



# STAFF NURSE

## NATIONAL RURAL HEALTH MISSION

DEPARTMENT OF MEDICAL, HEALTH & FAMILY  
WELFARE RAJASTHAN

**VOLUME – 3**

COMMUNICATION, ADMINISTRATION  
OF MANAGEMENT & COMPUTER IN  
NURSING



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## COMMUNICATION

\* Definition:->

\* Communication is a process through which individuals mutually (आपस में) exchange their ideas, value, thoughts, feelings and action between one or more people.

OR

\* Communication is a process of initiating transmitting and receiving information.

\* Process:->

- \* (1) Source/Sender
- \* (2) Message
- \* (3) Channel
- \* (4) Receiver

(1) Source:->

\* It is a sender or encoder who initiate the message.

\* The sender needs to have similar communication skills, attitude, knowledge, understanding level, social system and culture as the receiver of decoder.

(2) Message:->

\* Message should have all the elements properly coded. Content should be clear

From the source of the message.

(3) Channel:->

\* Various channel are used by the sender to communicate a message that is seeing, hearing, touching, smelling, and testing.

(4) Receiver:->

\* Receiver or decoder is the person who is receiving the message and interpreting it

\* Elements or components of communication:->

\* (1) Sender

\* (2) Receiver

\* (3) Message

\* (4) Channel

\* (5) Feedback

(1) Sender:->

\* It is the person who is the originator of message.

\* To be an effective communicator he must know his objectives, his audience and their interest and needs, his message and his professional abilities and limitation.

(2) Receiver:->

\* All communication must have an

audience, this may be single person or a group of people receiver is the listener or the one who receive the message

(3) Message:->

\* A message is the information that is transmitted from one person to another person.

(4) Channel:->

\* It is the setting in which communication take place.

Eg->

Hearing, seeing, touching, smelling and tasting.

(5) Feedback:->

\* It is the flow of information from the audience to the sender or verbal or behavioural response of the receiver to the sender.

\* Types of Communication:->

\* (1) Verbal

\* (2) Non-verbal

\* (3) One-way communication

\* (4) Two-way communication

\* (5) Formal & informal

\* (6) Visual communication

\* (7) Tele communication

(Shy → शर्मिल) (शुवाँत → चात)  
(Shuffling श्रुवाँत → शरकी-चात)

(Nodding → गर्दन हिलाना)

(Moring → shock करना)

(1) Verbal →

\*

It is the traditional way of communication.

\*

It occurs through the medium of words spoken or written.

(2) Nonverbal →

\*

It includes everything that does not involve written or spoken words.

\*

It includes of all sensation and whole five

range of bodily movements posture, gesture facial expression [eg: → smile, Raise eyebrows, frown, staring, gazing etc.]  
(दृशना) (संज्ञा)

(3) One-Way Communication →

The flow of communication is one way from the communication the audience.

(4) Two way of communication →

In this type of communication both the communicator & the audience the process of learning is active & democratic two way communication.

(5) Formal & Informal communication →

Formal communication follow line of authority



Informal communication don't follow the lines of authority.

(6) Visual communication:->

This type of communication is in the form of charts, graph, pictograms, table, maps, posters etc.

(7) Tele communication:->

It is the process of communication over distance using electromagnetic instrument disigent perpose.

Eg:-> P.V. radio, Internete

## LEVELS OF COMMUNICATION

- \* (1) Intrapersonal communication
- \* (2) Interpersonal communication
- \* (3) Small group communication
- \* (4) Organizational

(1) Intrapersonal:->

It is the communication that happens with in an individual or self talk.

(2) Intrapersonal:->

This type of communication

Occurs whenever two or more people interact and exchange their message or exchange their message or idea to each other.

(3) Small group communication ⇒

It occurs when two or more individuals face to face or use a medium like conference hall.

Eg: ⇒ Staff meeting or report, patient care conference etc.

## BARRIERS OF COMMUNICATION

Anything that hinders the communication, postures or act as a threat to communication cycle can be termed as communication barriers.

\* Various types of communication barrier makes the communication difficult & complex these are: →

(i) Physical Barrier ⇒

- \* Noise, uncomfortable place
- \* Invisibility, physical distraction
- \* Ill Health.

(2) Language :->

Verbalism, unclear words and symbols, buzz words or Jargons (technical words) different language, accent use of difficult words.

(3) Psychological Barrier :->

Prejudices disinterest inattention, imperception (lack of perception) redundancy, unrewarding experience, telling of anxiety unsatisfied curiosity.

(4) Sociocultural barrier :->

Cultural disparity previous learning previous working environment

(5) Gender Barrier

(6) Faulty communication process :-> (unclear)

- \* Muddled message
- \* Information overload
- \* Stereotyping (repeating)
- \* Wrong channel
- \* Absence of feedback.

METHODS OF OVERCOMING COMMUNICATION BARRIER :->

(1) To overcome physical barrier →

- \* Make appropriate setting arrangement
- \* Assure audibility & visibility
- \* Minimize aural & visual distraction
- \* Provide environment comfort

(2) To overcome language →

- \* use simple language less difficult word.
- \* Explain & use graphic symbols.
- \* Prepare handouts & recommended books.
- \* Use different method of communication.
- \* Take feed back as free & quantity possible.

