

## Patient Centered Care Through Communication

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### Abstract

Patient centered care is the care that takes into consideration patient's values, needs and preferences and is safe, cost effective, timely and efficient. Communication in health care setting is important to assess patient satisfaction with care being rendered. Understanding patient's psychosocial context and his perspective on illness, empathetic and active listening, and involving patient in treatment related decision making process are all parts of patient centered care. Nurses, at times, find it difficult to communicate and care for some patients, such as, those who are anxious, depressed, terminally ill, aggressive, and manipulative and even distressed families of the patients. However, nurses can use some therapeutic communication techniques, such as, active listening, acceptance and respect for the patient, empathizing with patients and families and giving unconditional positive regard to the patients will be beneficial.

**Keywords:** Patient centered care; Communication, Empathy; Active listening; Shared decision making.

### Communication

Communication is a way in which humans make sense of the world around them. Communication is a two way process or interaction, involving two or more people and can occur by verbal, non verbal, face to face or non-face to face method. Communication is viewed as a reciprocal process.<sup>1</sup>

### Significance of communication

Communication is an important factor in patient satisfaction and complaints about care.<sup>2</sup>

- It plays an integral role in quality of service in all service professions including health care professions.
- Within health care, quality care has been defined by the Institute of Medicine as "care that is safe, effective, timely, efficient, and equitable and patient-centered."<sup>3</sup>

### Patient centered care

Patient centered care is defined as care that is respectful of, and responsive to individual patient preferences, needs and values and ensuring that patients' values guide all clinical decisions.<sup>2</sup> Health care organizations that are patient centered engage patients as partners and hold human interactions as a pillar of their service.<sup>4</sup>

### Goals of patient centered care

Patient centered care is based on three goals:

- To elicit the patient's take on his illness.
- To understand patient's psychosocial context.
- To reach shared treatment goals based on patient's values.<sup>5</sup>

### Understanding patient's psychosocial context

Exploring the patient's feelings is important in assessing the emotional burden and psychological

impact of the illness. Unexpressed emotions may affect the patient's trust and confidence in medical care. We should not judge the patient's emotions as being appropriate or inappropriate and resist offering premature reassurance early in the interaction with patient.

Similarly, normalizing /belittling without first adequately exploring the concern may be perceived as blocking the patient's feelings. E.g., "many patients experience apprehension" or "this is a fairly common reaction". Patients often have concerns about future complications and disability from their medical problems. Some of these fears may be unfounded or unlikely requiring gentle exploration and eventual assurance. Often fears are realistic and require a thorough understanding of patient's values and resources. An illness can impact a person's life in ways that the health care providers may not anticipate. Discussion should explore the effects of illness on personal activities and social responsibilities. E.g., the inability to care for oneself, loss of employment.<sup>5</sup>

### *Expressing empathy*

Empathy is the capacity to understand and relate to patient's illness experience and emotions. Nurses can express empathy verbally or through non-verbal gestures, such as:

- respectful silence
- touching patient's hand or knee (if culturally appropriate)
- offering a box of tissues when patient is tearful

#### Techniques for experiencing empathy

- Naming the emotion by saying, "It seems like you are feeling...."
- Expressing Understanding by saying, "I can understand how that might upset you"
- Supporting and Exploring by saying, "I will be with you in this difficult time", and "How are you coping in this difficult time"?<sup>6</sup>

Regardless of their own emotional state, health care providers need to show concern and interest verbally and non-verbally.

### *Revealing a diagnosis: Breaking bad news*

- Setting: Provide privacy and avoid distractions and interruptions. Involve significant others while breaking bad news for providing support and confidence to patient. Sit down and connect with patient (through eye contact, touch, if culturally appropriate).
- Detailed information about disease, diagnosis and treatment modalities, and prognosis is re-

quested more often by patients who are younger, female and more educated.

- First assess patient's prior knowledge and understanding of the illness and patient's preference for an overview or detailed information.
- Give time to patient to absorb the news.
- Empathize with patient's emotions while limiting further information in the initial stage. You can further explore by saying, "How much information would you like to receive at this time"?and, "Do you prefer to receive information in stages or all at once"?
- Use word that are familiar to patient. Avoid medical jargon. Do not be excessively blunt or insensitive. Provide information in small chunks and allow time for comprehension.
- Do not take away hope.
- Discuss treatment options, if the patient is emotionally ready, to maintain hope and a future oriented outlook<sup>5</sup>.

### **Shared Decision Making**

- By discussing treatment options, health care professionals can help patients make informed choices. The pros and cons of each option should be outlined, including benefits and risks, potential immediate and long term adverse effects, costs (direct and indirect). Providing options reaffirms the patient's need to be actively involved in his or her medical care. However, the patient should not be bombarded with extensive information.
- A balanced approach involves asking patient about what he already knows about his illness, then providing small chunks of information and checking for understanding after each chunk (ask-tell-ask technique). The patient's clinical condition, health literacy, emotional state and the complexity of the medical decision may require multiple sessions with health care professional. Shared decision making can be supported by printed aids, e.g., pamphlets, leaflets etc., that visually depict clinical risks using pictographs.<sup>5</sup>

#### Communicating with 'Difficult' Patients<sup>7</sup>

The label of difficult patient is assigned to those whose behaviours cause distress in the health care professional that exceeds that which is either expected or accepted. Upto 15% of patient-provider encounters are rated as 'difficult'.<sup>7</sup> Some patients considered 'difficult' are:

- Non-adherent patient
- Patients who are receiving end of life or pallia-

tive care.

- Manipulative-dependent patient: They test interest of others, invoking guilt. They may threaten angry outbursts or even legal action. They actually may be lonely, dependent or fearful.
- Aggressive patient: Behaviours shown are - condescending, blaming, attacking, criticizing, insults, sarcasm, physical attack.
- Complaining and demanding patient: Patient complains/demands about the care, the cost, the providers and the treatment regimen.
- Patient in denial: Prolonged denial indicates towards maladaptive coping. Denial is a self-protective mechanism against the stress of disease and injury.
- The depressed or anxious patient: All patients who are subjected to hospitalization, where control is lost and routines are disrupted experience some level of anxiety and depression.
- Families are vulnerable to anxiety surrounding the diagnosis, treatment.<sup>7</sup>

#### ***General guidelines to follow with difficult patients***

- Show respect. Patients left waiting, not explained about procedures or tests, treated not as a human being are some instances depicting lack of respect towards the patient.
- Practice unconditional positive regard for the patient.
- Show concern and interest (caring can be an underdeveloped skill in a high-tech environment)
- The highly anxious patient can only comprehend the most elemental communication. Be clear, simple and brief.
- The patient's immediate environment is usually perceived as overwhelming, therefore, it is important to remain calm, restore quiet and speak slowly, without medical jargon.

- Patients with very high level of anxiety will lack the usual abilities to care for themselves, at least temporarily. Some patients may even regress for a period of time.
- While it is important for nurses to encourage the patients to take care of their own activities of daily living (ADL), they may initially need additional assistance in their ADL, from staff and family members.<sup>7</sup>

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