

The Importance of Assessment and Communication as Fundamental Skills of Nursing Practice

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Abstract

Chapelhow et al. (2005) stated nursing assessments are non-static. One of the aspects of the nursing assessment procedure is that a set of customised results are agreed, which can be achieved through established teamwork and efficient communication. The Chapelhow Framework was established around six enablers: assessment, communication, risk management, managing uncertainty, record keeping and documentation, professional judgement and decision making. These enablers help healthcare professionals including student nurses to develop their skills to the best of their ability to deliver holistic and person-centred care. This article will discuss two of the enablers: assessment and communication, exploring the importance of effective assessment and communication, and the barriers highlighted in delivering and upholding the duty of care in the health sector.

Keywords

Assessment, Chapelhow, Communication, Parkinson's disease

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Introduction

This article will discuss the nursing care provided to a 74 year old male patient throughout a hospital placement of five weeks. I will be using a pseudonym throughout this article to ensure patient anonymity and he will be referred to as Mark (NMC 2018). Mark verbally gave full consent to utilize his personal clinical records for this article. The National Institute for Health and Care Excellence (NICE 2017) advise healthcare professionals to obtain and record informed consent from the patient. It was explained to Mark that confidentiality would be maintained throughout, and there would be nothing mentioned in this article that could identify him (NMC 2018). According to Chapelhow et al. (2005), a student nurse will be required to become proficient with the Chapelhow enablers. These enablers are assessment, communication, risk assessment, managing uncertainty, record keeping and documentation and professional judgement and decision making. This article will provide a brief context of Mark's present and past medical history, and then discuss assessment and communication from the Chapelhow et al. (2005) enablers related to the care Mark received and conclude with a summary of key points discussed in the article.

Mark lived with his 64-year-old wife and together they have one daughter. Mark was referred to the respiratory ward with symptoms of feeling unwell, shortness of breath, chest pain, pyrexia, and oliguria from accident and emergency. He had a body mass index (BMI) 24 kg/m² which is within the normal ideal range (18.5 kg/m² – 24.9 kg/m²) for adults (NICE 2014). Van Der Marck et al. (2012) conducted a study in which it is stated that people with Parkinson's disease have a lower BMI but that does not mean that all

Parkinson's disease patients are underweight. According to his medical history, Mark was diagnosed with Parkinson's disease 10 years ago and has been diagnosed with diverticular disease, osteoporosis, asthma and cerebral ischemia. Mark reported forgetfulness and stated that his Parkinson's disease was progressing; hence, he has been in and out of the hospital since the beginning of the year. Parkinson's disease is a slowly progressive neurological disease that begins insidiously and usually asymmetrically without a known aetiology (Grayson 2016). It is also known as shaking palsy with characteristics of physical traits such as rigidity, tremor and shuffling (Grayson 2016; World Health Organization (WHO) 2006).

Assessment

Nursing assessments are an integral part of patient care. It is the initial stage in the process of person-centred care and providing an individualised patient-centred care in nursing practice (Dougherty and Lister 2015). Carrying out the nursing assessment key information such as family, medication, psychosocial, and past and present medical history were recorded in Mark's care plan (Jensen 2018). The data collected helped in the continuity of Mark's care while he was in hospital. As a result, it ultimately enabled nurses to assist Mark in establishing control over his health (Foulds et al. 2015). The assessment process requires nurses to conduct relevant observations, to collect, confirm and organise data and to make judgements to decide care and treatment needs (NMC 2018).

