively listen. Psychiatric nurses are skilled at using therapeutic communication techniques. They use different forms of communication with patients to help them either heal or cope with their mental state. (DeLaune, S. 2013).

Examples include giving recognition, being available and accepting, offering encouragement, verbalizing observations, restating what the patient has said, seeking clarification, putting feelings of the patient into words, and many other therapeutic techniques. An important communication skill for psychiatric nurses involves their ability to ask the right questions, analyze information communicated back, and come up with solutions. Nurses will often have to solve problems very quickly, as psychiatric patients can be unpredictable. For example, if a patient puts his life in danger by overdosing on medication or threatening suicide, the psychiatric nurse must think and act on her feet to prevent a bad outcome. is the foundation on which psychiatric nursing is (establish DeLaune, S. 2013).

The therapeutic interpersonal relationship is the process by which nurses provide care for clients in need of psychosocial intervention. Mental health providers need to know how to gain trust and gather information from the patient, the patient's family, friends and relevant social relations, and to involve them in an effective treatment. (DeLaune, S. 2013)

Therapeutic use of self is the instrument for delivery of care to clients in need of psychosocial intervention. Interpersonal communication techniques are the “tools” of psychosocial intervention. Assess for signs and symptoms of grieving (e.g. expression of distress about having cancer, change in eating habits, inability to concentrate, insomnia, anger, sadness, withdrawal from significant others, denial of losses) (establish DeLaune, S. 2013).

Implement measures to facilitate the grieving process:
A. assist client to acknowledge the losses so grief work can begin; assess for factors that may hinder and facilitate acknowledgment
B. discuss the grieving process and assist client to accept the phases of grieving as an expected response to actual and/or anticipated losses.
C. allow time for client to progress through the phases of grieving (phases vary among theorists but progress from shock and alarm to acceptance); be aware that not every phase is expressed by all individuals, phases may overlap or recur, the amount of time needed to reach resolution of grief is very individual, and the grieving process may take months to years.
D. provide an atmosphere of care and concern (e.g. provide privacy, be available and nonjudgmental, display empathy and respect) so client will feel free to express feelings
E. perform actions to promote trust (e.g. answer questions honestly, provide requested information)
F. encourage the verbal expression of anger and sadness about the diagnosis and losses; recognize displacement of anger and assist client to see the actual cause of angry feelings and resentment
G. encourage client to express feelings in whatever ways are comfortable (e.g. writing, drawing, conversation).
H. assist client to identify and use techniques that have helped him/her cope in previous situations of loss.
I. support realistic hope about the prognosis and the temporary nature of most of the physical changes
J. if acceptable to client, arrange for a visit with a person who has been successfully treated for cancer with cytotoxic drugs.
K. support behaviors suggesting successful grief work (e.g. verbalizing feelings about the diagnosis and losses, focusing on ways to adapt to losses)
L. explain the phases of the grieving process to significant others; encourage their support and understanding.
M. facilitate communication between the client and significant others; be aware that they may be in different phases of the grieving process
N. provide information regarding counseling services and support groups that might assist client in working through grief.
O. when appropriate, assist client to meet spiritual needs (e.g. arrange for visit from clergy)
P. administer antidepressant agents if ordered.
Q. assist client to identify and use available support systems; provide information about available community resources that can assist client and significant others in coping with the effects of chemotherapy and the diagnosis of cancer (e.g. American Cancer Society; support groups; individual, family, and financial counselors).
Consult appropriate health care provider (e.g. psychiatric nurse clinician, physician) if signs of dysfunctional grieving persistent. (DeLaune,S.2012).

2.12.11 Nurse participates In development to patient care plan.
Nursing care plan is a part of the nursing process which outlines the plan of action that will be implemented during a patients’ medical care. LPNs (Licensed Practical Nurses) and Registered Nurses (RNs) often complete a care plan after a detailed assessment has been performed on the patients’ current medical condition and prior medical history. The nurse can then take action with the patient by fulfilling the care plan’s goals and objectives. On this page, you will get some free sample care plans that you can use as examples to understand more about how they help nurses treat people. If you want to view our care plan database. Care plans play a very important part in the treatment of a patient, and can actually save time. By taking the initial time to complete a detailed care plan, the

XXXI
nurse will be able to create a specific line of treatment for the patient. This enables the nurse to provide focused care, without overlooking important steps. A strategic plan is always important when it comes to medical care, and care plans help nurses achieve a solid plan of action. In addition, care plans can be easily revised to provide new outcomes or treatment plans if a patient’s condition changes. This flexibility helps the nurse maintain focus during potentially stressful situations. Since the patient’s information will be conveniently located within the care plan, this will save time and reduce the risk of misinformation or mistakes. Care plans are also helpful during a patient’s discharge process. Nurses can review the care plan to see if the patient met the nursing outcome during their treatment, and can base the patient’s later discharge care based on those outcomes. - See more at: Nursing school professors often require nursing to complete many care plans throughout their college career. The reason is simple: Care plans are important. Nursing students should thoroughly learn about care plans for the following reasons: It Instills critical thinking and analytical skills related to nursing, (Hubert, P. 2013).

This will help future nurses evaluate and treat patients more efficiently. By completing care plans, it helps the nursing student successfully pass their board’s test Since care plans are used in the nursing profession and in nursing care, it is vital that all nurses know how to complete them. When creating a care plan, nursing students often need to refer to a textbook on “Nursing Diagnosis” by NANDA. This text provides information on creating the nursing diagnosis for care plans. Once nurses become familiar with the book, they do not have to refer to it as often when creating care plans. The first process in completing a care plan is the patient assessment. (Hubert, P. 2012).

