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## Communication aspects between the nurse and the immobile patient

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### Introduction

Communication is related to the life of each person, significantly influences him, enriches him with new knowledge and attitudes, regulates our actions and behavior, helps us to integrate into society and make social contacts [1]. High-quality nursing care is unimaginable without communicating between a healthcare professional and a patient, but also among healthcare professionals. The profession requires specific skills that healthcare professionals must acquire during professional training [2]. Communicating with a person who is in a difficult life situation, has pain, suffers, is nervous or annoyed, it is not easy. It is also difficult to converse, get and give not only information but also encouragement and hope [3]. Many people assume that when they learn talking automatically, they communicate effectively. However, it is true that good communication is an endless continuous process that needs to be continually improved and developed [4]. Communication itself is influenced by the age, the culture of the individual, the socio-economic status, the amount of used words the intonation, the volume, the height and the color of the voice, the tempo and the rhythm of a sentence [5]. A nurse who expresses real interest in the conversation, actively listens, evaluates the patient sufficiently and controls the role of the communicator, greatly enhances the quality of relationships with the patient [6]. Wrong communication and approach without an empathetic basis lead patients to reject cooperation, feelings of anxiety, fear, distrust, and also aggression. Thus there are various complications in providing of nursing care and the fulfillment of interventions identified in the nursing process. Nurse-patient communication is an important part of the therapeutic process. In order for communication to become effective, it must also carry a certain amount of ethics [7]. Without observing the ethical aspects of nurse-patient communication, these attributes of efficiency would not be fulfilled, and would include only signs of some coolness, superficiality, and indifference.

### Methodology of research

Communication is important for the work of a nurse. It is as important as her level of professional knowledge and practical skills. When the patient is admitted to the department, the nurse becomes the patient closest person to help him / her. A person who is often in full health suddenly finds himself in a state of illness that brings with him feelings of fear, uncertainty, pain, and fears of the unknown needs a close

person to find support and help. For the patient, at the time, the nurse's human approach is important as well as her medical knowledge. It is at that time that their mutual communication relationship comes to the forefront. The healing process requires good communication based on ethical principles. The research objective was to analyze the current state of communication of nurses in health care from the point of view of patients and also to establish the level of ethical aspects of communicating with nurses in interaction with the patient.

### Methods of data analysis

The sample in our research consists of patients with a deliberate choice. This was a group of patients hospitalized in internal, surgical, neurological, and long-term care wards. We used the tools of descriptive statistics in the descriptive part of the research. We processed the obtained answers by using the Microsoft Office 2013 and statistical software Statistica 13. The processed data are presented in the work by frequency tables with absolute and relative frequency. Hypotheses have been verified by inductive statistics tools. Most of the variables have been chosen as numerical variables with values on a 5-degree scale. To verify the hypotheses we used a single-factor scatter analysis (ANOVA test) – it is nonparametric version, the Kruskal-Wallis test. We make a decision on the significance of the differences based on the calculated p-value and the importance level of 0.05.

Table 1. Place of hospitalization

Place of hospitalization	Number	%
Internal ward of the Hospital	25	22
Neurological ward of the Hospital	24	21
Surgery ward of the Hospital	23	20
Long-care ward of the Hospital	21	19
Nursing Home	20	18
Together	113	100

As shown in Table 1, from each ward or facility returned approximately the same number of completed questionnaires. In absolute terms, it is between 20 and 25 respondents, in a relative 18% to 22% of the selection.

### Research results

Based on the theoretical knowledge, the main and also the partial objectives, we deduced the following hypotheses:

**Hypothesis:** adhering the ethical aspects of communicating nurses with patients is significantly related to the location of the ward / facility where the nurse is working.

