



# “Pre experimental study to assess the effect of pedagogical communication measures on patients with dysfunctional communication admitted in selected hospitals, Madhya Pradesh.”

Author:

1. Mrs. Chetna Joseph
2. Dr. Sunita Lawrence (Supervisor/ Guide)

## ABSTRACT

### **Introduction:**

Communication is an essential part of life, that happens every day, every hour, every minute and every second, writing a note, watching television, talking to relatives, friends or college, over mobile or telephone, doing e-mail or chatting through Whats-app or Instagram, Facebook, or twitter all the various form of communications. The patient with dysfunctional communication experienced the feeling of anxiety, anger, and distraction in staff and difficulty in communicating. This is associated with the lack of ability to speak, inadequate motives from the staffs, inadequate understanding and fear of being misunderstood.

Lack of effective communication may be attributed to psychological problems. The information on this study of problem identifies trendy troubles for communication with people with disabilities observed through issues that can be unique to individuals with a ramification of disabilities. Communication is defined as exchange of information, signal or messages by talk, gesture and writing.

Challenges in communication between patients with dysfunctional communication and nurses are common. Psychological complications, as well as impairment in overall patient well-being. Fortunately, the availability of low-technology and high-technology augmentative and alternative (AAC) tools may enhance communication and improve patient centered outcomes. Further research, technological advancement, and development of ICU communication protocols will likely improve patient and health care provider satisfaction and short- and long-term outcomes in this patient population. The researchers and the patients need to be well-aware of the factors, which enable them to recognise the importance of pedagogical communication measures. The idea of pedagogy is a phenomenon containing of different approaches and techniques. The different aspects of pedagogy are social pedagogy, essential pedagogy, culturally-responsive pedagogy and Socratic pedagogy critical pedagogy.

The factors highlighting the definition and use of pedagogy are, giving consideration to the voice of the patients, performance and conduct of the care provider, knowledge and understanding of the care provider, involves clear thinking in terms of long-term and short-term learning outcomes, put emphasis learning and experience of the patients, focus upon scaffolding the activity of patients, involves range of techniques, group learning, guided learning and individual activity, puts into operation assessment strategies, takes into account diverse requirements of the patients holistic clinical care goals.

### **Background of the study:**

Therefore, in very less information on nurses' experiences with sick patients and unable to talk. It's very obvious to have an excellent exchange of feelings with the patients. A good conversation might be boosting the patient's recovery which in case of poor communication causing a distressing situation for both the patient and nursing officer which leads to tragic outcomes. There are also some evidences which suggested regarding effective communication for perceiving an effective pattern of care in patient.

Severe communication impairment might be defined as such condition in which speech is found temporarily or may be permanently inadequate to satisfy the individual communication basic needs. Communication impairment is found in several ways expressive language complications or disorders leading to difficult spoken. In mixed type the both understanding the communication language are

difficulty in speaking.

The ICU is a kind of specialized area of department of hospital with a specialized staff and all equipment's required to give care to the patient are found at risk such as pneumothorax, flail chest etc. Therefore, the patients are unable to communicate their problems with nursing and other medical officers which is found effective treatment for do exercise, regarding implementation of care, preventive measures, and effective treatment for self-care deficient patients.

Therefore, without communication the application of scientific method of specific and specialized line of treatment found to be remained deficient. Nursing assessment process and develop diagnosis of any patient could not be possible through ineffective communication.

Today, it's critical to give an exact meaning of "teaching method." It's fundamental to keep away from the covering of thoughts, imprecision, and exhibit that schooling has its own raison. since prowling behind its status, the fight seethes on. At long last, it's crucial to build up the effective exchange of feeling & learning to in present structure of current science. Characterizing teaching method as an "applied science" should help quiet the questioning by showing that the particular information obtained through instructive practice is really key information.

### **Need of study:**

The objective of this pattern of pedagogical communication is to give an effective holistic care to patients with dysfunctional communication. In part of therapeutic conversation, a basic component of the nursing consists the application of some particular strategies to impart confidence among patients to reflect their feeling, ideas, and emotions and also to express to convey the respect and acceptance.

Lack of effective communication may be attributed to psychological problems. Failure of holistic care carriers to communicate correctly and correctly with human beings with disabilities is a main barrier to the providing of satisfactory holistic care to such patients.

There is a need to implement different pattern of communication skills to impart the information, better understanding by the patient to gain good response to reduce health related problems and give choices to implement curative care, supporting for decision making, and gain a feeling of wellbeing by the patient.

The clients who are intubated, or on mechanical ventilator or in any condition wherein disables communication capacities, have been recognized as more pressure creating upgrades. To lessen the unpleasant impacts experienced by these patients, an endeavour can be made by the specialist to empower their communication measures through printed or electronic correspondence measures.

