

British Journal of Community Nursing

Effective Communication between nurses and patients: an evolutionary concept analysis.

--Manuscript Draft--

Manuscript Number:	bjcn.2020.0045R1
Full Title:	Effective Communication between nurses and patients: an evolutionary concept analysis.
Article Type:	Professional
Corresponding Author:	Dorothy Afriyie, Masters University of West London Buckinghamshire, UNITED KINGDOM
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	University of West London
Corresponding Author's Secondary Institution:	
First Author:	Dorothy Afriyie, Masters
First Author Secondary Information:	
Order of Authors:	Dorothy Afriyie, Masters
Order of Authors Secondary Information:	
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Effective Communication between nurses and patients: an evolutionary concept analysis.

Dorothy Afriyie, Masters Nursing Studies, PGDip Adult Nursing, Student Nurse, University of West London, Iverfarne, Wood Lane, Iver Heath, Buckinghamshire SL00LQ. nyafriyie@gmail.com. 07495899669.

Abstract

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Acknowledgement- I would like to thank God for His Grace and Guidance. Thank my grandmother Hannah, my mother Faustina, my brother Jerry and my uncle Tom, for support and love. A very special thank you to Rebecca Maindonald, Dr. Joshua Arthur, Leanne Bainbridge and Daniela Blumlein for the support and encouragement.

Conflict of Interest statement- No conflict of interest.

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Abstract.

Communication can be considered as the basis of the nurse-patient relationship and is an essential element in building trust and comfort in nursing care. Effective communication is a fundamental but complex concept in nursing practice. This concept analysis aims to clarify effective communication and its impact on patient care using Rodgers' (1989) evolutionary framework of concept analysis. Effective communication between nurses and patients is presented along with surrogate terms, attributes, antecedents, consequences, related concepts and a model case. Effective communication was identified to be a multifactorial concept and defined as a mutual agreement between nurses and patients. This influences the nursing process, clinical reasoning and decision-making. Consequently, promotes high-quality **compassionate** nursing care, positive patient outcome and patient and nurse's satisfaction of care.

Introduction.

Communication is an essential element of building trust and comfort in nursing and is the basis of a nurse-patient relationship (Dithole et al. 2017). However, most patient-reported complaints in healthcare are around failed communication (Reader et al. 2014). Communication is a complex phenomenon in nursing, being influenced by multiple factors such as relationship, mood, time, space, culture, facial expression, gestures, personal understanding as well as perception (McCarthy et al. 2013; Kourkouta and Papathanasiou 2014). Effective communication has been linked to improved quality of care, patient satisfaction and adherence to care leading to positive health outcomes (Ali 2017; Burley 2011; Skar and Soderberg 2018; Kelton and Davis 2013). The concept of effective communication is a vital element in nursing

practice including health promotion and prevention, health education, therapy and treatment as well as rehabilitation (Fakhr-Movahedi et al. 2011). The Nursing and Midwifery Council (NMC) (2018) emphasise effective communication as one of the most important professional and ethical nursing traits. Nonetheless, communication remains a complicated phenomenon in nursing. The aim of this concept analysis was to explore and clarify the complexity of establishing effective communication between the nurse and patients in practice.

Concept Analysis.

Concept analysis is the foundation and preparatory phase of nursing research (Walker and Avant 2011). Concept analysis aids in clarifying concepts in nursing by using simpler elements to reduce ambiguity and identify all aspects of a concept (Nuopponen 2010, Foley and Davis 2017). Draper (2014), criticised concept analysis as being methodologically weak and philosophically dubious. Draper (2014) further argues that there is no evidence in its contribution to patient care. However, concept analysis facilitates the review of literature on a concept of interest thereby facilitating a thorough examination of the concept (Bergdahl and Bertero 2016). This helps in understanding the concept and therefore apply it appropriately. Correspondingly, understanding key concepts in nursing practice enables the nurse to identify strategic interventions that could benefit patients. Although McKenna (1997) argues that there is no definite meaning of a concept because they are experienced and perceived differently by people. However, Walker and Avant (2011) highlighted that the ability of the nurse to describe concepts in an exploratory way is an important means to demonstrate evidence-base in practice. Nursing is an evidence-based practice; hence it is the responsibility of the nurse to keep current with quality evidence and demonstrate it in practice (Thompson 2017). Therefore, it is paramount for nurses to understand concept analysis and be able to analyse key concepts in nursing.