Vital Signs

Mark was assessed using National Early Warning Scores (NEWS). Smith et al. (2017) suggested that all assessments should be repeated on the ward once the patient has been admitted in case of any deterioration. NEWS was used for Mark's assessment with easy-to-measure parameters. Parameters such as level of consciousness and vital signs facilitate early intervention and predict mortality (Day and Oxtan 2014). The Royal College of Physicians (2012) recommend the use of the NEWS assessment tool in the hospital as it has been estimated to save around 6000 lives each year. Also, evidence shows that NEWS can contribute to early detection of sepsis which was ruled out during Mark's assessment (Jones 2017). Page | 27

Mark was responding to voice and pain, respiratory rate was 20 breaths per minute, oxygen saturation of 75%, blood pressure (BP) 80/53 mmHg, heartrate 60 bpm, and low urine output of less than 400ml over 24hrs. As a result, his NEWS score was 3 and he was put on oxygen. Scoring 3 on NEWS indicates abnormalities and calls for close observation; in this case it was due to Mark's hypotension and oxygen saturation (Day and Oxtan 2014). He was monitored at least every two hours where all observations were repeated as recommended by NICE (2017).

Both NICE (2007) and National Patient Safety Agency (NPSA 2007) recommended that good observations can detect when Mark's condition required further investigation or needed more intense observation. Early intervention can reduce morbidity and mortality rate (NICE 2007; NPSA 2007). Mark's hypotension was due to Parkinson's disease which can cause blood pressure abnormalities such as orthostatic hypotension (low blood

pressure occurs when a patient stands up from sitting or lying down), or postprandial hypotension (low BP that occurs after a meal) (Ziemssen and Reichmann 2010). Jain (2011) and Chen et al. (2014) state that Parkinson's disease patients often have dysautonomia (conditions that affect the autonomic nervous system), neuropsychiatric and sleep disorders (sleep apnoea, insomnia, etc.) that normally influence blood pressure. However, fluids through intravenous therapy (IV) with the aim of increasing his blood pressure to the normal range (120/80 mmHg -140/90 mmHg) and keep Mark hydrated were given as a first intervention. Additionally, a reassessment and monitoring plan was put in place (NICE 2013).

Activities of Daily Living

Part of a nurse's role is to facilitate people to carry out their activities (Foulds et al. 2015). Roper, Logan and Tierney (2000) Activities of Daily Living's (ADLs) framework were used to assess Mark's physical, psychological, spiritual, social and cultural dimensions as it was vital in his assessment (Dougherty and Lister 2015). ADLs are an efficient structure, which recognised Mark's beliefs and individuality. The ADL framework reflects twelve essential ideas and provides a scale in recognition that dependency can change through time (Roper, Logan and Tierney 2000). Dougherty and Lister (2015) advise the use of a logical approach together with ADLs framework as guidance for making decisions professionally. In Mark's case, the nurse utilised the ADL framework to spot a change in the need of care. Due to his forgetfulness, tremor and unstable gait, Mark required assistance with mobilising, personal care and other necessary care needs as explained

by the Department of Health (DoH) (2018). However, Mark was given informed choices, privacy, and his autonomy was respected (NMC 2018).

Nutrition

Meal times are normally challenging as patients are monitored and staff make sure that everyone is in an upright position to eat their meals to avoid choking (NMC 2018). Further assistance is offered to help patients consume their food (NICE 2017). As a student nurse in charge of Mark, I noticed that Mark was suffering from dysphagia (Akbar, Dham and Okun 2013). An immediate referral was made to speech and language therapy (SLT) (NICE 2017). This was because dysphagia can cause chest infection due to aspiration pneumonia (Akbar, Dham and Okun 2013). NICE (2017) recommend early referrals to the SLT team for early intervention and to avoid the occurrence of aspiration pneumonia.

The speech and language therapy team are responsible for assessing patients with speech and swallowing problems (Royal College of Speech and Language Therapists 2006). Mark was assessed by a speech and language therapist using a simple swallowing test. He was given a piece of soft biscuit, and a drink. Movement of his lips, tongue, and the muscles of his throat and swallowing were observed (NHS 2018). There are other assessment tools such as nasoendoscopy and Fibreoptic Endoscopic Evaluation of Swallowing (FEES) but these were not used in Mark's assessment (NHS 2018; RCSLT 2006). The SLT assessment clearly indicated that Mark appeared acutely unwell and was at very high risk of aspiration. As a result, the speech and language therapist recommended Mark to be nil by mouth, a Nasogastric Tube (NGT) to be inserted and regular mouth care to be given for comfort (Martinez-Ramirez et al. 2015).