2.12.12 Improving communication with elderly Patients.
The communication process in general is complex and can be further complicated by age. One of the biggest problems physicians face when dealing with older patients is that they are actually more heterogeneous than younger people. Their wide range of life experiences and cultural backgrounds often influence their “perception of illness, willingness to adhere to medical regimens and ability to communicate effectively with health care providers. Communication can also be hindered by the normal aging process, which may involve sensory loss, decline in memory, slower processing of information, lessening of power and influence over their own lives, retirement from work, and separation from family and friends. At a time when older patients have the greatest need to communicate with their physicians, life and physiologic changes make it the most difficult. Because “unclear communication can cause the whole medical encounter to fall apart,” physicians should pay careful attention to this aspect of their practice. This article provides suggestions compiled from an extensive review of the literature to help physicians and staff improve communication with older patients. Many of the suggestions can be applied to patients of all age groups; however, they are particularly important with older adults, for whom less-than-optimal communication may have more negative consequences. (Berlo, D. K. 2011).

The communication process in general is complex and can be further complicated by age. One of the biggest problems physicians face when dealing with older patients is that they are actually more heterogeneous than younger people. Their wide range of life experiences and cultural backgrounds often influence their “perception of illness, willingness to adhere to medical regimens and ability to communicate effectively with health care providers. Communication can also be hindered by the normal aging process, which may involve sensory loss, decline in memory, slower processing of information, lessening of power and influence over their own lives, retirement from work, and
The communication process in general is complex and can be further complicated by age. One of the biggest problems physicians face when dealing with older patients is that they are actually more heterogeneous than younger people. Their wide range of life experiences and cultural backgrounds often influence their “perception of illness, willingness to adhere to medical regimens and ability to communicate effectively with health care providers.”

Communication can also be hindered by the normal aging process, which may involve sensory loss, decline in memory, slower processing of information, lessening of power and influence over their own lives, retirement from work, and separation from family and friends. At a time when older patients have the greatest need to communicate with their physicians, life and physiologic changes make it the most difficult. Because “unclear communication can cause the whole medical encounter to fall apart,” physicians should pay careful attention to this aspect of their practice. This article provides suggestions compiled from an extensive review of the literature to help physicians and staff improve communication with older patients. Many of the suggestions can be applied to patients of all age groups; however, they are particularly important with older adults, for whom less-than-optimal communication may have more negative consequences (Hemsley, B. 2012).

2.12.13 Patient–centered communication.

The term patient-centered communication (PCC) has been used to describe a group of communication strategies and behaviors that promote mutuality, shared understandings, and shared decision making in health care encounters. There is evidence to suggest that advanced practice nurse and patients use these strategies to co-produce highly individualized clinical discourse. Although the communication behaviors associated with PCC have been studied separately, their impact as an integrated communications strategy has not been studied. Suggestions for developing PCC as a mid-range theory of health care communication encompassing other more specific communication concepts are offered he AMA's Ethical Force Program® has embraced the challenge of developing health care system-wide performance measures for ethics. Featuring representatives from groups including patients, practitioners, health plans, purchasers, government and accrediting organizations, this program seeks to develop meaningful solutions that can arise only when a diverse and collaborative group of relevant stakeholders work together. As health care is ultimately a moral enterprise, the AMA's Ethical Force Program® is proud to lead the way in creating, testing and disseminating performance measures for domains of ethics in health care. So, does communication matter? If you have good communication, can you improve health outcomes? Well, based upon this evidence, the answer might be maybe or perhaps more accurately, it depends. It depends on which outcomes we're interested in and how we're measuring those and when we're measuring those (World Health Organization. (WHO patient safety. 2010).

It depends on which communication behaviors we're studying. How we're measuring those, when and who's doing the assessment. In short, we just haven't done a very good job yet explaining how and why communication matters. Now, in this area of research, we're really faced with two challenges. One is we got a clinician-patient communication here and we've got health out--patient outcomes that we might be interested in. So one of our challenges is being able to find, discover theoretical pathways through which communication might lead to better health. In other words, something has to happen in the consultation communication-wise that accomplishes some things immediately or sets into play a sequence of events that ultimately results into improved outcomes and we need to do a better job modeling those. And that's going to be mostly what I'm going to talk about today. The other challenge
we have to deal with some conceptual and measurement challenges with regard to how we even study clinician-patient communication processes. (Vincent C, 2014).

Communication is a very complex phenomenon, and I can spend hours on that in terms of identifying, you know, what count as effective behavior. How do we identify that? How do we measure? How do we operationalize that? Do we focus on processes? Do we focus on behaviors? There's a lot of work that we need to do better if we're going to advance to science of clinician-patient communication research. And I'm going to talk mostly about patient health outcomes, but let me just make a comment about my conceptual orientation to the work that we're doing. In 2007, Ron Epstein, my colleague, Ron Epstein and I wrote a monograph for NCI. This is the one that Walter was talking about, Patient-Centered Communication and Cancer Care: Promoting Healing and Reducing Suffering. And in that monograph what we argued for is that we ought to take a functional approach. We ought to look at communication from a functional approach. And a functional approach has several advantages (World Health Organization. (WHO patient safety, 2012).


Method of non – verbal communication utilizing posture, hand gestures, facial expressions, and Proximal (personal space). A more realistic definition might be that demonstrative communication is a form of communication consciously and unconsciously usually utilized in conjunction with verbal or written communication, encompassing physical appearance, carriage, motions and gestures, as well as tone of voice and facial expressions. Additionally, I assert that there is a technical aspect to this form of communication, which I will describe, later on. Demonstrative communication acts to convey both conscious and subconscious emotional components to communication. How an individual sits in a chair, how they place themselves in relationship to the speaker or the audience, how they dress, can convey important messages either in conjunction with their spoken message, or contradictory to it. When speakers and listeners sit adjacent to one another, it tends to foster a cooperative or con – competitive attitude). So, just sitting down to the conference table has already started the communication process, and not a word has to be said. (Hemsley, 2013).