Method.

This concept analysis aims to clarify the concept of effective communication and address the gap in knowledge using Rodgers' (1989) theoretical framework. The evolutionary method of concept analysis was chosen because it adopts a systematic approach with focused phases (Toftthagen and Fagerstrom 2010). Rodgers' (1989) method is perceived as a simultaneous task approach, which does not seek boundaries to restrict a concept and its application within multiple contexts (Gallagher 2007). However, the framework will be used because it facilitates an exploration and deep comprehension of a concept (McCuster 2015). Also, the framework offers an alternative to a positivist approach to concepts, allowing different findings depending on the situation (Ghafouri et al. 2016). Moreover, the framework provides an opportunity to identify attributes and relating features in a manner that minimises bias (McCuster 2015). Effective communication between patients and nurses will be analysed using the seven phases of Rodgers' (1989) evolutionary method (see Table 1). Also, the following four questions were addressed (see Table 1B for the rationale).

- What is effective communication?
- What are the surrogate terms and related use of the concept of Effective communication?
- What attributes, antecedents and consequences apply to the concept of Effective communication?
- Who benefits from effective communication between nurses and patients?

Identifying appropriate realm for data collection.

As endorsed by Brown (2005), a comprehensive review of literature was conducted for this analysis. An explicit inclusion and exclusion criteria were used to select relevant articles as

recommended by Tofthagen and Fagerstrom (2010). Two electronic databases: Cumulative Index for Nursing and Allied Health (CINAHL) and MEDLINE (Ovid) were searched using keywords; ‘effective communication’ and ‘nurses’ and ‘patients’. The inclusion criteria allowed selection of only peer-reviewed academic journals written in English language. Studies exploring or analysing effective communication among nurses and patients with underlying communication difficulties and cognitive disabilities were excluded because it is likely that such patients or nurses represent a special challenge in communicating. Only articles exploring effective communication and factors that influence communication between nurses and patients were considered. A total of 2,086 articles were retrieved from the databases, these articles were screened for relevance by reading abstract. However, 30 articles were determined to meet the inclusion for the analysis (see table 2). The article selected were published between 1965 to 2019.

Results/Findings.

Defining Effective Communication.

The Cambridge English dictionary defines effective as ‘successful or achieving the results that you want’ (Cambridge University Press 2018). According to the Oxford English Dictionary, communication is ‘imparting or exchanging information by speaking, writing or using some other medium’ (Oxford University Press 2018). The Department of Health (2010), described communication as the meaningful exchange of facts, needs, opinions, thoughts, feelings or other information between two or more people. Further, communication can be face-to-face, over the phone or by written words. McCabe and Timmins (2013) also present communication as a cyclical and dynamic process, involving transmission, receiving and interpretation of information between people using verbal or non-verbal means. Rani (2016) simply describes communication as ‘sharing meaning’.

Interestingly, Hazzard, Harris and Howell (2013) describe communication as a primary condition of human consciousness. They further explain that people always identify themselves in a communicative state. This would imply that people are always exchanging information. The authors, however, described communication as the actions we take after speaking to someone; this highlights communication as responsive. This may be the action and reaction people take/do after a communicated request or statement. Nonetheless, Gadamer (1976), a twentieth-century philosopher highlighted communication as what we are and not just what we do. Kourkouta and Papathanasiou (2014) defined communication as the use of speech or other means to exchange information, thoughts and feelings among people. Therefore, effective communication may be classified as exchanging information, thoughts and feelings using either verbal or non-verbal expressions to successfully produce a desired or intended result.

Effective communication between nurses and patients may be analysed from both the nurse's and the patient's perspective. McCabe (2004) identified that the patients' perspective of effective communication entails patient-centred interaction. Conversely, O'Hagan et al. (2013) found that nurses' perspective of effective communication revolves around time, task, rapport and patient's agreement on what has been communicated. Although both perspectives appear to differ, however, they are both driven by the expectations of both patient and nurse. A nurse may ultimately identify effective communication as the ability to engage with patients and to achieve clinical goals. Similarly, patients may be influenced by their expectation regarding their management outcome (Schirmer et al. 2005). Therefore, effective communication between nurses and patients may be defined as mutual agreement and satisfaction of care (provided and received).

Surrogate terms and relevant uses.

