

Never Say “NO” (Strategies for Nurses to Communicate Politely)

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Abstract: *Effective communication is the cornerstone of quality patient care and nurses are essential in fostering understanding, compassion, and respect in their interactions with patients, families, and other healthcare professionals. In the current healthcare system, one of the frequent complaints that patients express on post-discharge satisfaction surveys is rude behavior of the staff. By directly saying “NO”, nurses make patients to feel unwanted and neglected. Many times, this neglect has landed in the loss of patient attachment and lead to an increased risk of liability and dissatisfaction. In this article the impact of saying no to the patient and alternative strategies of saying no has been discussed.*

Keywords: Communication, Strategies, Patient, Nurse, never say No

I. INTRODUCTION

Research has shown that communication plays a crucial role in the nurse-patient interaction and is founded on the development of personal attitudes and trust. However, even for seasoned nurses, maintaining polite communication in emotionally charged, high-pressure healthcare workplaces may be difficult. Positive health results, anxiety relief, and the development of trust can all be facilitated by courteous and sympathetic communication. In the current healthcare system, one of the frequent complaints that patients express on post-discharge satisfaction surveys is rude behavior of the staff. That is why so many changes in clinical communication have been instituted in the last decade. This article discusses the tactics and methods that support nurses in having courteous and productive conversations even in the most trying circumstances as well as offer advice on fostering an environment of empathy and respect in healthcare settings. The illustrations discussed in the article focused on responses of nurses to the patient about what they can do versus what they are not able to do for them.

II. UNDERSTANDING THE POWER OF “NO”

It’s important to speak proper language, clear and choose words carefully while communicating with patients and attenders. This also applies to how information is provided to the patients before and during their hospital stay. The tone of voice of the health care workers plays a pivotal role.

Nurses’ communication with patients or attendees lack empathy. Phrases such as “Wait for a while; We are busy; Call housekeeping; “It is not available; It’s not possible; Not now” etc. are often used by nurses. The patients and their relatives can’t wait while they’re inside the hospital as their health and safety pose a sense of persistent urgency that could equate to annoyance on nurses.

Instead of dismissing their inquiries or replying with a “NO”, it’s best if nurses can give the patients an affirmative response/ solution to their queries. Patient can feel less frustrated, and the situation can be eased by offering an apology and an explanation. By directly saying “NO”, nurses make patients to feel unwanted and neglected. Many times, this neglect has landed in the loss of patient attachment and lead to an increased risk of liability and dissatisfaction.

III. ALTERNATIVE STRATEGIES FOR SAYING “NO”

1. The “NO, BUT” Approach

Once the patient has provided all the information, the clinical knowledge of nurses and instructions from the consultant/ physician may still be to turn down the request.

Rather than stop at “no,” include a “but.”

The nurse can decline the request but should state what she can do.

Example: "Patient has requested for hot water bag as he is having pain in his leg, but anything with respect to hot water application is not written in the prescription. In this scenario, generally, the nurse will say: No, we can't give you a hot water bag"

Instead, nurse can say" Sir/Madam, I am sorry! hot application may cause some harm because of your disease condition. But I shall inform the doctor about your pain and shall get some medication to relieve your pain. Otherwise kindly let me know if I can do anything else for you".

The nurse said No to hot water bag but offered an alternative. Giving a patient a "No" and "but" indicates that you are acknowledging their request just not in the manner they wanted.

Note: We as nurses should make sure that our tone and language are very persuasive and should have a positive approach.

2. The "But" / "However" approach

Like the "no, but" strategy, the "no, and" strategy gives your patient something, even if it isn't what they specifically asked for. After the evaluation and listening, the nurse might have found some false information or beliefs that your patient possessed. To help the patient understand the rationale behind the rejection, the nurse should address any inaccuracies and misconceptions while refusing the specific request. Try using rules and regulations as a reason for not proceeding with a request.

Example: When a Patient asks the nurse to provide a medication that is not present in the doctor's prescription

The nurse's response should be "Sir, the doctor had prescribed a set of medications but, it does not have the antibiotic you are asking for. However, let's have these medications prescribed by the doctor for now, and meanwhile, I will inform the doctor about your query too." This is instead of saying "No" it's not prescribed, I can't give"

Note: Always consult with the physician/ consultant involved. It's a must to inform the consultant about the patient's demands and queries.

3. SAY "no" to the wrong GESTURES

Unfortunately, this may be the message the nurse might be sending or do send during busy hours by her body language, facial expression, and lack of eye contact. The 'Go Away' message shouts to the patients that we do not care about them as fellow humans in need, and we don't think they are worthy of our care and attention.

