**7.8 Communication skills required in special circumstances**

* Deal with people from different social background
* Communicate with children
* Take sexual history
* Deal with physically and mentally impaired person
* Deal with violent and aggressive patients
* Communicate during procedures.
* Deal with other health professionals
* Break bad news.

**Communicate with children**

Nurses should take special care while communicating with children. S/he need to use different communication styles and behavior according to the age of the child. Understanding how children of different ages communicate and what they like to talk about is crucial for rewarding interaction with them.

*General guidelines*

* Allow the child to feel comfortable with the nurse.
* Communicate through the use of objects.
* Allow the child to express fears and concerns
* Speaks clearly and in a quiet, unhurried voice.
* Be honest and offer choices when possible.
* Set limits with the child as required.

**Infants**

* Infants respond to nonverbal communication behavior such holding, touching, patting etc.
* Communicate slowly, pay attention to an infant's style expressing emotions and allow the infant to get to know
* Quickly respond to children communication e.g. cries, smile etc.
* Use calm, soft, soothing voice.
* Allow security objects such as pacifier and blankets.

**Toddler**

* Respond quickly and predictably to toddlers’ communication but approach cautiously
* Learn their words for common items and use them in conversation
* Use short concrete terms
* Prepare the toddler for procedures immediately before the event
* Repeat explanation and description
* Use play for demonstration for example, allow them to handle the equipment, explain name and character of the instrument
* Use visual aids such as dolls, toys, pictures etc.
* Encourage the use of comfort objects

**Preschoolers**

* Speak in simple sentences and seek opportunities to offer choices.
* Allow asking question; be concise and limit the length of explanations
* Use play to explain procedures and describe procedures.
* Allow handling the instrument which alleviates fear.
* Ask questions about past events; probe for details and provide new words to enhance description of experiences
* Encourage to talk both positive and negative feelings.
* Encourage and create opportunities for engage in fantasy and pretend play e.g. pretend cocking, sharing foods etc.
* Let them self-talk

**School age**

* Establish limits
* Provide reassurance for alleviating fears and anxieties.
* Explain in clear terms
* Use medical play techniques and can use hooks, toys, videos to explain procedures.
* Provide privacy
* Use conversation related to their activities, likes, dislikes, emotions, causes of emotions and peer relationships which encourage thinking.

**Adolescents**

* Understand that adolescent may be preoccupied with body image. Be sensitive and responsive to the adolescent experience.
* Provide privacy.
* Encourage and support independence; a balance between expecting personal responsibility and offering support.
* Engage in conversations about their interest but avoid becoming too abstract, vague and technical.
* Use photographs, books and videos to explain procedures
* Be flexible, empathetic and recognize their emotions, ideas and beliefs.

**2. Taking sexual history**

It is commonly regarded as embarrassing and uncomfortable topic. Client may feel ashamed or even humiliated at having to ask for help with a sexual problem that they think is private and that they should be able to cope with themselves. As with other history taking, the interviewer must consider how to put the patient at ease, find out what the real problem is, discover the patients background and clinical history, and then work out a plan of management with patient**.**

* Established therapeutic relationship.
* Ensure privacy and established confidentiality of statements.
* Choose good terminology.
* Ask open questions and repeat the questions
* Use various technique of interview.
* Progress from topics that are easy to discuss to those that are more difficult to discuss. For example, start with social history [ marriage, number of children, occupation etc.] then to medical history [ pain during ejaculation, dysmenorrhea, diabetes, hypertension, stress etc.] and finally to sexual history.
* Reassure the client.

**3.Deal with physically and mentally impaired person:**

Dealing with differently able people is a very sensitive issue. So nurse should communicate with them empathetically.

**General interventions:**

* Treat individual with dignity, respect, and courtesy.
* Listen to the person.
* Offer assistance but do not insist or be offended if offer is not accepted.

**Visually impaired**

* Speak to the person when you approach him or her.
* Tell him or her who you are and don’t raise your voice.
* When conversing in a group, remember to identify yourself and the person to whom you are speaking.
* Let the individual know when you are leaving
* Don’t try to lead the person without asking permission first. Then simply let the individual hold your arm and let him or her control their own movements.
* Be descriptive when giving directions; verbally give the person information that is visually obvious to people who can see. For example, if you are approaching steps , mention how many steps.

**Hearing impairment**

* Make sure you get the person’s attention before you begin to speak. Just tap the individual on the shoulder if he or she is not facing you.
* Always look directly at the person and try to keep your face in the light away from shadows.
* Speak clearly in a normal tone of voice and avoid chewing gum or smoking while talking.
* Try to use short, simple sentences.
* When the person is using a sign language interpreter, don’t speak directly to the interpreter. Speak directly to the person.

