

Communication by Nurses in Palliative Care

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Abstract

Nurses' functions include assistance to an individual in his recovery from sickness as well as peaceful death. Due to emergence of chronic debilitating diseases such as HIV/AIDS and cancer and ageing of the population, need of palliative care has risen. Palliative care enhances quality of life and readies patients and their families for impending death. Effective communication is an integral part of successful palliative care. It is very important to recognize the obstacles to communication. Therapeutic communication requires the ability to listen to the patients actively, honestly answer to their questions and allow verbalization of their feelings. Communication involves verbal and non-verbal aspects. When engaged in providing palliative care, nurses are required to sit with patients and families in crisis and answer to their difficult questions.

Keywords: Palliative Care; Therapeutic Communication; Active Listening; Care of Dying.

Introduction

The unique function of the nurse is to assist an individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. And to do this in such a way as to help him gain independence as rapidly as possible: Virginia Henderson.

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The emergence of HIV/AIDS and the aging of the population with the numerous malignant and debilitating diseases associated with growing older have focused attention on the provision of quality care by hospice and palliative care programmers.

Palliative Care

The World Health Organization [1] has defined palliative care as the active total care of patients whose disease is not responsive to curative treatment. Control of pain and other symptoms, psychological, social and spiritual problem is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families.

Palliative care has also been described as the type of health care of patients and their families facing life threatening illness by a multi professional team at a time when the patient's disease is no longer responsive to curative treatment and life expectancy is relatively short.

Characteristics of Palliative Care

Palliative Care enhances quality of life, positively influences the course of illness and readies patients and families for death [2].

It;

- Affirms life and regards dying as a normal process
- Neither hastens nor postpones death
- Provides relief from pain and other distressing symptoms.
- Integrates the physical, psychological, social and spiritual aspects of care
- Offers a support system to help patients to live as

actively as possible until death

- Offers a support system to help the family cope during the patient's illness and in their own bereavement

When, Where and who of Palliative Care

Palliative care can be given to anyone with advanced disease process irrespective of age, sex, financial and educational background of the patient or family. Also, it does not end with the death of the patient. Supporting family members is an integral part of the palliation so as to ease them off their grief and stresses. Duration and entry point to palliative care are not fixed and may vary from few days to few months. The care may be imparted at home, hospice and hospitals by palliative care team. The team comprises of nurses, doctors, spiritual healers, pain therapists, physiotherapists, volunteers/social workers and family members depending upon the needs of terminally ill patient. Palliative care is also termed as end-of-life care.

Assessment in Palliative Care

Studies have focused on identifying the needs of terminally ill patients and their families [2]. The findings fit into five categories:

- Adequate pain and symptom management.
- Ability to make their own decisions.
- Avoidance of unnecessary life-sustaining treatment and prolongation of the dying process.
- Reducing the emotional and financial burden of their families.
- Ability to use remaining time to strengthen relationship with loved ones.

The assessment process helps the nurse to list the patient's physical and psychological needs in order of priority [2]. It is always valuable to check whether this matches the patients' own understanding of their needs, therefore allow patients to describe and prioritize his physical and psychosocial needs. It is important to have an effective strategy for eliciting patient's current problems during an assessment interview. The following is a suggested framework for use by visiting home care team:

Setting the Scene

- Introduce the team
- Explain purpose of the visit as well as ask permission to visit.
- Describe the form and duration of the visit (e.g. 1 hour)

- Use a suitable room and seating arrangement, where possible.

Main Strategy

- Communication may be started by asking a question like "do you feel like talking?"
- Elicit the current problems by asking a general question ("Can you tell me what problems you are having at present?")
- Allow the patient to tell his story at this stage without interruptions. The resulting medical problems can be clarified and summarized by repeating back like "you mentioned you were upset by....."
- Once completed, a general enquiry about, "Any other problems" can be made. The problems can then be prioritized, by the patient and then each explored in detail, focusing on:
 - Precise nature of the complaint
 - Clarification ("Tell me more")
 - Severity
 - Duration

Explore Emotions

- It is likely that the above will have focused on physical symptoms. By asking, "What do you feel about all that is happening to you?" it is possible to explore the patient's emotions in detail:
- Acknowledge and clarify emotions ("Can you tell me more about your worries?")
- Explore nature of emotion ("What is it that makes you so worried?")
- Explore intensity of emotion ("What is it like as its worst?")
- If a patient becomes distressed during these discussions, it is important to ask gently whether the discussion should continue ("I can see that this is upsetting you, Is it okay if we continue or would you prefer to stop?")

Sometimes patients use denial as a mechanism to protect themselves from becoming overwhelmed by emotion. Denial should not be corrected but if in denial, patient asks a direct question, nurse must answer the question honestly to the best of her knowledge.