The terms most commonly serving a manifestation of effective communication include: Therapeutic-Communication, Interpersonal-Relationship, Intercommunication, Interpersonal-Communication and Concordance. From a literature search, these terms appear frequently highlighting their close usage with the concept of effective communication (Bloomfield and Pegram 2015; Casey and Wallis 2011; Daly 2017; Fleischer et al. 2009; Jones 2012). For example, through intercommunication or interpersonal-communication, a nurse can encourage a patient to participate in their care decision-making. However, a patient's acceptance to engage in care shared-decision-making and agree with a negotiated care-plan could reflect effective communication. This act of mutual agreement through negotiation and shared-decision-making suggests concordance (Mckinnon 2013; Snowden et al. 2014). Abdolrahimi et al. (2014) pointed out that therapeutic-communication is the basis for effective communication. They highlighted therapeutic-communication as an important means for establishing interpersonal relationships. These concepts are different from effective communication; however, the concepts express an idea of the concept of effective communication and highlights an understanding of effective communication as emphasised by Rodgers (1989).

Discussion.

Daly (2017) described communication as dynamic and cyclical because it involves a process of transmission, receiving and interpretation through verbal or non-verbal means. This reflects the complexity of communication which involves speaking, being heard, listening, understanding or being accepted as well as being seen and acknowledged. Hence, assessing factors that could affect communication like noise or interference is always crucial for effective communication (McCabe and Timmins 2013; Webb 2018). Daly (2017) explains that other

skills for effective communication, which are consciousness, compassion, competence, professionalism and person-centredness, are all important concepts in nursing studies and practice. This indicates communication is intentional in nature so the purpose and perspective of individuals involved should be valued and respected (Jones 2012). In this case, a nurse must consider a patient's perspective, background and concerns when communicating. Therefore, it is important for a nurse to be competent, ethical, professional and exhibit an individualised approach in communicating with patients (Bloomfield and Pegram 2015; Bramhall 2014). For example, when communicating with a patient with no medical background, the use of medical terms should be explained further or avoided. This promotes person-centredness, which is a determinant for effective communication for patients.

A nurse must respect human rights and be professional (NMC 2018). However, it can be challenging when communicating with a patient who does not want to communicate about their health which is their right to autonomy. Regardless, it is paramount for a nurse to identify the purpose of communication and the difficulties so they can mitigate them as part of their professional and ethical duties (NMC 2018; Royal College of Nursing 2015). This can be done by reassuring and encouraging the patients. Correspondingly, this act of communication features in Duldt et al.'s (1983) Theory of Humanistic Nursing Communication. This theory is reflected in Bramhall (2014) and Kourkouta and Papathanasiou's (2014) exploration on communication in nursing. The theory explains the need for comprehensive and exclusive communication among nurses and clients as well as colleagues. The focus of the theory is on interpersonal-communication and emphasizes the need for humanistic approaches to help improve professional communication. These approaches include empathy, deeper respect, encouragement and interpersonal-relationship. For example, listening to people, providing privacy when communicating, giving patients ample time, using kind and courteous words like

‘please’ and ‘thank you’ as well as being frank and honest when communicating. All these approaches may promote effective communication between nurses and patients (Bloomfield and Pegram 2015; Bramhall 2014; Jasmine 2009).

Furthermore, Bloomfield and Pegram (2015), Burley (2011), Casey and Wallis (2011), Daly (2017), Jones (2012) and Miller (2002) demonstrate how effective communication is key in the assessment, planning and implementation of personalised nursing care. Holistic assessment in nursing includes history taking, general appearance, physical examination, vital signs and documentation (Toney-Butler and Unison-Pace 2018). Patient assessment aids in identifying the communication needs of a patient in order to promote person-centred care (Toney-Butler and Unison-Pace 2018). Moreover, non-verbal cues such as general appearance or posture are vital in communication and understanding them could help in the assessment process. General appearance such as facial expressions, **dressing, hair or** skin integrity may convey information that may be helpful in the nursing assessment process. Although not ideal, however, appearance can be a powerful transmitter of intentional or unintentional message (Ali 2018). For instance, a nurse may sense neglect or abuse when a patient physically appears unkempt, with bruises or sores. This may inform the nurse on appropriate questions to ask during history taking in order to ascertain the patient’s situation and safeguard, signpost or refer for support if necessary. The nurses’ ability to identify these concerns may aid in providing the best necessary care for their patients. **This promotes person-centredness, which is perceived as a means of effective communication by patients (McCabe 2004).**

