

## Evaluation of nurse's verbal communication skills in the blind patient consultation after training

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**Abstract: Background:** This study aimed to evaluate nurse's verbal communication skills in the blind patient consultation after training. **Materials and Methods:** This is an experimental study including nurses attending the Communication in Health of Nurse with a Blind Subject in the Distance Education modality in the year of 2015. The place was organized to conduct a blind patient's nursing consultation. Data were collected through filming. Synthesis-videos were evaluated by judges, and data were analyzed through descriptive and analytical statistics. **Results:** Training and learning of verbal communication enabled professionals to acquire proper skills to receive the blind patient ( $p < 0.001$ ), and to conduct ( $p < 0.001$ ) and conclude ( $p < 0.001$ ) the nursing consultation. Performances were not satisfactory when, after speaking, they did not remain at a position directly in front of the blind subject; after they had introduced a dialogue, they did not slightly touch the arm or shoulder of the blind subject; and when they did not describe the environment nor the existence of a person at such place. **Conclusion:** Communication skills were acquired or improved after training. In addition, the nurse's participation in a distance education course about the theme enabled to acquire knowledge and skills for consultation of a blind subject.

**Key Word:** Nursing; Visually impaired persons; Communication; Social skills; Patient simulation.

Date of Submission: 07-01-2020

Date of acceptance: 23-01-2020

### I. Introduction

Blind people face several restraints regarding accessibility and effective participation in the society. These aspects are softened by the capacity of using other senses, such as acute hearing, perception of articulatory movements associated with speech, movements and body posture essential to receive information of the place, location of objects, people or the subject him/herself in the space<sup>[1]</sup>. Verbal and nonverbal communication directed to blind subjects, hence, are a fundamental requirement to face the limitations imposed by blindness, to apprehend the medium and live citizenship, being efficient when the shared message becomes common to all the involved parties<sup>[1]</sup>.

Communication with a blind person presents its own characteristics. One needs to consider the voice tone, verbal communication sustenance, use of touch, place description, use of terms indicating direction, locomotion, accommodation, among others. Thus, plural society and mainly health professionals need to develop aptitudes for an effective diffusion of messages<sup>[2-4]</sup>.

General guidelines on the nurse's verbal and nonverbal communication with the blind person were established to modulate the interactive exchange and improve the attention of this audience's specificities<sup>[2,5,6]</sup>. Regarding this technology, the course "Comunicação em Saúde do Enfermeiro com o Cego" was developed in the Distance Learning modality, directed to nurses from the State of Ceará, in the year of 2015. Our questioning for this scenario is: Have the professionals attending the course "Comunicação em Saúde do Enfermeiro com o Cego" in the Distance Learning modality developed skills to communicate with such audience?

Thus, this study aimed to evaluate nurse's verbal communication skills in the blind patient's consultation after training.

### II. Material and Methods

This is an experimental research that has been done to learn the relations between causes and effects at a controlled environment that can be analyzed. Nurses that took part in the course "Comunicação em Saúde do Enfermeiro com o Cego" in the distance learning modality from the year of 2015 were included in the study (24

nurses enrolled; of them, 11 concluded the established activities and six accepted to participate in the research). Data collection of this research was carried out in the period from September 2016 to March 2017.

For data collection, the nursing clinic was organized with furniture that is commonly adopted in the Brazilian reality<sup>[7]</sup> and work instruments to conduct the exam and nurse's interview with the patient. Three video cameras were installed in the place in strategic positions. One of them recorded the patient; the other focused on the nurse; and the third camera was an open angle of the scene, as recommended<sup>[8]</sup>.

Four blind people were found through a philanthropic association to occupy the role of patients. Three of them met these criteria: absence of close contact with the participants (first and second-degree relatives) and disposal to participate as a volunteer. To better control the variables being studied, blind people were trained to simulate patients with hypertension in routine consultations.

Nurses contacted via phone calls to receive information of the study objective and that they should perform a routine consultation with the blind patient in a video-controlled environment. They were also informed that the videos would be evaluated and published as research results, but their identities would not be reported. Day and time when nurses would have to attend the nursing clinic were scheduled. When blind subjects arrived at such location, they could stay for as much time as they needed to get familiar with the place. They received explanations on the presence and function of video-cameras, as well as the need to stay on the space covered by them. The nurse would receive the consultation theme and was informed that the blind patient would arrive without a companion; he/she would wait for the patient's entrance to conduct the consultation, but there was not an established period of time.