Table 2. Courtesy of nurses by ward

Courtesy of nurses	Average	Median
Long-care ward	4,14	4
Internal ward	4,08	4
Neurological ward	4,00	4
Surgery ward	3,96	4
Nursing Home	3,90	4
Together	4,02	4
Testing statistics	1,105	
p-Value	0,8935	

Table 2 shows the rating of nursery courtesies in individual wards. The best rating (4.41) of this approach was assigned to nurses by patients from the long-term care ward. A little lower courtesy ratings (4.08) was assigned to nurses from the internal ward. Further departments received even lower ratings – 4.00 neurological ward, 3.96 surgery ward and 3.90 nursing home. However, these calculated averages are not very different. Even medians are the same for all groups – value 4. Even the p-value of 0.8935 indicates the median match. Zero hypothesis cannot be rejected and we have to accept it. We state that the subhypothesis H1.1 has not been confirmed. Observance of courtesy in communication by the nurses is unrelated to the type of device or department.

Table 3. Greetings of nurses by ward

Greetings of nurses	Average	Median
Neurological ward	4,46	5
Nursing Home	4,10	5
Surgery ward	4,09	5
Internal ward	4,08	4
Long-care ward	3,95	4
Together	4,14	5
Testing statistics	2,336	
p-Value	0,674	

Within the wards, we compared the behavior of the nurses at the entrance of the room whether they would greet the patient at the entrance (Table 3). The best rating (4.46) of this aspect was found at the neurological ward. A lower and almost identical average assessment is found in the nursing home (4,10), the surgical department (4,09) and the internal department (4,08). The lowest rating of 3.95 was reached in the department for long-term care. But again it is not much lower rating than the previous ones. The medians reach values of 4 and 5 in each group. However, these differences are evaluated as statistically insignificant, since the p-value of the test is 0.674, which is well above the importance level. Even here Zero hypothesis cannot be rejected and we have to accept it.

Similarly, we state that the subhypothesis H1.2 has not been confirmed.

Table 4. Introducing by wards

Introducing themselves	Average	Median
Neurological ward	3,13	3
Nursing Home	3,00	3
Surgery ward	2,83	3
Internal ward	2,68	3
Together	2,88	3
Long-care ward	2,81	2
Testing statistics	2,946	
p-Value	0,5669	

Introducing the nurses in the first contact with the patient should be an act of obvious behavior. Nevertheless, we have found that this is not so in many cases. Table 4 shows compliance with this aspect by a ward. As can be seen from the table, the assessment of this behavior is not much different between the wards. Average values vary slightly between wards and range from 2.81 to 3.13. Medians have value of 3 in all groups except for one. Such small differences are not sufficient to reject median compliance. Also, based on the p-value of 0.5669, we come to the conclusion that a zero hypothesis cannot be rejected and must be accepted. We state that the subhypothesis H1.3 has not been confirmed.

Table 5. Starting conversation by wards

Starting conversation	Average	Median
Surgery ward	3,7	4
Internal ward	3,64	4
Neurological ward	3,71	4
Long-care ward	3,33	3
Nursing Home	3,25	3
Together	3,54	3
Testing statistics	5,310	
p-Value	0,2569	

Neither the starting conversation with the patient by the nurse is not significantly different between the different wards. An average rating of this aspect is from 3.25 to 3.70. Rating medians acquire value 3 or 4. Differences, however, are not significant, as p-value of 0.2569 is above the importance level. Therefore, in the context of the starting conversation i, there is no significant difference between nurses from different wards.

In the personal communication of the nurses, we have identified differences between wards in the personal communication of the nurses only in one aspect (Table 6). The best assessment of this behavior was achieved by nurses in the Neurological ward with a median of 3.58 and median 4. Other wards reached median 3 and averages ranged from 2.71 to 3.30. The P-value of the 0.043 test is less than the importance level. Therefore, we reject the Zero hypothesis and state that the subhypothesis H1.5 has been confirmed.

Table 6. Personal communication by wards

Personal communication	Average	Median
Neurological ward	3,58	4
Nursing Home	3,33	3
Internal ward	3,12	3
Surgery ward	2,96	3
Long-care ward	2,71	3
Together	3,14	3
Testing statistics	9,836	
p-Value	0,043	

Table 7. Physical contact from the nurses by wards

	Average	Median
Neurological ward	2,67	3
Nursing Home	2,55	3
Long-care ward	2,52	3
Surgery ward	2,39	2
Internal ward	2,28	2
Together	2,48	2
Testing statistics	1,761	
p-Value	0,7796	

The last aspect of the behavior of the nurses that we have compared according to wards is the physical contact of the nurses. As can be seen from Table 7, the diameters on the individual wards are relatively close – from 2.28 to 2.67. The median values are 2 and 3. Again, as with other aspects, the p-value is high, so zero hypothesis cannot be rejected. This hypothesis H1.6 has not been confirmed.

