

ارتباط موثر با بیمار، خانواده و همکار در مراقبتهای حمایتی و تسکینی

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Communication is the cornerstone of palliative care and acts as a healthcare intervention in and of itself

نقش پرستار

بیمار

خانواده

همکار

پرستار، بیمار و خانواده



کیفیت زندگی

جسمانی	ابعاد
هیجانی	
معنوی	
اجتماعی	

ابعاد مختلف ارتباط پرستار و بیمار

۱. ساختار و فرایند
۲. ابعاد جسمانی
۳. ابعاد روانشناختی
۴. ابعاد اجتماعی
۵. ابعاد معنوی
۶. ابعاد فرهنگی
۷. مراقبت از بیمار در پایان حیات
۸. ابعاد اخلاقی

Table 8.2 Stages of the Nurse–Patient Relationship²⁸

Stage	Nurse Tasks	Patient Tasks
Initial or Introductory Phase	<ol style="list-style-type: none">1. Exploring patient/family understanding of illness2. Determining personality, coping, and learning styles3. Eliciting presence of advanced care planning	<ol style="list-style-type: none">1. Establishing trust and understanding with the nurse
Working Phase	<ol style="list-style-type: none">1. Monitoring patient response to illness2. Providing clinical care3. Delivering treatment4. Offering illness/treatment education	<ol style="list-style-type: none">1. Establishing care plan in collaboration with team2. Participating in care3. Providing information on response to therapy
Termination	<ol style="list-style-type: none">1. Saying goodbye2. Telling the patient what he or she meant to them or taught them3. Assisting with transition	<ol style="list-style-type: none">1. Saying goodbye2. Showing appreciation to nurse and other staff3. Assisting with transition

Note. Adapted from Perrin (2010).²⁸

مهارت‌های فرایندی ایجاد رابطه

ارتباطات غیر کلامی

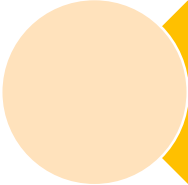
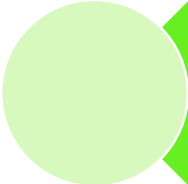
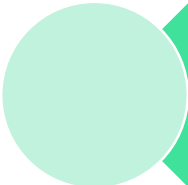
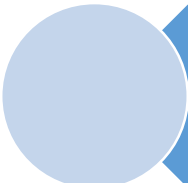
ایجاد تفاهم

مشارکت دادن بیمار

ارتباط پرستار-خانواده



Communication skills used in family meeting facilitation

-  **Circular questions**
-  **Reflexive questions**
-  **Strategic questions**
-  **Summary of family focused concerns**

Role of the Nurse on the Interdisciplinary Team

- Creating regular meeting times
- Scheduled interactions
- Having private space to interact
- Providing support for face-to-face meetings

Such meetings include communication training, clinical care discussions, and team process, although there are separate meetings for each area

The COMFORT model

C-Communicate

O-Orientation and Opportunity

M-Mindful presence

F-Family

O-Openings

R-Relating

T-Team

References

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- Kissane, D. W., Bultz, B. D., Butow, P. N., Noble, S., & Wilkinson, S. (Eds.). (2017). Oxford textbook of communication in oncology and palliative care. Oxford University Press.