The records of films were edited through the Wondershare Filmora video-editor, version 7.2.0, with a selection of the best angles of three cameras. A single video was created to each consultation. The synthesis videos were submitted to judges' evaluation, who completed the Nurse-Blind Subject Nonverbal Communication (Comunicação Não Verbal Enfermeiro-Cego; CONVENCE, acronym in Portuguese) evaluation instrument, which considers the elements of nurse's verbal communication with the blind subject and evaluates skills<sup>2</sup>.

The videos were analyzed by three judges, who were chosen according to the inclusion criteria: have a doctoral and/or master's degree in the health area; professional experience of at least 2 years (general practitioner, teaching or research), and article published on an indexed journal in the study area of interest. Specialists were identified after a search at Lattes Platform and were called via electronic mailing. Those who did not answer the invitation were removed.

Before beginning the evaluation, the three judges would watch the entire filming project for context comprehension. Then, the projection was interrupted at every minute, the CONVENCE instrument was completed individually and with no exchange of ideas, regarding the communication skills observed in that minute of the video. The 1-minute determination for each evaluation is based on evaluation accuracy. It is noteworthy that all the alternatives included in the instrument do not need to be registered at the current minute, considering that some aspects were not present at that moment of evaluation.

The instruments were completed simultaneously by the three judges. Time to record evaluations was controlled by one of the researchers. Video was projected with the support of a sound box.

The instruments completed by the judges were registered on a database, which is processed through descriptive and analytical statistics. The statistical significance used Friedman's Chi-square test, and Cronbach's alpha was applied for internal consistence of factors. The research followed legal ethical standards and was approved by a Research Ethics Committee (protocol No. 1.145.634). Participants (nurses, blind subjects, and judges) received information of the research objective, method and risks, and they also signed the Free Informed Consent.

### III. Results

Six nurses participated in the investigation, of whom five were women aged 25 to 35, with experience in distance learning education (two), and graduation in Brazilian sign language (one).

After filming processing, two consultations lasted 10 minutes; one, 20; three, from 31 to 36 minutes. In total, the videos had 139 minutes of recording. The judges' activities resulted in 417 completed evaluation instruments of verbal communication.

Table 1 presents the judges' evaluation regarding the nurse's verbal communication skills when receiving a blind patient.

**Table 1:** Nurse's communication when receiving a blind patient.

Skills	Bad n (%)	Poor n (%)	Regular n (%)	Good n (%)	Excellent n (%)	Test*	Cronbach's alpha	p< 0.05
A1†	4 (1.0)	20 (4.9)	50 (12.3)	77 (18.9)	256 (62.9)			
A2	3 (14.3)	1 (4.8)	1 (4.8)	4 (19.0)	12 (57.1)			
A3	8 (27.6)	4 (13.8)	-	2 (6.9)	15 (57.1)			

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A4	6 (13.6)	11 (25.0)	7 (15.9)	9 (20.5)	11 (25.0)	35.809	0.618	0.000
A5	5 (11.9)	4 (9.5)	6 (14.3)	10 (23.8)	17 (40.5)			
A6	17 (51.5)	4 (12.1)	6 (18.2)	4 (12.1)	2 (6.1)			
A7	17 (85.0)	-	1 (5.0)	-	2 (10.0)			
A8	7 (29.2)	1 (4.2)	-	4 (16.7)	12 (50.0)			
A9	121 (33.8)	7 (2.0)	10 (2.8)	75 (20.9)	145 (40.5)			
A10	5 (1.2)	9 (2.2)	30 (7.4)	86 (21.3)	274 (67.8)			

\* Friedman's Chi-square test.

† remains attentive after his/her introduction (A1); identifies him/herself in the beginning of the consultation (A2); greets the patient with a handshake (A3); leads the patient whenever he/she needs to be moved (A4); accommodates him/her (A5); describes the place (A6); reports the existence of other people in the place (A7); requests the blind subject to introduce him/herself (A8); calls him/her by his/her name (A9); keeps his/her voice at an audible tone (A10).

Although the internal consistence has not been above the desirable (0.618<0.7), the significance level (p<0.001) allowed to state that data were representative. Thus, professionals have demonstrated skills during the reception process showed by the expressive number of aptitudes considered as excellent, i.e. they were attentive since their introduction (62.9%); they introduced themselves in the beginning of consultation (57.1%); they greeted with a handshake (51.7%); they accommodated the patient (40.5%); they asked the patient to introduce him/herself (50.0%); they called him/her by the name (40.5%); they kept their voices at an audible tone (67.8%).

