MSN CAPSTONE PAPER EXAMPLE

Words as a Medicine

NURSING CAPSTONE

At least once in a lifetime, a man finds himself in a situation that he has something to say but has no one to say to. A healthy man can even register something like that or quickly forget about it. A sick person has a need to talk about his illness often and to the smallest detail, because he is relieving him psychologically. In addition to the problems that have arisen - an impaired health, anxiety and worry-related illness - the encounter of misunderstanding or silence by a nurse and a doctor only complicates and complicates his already shaky condition. A sick person is very sensitive to such situations, he registers them quickly, memorizes, and this can leave a trace on his psyche in the form of a sense of neglect, a carelessness for his condition, feelings that he is in the wrong place where he does not want to help or that he is not help half or "in force". Every sick person needs expert help from a doctor and a nurse, and this includes talking, human contact, and feeling that he is not left to himself (Henderson, 2001). He needs a nice word - word like medicine. The doctor's word is often short, usually lasting as much as a physical examination. That is why the nurse is here to answer additional questions, to explain and explain even when she is not directly asked, and in the nonverbal signs he sees that the patient needs further information. When a patient is in the hospital, the nurse is the person with whom he is most often and the longest in contact. She is here for twenty-four hours, awake, follows, works and helps. Why not talk? Let's remember what our older ones would say: "A beautiful word and iron door opens.", As well as that: "A beautiful word of gold is worth it." The duty of a nurse is to provide the word with advice, instruction, information, to encourage patient patient's patience, all as an essential component of health care whose ultimate goal is to heal. It is important, of course, to show the best professional knowledge, but also the warm hand and with it the mild word as an integral part. No - when it's a nice word like strong analgesics, it calms stronger than anxiolytic and raises mood as an antidepressant. Each of us has sometimes experienced long-sleeved patients with pain, worries and fears for their own health and the outcome of treatment. In such situations everything becomes darker and more unpredictable. The medication for all these patients' burdens is sometimes a nice word, which gives you a sense of security, a feeling that someone is there and worries about you (Peplau, 1992) The nurses beautiful word becomes the light at the end of the tunnel, a remedy that spreads fears and doubts. In order for a conversation to be clear for all patients, or unencumbered by terms in medical terminology, which a patient does not need to know, it would be a good thing for a nurse to learn through the education and learn how to use the terminology of vocabulary, and by practice he chooses and build sisterly terminology that you will be able to use at the right time and in the right place. Thus communication would be

complete, professional and useful for both participants. Any conversation that leads to the situation of an incomprehensible, time-extended and unreachable goal is speech in the empty, speech that costs.

Fully established communication paves the way for everyday communication.

The first appearance of the patient, his first arrival to the doctor, is usually the first contact between the patient and the nurse. For the patient, contact with a nurse is always the first contact with a healthcare worker in general. How this first kind of communication is to take place on a sister-patient relationship is an important lesson that a nurse has to know and never forget. Every communication of a patient with a healthcare worker, and especially when it comes to first contact, is an important act for the patient. The first patient's contact can be self-initiated, i.e. the patient may come willingly, but may also be "under compulsion", i.e. persuaded by another person. Regardless of how the patient came in and for which the problem is sought by healthcare professionals, the first report can start with some fear, anxiety, anger or some other difficulty by the patient. The mere fact that a patient does not feel well, i.e. that he is ill and that he came to seek help, carries a certain psychological weight in himself. The nurse is the one who creates, starts, leads and ends the first communication, well or with failures, depending on her expertise and communication skills (Timmins, 2007). The first contact of a nurse and patient should be warm, interactive, immediate, mild, professional. The conversation should begin spontaneously, unhurriedly, patiently, without nervousness and watching the clock. A friendly, open and supportive atmosphere should be created. The patient must feel free and safe. It is necessary to speak in a language that the patient understands. If necessary, use professional terminology, each term used is necessary to explain, because what is unknown will only confuse and scare the patient. The quality of the feedback is dependent on the quality of the question posed. In order to achieve this, the sisters must be clear about what kind of information they want to get from the patient. Questions should be short, concise, straightforward, clear and not burdensome as hard as first contact. If it is impossible to obtain a direct response from the patient because of a severe condition, i.e. with him to establish verbal communication, then the questions in the same way are directed towards the escort. In doing so, it is very important not to neglect and not to be trapped by the patient himself. Why? Because non-verbal signs, i.e. Non-verbal communication of the patient (e.g., facial cramp, blush,

broad pupils, facial redness, squinting, dull look, uncontrolled movements, etc.) signal things that the companion does not have to notice or consider them irrelevant for communication, indicating the patient's condition.

Body language often tells us more than spoken. That's why every nurse would have to learn how to read it. The patient's face speaks, his eyes are asking and asking for an answer, his helpers help and when he did not say a single word. The nurse should be a "psychoanalyst without a degree," he must observe that silent speech, understand and interpret it correctly. What matters is that the sister-patient is in communication, positive word or gesture, the sisters must record somewhere and have a written clue of their conclusions drawn from it. This can be registered in a workbook or a handout notebook. It would be optimal to make a syringe cardboard card, especially for each patient. Doctors have their history in the history of the disease, their symptoms, their temperature lists. Why not the sisters? It would be a summary of everything that happens with and around the patient, and is related to its scope of work

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