Communication Skills in Palliative Care

Good communication is an important part of good health care.

Successful symptoms control in palliative care requires effective communication. The act of communication is in itself therapeutic. In other words, people generally feel better if they feel that they have been listened to and their concerns have been understood. As with all human abilities, some individuals are naturally gifted communicators. However, with practice, communication skills can be improved. Firstly, it is important to recognize the obstacles which can hinder effective communication:

Patient Related Obstacles to Communication

Fear of the physical, psychological, social, spiritual and treatment related consequences of a terminal illness. There may also be physical barriers to communications such as a tracheostomy, language difficulties etc.

Society Related Obstacles to Communication

The expectation of a cure, and at times lack of trust in the medical profession may be significant. In addition, the multitude of medical advisors can be counter productive. Men in most societies are often less ready to communicate their emotions.

Health Care Professional Related Obstacles to Communication

Doctors, nurses and other professionals may be less confident about dealing the emotional content of communication with patients. They may want to avoid being blamed for the patients' illness. The professional's own fear of death may also influence their response to the dying patient.

They often attempt to censor the information from patient to protect them from potential harm, hurt, anxiety, sad and bad news.

It is important for nurses to be mentally healthy. They need to take care of themselves and adopt ways to de-stress and unwind their emotions. They should try to leave the emotion and sadness of the job at workplace itself or else they may fall prey to compassion fatigue syndrome [3].

Good communication requires that nurses take time to listen, honestly answer questions and allow verbalization of feelings. Eighty per cent of communication is non-verbal, such as eye contact, gestures and tone of voice. Also, one must take time to identify one's own communication barriers and fear about one's own mortality. These barriers and fears affect nurse's ability to sit with patients and families

in crisis, support them and answer their difficult questions at times.

Basic Communication Skills

Physical Context

- Introduction to patient and family (who the professional is and what they do)
- Sit at the same level as the patient (or lower)
- Use appropriate body language (relaxed, leaning forward etc.)

Facilitation Techniques

- Let the patient speak. Encourage him to talk (e.g. "yes", "I see" "right", "ok", "fine".)
- Maintain eye contact.
- Tolerate short silences (often a sign of intense feeling)
- Reflect and clarify what the patient had said.

Sometimes, best communication is not saying anything at all. Noses just need to be present with the patient as the quiet helps to finally give them a chance to talk [4].

The Empathetic Response

- Identify emotion experienced by the patient (e. g. anger).
- Identify where the emotion originates (e.g. chemotherapy was not effective)
- Demonstrate to the patient that you have connected the emotion with its origin.

(e.g. "I can see that you are very angry that the chemotherapy has not helped") Nurses must approach the patient with neutrality as an open and loving caregiver to tend to patients needs and answer their questions with honesty.

Communication about Feelings

Emotional distress in people with progressive illness is universal. Symptoms such as pain, nausea and breathlessness will often have an emotional component. Emotional distress itself may be so overwhelming that until it is addressed, any other attempts at symptom control will not be successful [5]. Never assume that because a person has a terminal illness, his or her emotional needs will be predictable. When a health care professional asks, "How are you?" it generally invites the response, "I'm okay." If the

patients and their families are not given further opportunities to express their feelings about the illness, then they are likely to be left with painful, unexpressed emotions. People react to life threatening illness in many different ways. Their emotional responses can include fear (fear of death, being dependent on others, consequences of treatment), loss (loss of relationships, control, finances, dignity, self-esteem and self-worth) and anger (anger towards God, doctors, family, self).

If a patient is angry or fearful, it is also particularly important to create an atmosphere where this anger/fear can be vented.

Active listening may prove to be therapeutic in such situations. It also takes accounts of the individuality of each dying person's needs, concerns and stresses, communicated both verbally and non-verbally [6]. Reassurance and giving nonjudgmental support are utmost important. Calling the person by name, making eye contact, warm touch, forward leaning posture, silence if asked by dying person and asking open ended specific question convey nurses' concern towards the person. Repeating and summarizing dying persons' thoughts and feelings, keeping their needs in mind not one's own is critical. Fluctuations in mood and temperament should be expected as these "ups and downs" are the characteristics of the dying process. Good interpersonal relationship with the dying person results in open communication about death which in turn precede healthy adjustment. If open communication is not achieved, caregiver nurses operate on preconceptions rather than the individuals' actual thoughts and feelings.

Conclusion

To conclude, we can say that communication plays an important role in effective palliative care. Nurses, who are important health team members in hospital, home, hospice and other palliative care settings, should develop basic communication skills, which are therapeutic in nature.

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