
Perspective

THE NURSE'S ROLE IN COMMUNICATION WITH THE PATIENT/CLIENT

Mirela Tushe ^{1*}

¹Nurse in Albania

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Correspondence:

Mirela Tushe

Nurse in Albania

Email: mirela.tushe@ual.edu.al

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Abstract

The nurse plays a vital role in communication with the patient/ client. She/he is the person who spends the most time with the patient and constantly takes care of him/ her.

From the first moments of presentation, reception and companionship of the patient, a relationship of interaction is created between each other.

The nurse is the health professional who in the communication process is the information provider and the patient/client are the receiver, still these roles are sometimes exchanged depending on the situation.

The way we communicate, the ethics we use, the behavior and attitude we maintain, the values we present, show and highlight the figure and model of the professional nurse.

PERSPECTIVE

As a nurse, I must first know how to act the moment I get to see the patient/client, by phone or face-to-face.

Hospitality, a smile, a warm word, kindness, calming down, taking time, listening, understanding, clarifying, conveying information as clearly and accurately as possible, with prudence and delicacy, and sincerity, make it possible to create a good climate, an atmosphere of trust that makes more effective communication possible.

When I communicate, I listen attentively, focus on the patient, look him in the eye, collect important and specific data, select, select what interests me about the situation in which the patient/client is.

During the conversation, I use verbal and non-verbal communication, observe, examine, monitor, evaluate, analyze, define problems, identify real and potential concerns, ask and bring to light other information about the disease.

When it's not feasible to conduct an initial assessment directly with the patient, I communicate with family members, companions, healthcare colleagues, or other individuals who can assist in this matter.

When I communicate, I use a simple and understandable vocabulary for the patient and family members. I look at the person in front of me in his globalism, taking into account the importance of the health problem of this person/individual.

When I communicate, I use open and closed questions, prompt the patient, thank him, encourage him in every answer given.

When I communicate, I maintain a professional distance, respect appropriate limits in conversation, maintain my personality as a nurse.

When I engage in communication, I actively participate in addressing the patient's or client's health concerns. Having introduced myself to the patient beforehand, I reassure them that they are in capable hands and that our entire team is available to assist them. Once the patient is settled into their designated bed, we ensure they feel secure and comfortable. When I communicate, I prioritize the patient/client, having previously identified the nursing diagnoses, I know the medical diagnosis. After I have taken charge of the patient, I inform the patient and his family about what will be done with him, how we will help him, where we will start, which are the examinations we will perform, the tests we will receive, the medical treatments, the diet he must use, the activities he will perform, the hygiene he must have and the fulfillment of his physiological needs (Maslow, Kalish, Virginia Henderson).

When I communicate, I use empathy, I ask myself what I would want from the nursing staff if I were in the patient's place.

When I communicate, I deal with the good and bad of the patient, with the patient's well-being and suffering, with joy and sorrow, with expected results and complications, with life and death. I laugh and cry as a patient, as a family member, I feel and suffer as he does because this is what I was made for, this is what I learned and was formed for, to be at his service, to help him as if he were my child, father, mother, brother, sister, my family.

When I communicate, I work in a team, discuss, brainstorm with others, think, support, give ideas, participate in solving problem situations.

When I communicate, I create a supportive relationship, I help the patient to express himself, to show how he feels, to react, to be free, to bring out what is troubling him, to show pain, to convey his emotions, to trust me.

When I communicate, I respect the patient, his family members, the rights he has, I let him know if he doesn't know them, I explain the regulations of the institution.

When communicating, I maintain professional secrecy as a legitimate right of it.

When I communicate, I create a therapeutic relationship, I interact with him, joint decisions are made on the plan of care and the nursing interventions we will carry out, to give the patient/client the appropriate service as effectively as possible, placing him at the center of nursing care.

When I communicate, I bear professional responsibility, in following and implementing nursing care protocols, in fulfilling my duties and functions, in fulfilling nursing roles, professional, personal, delegated, interdependent role.

When I communicate, I use interpersonal, interpersonal and public communication while practicing my profession.

When I communicate, I keep calm, stay cool, try in every way to calm the patient, give first aid, avoid nursing mistakes.

When I communicate, I have in mind the realization of the Nursing Care Process, I give each phase its own importance. When I communicate, I want to get a successful final assessment, I ask for the improvement of the patient's condition, I look forward to positive reactions from him.

When I communicate, I grow professionally, receive and give knowledge, learn and educate, advise and guide, I am happy when the patient does the right thing in prevention, treatment, therapy, rehabilitation, I feel good when he starts to change, I get positive feedback.

When I communicate, I show myself, elevate the institution where I work, show the humanity that characterizes me, test and improve myself, the health care team.

I communicate because I cannot work and provide care without it, I cannot make any pact with the patient.

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CONFLICT OF INTEREST

There is no conflict of interest in this study.

AUTHOR CONTRIBUTION

Mirela Tushe: Writing-original manuscript.

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