It was important that Mark had all the required nutrition to prevent malnutrition (NICE 2017). Mark was referred to a dietician for specialist advice to avoid a reduction in his total daily protein consumption. The dietician recommended a nutritional requirement (Henry BMR (energy) 2030/day, protein 75-110g/day and fluids 2125ml/day). It was important that Mark's weight was kept under close observation as good BMI does not indicate a good nutritional status. Even though his weight is normal, he may still be at risk of malnutrition (Ådén et al. 2011).

However, the results were evaluated continuously to monitor Mark's development and clinical judgement was used to adjust these outcomes where necessary to tally with Mark's needs (Burman 2010). The effectiveness of nursing assessments depends on good communication skills between the multidisciplinary team (NMC 2018).

Communication

Communication is a two-way process which occurs between the sender and the receiver and the message sent (Bach and Grant 2011). Communication was an essential part of Mark's everyday life and a crucial element of the good nursing care that Mark received (Bach and Grant 2011).

This enabled me to establish a therapeutic relationship with Mark which facilitated the gathering and sharing of information and ideas regarding Mark's health (NMC 2018). Due to Parkinson's disease Mark's speech was slurred, hoarse, unsteady and quiet (NICE 2017). He found it difficult to control how quickly he could speak or to start talking and

part of the speech and language therapist assessment report showed that Mark's speech and volume was low.

It was known by staff that communication might be challenging for Mark. During assessment he was allocated a cubicle for privacy and dignity as per NMC (2018) *Code of Conduct* to provide a quieter environment. Additionally, patient dignity can be promoted by allowing him to express his concerns in a safe, quiet and private environment (Dougherty and Lister 2015). Based on the ideas of Arnold and Underman Boggs (2011), active listening, observation skills, verbal and non-verbal exchanges of information are some elements nurses must consider. When communicating with Mark, slow pace was essential. It was important to ensure he could see your face, make eye contact and listen attentively (Baillie and Black 2015). Active listening kept him engaged while communicating, and was essential when conducting observations, paying attention to his tone, rate and depth of speech (Dougherty and Lister 2015). Reflecting on what had been agreed helped Mark to remember, recognising his legitimate contribution to the discussion (McCabe and Timmins 2013). On the other hand, Silverman, Kurtz and Draper (2013) argue that overuse of reflection technique can be inappropriate.

Closed questions were used to make it easy for Mark to respond (Baillie and Black 2015). It is difficult with Parkinson's disease to gather information to answer questions (NICE 2017). Dougherty and Lister (2015) suggested the use of closed questions for people with communication problems, as open questions might be inappropriate for them. Therefore, when communicating with Mark, it was vital to speak slowly, clearly, carefully and most

importantly be patient (NMC 2018; McCabe and Timmins 2013; Dougherty and Lister 2015; NICE 2017).

Non-verbal communication includes sitting or standing up, facial expression, gestures and postures, whether it is a nod or smile can influence the whole communication (Dougherty and Lister 2015). The elements of non-verbal communication can be represented by the acronym SOLER meaning: Squarely face the patients, maintain Open posture, Lean forward slightly to show interest, maintain Eye contact (if it is culturally appropriate), and Relax. Dougherty and Lister (2015) also highlight that non-verbal communication is more important to patients who are verbally impaired. Mark often made gestures like nodding his head, rolling his eyes and occasionally used his finger (Egan 2013). During this time, it was important to acknowledge these gestures by verbally indicating that you were paying attention to him (NMC 2018). Missing the signs could make Mark anxious and stressed (Egan 2013). Berridge and Liddle (2010) emphasise that nurses must be aware of actions which may cause patients to lose interest, become aggressive or stop communicating as it may affect their health.