Table 2 presents judges' evaluation regarding nurse's verbal communication skills during the development of a blind subject's consultation.

**Table 2:** Nurse's communication in the development of the blind subject's consultation.

Skills	Bad n (%)	Poor n (%)	Regular n (%)	Good n (%)	Excellent n (%)	Test*	Cronbach's alpha	p< 0.05
A11†	1 (0.2)	6 (1.4)	16 (3.9)	18 (4.3)	337 (90.1)	394.303	0.719	0.000
A12	1 (0.3)	1 (0.3)	4 (1.2)	7 (2.0)	332 (96.2)			
A13	13 (3.3)	19 (4.8)	48 (12.1)	56 (14.1)	261 (65.7)			
A14	43 (10.6)	41 (10.1)	140 (34.4)	75 (18.4)	108 (26.5)			
A15	16 (44.9)	21 (5.6)	25 (6.7)	35 (9.4)	124 (33.3)			
A16	63 (38.9)	13 (8.0)	9 (5.6)	14 (8.6)	63 (38.9)			
A17	57 (22.0)	30 (11.6)	62 (23.9)	19 (7.3)	91 (35.1)			
A18	7 (1.7)	14 (3.4)	59 (14.5)	94 (23.0)	234 (57.4)			
A19	1 (0.2)	11 (2.7)	26 (6.3)	87 (21.0)	289 (69.8)			

\*Friedman's Chi-square test.

†it is addressed to the blind person (A11); use the term blind if necessary (A12); avoid using words in the diminutive (A13); when speaking he remains in front of the blind man (A14); when introducing a dialogue, lightly touches the person's arm or shoulder (A15); employs terms that indicate the desired direction (A16); avoids gesturing and indicating directions expressed with words like "there", "there" (A17); directs the look to the patient (A18); speaks with an audible, clear, soft voice (A19).

Internal consistence (0.719) and p-value (0.000) obtained desirable results. These data revealed that nurses presented skills to conduct the consultation with a blind patient by privileging direct communication with the user (90.1%), by using the blind term properly (96.2%), by avoiding shortened words or expressions (65.7%); by keeping their voices audible, clear and soft (69.8%) to enable message comprehension.

Table 3 presents judges' evaluation regarding the nurse's verbal communication skills during the closure of a blind subject's consultation.

**Table 3:** Nurse's communication in the closure of a blind subject's consultation.

Skills	Bad n (%)	Poor n (%)	Regular n (%)	Good n (%)	Excellent n (%)	Test*	Cronbach's alpha	p< 0.05
A20†	5 (13.5)	7 (18.9)	5 (13.5)	3 (8.1)	17 (45.9)			

A21	7 (41.2)	-	-	-	10 (58.8)	15.462	0.856	0.001
A22	-	-	1 (7.1)	2 (14.3)	11 (78.6)			
A23	2 (8.3)	3 (12.5)	5 (20.8)	-	14 (58.3)			

\*Friedman's Chi-square test.

†he/she reinforces the most important information of the consultation (A20); he/she shakes the blind subject's hand when saying goodbye (A21); he/she follows him/her until the door (A22); he/she is attentive to care continuity (A23).

All statements were evaluated and ensured uniformity in answers and had high internal consistence (0.856) and desirable significance level ( $p = 0.001$ ). Thus, it showed that professionals were apt to end their consultations with the blind subject.

#### IV. Discussion

During the nursing working process, care is a supportive tool that provides care humanization as it allows to receive the user with attention, safely and comfortably; to recognize him/her as a subject and social actor of care; to hear properly and to identify attention needs<sup>[9]</sup>. Proper care of a blind subject provides safety, ease, and familiarity for the patient. The beginning of a nursing consultation with a demonstration of this skill is determinant to establish the communicative process and helps the professional to achieve patient's respect and admiration, who ends up being more willing to offer the information required to elaborate the care plan. During the reception process, the professional must pay close attention to the interactions that begin during care, by leading them in a way as to favor the nursing consultation effectiveness<sup>[9]</sup>.

A study using a control group (not trained) registered a bad/poor performance in 95.6% of the interactions registered during the blind subject's care, whereas the experimental group (trained) had good and excellent evaluations (100%)<sup>[2]</sup>. The findings of this research present lower numbers, but significant ones, in which a great part of the aptitudes required to receive a blind patient were deemed as excellent ( $p < 0.001$ ). In a study that used simulation to evaluate the clinical skills of nursing students, the intervention group presented a significantly better performance in the structured clinical exam<sup>[10]</sup>.

