NURSES AS COMMUNICATOR IN A CARING PROFESSION

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Medical and nursing are both caring professions which need the practitioners to indulge in effective communication with their clients. They are dealing with people who are in need of help both physically and emotionally. If the medical doctors are engaged in treating the patients, the nurses are the team members who carry out the orders and take charge of caring the patients around the clock. They have to work as a team, understand each other's role and help each other for the benefit of the clients.

Besides communicating with the clients, nurses are also communicating with the members of the team which include the doctors, their superiors and the other allied health practitioners. Failure in this communication will lead to ineffective patient-care, unsatisfactory feeling of the clients and even litigation in courts. Nurses with effective communication skills can end up with good job satisfaction and less stress in work.

Communication itself is therapeutic. If nurses can communicate and feel what the patients feel (empathy), half of the problem suffered by the patients will be solved. But however, in the advent of modern information technologies and modern medical technologies, less and less nurses engage in effective communication with their clients and team members. This can be evidenced from more and more reports of patient's dissatisfaction and medico-legal cases appearing in courts. Most of these medico-legal cases arise from failure in communication and not due to real medical negligence.

In this paper, the author will attempt to analyze some of the barriers in communication faced by nurses based on research in literature review and also based on his experience as a doctor working with the nurses.

In a study of nurse-physician relationship to determine the quality of communication and interaction between them in a hospital setting, it was found that 19 out of 20 residents reported of poor communication or problematic relationships with nurses, but posed no significant threat to patient care because the doctors perceived the nurses role as one of simply following orders[1]. The doctors perceive nurses as their hand-maiden. They have the full control of the patient-care. But nurses are 24 hours with the patients. One of the main reasons for this poor relationship probably due to the low level of medical knowledge possess by the nurses. Probably by upgrading nursing education to tertiary level will improve this relationship and communication between doctors and nurses.

Teamwork is an important component of patient safety in operating room. Communication errors are the most common cause of sentinel events and wrong-site operations in US. In a study to measure teamwork in surgical setting, it was found that surgeons rated other surgeons as "high" 85% of the time while nurses rated their collaboration with surgeons "high" only 45% of the time[2]. This evidence illustrates that there is a barrier in effective communication between nurses and doctors.

In another study to compare physicians' and nurses' attitudes about teamwork, it was found that only 33% of nurses rated the quality of collaboration and communication with the physicians as high or very

high. In contrast, 73% of physicians rated collaboration and communication with nurses as high or very high[3]. Nurses reported that it is difficult to speak up, disagreement are not appropriately resolved, more input into decision making is needed and nurse input is not well received.

The other area of concern is the communication between nurse-practitioners and the patients in specialty practice such as in neurosurgery where patients have little understanding of their problem and may be frightened or confused because of their fear of the unknown[4]. Here physician-nurse collaboration by providing efficient communication of patient needs is beneficial to patients and their families as they receive comprehensive, patient oriented and holistic care.

It has been a tradition in the past that doctor-nurse relationship is essentially patriarchal in nature where the doctor takes the role similar to the husband and the nurse acts as the wife. The doctor decided on what the important work was and the way it was to be done and the nurse had to take care of the emotional and physical environment[5]. As a result the doctor takes the dominant role while the female nurse becomes the subordinate to the male dominated medical division of labor. This scenario creates the main barrier to effective communications between doctors and nurses. But however time has changed as more and more doctors are female and more and more nurses are male. With the improved and upgraded nursing education at university level this bridge of status between doctors and nurses will certainly be reduced.

Sometime in difficult situation, the doctor will ask the nurse to communicate to the patient, for example to break bad news, to inform patients on the poor prognosis of their diseases for which the doctor himself should tell. Passing the bugs to the nurses is not uncommon in the busy wards. Nurses have to take this role of patient educator. In doing so sometime the nurses fail to communicate effectively with the clients who include the patients and their families.

One of the common causes resulting in misunderstanding between nurses and the clients is using too much humor in communication. Humor is sometime helpful to alleviate stress and anxiety both to the nurses and the patients. But if it is used excessively and routinely without considering cultural differences and sensitivities, it can be detrimental. For example a nurse who wants to show the size of a bladder stone removed from the patient by showing her fist on the face of the patient can cause anger to the patient as in the Malay culture it is unbecoming for a person to put his fist on another person's face.

Another major barrier of effective communication experienced by Malaysian nurses is language in particular the English language. The author had come across a nurse who spelt the word 'SOFT DIET' as 'SOFT DIED' on a piece of card-board and hang on the bed-head. In another occasion a medical officer asked a nurse whether she had seen the houseman in-charge of the ward. She replied: "Yes, I have seen him passed away just now". Sometime this language barrier can create a joke. When a sister asked a student nurse whether she was certain that the man passing by was a houseman, she replied: "Yes, I am sure, because he carries a 'testicle' around his neck". What she meant was a 'stethoscope'.

The use of medical jargon is also common in health care settings which can confuse the client. To tell the patient that he is having 'a malignant carcinoma' is not wise at all, as it can be construed as terminal

disease; instead it is better to use the word 'growth'. Similarly the term 'schizophrenia' is too bombastic which can be replaced simply by 'mental health problem'. It is more confusing to the clients if abbreviations are used commonly in the hospital. 'AOR' discharge, BID, TCA, bd, tds, qid are some common abbreviations which are assumed that the clients understand.

Most of the time when nurses talk to the clients, they will engage in a therapeutic-relationship which requires effective nurse-client communication. This therapeutic communication is the basis of interactive relationships and affords opportunities to establish rapport, understand the client's experiences, formulate individualized or client-centered interventions, and optimize health care resources[6]. In order to understand the client's feeling, nurses must first understand themselves. In Islam they must first realize the purpose of their creation which is to serve the creator (Allah) and to serve mankind (ummah). Then they must develop the positive qualities in their personalities which are the 'mahmoodah' qualities. During the interaction, nurses must be great listeners and totally focused on the clients including their feelings. Nurses can also share the feelings through the process of empathy and not merely feeling sympathy. They must understand the client's culture and be sensitive to their ideology and belief. They must not make judgment.

If a nurse wants to ask a Muslim patient to pray in the ward, it is too blunt if she asks: "Why don't you pray as the solat time is almost over?" It will be more tactful if she says: "I can help you if you want to take wudhu' and show you where to pray".

In conclusion, this paper enlightened the importance of effective communication in nursing daily work for the benefit of quality patient care. There are some problems in communication exist between doctors and nurses, mainly due to perceived status. The doctors take the dominant role and the nurses become the subordinate in collaborating care of the patient. This paper also lists some common errors occurred during the interaction between the nurses and the doctors and between the nurses and the clients. Finally it is hoped that by having more graduate nurses and more male nurses in the nursing profession, the bridge of status will be reduced and the barrier in effective communication can be diminished.

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ABSTRACT

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