**Conclusion Hypothesis:** Adherence to ethical aspects in communicating nurses to patients is unrelated to the place where the nurse is working. The exception is one subhypothesis. It confirmed the statistically significant correlation between the personal communication of the nurses and the place of their workplace. In other aspects, we have not found a significant link.

### Discussion

For a nurse who is confronted with a person as a beneficiary of her work, is very important area of social skills. In nursing practice, high emphasis is put on the ability of the nurse to interact with patients and co-workers. The ability to communicate should be the basic professional tool for each nurse and should serve to establish and develop cooperation with a patient [3,4]. Communication makes it possible to establish contact with the patient, to perceive him better, to observe him, but above all to understand him [8]. It is necessary that nurse is able to initiate, effectively support and maintain proper communication. The successful treatment often depends on effective communication and, of course, the satisfaction of both sides. The target of the research was to analyze the current state of communication of nurses in health care from the point of view of patients and to find out whether

nurses adhere to the ethical aspects of communicating with them. Survey was conducted through a questionnaire survey and involved 113 patients hospitalized in internal, neurological, surgical, long-term wards and a nursing home. Ethical aspects of nurse-patient communication was assessed through aspects. We included the importance of greetings at the entrance to the room, the opportunity to express our own will, sharing of joy and worries, the willingness to listen, having enough/lack of time for communication, the space for expressing the difficulties, the explanation of the procedures for the examinations and the clarity of the statement. Regarding the observance of the ethical aspects in order to find out whether it is related to the place of hospitalization of the patient, we found the difference only in one aspect, in the context of starting personal communication that would not only have a medical basis but rather a focus on the feelings and interests of the patient. In this area, the best assessment was made by the nurses in the neurological unit. There are several studies about ethical aspects of communicating nurses with patients. The research carried out by Kopáčiková and co. (2010 [9]) has taken place in the ward of long-term ill patients and was attended by 36 nurses and 60 patients. Its aim was to map the effectiveness of nurse communication with the patient. In their results, they report that up to 53.33% of patients answered that the nurse communicated with them only during carrying out nursing activities. In the neighboring Poland, Bożena Tarczyńska [10] conducted communication research in her graduation thesis (2008). As a sample, 50 patients were chosen and hospitalized at the cardiac, surgical, traumatological and neurological units in town of Jelenia Gora. In the questionnaire, the author was interested in the clarity of the nurse's statements. 80% were satisfied and stated the manner of expression as simple, clear and understandable. Only 20% of the patients expressed dissatisfaction and marked the nurses' speech as difficult, very professional and hard to understand.

### Conclusions

Usually, when sick people are admitted to a hospital, they expect from medical staff kind behavior. They are handicapped by their illness and altered health status [11]. That is why it is in the hands of the staff to overcome the barriers towards the sick person. It should be about an enriching exchange of views, communication. It is important to use empathy, trueness – that is, openness, specificity, concreteness. It is also necessary to prove to the patient his interest in him as a human being. Show heart, kindness and never unconcern. Respect him as a unique, unrepeatable being. Only then is it possible to develop a relationship based on the trust of the sick to us [12,13].

- Therefore, it is necessary in the first contact with the patient not to forget to introduce remember.
- Remember to knock before entering the room and greet the patient.
- Organize your work so that you can find enough space and time for polite communication.
- Not forget about nonverbal expressions such as touch, caress and smile.
- Incorporate as much of the assessment as possible in communications and avoid the use of devaluation.

- Lead with patients more personal talks that would be more focused on personal interests and so on.
- Using empathy to understand the patient's current feelings and not to disregard them.

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