It was important for Mark and the care team to know the right time to communicate with him. Knowing the right time is a necessity to effective communication in both the sender and the receiver to communicate efficiently (Baillie and Black 2015). During placement, the best time to communicate with Mark was late mornings following his morning medication. This is because some of his medication such as levodopa and dopamine agonists help to improve his speech and reduced his tremor, making him become more relaxed and less anxious (NICE 2017). In contrast, dopamine agonists carry a high risk

of hallucination and delirium and a medication review is recommended if this should become uncontrollable for the patient (NICE 2017). However, it was essential to consider the side effects to be able to interact with Mark and to make sure it was the right time to achieve effective communication (Berridge and Liddle 2010).

Communication is not just limited to the nurse-patient relationship but also includes communication with other team members (NMC 2018). The NMC (2018) stated that effective communication within the multidisciplinary team was vital to health care provision. Berridge and Liddle (2010) advise nurses to communicate with other health care professionals such as doctors, SLT, physiotherapists etc. Thomas, Pollard and Sellman (2014) also state that nursing staff are at the heart of communication in health care. Nurses assessed patients and reported back to other health care professionals (Wheeler 2013). Moreover, they can increase patient compliance, satisfaction, cooperation, and acceptance with the multidisciplinary team (Berridge and Liddle 2010). Thus, it improves the physiological and functional status of the patient and the NMC (2018) state that it is important to share information for the best interest of the patient and to achieve quality of care.

Barriers to Communication

There are so many barriers that can affect communication and assessment in nursing practices (NMC 2018). On the other hand, there are barriers that can hinder the patient care (Ballie and Black 2015). In Mark's case there was a problem with poor documentation on the NGT. As a result the NGT was removed and had to be re- inserted

causing pain and discomfort for Mark in addition to the omission of some of his nutritional requirements which he received via his NGT.

An effective assessment depends on good communication, efficient staff numbers, training and equipment needed, well-known networks and continuing staff training (NICE 2007). Nevertheless, the main component is communication. Lack/ineffective of communication during patient assessment is problematic and causes many problems that can result in patient complication or death (Ballie and Black 2015). The NMC (2018) advise nurses to maintain appropriate documentation and communication to avoid such problems. A good example is the inquiry of the Mid Staffordshire hospital (Francis 2013). Many deaths could have been prevented if there had been active communication between agencies (Francis 2013). The inquiry reported that the responsibilities and roles were not communicated clearly (NMC 2018). The warning signs were not communicated which resulted in the poor assessment of the critically ill and critically injured patients within the trust (Francis 2013).

Barriers such as education level, preconceptions, cultural and religious, environment, listening habits, and language are some of the many restrictions that can hinder effective communication (Bramhall 2014). Lack of privacy and time, background noise and competing demands are all possible obstacles to effective communication between patients and nurses (Arungwa 2014). Much information is picked up from a speaker's facial expression, their body language and posture (Bramhall 2014). Consequently, staff might have misinterpreted Mark's mood and feelings due to his altered hand gestures, reduced facial expression or body posture because of his medical condition (NICE 2017).

To overcome some of these barriers, Coleman and Angosta (2016) and Hemsley, Balandin, and Worrall (2012) suggest that nurses dedicate extra time and determination to communicate efficiently. This was employed for the improvement of Mark's physical and mental health. Coleman and Angosta (2016) identifies that nurses can overcome the barriers of communication with the right experience and education.

Conclusion

In conclusion, effective assessment and communication are very important and unavoidable in delivering and upholding the duty of care in the community healthcare and primary health sector. I can relate to the emphasis made by the NMC (2018) and the importance which Chapelhow et al. (2005) place on assessment and communication in nursing practice. Nurses should be able to develop interpersonal skills and relationships with patients, colleagues and patients' families for there to be competency. Therefore, nursing communication and assessment must be done simultaneously as one cannot be done effectively without the other.

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