2.12.15 How to improve your communication skills.

Communication is a process where two people or more than two people communicate with each other through speaking, writing etc.

1. Be confident.

Be sure about realizing that you can make beneficial commitments to discussion. Try to spend some time with yourself and make yourself aware about your ideas and feelings so you can sufficiently pass on them to others. People who are reluctant to talk since they don’t feel their information might be beneficial need not fear. What is paramount or beneficial to one person may not be the same to other or may be more important to other.

2. Practice.

There’s a famous proverb which says “practice makes man perfect”, you can practice only through conversations with people. Try to interact with them as much as possible. Only through interactions you enhance your communication skills and if you lack in confidence then through communication you can suppress your fear. You become self confident through interactions. You can start interacting or practice on your communication skills on a daily basis. Start your interactions from a range that is from social interactions to professional level. Each time you improve your confidence levels.
3. **Eye contact.**

This is the most important thing, making an eye contact with a person tells other person that you are confident on what you are speaking. It also send signals to other person that you are interested in listening to their part of conversation as well. But it doesn’t mean that you stare them continuously, just try to be normal.

4. **Knowledge on the subject.**

If you are talking on some topic then you should have a sound knowledge on your subject. Research some about your subject and then start talking about it.

Don’t interrupt:
If someone is talking then don’t interrupt in middle this is rude, wait for your turn till then listen patiently to what the other person is speaking.

5. **Body language.**

Have a positive body language because body language say a lot about you. Be relaxed and don’t cross your arms this may send a signal to other person that you are not interested in the conversation.

6. **Learn new words.**

Set a routine to learn at least five words in a day. Use this words in your communication every day. This would improve your knowledge and communication as well.

7. **Don’t speed up.**

Whenever you are conversing with other try to be normal, if you speed your speech then people may assume that you are nervous and don’t be extremely slow so that other people have to finish your conversation. Use appropriate volume: Neither raise your voice nor slow it down. Speak politely to everyone.

8. **Develop listening skills.**

Don’t always try to speak give others also a chance to communicate. Be a good listener as well.

Don’t try to interrupt while they are speaking, once they finish then you can say your ideas or opinions. You need to listen to other person as what they are speaking, give them chance to speak.

2.12.16 **Reason behind nursing lacking communication.**

Internet is one of the most powerful tools human has developed so far. It is prevailing and compelling to everybody. It has become a fundamental and essential part of our lives. It is nearly impossible to think of any communication and transactions without involving Internet. Without Internet, we can’t perform major functions of commerce, industrialization and intellect. Believe it or not, people get addicted to the Internet usage more than anything you can think of. Since, Internet access is a new feature which people have gotten aware of these days, Internet addiction is the newest form of disorder psychologhyy has confronted. This is probably the reason why many of the doctors and practitioners are still unaware of the cures of the Internet addiction. Through Internet we can perform various functions. (Anne.,2012).

It is a multifunctional device that brings distances closer, makes information brief and time even faster. It is used for numerous purposes that include shopping, education, news, medicines, entertainment, business, advertisement and much more. However, when this facility is misused, it can become horrifying and hazardous to the economy. The causes of the Internet addiction could be many. The main reason why Internet addiction is so common is the sense of anonymity it provides. It is another way by which people can get out of their worries and problems; they can share their feelings and expressions with their online friends without even having to make any regrets or confrontations.
This helps a lot of people getting away from the stress, depression or phobic problems. The main
dangers which Internet addiction brings are pornography, online gambling, online shopping, chat
rooms, and online games. (AnneG.2012).
The moment you think the above-mentioned element of the Internet are more important to you than
your spouse, children and friends, you are addicted to the Internet. Internet addiction will make you
forget about the responsibilities. You would neglect household duties, cooking, cleaning and above all
you will forget to take care of yourself. The sooner you realize you seriously need some help in getting
out of the Internet addiction. Get rid of all the junk entertaining games and sites where you waste your
precious time. Set the time limits within which you can use the Internet facility. It could range from
half an hour to two hours or so. Be sure you are using Internet for a particular purpose. It will help
saving your time and mind abilities. You can replace your Internet addiction to something else. Read
any book, go exercise, learn how to cook, play any instrument because these things don’t require
Internet at all but they surely provide you with effectual skills. (AnneG.2012).

2.12.17 Effective communication in nursing.

Factors of Effective Communication Characteristics of Effective Communication Free
Effective Internal Communication Plans What Does Effective Communication in Organizations
Involve? communication skills are vital to any profession, but in nursing, they can mean the difference
between life and death. Nurses must be able to help patients understand their medical issues and give
them, serious medical errors can occur. When giving orders or reporting test results, it's critical that
nurses confirm information before acting on it. This is especially true with verbal communication,
whether it's delivered in person or over the phone. It's easy to misunderstand someone's words, so
nurses should repeat the information to ensure they heard it correctly. If they're giving the information,
they should ask the other person to repeat it. While this can make a significant difference in individual
cases, establishing it as a hospital policy can more effectively reduce the risk of miscommunication
and Patient In addition to administering treatments, nurses must explain to patients the medications
and treatments they're receiving. Nurses often have more day- today contact with patients than their
doctors, so it's up to nurses to help. (AnneG.2013).

patients understand their diagnosis and prognosis and teach them how to participate in their
recovery. Nurses must also tailor their communication to the patient's ability to understand. A small
child or an elderly patient with dementia, for example, will have more difficulty grasping her situation.
In addition, nurses must be skilled in listening to patients, especially regarding their symptoms or
concerns. Nurses work with patients from diverse backgrounds, including those from other countries,
cultures and religions. (AnneG.2013).