Effective communication promotes comprehensive history-taking. History taking involves communicating with patients to collect subjective data and using this information to determine management plans (Jevon 2009). In history taking, inaccurate information may be collected

when communication is not effective (Burley 2011; Daly 2017; Jones 2012). However, it is important for a nurse to establish good personal relationships with patients so they can feel comfortable in presenting their complaints (Casey and Wallis 2011). Bearing in mind that patients are experts in their own lives therefore the nurse's ability to make patients feel comfortable may encourage patients to share valuable information as well as their expectations, concerns and fears. Effective communication is important if nurses are to implement their roles effectively with regards to holistic assessment, considering the subjective experience and characteristics of their patient. Also, a well-informed collaborative assessment through effective communication may contribute to positive patient management outcomes (Kourkouta and Papathanasiou 2014). For instance, a patient may convey all necessary information to a nurse during assessment and this may inform the nurse and patient of the necessary examination and investigations to aid in evidence-based nursing diagnosis and a collaborative management plan. The ability to establish a mutual agreement for the nursing process suggests effective communication for both parties.

Effective communication aids in planning and implementing personalised care. Effective communication helps patients to set realistic goals and choose preferred management for better outcomes. Communication is a bidirectional process in which a sender becomes a receiver and vice-versa (Kourkouta and Papathanasiou 2014). Therefore, there is a need for both patients and nurses to realise that they are partners in communicating care planning and implementation (Bloomfield and Pegram 2015). This realisation may promote the patient's dignity and may also influence patients desire to adhere to their plan when they feel involved in decision making (Casey and Wallis 2011). Conversely, patients may be reluctant and unhappy if they feel dictated to or patronised. Most importantly, involving patients through effective communication can empower them to have full control over their health and wellbeing. This is

reflected in the Self-Care Theory by Orem (2001) and Bandura's Theory of Self-Efficacy (1977). These theories focus on the role of the individual in initiating and sustaining change and healthy behaviours. Orem (2001) reinforces the importance of communication as self-care is learned through communication and interpersonal-relationships.

Attributes of Effective Communication.

Attributes can be used to develop a definition of effective communication that is more realistically reflective of how patients and nurses use the term in healthcare settings (Rodgers and Knafi 2000). The most common attributes identified in literature include: effective communication as “a building foundation for interpersonal-relationship”, “a determinant of promoting respect and dignity”, “a precedent of achieving concordance”, “an important tool in empowering self-care in patient”, “a significant tool in planning and implementing person-centred care” and “a determinant of clinical reasoning and the nursing process” (Bloomfield and Pegram 2015; Barratt 2019; Bramhall 2014; Casey and Wallis 2011; Daly 2017; Jones 2012; McCabe and Timmins 2013; Webb 2018). These attributes make it possible to identify situations that can be categorised under the concept of effective communication.

Antecedents of Effective Communication.

According to the literature, antecedents to effective communication include, Personality Trait, Perceived Communication Competence and level of education on Communication. Personality traits were linked with communication in early research (Carment et al. 1965). These writers demonstrated that people who are introverts are less likely to communicate well compared to extroverts. However, McCroskey and Richmond (1990) also indicated that people with low self-esteem are less willing to communicate. This is because they are more sensitive to their environmental cues (Campbell and Lavalley 1993). Additionally, McCroskey and Richmond

(1990) asserted that people who perceived themselves as poor communicators maybe less willing to communicate. Nonetheless, people who may be very capable of communicating may not be willing to due to low self-esteem, anxiety or fear. As a result, there may be low effectiveness of communication with such people although they have high actual competence (McCroskey and Richmond, 1990). Therefore, it is important for nurses to consider these factors when communicating with patients in order to identify their communication needs and manage accordingly (Daly 2017). Furthermore, Dithole et al. (2017) and Norouzinia et al. (2016) highlighted the nurse's level of education on communication may influence the ability to communicate effectively. Therefore, incorporation of targeted communication skills education in the training curriculum and on-the-job training will empower nurses to communicate effectively with their patients.

Consequences of Effective Communication.