Example: "If the nurse is busy with one patient and another patient of her is asking to make him sit on the chair. As the patient's condition is not ok to sit on the chair the nurse will generally say "No, you can't sit on the chair now". This is rude. Instead, the nurse can tell him, "Sir I appreciate your desire to sit on the chair... but at present your physical condition is not ok for you to sit. However, let me check with your doctor."

Note: Of course, the ideal patient-focused encounter in our nursing practice is to convey the message of care. This message can be as simple as making eye contact and listening to what the patient is saying.

4. Call the authority

Nurses don't need to be victims; they do work within a nursing scope of practice. Some patient requests are outside the nursing domain and that time check, escalate to correct authority and revert.

Example: When patient/ patient attendee asks for food or beverages at odd times/ during late hours/ after the closure of the F&B services

Nurse might say: "Sir, I understand that you want to eat something. Please give me some time, I will try to arrange something as the F & B might have shut down by now."

Escalate to the concerned authority (E.g. Night manager, Night supervisor etc.)

Ensure some eatables are arranged for your patient and serve it by saying. "Though the F&B is closed we tried our level best to get this for you to have. Hope you will appreciate"

Note: Nurses often try to do work beyond the capabilities. Please note that if any such situations arise as given in the example, calling the concerned authority is the best practice. - **Don't say Yes or NO** on behalf of other departments- let them handle it. It's their job responsibility too.

5. Never act too busy to give your patient attention and care

Nurses should show the patient that they are truly engaged which is the best way to win their trust. No matter whether nurses can offer any solution or not, they need to do everything to find it and offer an alternative if failed. Bedside nurse, may have a few patients assigned or more, depending on the specialty and acuity of the patients. It can be a challenge to meet all the needs of just one patient, let alone all of them. However, nurse can manage the situation in a better way.

Example: If the patients need help getting to the bathroom, they will not be thinking about the other patients that the nurse must manage.

DO NOT tell the patient, "No, I'm too busy right now, you will just have to wait." Instead, ask a coworker who may not be as busy to help ask your colleague to ask the housekeeping staff to help

The most important thing is to communicate with the patient appropriately.

Tell your patient that "I understand that you need to go to the bathroom right now. I have asked my colleague to come to your room as soon as possible".

Note: Ensure that the patient's need is met. Providing the best care to the patient is our priority

6. "I shall find out" approach

Never say I don't know

Being oneself, being sincere and honest, demonstrating our concern for the patient, and following through are some of the most crucial elements of effective communication that are needed to build a solid nurse-patient relationship. Nurses should not forget the importance of including the family in communicating with the patient.

Example: When a Patient/ attendant/ family asks nurse about the consultant's timings/ availability

Generally, the nurse will say: "I don't know when the consultant will come". This is rude and reflects nurses' poor professional skills.

Instead, the nurse can say "Sir/ Madam, the doctor might be taking rounds in a different department. It will be difficult to confirm his/her availability. Still, let me check with him/her once on call. Once I get the confirmation from the doctor, I will inform you on an immediate basis. Otherwise please let me know if anything I can do for you"/ or can I address any concerns.

Note: Remember to focus your responses to the patient on what you can do versus what you are not able to do for them. If possible, ask your doctors when they are likely to round on the next day

7. Avoid taking the "I don't know why it is taking time" approach

Example: When a Patient/ attendant/ family ask the nurse about the discharge/ why the discharge process is taking long.

Generally, the nurse will say "We have done all the necessities from our end; you have to wait, I don't know what further process is required and why it is taking so long".

Instead, they can say "Sir/ Madam, I request you to please relax. The discharge process is very critical, we want to make sure that all the necessary documentation is done and that you are provided with the best care even after your

discharge. We are constantly checking the process update; once I get the confirmation from the billing department; I will inform you on an immediate basis. Please let me know if there is anything else I can do for you”.

Note: Although this appears so straightforward, it can have a significant impact on the patient's overall experience. Considering the way a nurse handles a patient or family member can also affect the patient's experience.

IV. DISCUSSION

Few examples showing how adding a few different words can make a big difference in the way the nurse responds to the patient has been illustrated in this article. A patient-centered approach is evident in most of the proposed answers. Rather than focusing on the things the nurse cannot do for the patient, the response centers on the nurse's abilities. This gives the patient the impression that their worries and comments have been acknowledged and are significant, which helps to dispel any possible anxiety, fear, or rage they may be experiencing.

The nurse should allow the patient to fully explain their asks and reasons for the request. As much as you can, objectively record their subjective information. Listening and documenting have several advantages. Discovering the ‘why’ of the request and confirming to the patient that the request is being seriously considered. Make sure the patient feels understood and appreciated.

REFERENCES

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