They also frequently treat patients who don't speak English. To ensure effective communication,
nurses must consider each patient as an individual instead of approaching them in a one-size-fits-all
way. Some cultures, for example, don't speak openly about private health matters, so nurses might
have to be more discreet. Also, some cultures disapprove of physical contact between strangers, so if a
nurse pats a patient's hand to comfort him, he When people think of effective communication, they
often consider what they say and how they say it, but verbal communication is only part of the
equation. Body language plays an equally important role in making a connection with patients and
fellow health care workers. If a nurse looks at her watch or makes very little eye contact when talking
to a patient, he may feel she's not taking an interest in his case or that he's imposing on her by asking
questions or discussing his symptoms. When talking to co-workers, similar behaviors may be interpreted as a sign of disrespect. It's important that nurses consider non-verbal cues, taking the time to make eye contact, smile and stop what they're doing to focus their attention on the other person (AnneG.2013).

**2.12.18 Basic communication skills.**

In relation to patient, families, and other members of health includes authenticity, honesty, admission of, and sorrow for, mistake. Communicate with the patient’s family honestly and supportively. In some cases (e.g. pediatrics and geriatrics) the doctor–patient relationship is imbedded in and extends to the family; in other circumstances the doctor’s relationship with the family may be separate from that. Use effective listening skills to facilitate relationship. Elicit and provide information using effective non-verbal, explanatory, questioning, and writing. Demonstrate effective listening by hearing and understanding in a way that the patient feels heard and understood. Use non-verbal cues such as maintaining eye contact, and verbal skills including back-tracking, rejecting b, nodding, pausing. Recognize the patient’s preferred (or current) mode of communication and selectively choose the most effective mode of communication for the situation. Improve your communication skills 10 tips people.

For a nurse, the ability to communicate is a very important skill of varying educational, cultural and professional part of the job. Nurses speak to social backgrounds and must do so in an effective, caring and professional manner. If you are looking to improve your communication skills, here are ten tips that may help:

1. **Speak Slowly.**

   Certain words sound very similar to one another if they are spoken very quickly. Take the time to speak slowly and carefully, and your words may be less likely to be mistaken by others.

2. **Speak Clearly, Not Loudly.**

   With some people, especially those who are elderly, the inclination might be to raise your voice dramatically in an effort to make them understand you. Shouting only tends to make it harder to comprehend what you are saying. Instead of speaking louder, try speaking more clearly.

3. **Avoid Using Slang.**

   A common mistake that many people make is to try to use bigger and more complicated words. Another common mistake is to try to use slang terms that are not fitting or appropriate. Avoid both of these mistakes for better communication.

4. **Remember Your Audience.**

   What you might say to a doctor or a fellow nurse might be very different from what you would say to a patient or a patient’s family. For example, use the word ‘medicine’ rather than ‘drug’ when talking to patients. Many people associate the word ‘drug’ with illicit substances, whereas health professionals view the word ‘drug’ as any pharmaceutical preparation. Choose your words to fit the situation and the audience.

5. **Stop and Listen.**

   One of the most important skills you can have for effective communication is being able to actually stop and listen to what is being said by the other person. Listening is a very powerful communication tool.

6. **Reflect.**

   To make sure that the communication is flowing, learn the simple trick of reflecting on what the
person is saying to you. To do so, you simply repeat what has been said in your own words, back to the person. If you are wrong, the person can say so before you walk away.

7. Use body language.
In addition to the words that you say, you communicate with those around you with your face, your hands your posture etc. Make sure that what you are saying and what your body is saying are in agreement, and you are not sending conflicting messages. Potter, A, (2003).

8. Know your communication roadblocks.
If you have ever stumbled on a word or you have ever found yourself so frustrated that you could not communicate at all, then you know the roadblocks. Everyone has a few of them, knowing yours can help you to find ways around those issues. For instance, if you know that a person crying will effectively make your communication skills disintegrate then learn ways to manage such situations better.

9. Consider learning a foreign language.
It might sound strange but learning a new language puts you in better touch with your native tongue and can open your eyes to the way you use the words you already know.

10. Don’t forget all of the forms of communication
In addition to speaking and listening, don’t forget that there are other skills that you should work on such as reading and writing.

2. 12.29 Nurse communication with blind client.
Rehabilitation Services and Prosthetic Services Rehabilitation and Prosthetic Services is responsible for the national policies and programs for medical rehabilitation, prosthetic and sensory aids services that promote the health, independence and quality of life for Veterans with disabilities. Rehabilitation and Prosthetic Services is comprised of national programs for: Audiology and Speech Pathology; Blind Rehabilitation; Chiropractic Care; Physical Medicine and Rehabilitation; Prosthetic and Sensory Aids Service; and, Recreation Therapy. (Michel. P, 2013).
Special programs include Polytrauma/Traumatic Brain Injury (TBI) System of Care, Amputation System of Care, and Blind Rehabilitation Care Continuum. Rehabilitation and Prosthetic Services provides program and policy direction for over 8,000 rehabilitation care and prosthetic services providers. Rehabilitation and Prosthetic Services is committed to providing the highest quality, comprehensive, interdisciplinary care; the most advanced medical devices and products that are commercially available; and, promoting advancements in Communication with staff members, whether peers or supervised staff, is an important tool in advocating for the wellness and health of a patient. Good listening skills are a must along with professionalism tied to communication. Body language often conveys what the speaker is thinking. Tilting of the head when listening communicates to the speaker interest and care regarding the information being communicated. Repeating statements to and from staff assists the communication continue to be clear and concise. (Michel. P, 2013).