The consequences of effective communication can be classified into Patient-Nurse-related and healthcare system-related outcomes. Skar and Soderberg (2018) mentioned that effective communication ensures a good healthcare encounter for patients. **In the community settings, effective communication empowers patients to talk about their concerns and expectations (Griffiths 2017).** Also, effective communication promotes a pleasant and comfortable hospital experience for patients as well as their families; **this can also be reflected in the community settings, patient may report a pleasant and comfortable nursing care** (Barratt 2019; Newell and Jordan 2015). Kourkouta and Papathanasiou (2014) and Wikstrom and Sviden (2011) point out that the success of a nurse mostly depends on how effective they can communicate with their patient. Conversely, ineffective communication may lead to unsuccessful outcomes. For example, a patient may convey their fears, signs and symptoms to a nurse and how the nurse decodes and applies the information may influence the intervention given (Kourkouta and

Papathanasiou 2014). Likewise, a nurse may convey a piece of information to a patient, but the patient's understanding of the information will determine their action. Therefore, how the message is understood determines the action taken (Kourkouta and Papathanasiou 2014). Additionally, through effective communication a patient may be empowered to have full control over their health and wellbeing (Newell and Jordan 2015) and may not require extended care. Clearly, effective communication can lead to a positive and cost saving consequences for patients, nurses and the healthcare system.

Model Case.

The final phase of Rodgers (1989) method of analysis highlights an application of the concept in an exploratory case scenario. A model case for effective communication between a nurse and a patient can be seen from Table 2B. This case portrays effective communication between a nurse and a patient revealing some surrogate terms, defining attributes, antecedents and consequences of the concept. The case model highlighted Audrey's positive engagement in her care decision-making when the nurse communicated effectively. The nurse visited Audrey in her home, where Audrey has the space and environment control, however, Audrey was reluctant to engage in her care. Audrey perceived that other nurses do not involve her in her care decision-making. This indicates ineffective communication and may be due to factors such as age difference, generational gap, gender, culture and ethnic differences between Audrey and the other nurses (Norouzinia et al. 2016; Tay et al. 2011).

Another important factor that can affect effective communication is the environmental factor. Norouzinia at al. (2016) revealed that hospital environment is a barrier to effective communication for patients. Additionally, Tay et al. (2011) indicated the possibility of unilateral communication due to the hierarchical structure of the hospital environment.

Conversely, whilst nurses may feel quite comfortable in the hospital or inpatient setting, it might be relatively intimidating when visiting a patient's home. Therefore, an awareness of the contextual discomfort and how it may affect communication is important and should be considered when planning for effective two-way communication between the nurse and patient during home visits. Whilst all these factors are important in communication, a full discussion of them are outside the scope of this paper and should be the focus of another complete work.

In this case model, the nurse acknowledged she was privileged to be a guest in Audrey's home, so she tailored her strategy to gain Audrey's perspective. The nurse's aim was to get Audrey involved in her care decision-making since Audrey knows herself better. Also, Audrey's participation in the decision-making made it possible for her to receive her preferred care. This shows that effective communication is bidirectional and both partners (nurse and patient) must work together to achieve their desired outcomes; in this case, the patient's satisfaction with care and the nurse's ability to provide the best care.

Conclusion.

Effective communication is clearly a complex, multidimensional and multifactorial concept in nursing. Factors such as emotions, general appearance, personality trait, mood and level of education on communication may influence the practice and outcome of effective communication. However, effective communication is an ultimate determinant of success for a nurse. Effective communication was defined as a mutual agreement and satisfaction of care for both patients and nurses. Effective communication has been linked to precede the achievement of concordance in patients, and in nurses, influences clinical reasoning and the nursing process. This aids in implementing a compassionate person-centred care and when successful, promotes positive patient outcomes and satisfaction with nursing care. This

indicates that effective communication is an important concept to prioritise in nursing education and practice. For this reason, engaging nurses in communication skills training and on-the-job training will empower nurses to communicate effectively with their patients. As endorsed by Rodgers' (1989), the outcome of this analysis is not the endpoint of the concept but should direct the future exploration of effective communication. Therefore, a systematic study of effective communication between nurses and patients as well as a systematic review considering effective communication among nurses and patients with underlying communication difficulties, cognitive disabilities and intercultural perspectives can ultimately enhance nursing science.

Keywords

Effective communication, Communication, Nurses, Patients, Concept Analysis, Nurse-patient relationship.

Key points

Effective communication is a key component to nursing practice.

