

A study on the communication behavior of nurses with patients of government hospitals in Prayagraj district, (U.P)

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Abstract: The present study entitled “A study on the communication behavior of nurses with patients of government hospitals in Prayagraj district, (U.P)” was carried out. Thirty nurses and thirty patients were selected from government hospitals. Data was collected by using pre-tested schedule. It was found that in nurse patient relationship 60 percent nurses and 60 percent patients are helping in nature but 40 nurses and 40 percent patients are not very helpful. Majority of nurses that is 56.67 percent nurses give injections very gently but then there are 43.33 percent nurses inject very rudely. Similarly in government hospitals no nurse tries to communicate with special abled patients and also nurses don't want to communicate with patients after treatment. Therefore nursing science has to integrate its own theories of nursing care with theories of communication and interaction from other scientific disciplines like sociology.

Key words: Nurse-patient relation, Nurse-patient communication, Nurse-patient interaction, Behavior.

Introduction: As communication and interaction are quite often used interchangeably or synonymously, it is not surprising that certain characteristics of both concepts are quite similar. Communication is also seen as dynamic, complex, and context-related ongoing multivariate process in which the experiences of the participants are shared (Daubenmire et al. 1978). Mutuality and simultaneity are central aspects in communication too.

Two concepts are identified as important in interaction and relationships, “being authentic” and “being a chameleon,” meaning the necessity of two divergent behaviors in interaction and relationship. So nurses have to be authentic and adaptive to the patient and the situation. The professional relationship is an important aspect of nursing interventions and can have positive or negative effects on the nursing experience of patient. Anderson (1979) even states that the nurse-patient relationship has the power to create or destroy those who came to us for care as individuals create themselves through relationships. Patients described nurse-patient relationships as good when they had the feeling of having been treated respectfully, essentially as a valued person (Breeze and Repper 1998).

The role allocation in nurse-patient communication and interaction seems to be quite clear. Patients take on the role that is expected to them, namely the role of being sick, dependent, and inactive (Armstrong-Esther

and Browne 1986). This kind of role allocation is typically associated with the different power assigned to the roles ‘nurse’ and ‘patient’. These roles are expressed in the kind of interaction that happens, for example, the use of touch as a method of communication (McCann and McKenna 1993), but can vary in different settings, for example, home care and hospital (Shattell 2004). These empirical findings support the theoretically derived statements of the supreme importance of role behavior and role expectations in communication (Scheiner and Knipfer 2006).

Research methodology: Research methodology is the specific techniques to identify and select information about a topic. Descriptive research design was used for investigation. It was selected Uttar Pradesh for the research work. It was selected the government hospitals of district Prayagraj. It was selected 60 respondents (30 Patients and 30 Nurses of government hospitals). Purposively random sampling was use for sample selection. To collect data from the respondent, an interview schedule was prepared, covering the various independent and dependent variables of the study keeping in view the various defined objectives of the present investigation. In this present study the observation was done by “non-participant” observation. Primary data was collected by individual interview and interactional survey with patients. Secondary data was collected from the media, police and previous data in the same area which will be used to analyze the primary data status. Voice recorder, camera and mobile were used to collect the views of the respondents and photographs related to the present study.

Results and discussion

Now it has to describe the result of the research. For convenience describe under following subhead

Table no.1 Behavior of nurses and patients with each other

N1=30 N2=30

Sl.no.	Statement	Frequency			Percentage		
		Agreed	Disagreed	Total	Agreed	Disagreed	Total
1	Helping nature of nurses towards patients problems	18	12	30	60	40	100
2	Misbehavior of patients with nurses	12	18	30	40	60	100

From the above table it is shown that in nurse patient relationship there are 60 percent nurses shows the helping nature towards patient's problems while 40 percent don't help

Patients in their problems, as well as 40 percent patients too misbehave with nurses but 60 percent help nurses in their work. This finding is similar to **Williams and Gossett (2001)**.

Table no.2 Way of giving injection by nurses N=30

Sl.no.	Statement	Frequency	Percentage
1	Gently	17	56.67
2	Rudely	13	43.33
	Total	30	100

This table shows that in government hospital there are 56.67 percentage nurses give injection very softly and gently but then there are 43.33 percentage nurses who do misbehave and inject very rudely. This finding is similar to **Cossette et al., (2006)**.

Table no.3 Communication status of nurses N=30

Sl.no.	Statement	Frequency			Percentage		
		Yes	No	Total	Yes	No	Total
1	Communicate with special abled patients	0	30	30	0	100	100
2	After treatment communicate with patients	0	30	30	0	100	100

From the above table it is clear that in government hospitals no nurse tries to communicate with special abled people, and also nurses don't want to communicate with patients after treatment. 100 percent nurses don't communicate with disabled patients as well as they don't want to communicate with patients after treatment. This finding is similar to **Shattell (2004)**.

Conclusion

It is concluded that in government hospitals, in nurse-patient setting in few cases if nurses do misbehave with patients then patients will also behave same. The way of injection shows the behavior and softness of nurses and it affects the major part of nurse -patient relationship. Nurses have very busy schedule and due to that schedule they don't have time to communicate with patients, but this behavior make patient-nurse relation weak.

Bibliography

Anderson ND (1979). Human interaction for nurses. *Superv Nurse* 10(44): 48-50.

Armstrong-Esther CA and Browne KD (1986). The influence of elderly patients' mental impairment on nurse-patient interaction. *J Adv Nurs* 11: 379-387.

Breeze JA and Repper J (1998). Struggling for control: the care experiences of, difficult patients in mental health services. *J Adv Nurs* 28: 1301-1311.

Cossette S Cote JK, Pepin J, Ricard N and D' Aoust L (2006). A dimensional structure of nurse-patient interactions from a caring perspective: refinement of the Caring Nurse-Patient Interaction Scale (CNPI-short scale). *J Adv Nurs*; 55:198-214.

Daubenmire MJ, Searles SS and Ashton CA (1978). A methodologic framework to study nurse-patient communication. *Nurs Res*; 27: 303-310.

McCann K, McKenna HP (1993). An examination of touch between nurses and elderly patients in continuing care setting in Northern Ireland. *J Adv Nurs*; 18: 838-846.

Scheiner R and Knipfer E (2006). Miteinander reddten: Wege zu einer gelingenden kommunikation in der Pflege. *Pflege Z* 59: Suppl. 2-8.

Shattell M (2004). Nurse-patient interaction: a review of the literature. *J Clin Nurs*; 13: 714-722.

Williams CA, Gossett MT (2001). Nursing communication- advocacy for the patient or physician? *Clin Nurs Res*; 10: 332-340.