Most goals are achieved by team effort and a team response. The communication from the nurse needs to be team oriented regarding the staff members. In other words, she should express ideas as "we need to do this" rather than "you need to do this," By communicating as a team the nurse will be sure to achieve any goals in regard to the wellness and health advocacy of the patient involved. The nursing department will sponsor mandatory noontime conferences, create posters,
and visit each unit to explain the changes. Lathrop, The Patient Focused Multidisciplinary Assessment Form, Marblehead Communications, Confirm the type of test or procedure the patient will receive. Specify whether the patient has had anything to eat, as this could jeopardize test results or postpone procedures. State the diagnosis of the patient and his current vital signs. In addition, specify if the patient requires pain medication or a sedative prior to the procedure. Mention any safety instructions such as medication allergies and fall precaution status rehabilitative care and evidence-based treatment. (Michel P, 2013).

2.12.20 Previous Study.

Study (1):

(Nursing communication skills) Khartoum University (January to February, 2009)

Abstract: the nurse must listen and observe carefully and use communication techniques that promote better communication in order to understand the needs and feelings of the patient. The study was carried out to evaluate knowledge communication with patient, considering the general and specific situation, also to evaluate nurses communication with other colleges in the practices setting putting in mid different attitude and types of personal firstly researcher provide introduction, justification and mentioned research problem, objectives and the literature were review on tow section. The one about researches projects that was relevant to this study. Then the second section is about information of communication including definition types factors affecting communication channels, communication skills and how to communicate with sensory loss patient. Result show 32% of nurses have more adequate knowledge, while 48% the majority were adequate knowledge, 41% have little bit knowledge, only 6% have poor knowledge research shows good to fair knowledge for nurses concerning mall aspect of communication. Conclusion: nurses college concerning all aspect of communication and their information to the therapeutic communication is sufficient enough to enable them to manage their clients. Nurses knowledge regarding the process of therapeutic communication with different types and situation of the clients relative and colleagues is more adequate, they communication in proper way.

Study (2):

(A communication skills intervention for community healthcare workers: Perceived patient aggression is reduced).

Abstract: previous studies have shown that healthcare workers experience high levels of aggression from patients. Prevention packages to address this have received little research support. Communication skills have been shown to influence individuals’ experience of aggression and are also amenable to training. Objectives: this study aims to deliver a communication skills training package that will reduce the experience of aggression in the workplace for healthcare workers. Design: an interactive, multimedia communication skills package was developed that would be suitable for community healthcare workers. The training consisted of four workshops, including teaching, discussion and DVD illustrative examples. These were based on research and clinical experience, this intervention was delivered in two community care organisations over several months. Participants: fifty-six community healthcare workers took part in the trial in small groups. There were 46 females and 10 males with a median age of 45-54 years. Methods: for each group a series of four communication skills workshops were given. Measurements of perceived aggression and wellbeing were taken before the workshops, at the end of the workshops, one month after and two months after. Results show statistically significant reductions in perceived aggression one and two months after baseline measures (p<0.01). Results
also suggest reductions in distress and increases in general mental wellness (p<0.01). Evaluation of the intervention programmed by participants was positive. Conclusion: a brief communication skills training program is both enjoyable and shows decreases in perceived aggression, distress, and increases in general mental wellness. A full RCT of this intervention is warranted.


Study(3): (Nursing the patient with complex communication needs: time as a barrier and a facilitator to successful communication in hospital)(Hensley B1, Balandin S, Worrall L), Author information: communication Disability Centre, University of Queensland, Brisbane, Australia. Abstract: background: affective nurse-patient communication is an essential aspect of health care. Time to communicate, however, is limited and subject to workload demands. Little is known about how nurses manage this 'lack of time' when caring for patients with developmental disability and complex communication needs, who typically communicate at a slow rate. The aim of this study was to investigate nurses' expressed concepts of 'time' in stories about communicating with patients with developmental disability and complex communication needs in hospital. Methods: in 2009, 15 hospital nurses from a range of wards in two metropolitan hospitals participated in interviews about barriers to and strategies for successful communication with patients with developmental disability and complex communication needs in hospital. The data were analyzed using narrative inquiry methodology and the stories verified with the participant. nurses identified 'time' as a barrier and a facilitator to successful communication. Time as a barrier was related thematically to avoiding direct communication and preferring that family or paid carers communicated on behalf of the patient. Time as a facilitator was related valuing communication, investing extra time, and to applying a range of adaptive communication strategies to establish successful communication. Conclusion: time is perceived by nurses as both an enemy and friend for improving communication. Nurses who perceive that communication takes too long may avoid communication and miss opportunities to improve communication through increased familiarity with the person's communication methods. Those who take time to communicate narrate applying a range of strategies to achieve success in basic needs communication.(Nurse Educ Today, 2014 Feb; Adv Nurs, 2012 Jan).
CHAPTER THREE
Material and Methods
3. Material and Method

3.1 Study design

Descriptive hospital bused study was conducted in Soba university hospital, aimed to assessing nurses knowledge regarding therapeutic communication with patients at Soba university hospital from August to November (2016), by reviewing the nurses’ records in deferent care unit, found the statistical department practices and management for terminal ill patients.

3.2 Study area

This study was carried out in the Republic of Sudan Khartoum at Soba University Hospital in all deferent departments. It is located 15 Km from the center of Khartoum. Its boundaries include from west Madani Street (same soba Alhella street), from south Faculty of Medical Laboratory Sciences, University of Khartoum, from north Kabo agency and from east Soba Alhella. It was established in 1975, and it is the first training hospital of students of the Faculty of Medicine, University of Khartoum and other universities in addition to the training of doctors and students of Postgraduate Medical Education and other health staff in nursing and medical laboratories, and provides medical service. It plays a leading role in providing health care at national level.

