

Chapter 6

Understanding the Person

Caring for the Person

- The patient or resident is the most important person in the agency.
- Holism is a concept that considers the whole person.
- The whole person has physical, social, psychological, and spiritual parts.
 - These parts are woven together and cannot be separated.
 - Each part relates to and depends on the others.

Addressing the Patient

- Follow these rules to address patients and residents with dignity and respect:
 - Use the person's title.
 - Mrs., Mr., Miss, Ms., or Dr.
 - Do not use a first name unless the person asks you to.
 - Do not use any other name unless the person asks you to.
 - Do not call the person Grandma, Papa, Sweetheart, Honey, or other names.

Basic Needs

- A need is something necessary or desired for maintaining life and mental well-being.

Basic Needs

- According to psychologist Abraham Maslow:
 - Basic needs must be met for a person to survive and function.
 - Needs are arranged in order of importance (Figure 6-2).
 - Lower-level needs must be met before the higher-level needs.
 - Basic needs, from the lowest level to the highest level, are:
 - Physical needs
 - Safety and security needs
 - Love and belonging needs
 - Self-esteem needs
 - The need for self-actualization

Culture and Religion

- Culture is the characteristics of a group of people passed from one generation to the next.
 - People come from many cultures, races, and nationalities.
- Religion relates to spiritual beliefs, needs, and practices.
 - Many people find comfort and strength from religion during illness.
- The care plan includes the person's cultural and religious practices.

Behavior Issues

- A disability is any lost, absent, or impaired physical or mental function.
 - It may be temporary or permanent.
- Many patients, residents, and families accept illness, injury, and disability.
 - Those who do not adjust well have some of the following behaviors:
 - Anger
 - Demanding behavior
 - Self-centered behavior
 - Aggressive behavior
 - Withdrawal
 - Inappropriate sexual behavior

Behavior Issues, cont'd.

- Anger is a common emotion.
 - Causes include:
 - Fear, pain, and dying and death
 - Loss of function and loss of control over health and life
 - Long waits for care or to see the doctor
 - A symptom of some diseases that affect thinking and behavior
 - Some people are generally angry.
 - Anger is shown verbally and nonverbally.
 - Violent behaviors can occur.

Behavior Issues, cont'd.

- Demanding behavior
 - Nothing seems to please the person.
 - The person is critical of others.
 - Causes include:
 - Loss of independence
 - Loss of health
 - Loss of control
 - Unmet needs

Behavior Issues, cont'd.

- Self-centered behavior

- The person cares only about his or her own needs.
- The needs of others are ignored.

- Aggressive behavior

- The person may swear, bite, hit, pinch, scratch, or kick.
- Causes include:
 - Fear
 - Anger
 - Pain
 - Dementia
- Protect the person, others, and yourself from harm.

Behavior Issues, cont'd.

- Withdrawal

- The person has little or no contact with others.
- This may signal physical illness or depression.
- Some people are not social and like being alone.

- Inappropriate sexual behavior

- Behaviors include:
 - Inappropriate sexual remarks
 - Touching others
 - Disrobing or masturbating in public
- The behaviors may be on purpose or due to disease, confusion, dementia, or drug side effects.

Behavior Issues, cont'd.

- Some behaviors are not pleasant.
 - You cannot avoid the person or lose control.
 - To deal with behavior issues:
 - Recognize frustrating and frightening situations.
 - Treat the person with dignity and respect.
 - Answer questions clearly and thoroughly.
 - Keep the person informed.
 - Do not keep the person waiting.
 - Explain the reason for long waits.
 - Stay calm and professional, especially if the person is angry or hostile.
 - Do not argue with the person.
 - Listen and use silence.
 - Protect yourself from violent behaviors.
 - Report the person's behavior to the nurse.

Communicating With the Person

- For effective communication between you and the person, you must follow the rules of communication:
 - Use words that have the same meaning for you and the person.
 - Avoid medical terms and words not familiar to the person.
 - Communicate in a logical and orderly manner.
 - Give facts and be specific.
 - Be brief and concise.