**Mobility impairments**

* Try to place yourself at eye level with the person [ i.e. sitting in a chair or kneeling down.]
* Don’t lean on a wheelchair or other assistive device.
* Do not condescend to a person in a wheelchair by treating him or her childishly, such as putting on the head or shoulder.
* Ask if the person is having a problem with opening a door, offer to assist.
* When telephoning a person, let the phone ring long enough to allow time to reach the phone.

**Speech impairments**

* If you do not understand something the individual says, do not pretended you do. Ask the individual to repeat what he or she said and then repeat it back.
* Take as much time a necessary to communicate and be patient
* Try to ask questions which require only short answers or a nod of the head.
* Concentrate and pay extra attention to help you understand what the individual’s sayings.
* Don’t attempt to help by finishing the persons sentences. Let the person speak for him- or herself.
* After trying to understand the person repeatedly, without success, ask if it is ok to communicate through writing as an alternative

**Cognitive disabilities**

* Move from a public area with lots of distraction to a quitter, more private area.
* Be prepared to repeat what you say, orally or in writing.
* In a non-patronizing way and without over- assisting, ask the individual if you can help with filling out forms or explaining.
* Writing instructions. Wait for the individuals to give you permission to assist. Let him her have extra time for decision making.
* Be patient, flexible, and supportive. Take your time communicating so that everyone understands each other.
* Use clear simplified language and try to speaking slower, not louder.
* Make eye contact with the person when they are talking or asking questions.
* Give them simple choice – avoid creating complicated choices or options for them.

**4.Deal with violent and aggressive patients:**

Violence is the use of physical force, verbal abuse, threat

or intimidation, which can result in harm, hurt or injury to

another person. Aggression is a hostile behavior or threat

of attack. Both are part of a larger group of challenging

behaviors: non-verbal, verbal or physical actions which make

it difficult to deliver good care safely. Dealing with an aggressive patient takes care, judgement and self-control. Following measure should be measure while communicating with violent and aggressive patient.

* Remain calm, listen to what they are saying, talk in firm voice(slowly) without emotional response and ask open-ended questions.
* Make a comfortable arrangement of seating.
* Select proper safety strategies and techniques
  + If patient is violent and aggressive immediately call security and ensure the safety of self, patient and others people.
* Provide them with an opportunity to explain what has angered them. Understanding the source of their frustration may help you find a solution.
* Maintain eye contact, but not prolonged.
* Keep an adequate distance from the patient, but keep away from corners. It is helpful if the furniture in your room is arranged in such a way that you can easily leave, but the patient doesn't feel trapped.
* If the patient has a weapon, ask them to put it down. Don't ask them to hand it over.
* Leave the room and call security or the police.
* Avoid reacting defensively and taking things personally: instead try to look for the feelings that are the behind the behavior.
* Gather other history from family or friends to understand why the person is acting this way.
* Provide all information to his/her family related to his/her illness for support and encouragement of his/her treatment.
* Consult with multidisciplinary team members for different course of action.

**5.Communicate during procedure**

For any kind of nursing procedure communication plays vital role to, make the procedure, without communication we cannot imagine any kind of procedure.

So, nurses take care of following communication guidelines while doing procedure:

* Maintain therapeutic relationships with clients.
* Give self -introduction.
* Explain procedure including name, purpose, procedure and time needed according to agency policy.
* Provide psychological support by holding hands, massaging back or head, advice for relaxed and deep breath.
* Acknowledge their fear and anxiety.
* Maintain privacy and confidentiality.
* Ask for any quires and answer honestly.
* Observe signs of pain, stress and fear and manage it properly.
* Indicate the completion of procedure verbally or nonverbally.
* Finally give thanks for their co-operation in procedure and plan for further action.

**6.Deal with other health professional**

* Nurses are distinct from other healthcare providers as they have a wide scope of practice and approach to medical care. They play an integral role in promoting health, preventing illness, and caring for all individuals, including those who are disabled or are physically or mentally ill. Nurses plan and provide medical care to patients in a variety of settings. They work alongside doctors, health care assistants and other medical professionals to ensure a patient's proper care. So, they should follow ways to deal with other health professional:
* Maintain therapeutic relationship.
* Use principles of effective communication and avoid barriers in communication.
* Respect their sociocultural background.
* Follow organizational policy.
* Maintain privacy and confidentiality about the patient it means do not discussing a client's private health information with other**.**

**Post test**

**Multiple of choice questions:**

1. **Which of the following intervention is appropriate when talking to an older patient with hearing aid?**
2. Increase the volume of your voice
3. Be sure your face is visible to patient
4. Just say what you want to say whatever the patient is doing.
5. Both A and C

**Home Assignment:**

1. Read out the communication skills required in special circumstances.

**Plan for next class:**

In next class we will discuss about break bad news and feedback skills.

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