Soba University Hospital departments:

Medical departments (endocrine, nephrology, neurology, Cardiology, GIT and chest) for both adult and pediatric. Surgical departments like (general, GIT, plastic, ENT, urology and orthopedic) and also for both adult and pediatric. Obstetrics and gynecology, Dialysis department for (adult and pediatric), Intensive care units (adult& pediatric), Cowichan unit (pediatric), Nursery unit, Radiology department, Palliative care unit, Endoscopy unit, Blood bank, Laboratory, CPD department, Out patients, Primary health care, Infection control, Ambulance department, Management department, Nursing department, Physiotherapy, Psychology, Engineering, Stories, Examination center, Nauru center, General communications, Personal management department, Diet Therapy, public health, Kitchen, Embryology unit, Health insurance, A count department, Private unit (16room),Security, Theaters (obese& gynecology, pediatric and general surgery),Wards(all units ).
<table>
<thead>
<tr>
<th>Manpower position</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy (doctors and Assistants)</td>
<td>21</td>
</tr>
<tr>
<td>First Consultants Nurses</td>
<td>139</td>
</tr>
<tr>
<td>Nurses (diploma, Auxiliary, head ward and Scrubbing nurse)</td>
<td>291</td>
</tr>
<tr>
<td>Medical engineers and Repairing engineering</td>
<td>13</td>
</tr>
<tr>
<td>Midwife</td>
<td>30</td>
</tr>
<tr>
<td>Physiotherapy</td>
<td>5</td>
</tr>
<tr>
<td>Technicians (X RAY, Anesthesia, Laboratory)</td>
<td>76</td>
</tr>
<tr>
<td>Psychology</td>
<td>8</td>
</tr>
<tr>
<td>Statistics and Accounters</td>
<td>59</td>
</tr>
<tr>
<td>Secretaries</td>
<td>11</td>
</tr>
<tr>
<td>Pre-school teachers</td>
<td>4</td>
</tr>
<tr>
<td>General communications</td>
<td>9</td>
</tr>
<tr>
<td>Personal information</td>
<td>33</td>
</tr>
<tr>
<td>Security</td>
<td>72</td>
</tr>
<tr>
<td>Repairing</td>
<td>56</td>
</tr>
<tr>
<td>Drivers and Mechanics technician</td>
<td>31</td>
</tr>
<tr>
<td>Public health and cleaners</td>
<td>164</td>
</tr>
<tr>
<td>Nutrition department (dietitian, Kitchen &amp; seforgia)</td>
<td>57</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>19</td>
</tr>
<tr>
<td>Total</td>
<td>1150</td>
</tr>
</tbody>
</table>

Source: administration of manpower affairs department August to November (2016).
The total number of beds in hospital (491) and the total worker (1150), sisters (124+15 male), auxiliary nurse (231) and (25) diploma nurse. Training care unit: established in August (2016) for training nurses about deferent nurses practices and symptoms control of all patients (terminals & others).

### 3.3 Study population.
The qualified nurses bachelor and (17.6%) were post graduate in nursing, and (11.8) were diploma graduate who worked in deferent units at Soba University Hospital in the period extended from January to April 2015.

#### 3.3.1 Inclusion criteria.
Qualified nurses (Secondary school of nursing, Diploma, Bachelor, Post graduate) and, the years of experience (Less than one years(12), 1-5 years (21), 6-10 years(13), More than 10 years(10) profile records that referred to deferent unit in Soba university hospital from August to November (2016).
3.3.2 Exclusion criteria.
Others nurses records from the others hospital they have training in the soba university hospital in the same period of study and during collection of data

3.4. Sample size.
Available (56) qualified nurses from the deferent department units at Soba university hospital, from August to November 2016).

3.5 Data collection tools.
The data collected by using a questionnaires to evaluate all qualified nurses about knowledge regarding therapeutic communication at soba university hospital that had been worked during the period from August to November (2016). Included social demographic data among , definition , types, function, feedback about therapeutic communication method and finally solved problem regarding therapeutic communication.

3.6 Sampling analysis technique.
The incentive informative permission from administration of manpower affairs department to taken from the hospital staff and statistical department and the ethical roll consideration taken related to data privacy.

3.7 Data analysis.
The data was collected, processed and transferred to computer coding. The descriptive analysis was adopted which included percentages, frequencies, distribution tables and figures by using statistical packages for social Sciences (SPSS).test of significant was done to test the significant differences.
CHAPITRE FOUR
Results and Discussion
4. Results and discussion

4.1. Results.

No (56)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td>29</td>
<td>52.9</td>
</tr>
<tr>
<td>26-30</td>
<td>9</td>
<td>15.7</td>
</tr>
<tr>
<td>31-35</td>
<td>11</td>
<td>17.6</td>
</tr>
<tr>
<td>36 and more</td>
<td>7</td>
<td>11.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>22</td>
<td>39.2</td>
</tr>
<tr>
<td>Female</td>
<td>34</td>
<td>58.8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Educational level</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary school of nursing</td>
<td>3</td>
<td>3.9</td>
</tr>
<tr>
<td>Diploma</td>
<td>7</td>
<td>11.8</td>
</tr>
<tr>
<td>Bachelor</td>
<td>36</td>
<td>64.7</td>
</tr>
<tr>
<td>Post graduate</td>
<td>10</td>
<td>17.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Years of Experiences</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one years</td>
<td>12</td>
<td>19.6</td>
</tr>
<tr>
<td>1-5 years</td>
<td>21</td>
<td>37.3</td>
</tr>
<tr>
<td>6_10 years</td>
<td>13</td>
<td>23.5</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>10</td>
<td>17.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training course</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
<td>47.1</td>
</tr>
<tr>
<td>No</td>
<td>30</td>
<td>52.9</td>
</tr>
</tbody>
</table>

| Total           | 56    | 100|

Table (1) Distribution of the study sample according to their socio-demographic data showed that (52.9%) of nurses' age ranges 20-25 years, and all of the respondence were Female (30%). Regarding the level of education, it was observed that nurses with Bachelor level constituted (64.7%) and (17.6%) were Post graduate level. It is observed that (52.9%) of the study groups have Training against (47.1) without training.
Table (2) Distribution of the target sample for their receiving training course in therapeutic communication showed that all qualified nurses were received previous training course on therapeutic communication. 66.7% received the course since 5 years ago and 13.7% received before one year. This indicate that all most of nurses not receiving training course regularly in order to refresh their own knowledge and be qualified regarding therapeutic communication.