(3) To Overcome Psychological Barrier →

- \* Call attention and motivate the listener
- \* Use feedback processes.
- \* Provide assistance & learning
- \* Used interesting A.V. resources.

(4) To Overcome back ground barrier →

- \* (Sociocultural) study and catch up with the individual back ground explain
- \* Importance of message
- \* Used different method & resources

## TECHNIQUES OF EFFECTIVE COMMUNICATION

### (1) Conversational Skills:->

- \* Control the tone of your voice
- \* Be knowledgeable about the topic of conversation and have an proper information
- \* Be flexible
- \* Be clear & concise
- \* Avoid words that may be interpreted differently
- \* Keep an open mind
- \* Take advantage of available opportunity

### (2) Listening skills:->

- \* Whenever possible sit with person.
- \* Do not cross your arms or legs because body language conveys a message of being closed during communication
- \* Be alert but relaxed and take sufficient time so that person feels at ease.
- \* Keep the conversation natural as possible.
- \* If culturally appropriate maintain eye contact
- \* Indicate that you are paying attention to what the person is saying by using appropriate facial expression and gestures
- \* Think before feedback.

### (3) Maintain Silence :->

- \* Silence during communication can carry a variety of.
- \* It provides the opportunity to communication to explain his or her inner thoughts or feeling comfortably.

### \* Purpose of JPR

- \* To learn about self, about the society
- \* Maintain & establish relationship
- \* Alleviate loneliness
- \* Helps for diversion
- \* Help to meet the needs of others
- \* Gain confidence & satisfaction
- \* Provides intellectual & emotional bond among other people.

## UNDP → II

# INTERPERSONAL RELATIONSHIP (IPR)

### \* Introduction: →

\* Interpersonal relationship are ↓ association, connections or affiliation social b/w two or more people.

\* It is mutual feeling of needs.

\* Relationships are a vital part of our lives at any age.

\* IPR skill help us to relate in positive ways with our family members and others.

### \* Types of IPR: →

- 1 \* (1) Friendship
- \* (2) Family
- \* (3) Professional
- \* (4) Interperson Compitance

### \* Phases of IPR: →

\* Hildegard paplau (1952-1991) defines psychodynamic nursing as being able to understand one's of behaviour to help others, identify, felt difficulties and to apply principles of human relations to the problems that arises at all levels.

of experience.

- She described four phases that occur in sequence.
- (i) Pre interaction Phase.
  - (ii) Orientation Phase.
  - (iii) Working Phase.
  - (iv) Termination Phase.

(i) Pre interaction Phase →

Before meeting the clients  
Nurse: (a) Reviews available data, including medical Nursing history.

(b) Talks to other case givers who may have information about the client.

(c) Anticipates (अंदाज लगाना) health concerns or issues that may arise.

(d) Identify a location for comfortable interaction.

(e) Plan enough time for the initial interaction.

(ii) Orientation Phase: →

(A) Sets the tone of the relationship by adopting a warm, empathic caring manner.



- (B) Recognized that initial relationship may be superficial uncertain and tentative
- (C) Expect the client to test the nurse competence and commitment
- (d) closely observe the client
- (E) ~~Defy~~ Begin to make inferences and form judgement
- (F) Prioritizes the client's problems and identify client goal

### Working phase:->

- (A) Encourage and health the client to express feeling about his or her health.
- (B) Provide information needed to understand and changes behaviour.
- (C) Take actions to meet the goals set with the client.
- (D) Use therapeutic communication skills to facilitated successful interactions.
- (E) Use appropriate self disclosure,

#### (4) Termination Phase →

During the ending of the relationship the nurse:-

- (A) Reminds the client that the termination is near.
- (B) Evaluates goal achievement with the client.
- (C) Separate from the client by giving responsibility for his or her care.
- (D) Achieves smooth transition for the client to other care givers as needed.

#### {BARRIERS IN IPR}

- (1) Mistrust (यकीन नहीं करना)
- (2) fear of Rejection
- (3) Need of Approval
- (4) In-Security
- (5) In flexibility
- (6) Lack of Autonomy.
- (7) Lack of Communication
- (8) Avoidance a Conflict
- (9) Lack of Respect for the rights of the Other.
- (10) fear of Intimacy.
- (11) Need of Control.

- \* (12) Need for power
- \* (13) Irresponsible
- \* (14) Over responsible
- \* (15) Low-self-esteem
- \* (16) Fantasy or idealized image
- \* (17) Lack of Healthy role models
- \* (18) Chronic hostility
- \* (19) Hiding feelings (आपनाई छुपाना)
- \* (20) Lack of positive reinforcement
- \* (21) Over dependance
- \* (22) To indipendent
- \* (23) Chronic depression
- \* (24) Avoidance of risk taking
- \* (25) Absence of fun

## 3 STEPS TO OVERCOME BARRIERS IN IPR

### Step-1

- (A) Admit you have a problem in relationship
- (B) Identify the symptoms of problem
- (C) Write down the problem.
- (D) Then write how you know it is a problem by listing symptoms present in your relationship

- (2) Based on step 1, decide which of the barriers listed are present in this problem.

### Step-3

- \* once you have listed the problem and symptom