During the development of the nursing consultation with a blind patient, this professional should create and support a therapeutic relationship in order to facilitate the communication of health care; he/she should adapt his/her own communication style to the patient's needs; conduct active listening and use the questioning skill to clarify and provide information; encourage the patient to ask questions and express his/her doubts; to question the comprehension of the offered information/orientations<sup>[11]</sup>.

Considering this group of skills, it is noteworthy the importance of preserving the patient's individuality during consultation, because when assigning the role of interaction subject to another person, the communication content will be restricted<sup>[12]</sup>. This research findings reveal that such skill was improved and obtained excellence in 90.1% of the interactions.

The expression "blind" refers to people with complete visual impairment, but it does not follow the historical evolution marked by prejudice and stigma that are perpetuated in the blind population's imagination and in social representations of the society in general. Even today, it still provokes a pejorative interpretation of the term in certain social contexts<sup>[13]</sup>. This research participants seemed to be aware of the need to employ this term upon patient's acceptability and according to the communicative process accuracy. In addition, this study participants were paying attention to the use of shortened terms (excellent – 65.7%). Shortened expressions or terms are verbal language trends; however, professional experiences with blind people point out that they do not enjoy this kind of treatment. Such fact is interconnected with the historical use construction of shortened words as characteristics of dependent people, who deserve commiseration<sup>[14]</sup>.

During the nursing consultation with the blind patient, qualified hearing must be established. Furthermore, a study on the blind subject's quality of life emphasizes the need of conducting educational actions that promote autonomy and orientation on civil rights<sup>[15]</sup>. It assumes an effective communication with these customers.

Nursing and health professionals should be sensitive to the challenges faced by blind subjects or visually impaired subjects in health services regarding access to information and to health<sup>[16]</sup>, isolation, need of self-advocacy and others' perception of the expectation to plan and provide proper care to this audience. Skills should be formed for teachers and students to interact properly with visually impaired subjects, as well as configurations of health services need to answer to their needs<sup>[17,18]</sup>.

During the nursing consultation, the voice should remain audible so that the patient may get the proper impression on the semiological and clinical aspects to be observed throughout the provided attention. A study involving academic nurses in the nursing consultation to blind and deaf people found that most of the respondents

had already provided care to this audience. However, verbal communication was affected. Lack of capacitation at the academy was pointed out as the main faced difficulty. Despite the low search for this kind of skills, the offer was also considered insufficient for the Braille domain, in the case of blind subjects<sup>[19]</sup>. Such situation is common in Brazilian training centers, in which the development of communication skills with the blind person may be considered not enough.

In addition, evidence-based care highlights the need of clear communication with special populations<sup>[19]</sup>. If communication barriers are decreased, nurses may contribute extraordinarily to better treatment outcomes, may improve clinical results, and may avoid readmittances<sup>[20]</sup>.

The end of a nursing consultation should be focused on establishing a bound and continuing care<sup>[21]</sup>. The item 'attention to care continuity' obtained excellence and statistical significance higher than the others evaluated in the screen research. When the professional orients the patient to return to the service for longitudinal care, he/she demonstrates that the patient will soon find support to his/her health needs, and there is a trend of establishing a bound with the client.

Reinforcement of relevant consultation information, for the present research, obtained excellency in interactions and is an important professional skill. The impact of this skill development is enabling effectiveness of interventions or plan of care outlined for the patient, as well as an assurance that the client understood all the message content<sup>[22]</sup>.

Blind patient's mobility or locomotion until the door is considered an important skill at the end of the consultation. Professionals in this study presented excellency for them in their evaluations, which is in agreement with a research that found excellency in 82.2% of the interactions<sup>[2]</sup>. After saying goodbye to a blind patient, the professional must be aware of the need to follow him/her and guide him/her on his way out, especially if it is the first contact of the blind patient with that place.

## V. Conclusion

The communication skills in the blind subject's nursing consultation were acquired or improved in the fields of care, conduction and closure of consultation. The nurse's participation at a distance education course about the theme enabled to acquire knowledge and skills for the blind subject's consultation.

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Alves MJH, Maia ER, Pagliuca LMF. "Evaluation of nurse's verbal communication skills in the blind patient consultation after training". *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(1), 2020, pp. 31-36.