<table>
<thead>
<tr>
<th>Training time</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>before one year</td>
<td>6</td>
<td>13.7</td>
</tr>
<tr>
<td>before 5 years</td>
<td>36</td>
<td>66.7</td>
</tr>
<tr>
<td>before 10 years</td>
<td>10</td>
<td>17.6</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>4</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Table (3) correlation between years of experience and therapeutic communication with psychiatric patient.

<table>
<thead>
<tr>
<th>years of experience</th>
<th>therapeutic communication with psychiatric patient</th>
<th>Use the psychosocial tools of intervention</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Be away from client because he is dangerous</td>
<td></td>
<td></td>
</tr>
<tr>
<td>less than one year</td>
<td>4 (6%)</td>
<td>9 (14%)</td>
<td>13 (20%)</td>
</tr>
<tr>
<td>1-5 years</td>
<td>4 (6%)</td>
<td>16 (32%)</td>
<td>20 (38.0%)</td>
</tr>
<tr>
<td>6-10 years</td>
<td>4 (6%)</td>
<td>10 (18%)</td>
<td>14 (24%)</td>
</tr>
<tr>
<td>more than 10 years</td>
<td>2 (4%)</td>
<td>7 (55.6%)</td>
<td>9 (18%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>14 (22%)</td>
<td>42 (78%)</td>
<td>56 (100.0%)</td>
</tr>
</tbody>
</table>

Table (3) correlation between years of experience and therapeutic communication with psychiatric patient.
Figure (1) showed the study population knowledge about the definition of therapeutic communication that (46%) of nurses did not answer the definition of therapeutic communication correctly.
Figure (2) showed nurse knowledge about types about therapeutic communication that (76%) of nurses answer correctly and 24% is wrong answer.
Figure (3) subject awareness' about method of therapeutic communication showed (62%) of nurses know method of therapeutic communication background against (38%) deficit knowledge.
Figure (4) shows the importance of therapeutic communication. That (76%) of nurses' knowledge toward importance of therapeutic communication is good.
Figure (5) study population knowledge about appropriate therapeutic communication, showed (74%) of nurses did not answer the appropriate of therapeutic communication correctly.
Figure (6) showed nurse knowledge about poor therapeutic communication, that (72%) nurses have sufficient knowledge about poor therapeutic communication.
Figure (7) Distribution study populations knowledge about nurses

Therapeutic communication technique showed nurses have minimum knowledge therapeutic communication technique.
Figure (8) showed nurses therapeutic communication with blind client that (56%) of nurse’s correctly answer against (44%) nurses wrong answer (sufficient knowledge about nurses therapeutic communication with blind client.)
Figure (9) Distribution showed nurses therapeutic communication with anew admission. That (32%) nurses correct answer against 68% nurses wrong answer (not sufficient knowledge about nurses therapeutic communication with new admission client.)
Figure (10) showed nurses therapeutic communication with psychiatric patient. That (78%) nurse’s responded correctly answer against (22%) nurses responded wrong answer.
Diagram (1) sample knowledge about factors affecting nurses therapeutic communication. That (74%) nurses responded correctly answer and (26%) of them responded wrong answer.
Diagram (2) showed sample knowledge about principle of therapeutic communication. Shat (60%) nurses knowledge deficit about principles of therapeutic communication.
Diagram (3) showed application to improve therapeutic communication. That (72%) of nurses have good knowledge about application method to improve therapeutic communication.
Diagram (4) showed sample knowledge about requirement of therapeutic communication. That (42%) nurses corrects answer against (58%) nurses wrong answer (not sufficient knowledge about required for therapeutic communication).
Diagram (5) showed nurses therapeutic communication with elderly patient. That (54%) of nurses knowledge about nurse’s therapeutic communication with elderly patient against (46%) nurse’s deficit knowledge.
4.2. Discussion

Affective nurse-patient communication is an essential aspect of health care to communicate, but there is 'lack of knowledge about therapeutic communication when caring for patients with developmental disability and complex communication needs. This study was conducted during the period August to November (2016) to assess nurse’s knowledge regarding therapeutic communication with patient in Soba University Hospital, Khartoum-Sudan. The results showed (64.7%) of study population size were bachelor and (17.6%) were post graduate in nursing, and (11.8%) were diploma graduate, (37.3%) of them 1-5 years of experience in nursing field. (47.5%) of study population size were included in training course about therapeutic communication, this percentage not acceptable, also it's essential for the nurses particularly in Sudan to be aware about some local cultures and good ability to communicate with various tribe, cultures and race in Sudan. Comparison between education level and therapeutic communication technique. (66%) of study population size responded correct answers regarding definition of communication technique (30%) were bachelor, (18%) of study population size responded correct answers regarding definition of communication technique (14%) were post graduate nurses, and (12%) of study population size responded correct answers regarding definition of communication technique (6%) were diploma nurse. Correlation between years of experience and therapeutic communication with psychiatric patient. Experience more than (10) years had majority of correct answer (55.6%) regarding communication with psychiatric patient, and them between 1-5 years of experience has (32%) of correct answer and less than one years of experience answer of correct (14%). Study conducted that long of years of experience proportion with nursing knowledge and practice regarding therapeutic communication with psychiatric patient. The majority of study population
had deficit in knowledge about appropriate therapeutic communication, so this acceptance with the (nursing the patient with complex communication needs) (Queensland, Australia) Hensley B1, Balandin S, Worrall). (46%) of the nurses had lack of knowledge regarding therapeutic communication with elderly patient, this is rejection with (nursing communication skills) show 32% of nurses have more adequate knowledge, while 48% of the majority were adequate knowledge, 41% have little bit knowledge, only 6% have poor knowledge, study done in Khartoum University (January to February 2009). revealed (40%) of study sample size responded correctly answers regarding principle of therapeutic communication (nurse had insufficient knowledge about the principle of communication which is consider the important point in communication skills due to absent of training of the nurses about therapeutic communication) this is acceptance with (A communication skills intervention for community healthcare workers)(Cancun Quintana Mexico). Result showed decreases in perceived aggression, distress, and increases in general mental wellness and statistically significant reductions in perceived aggression after baseline measures (Evaluation of the programmed by participants was positive. Gale 2, ijnurstu.(2014Feb7).
CHAPTER FIVE
Conclusion and Recommendation
5. Conclusion.