Communicating With the Person, cont'd.

- Understand and respect the patient or resident as a person.
- View the person as a physical, psychological, social, and spiritual human being.
- Appreciate the person's problems and frustrations.
- Respect the person's rights.
- Respect the person's religion and culture.
- Give the person time to process the information that you give.
- Repeat information as often as needed.
- Ask questions to see if the person understood you.
- Be patient.
- Include the person in conversations when others are present.

Verbal and Nonverbal Communication

- Words are used in verbal communication.
 - Follow these rules for the spoken word:
 - Face the person. Look directly at the person.
 - Position yourself at the person's eye level.
 - Control the loudness and tone of your voice.
 - Speak clearly, slowly, and distinctly.
 - Do not use slang or vulgar words.
 - Repeat information as needed.
 - Ask one question at a time. Wait for an answer.
 - Do not shout, whisper, or mumble.
 - Be kind, courteous, and friendly.

Verbal and Nonverbal Communication, cont'd.

- Use the written word if the person cannot speak or hear but can read.
 - The nurse and care plan tell you how to communicate with the person.
- When writing messages:
 - Be brief and concise.
 - Use a black felt pen on white paper.
 - Print in large letters.
- Some persons cannot speak or read.
 - Ask questions that have “yes” or “no” answers.
 - Follow the care plan.
- Persons who are deaf may use sign language.

Verbal and Nonverbal Communication, cont'd.

- Nonverbal communication does not use words.
 - Gestures, facial expressions, posture, body movements, touch, and smell send messages.
 - Nonverbal messages more truly reflect a person's feelings than words do.
 - Touch is a very important form of nonverbal communication.
 - The meaning depends on age, gender, experiences, and culture.
 - To use touch, follow the person's care plan and maintain professional boundaries

Verbal and Nonverbal Communication, cont'd.

- People send messages through their body language:
 - Facial expressions
 - Gestures
 - Posture
 - Hand and body movements
 - Gait
 - Eye contact
 - Appearance
- Control your body language as needed.

Verbal and Nonverbal Communication, cont'd.

- Communication methods
 - Listening means to focus on verbal and nonverbal communication.
 - You use sight, hearing, touch, and smell.
 - Direct questions focus on certain information.
 - Open-ended questions lead or invite the person to share thoughts, feelings, or ideas.
 - You use clarifying methods to make sure that you understand the message.
 - Silence is a very powerful way to communicate.
 - Sometimes you do not need to say anything.

Communication Barriers

- Communication barriers prevent the sending and receiving of messages.
 - Language
 - Cultural differences
 - Changing the subject
 - Giving opinions
 - Talking a lot when others are silent
 - Failure to listen
 - Pat answers
 - Illness and disability
 - Age

Persons With Special Needs

- A person may acquire a disability any time from birth through old age.
- Common courtesies and manners (etiquette) apply to any person with a disability.
- The person who is comatose:
 - Comatose means being unable to respond to verbal stimuli.
 - The person who is comatose often can hear and can feel touch and pain.

Persons With Special Needs, cont'd.

- When caring for the person, do the following:
 - Assume that the person hears and understands you.
 - Use touch and give care gently.
 - Knock before entering the person's room.
 - Tell the person your name, the time, and the place every time you enter the room.
 - Give care on the same schedule every day.
 - Explain what you are going to do and explain care measures step-by-step as you do them.
 - Tell the person when you are finishing care.
 - Use touch to communicate care, concern, and comfort.
 - Tell the person what time you will be back to check on him or her.
 - Tell the person when you are leaving the room.

Family and Friends

- The presence or absence of family or friends affects the person's quality of life.
- The person has the right to visit with family and friends in private and without unnecessary interruptions.
 - Protect the right to privacy.
 - Treat family and friends with courtesy and respect.
 - Provide support and understanding.
- Do not discuss the person's condition with family and friends.
 - Refer their questions to the nurse.