
Communication in nursing

To listen to another person is the most caring act of all. Listening and attending are by far the most important aspect of being a nurse (Burnard 1992). One of the basics of good nursing is good communication skills with patients. Being unable to communicate well with a patient immediately can destroy the nurse/patient relationship and therefore the patient may not trust the nurse (Anon 2007). The purpose of this essay is to realize the importance of communication in nursing. Without communication, nurses would be unable to provide the correct care, but improving communication is a life-long developmental process (Ewles and Simnett 2005). I will draw on my personal experience from the clinical area to show how well the theory relates to the practical side of nursing and use the process recording sheet for structure and guidance. In accordance with The Nursing and Midwifery Council (2008) Code of Conduct, nurses must respect people's right to confidentiality.

Therefore for the purpose of this essay the patient discussed is referred to as Miss C., and any personal or identifiable information has also been altered so as to protect her privacy and dignity which are also enshrined in the Nursing and Midwifery Council (2008) Code of Conduct. I asked Miss C. for explicit permission to use our interpersonal relationship in my communications essay and advised her of my obligations on my professional conduct to which I am bound by the Nursing and Midwifery Council (2008), regarding professional, moral and safe practice. Miss C., was in agreement to be involved with my assignment and on no account was her physical care at risk during this interaction. I was nearing the end of my placement in a general medical ward within a large general hospital. The ward had a variety of medical complaints including diabetes, gastrointestinal disorders, stroke, and alcoholic liver disease.

A young 21-year-old female was admitted to the ward, now known as Miss C., with an increased weight loss and she was in need of pain management. Miss C., was awaiting heart surgery, replacement hips, and replacement knees at a major surgical hospital in another area of the country. Her health status was poor as she suffered from rheumatoid arthritis, psoriasis, and had a congenital heart defect. Miss C's., the pain was managed with oramorph, ketamine and fentanyl patches, but these proved to have little relief. Miss C., spent the majority of time in bed due to her severe pain, and due to this, she cried out a lot. Her head was bowed and she had difficulty in making eye contact. She talked slowly and quietly and sometimes mumbled, she was also a very sad person. I thought that communication would be difficult with Miss C., as she was mostly in pain but I also believed that she would like someone to talk to but that person would need to be a good listener. It is important to remember that nurses have the duty to provide care holistically, for the whole person, not just for their physical needs but their mental and social needs too (Kenworthy et al. 2002).

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