Effective communication is intentional in nature and can be improved through direct actions taken by the nurse.

Communication is a complex phenomenon and is an essential element of building trust and comfort in nursing.

Concept analysis is the basic way of understanding complex concepts and developing different meanings and perceptions to old knowledge.

Reflective questions.

Is concept analysis relevant in nursing studies or practice?

What does effective communication mean to you?

What are some challenges nurses face in communicating effectively?

How can interpersonal-relationship between nurses and patients influence effective communication?

Table 1. Rodgers' Method of Analysis (Rodgers 1989).

Stage one – Identify and name the concept of interest.

Stage two – Identify surrogate terms and relevant uses of the concept.

Stage three – Identify and select an appropriate realm (sample) for data collection.

Stage four – Identify the attributes of the concept.

Stage five – Identify the references, antecedents, and consequences of the concept, if possible.

Stage six – Identify concepts that are related to the concept of interest.

Stage seven – Identify a model case of the concept.

TABLE 1B. Rational for the four focused questions.

The focus questions were driven by the Rodgers (1989) framework of concept analysis; the four questions are aimed at analysing the concept of effective communication using the seven stages of the framework in a systematic manner to engender an understanding of effective communication.

Table 2. Search Criteria and results.

Potentially relevant articles retrieved from CINAHL (n=140), MEDLINE (n=1946)



Total Articles (n=2,086)



Title and abstract reviewed of Potential relevance; (n= 2,000) were excluded since they did not meet the inclusion criteria.



(n=86) articles undergone a full-length review



(n=6) articles duplicated in both database and (n=44) were excluded because of relevance to study.



(n=30) articles were in the concept analysis

Table 2B. Model case

Audrey, a 90year old housebound patient with bilateral leg ulcers was visited by Dani to provide treatment. Dani is a 45year old Community Staff Nurse working in a diverse multicultural District Nursing Team. On arrival, Dani introduced herself in a suitable tone maintaining eye contact. Audrey responded in a low tone, without maintaining eye contact. Audrey appears to be quiet and in a low mood; Dani identified this nonverbal cue and was determined to engage Audrey in a conversation. Dani knew from her experience that ongoing leg ulcer treatment can affect a person's mental health causing low self-esteem, fear and anxiety. Dani asked how Audrey felt and if there was something she could help her with. Audrey mentioned she was fine; her carers had visited and supported her with personal care, breakfast, medication and was waiting for the nurses visit. Dani asked Audrey about her ulcers and how she felt about her dressings; Audrey mentioned she was fine however, expressed concerns about the ulcer not healing. Dani reassured Audrey and explained to her about leg ulcers and advised Audrey about some effective practice to promote the healing process.

Dani asked Audrey 'How best can I help you, and how do you want your care?'. Audrey responded, 'You are the nurse, you know better'. Dani took ample time to explain to Audrey how she understands her own body better than any other person. Dani also reassured and encouraged Audrey that her opinions matter as this helps to empower her, promote her dignity and informs nurses on how to care for her. Audrey then expressed to Dani that her other nurses, who are much younger than Dani, never asks her opinion regarding the ulcer management hence she was not willing to speak. Audrey mentioned that the nurses come in to redress her ulcers, they speak to her about the plan, but she does not feel involved in decision-making about her care. Audrey then mentioned that this is not to create problems or report anyone.

Dani reassured Audrey that there will be no trouble so she should not be afraid to speak up.

Audrey was of the view that having an honest communication about her needs and views could create problems for her or for the nurses if it appears, she had reported them.

Dani then reassured and encouraged Audrey that the situation will be addressed in a professional manner and none of the other nurses would feel they had been reported; however, they would involve her in her care and decision-making which is the expectation. Audrey was then comfortable, communicated in a suitable tone and maintained eye contact with Dani.

Audrey then asked Dani if she could bandage her right leg first as she tends to be in pain for a long time when the left is done first. Dani gained consent from Audrey, explained the procedure and advised Audrey to stop her whenever she is in pain throughout the procedure. Dani also asked Audrey a bit more about her pain and her analgesia. Dani identified that Audrey's analgesia had not been reviewed for over 3 years. Dani explained to Audrey that she would be making a referral to her GP about her analgesia. Audrey was very pleased and indicated she was happy with how Dani had communicated with her; she felt she could trust her. Dani was also pleased because she could provide the best care for Audrey.

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