5.1. Conclusion.

Results of the study concluded that nurse’s consist most of the study sample of population size had relatively correct knowledge about the factors affecting nurses therapeutic communication, and most of the study sample of population size were have correctly knowledgeable regarding the communication with psychiatric patient, those who take training bout therapeutic communication and applying a range of strategies to achieve success in basic needs of therapeutic communication and minimum of them of study sample of population size, have knowledge regarding of a principle of therapeutic communication and few of the study sample of population size, they have lack of knowledge regarding therapeutic communication with elderly patient.

5.2. Recommendation.

According to the study findings the researcher recommended administration of Soba university hospital that:-

- Update nurse’s knowledge by attending training courses and work shop regularly for all nurse’s working at Soba university hospital.
- Examine nurse’s knowledge at Soba university hospital to evaluation their skills about therapeutic communication.
- Hand books design for therapeutic communication should be available in the Soba university hospital.
- Raise the awareness of nurse’s about the important of therapeutic communication.
• Rotation of nurse to be work in deference region to gain new and deferent cultures.


Appendix
Appendix (1)
University Of Gezira
GRADUATE COLLEGE
MSc COMMUNITY HEALTH NURSING

Questionnaire on assessment of nurse’s, Knowledge Regarding Therapeutic Communication with Patients at Soba University Hospital, Khartoum, Sudan from the period from August to November 2016

Questionnaires:

Please put tick (√) in front of the right answer:

(A) sociodemographic data:

1. Age (years)
   (a) 20-25 (   )          (b) 25-30 (   )
   (c) 31-35 (   )          (d) 36 and more (   )

2. Gender
   (a) Male (   )           (b) Female (   )

3. Education level
   (a) secondary (   )       (b) Technical Diploma (   )
   (c) Bachelor (   )        (d) Post graduate (   )

4. Year of experience
   (a) Less than 1 year (   )  (b) 1-5 year (   )
   (c) more than 10 year (   )

5. Did you attend in training about nurses communication skills with patient.
   (a) Yes (   )              (b) No (   )
   If yes (when)
   Less than 1 month (   )   1-5 month (   )
   More than 10 month (   )

(B) Nurses knowledge regarding therapeutic communication with patient

1. Definition of communication is the mean:
   (a) sender and receiver are reciprocal (   )
   (b) get information (   )

2. Types of communications:
   (a) Verbal and non verbal communication (   )
   (b) Verbal only (   )

3. The best method of therapeutic communication is:
(a) Listening                                                                                                      (   )
(b) Listening and interrupting other people                                                                      (   )

4. The important function of therapeutic communication is:
   (a) Essential in therapeutic nurse _ client relationship                                                        (   )
   (b) Essential in therapeutic nurse _ staff relationship                                                        (   )

5. Appropriate Therapeutic communication:
   (a) When necessary                                                                                           (   )
   (b) When you are not busy and have interest                                                                 (   )

6. Poor therapeutic communication in nursing are:
   (a) Increased the relationship between nurse and patient                                                      (   )
   (b) Affect patient satisfaction                                                                                 (   )

7. The Therapeutic communication Technique means:
   (a) Giving board opining (allow patient to select the topic)                                                   (   )
   (d) Making observation when the patient need                                                                   (   )

8. Factors effective nurses therapeutic communication:
   (c) Height and color                                                                                           (   )
   (a) Language , professional experience , confidence                                                            (   )

9. Principles of therapeutic communication is:
   (a) Insure place there adequate privacy                                                                         (   )
   (b) Interact with patient when need                                                                            (   )

10. To improve your therapeutic communication must:
    (a) Be confident                                                                                              (   )
    (d) Interrupt and speed up                                                                                   (   )

11. The following required for therapeutic communication:
    (a) Genuineness                                                                                               (   )
    (b) Trust and Respect only                                                                                   (   )

12. Nurse therapeutic communication with older patient by:
    (a) Put special plan care because he heterogenous                                                            (   )
    (b) Order his family to helping client                                                                      (   )

13. Nurse therapeutic communication with blind patient by:
    (a) Use non verbal communication                                                                             (   )
    (b) Staff will identify themselves when entering the room                                                    (   )

14. Nurse therapeutic communication with anew admission pt is:
    (a) Put the priorities of nursing care plan                                                                  (   )
    (b) Nursing assessment                                                                                        (   )

15. Nurse therapeutic communication with psychiatric is need:
(a) Be away from client because he is dangerous
(b) Use the tools of psychosocial intervention

Appendix (2)

Communication