Hospitalization, it is worth keeping in mind, is an unpleasant experience for those who live it, since it is permeated by fear of the unknown, the use of technological resources that are often invasive and painful, for technical and erudite language that increases the anxiety of being sick with respect to its pathological image. Affected person recognized with Impaired Verbal communication desires specific, powerful nursing care that promotes nicely-being, on account that communication is a human need inherent and very important within the recovery process. To build a strong bonding of therapeutic relation a good focus must require. Empathy consists the quality of sharing self-emotions. Therefore, to convey empathy towards patients an accurate understanding of situations to be explained and also perceive by the patients and supporting the patients. An effective conversation depends on the patient's recovery.

### **Statement of problem:**

Pre experimental study to assess the effect of pedagogical communication measures on patients with dysfunctional communication admitted in selected hospitals, Madhya Pradesh.

### **Objectives of the study:**

1. Assess the patients with dysfunctional communication admitted in selected hospitals regarding demographic and clinical variables.
2. Find out the post-test knowledge of patients with dysfunctional communication after application of pedagogical communication measures.
3. Determine the Effectiveness of pedagogical communication measures among patients with dysfunctional communication.
4. Find out the level of satisfaction regarding selected pedagogical measures among patients with dysfunctional communication.
5. Associate the post-test knowledge score of patients with dysfunctional communication with selected demographic variables & clinical variables.

**Hypothesis: All the hypotheses tested at  $p \leq 0.05$** 

- H1:** There will be average knowledge after administration of pedagogical communication measures among patient with dysfunctional communication.
- H2:** There will be some level of satisfaction regarding pedagogical communication measures among patient with dysfunctional communication.
- H3:** There will be a significant association between knowledge score of pedagogical communication measures with selected demographic variables among patient with dysfunctional communication.
- H4:** There will be a significant association between post-test knowledge score of pedagogical communication measures with selected clinical variables among patient with dysfunctional communication.

**Assumptions:**

1. The patient with dysfunctional communication required alternative communication measures to express their needs and feelings.
2. Patient with dysfunctional communication has difficulty in expressing their needs.
3. Pedagogical communication measure helps to improve the communication pattern among patients with dysfunctional communication
4. Use of planned pedagogical communication measure may improve patients satisfaction, reduce anxiety and reduce duration of treatment.

**Delimitations:**

1. The study was delimited to patients with dysfunctional communication admitted in selected hospital, Madhya Pradesh.
2. The study was delimited to all patients aged 21 years and above.

**Methodology:**

**Research approach:** Experimental research approach was adopted for this study.

**Research design:** The research design adopted for study is Post-test only research design.

**Setting of study:** In this study setting refers to selected hospitals of Madhya Pradesh.

**Sample:** Patients with dysfunctional communications admitted in selected hospitals.

**Sampling technique:** Non probability purposive sampling technique was used as sampling technique.

## **Tool and Instruments:**

**Section A-** Demographic variables

**Section B-** Clinical variables

**Section C-** Structured Knowledge questionnaire

**Section D-** Satisfaction level of patients on pedagogical measures for 8 (eight) section by using satisfaction scale.

**Pedagogical communication measure set of cards / E-Folder:** Pedagogical measures for patients with dysfunctional communication and their satisfaction level of each section consists of 8 sections namely-

**Section A-**Communication Sign for expressing physical needs,

**Section-B-**Communication sign to express physiological needs

**Section C-**Communication Sign for expressing psychological needs,

**Section-D-**Communication sign to express social needs

**Section E-**Communication Sign for expressing educational needs,

**Section-F-**Communication sign to express diversional needs

**Section G-**Communication Sign for expressing medical needs,

**Section-H-**Communication sign to express Spiritual needs

Experimental research approach in which post-test only research design was used for the study. Non probability purposive sampling technique was used as sampling technique and 105 patients with dysfunctional communications admitted in selected hospitals were selected. Post-Test only process was used to collect data. The investigator collected demographic and clinical variables from the samples selected through non-Probability purposive sampling. Structured knowledge questionnaire on non-verbal communication measures was used to accumulate data. Planned teaching was given through information post card. Then post test conducted through questionnaire. Satisfaction scale also used to assess clients' satisfaction level in using communication signs for expressing their diversional needs among the patients with dysfunctional communication. Intervention in the form of pedagogical communication measures was explained and provide to them followed by post-Test. Following posts test the level of satisfaction towards pedagogical communication measures in eight section was collected from the samples.

## Method of data collection:

The main study conducted in selected hospital total 105 patients with dysfunctional communication admitted in selected hospitals were selected. Post-Test only process was used to collect data. The investigator collected demographic and clinical variables from the samples selected through non-Probability purposive sampling. Structured knowledge questionnaire on non-verbal communication measures was used to accumulate data. Planned teaching was given through information post card. Then post test conducted through questionnaire. Satisfaction scale also used to assess clients' satisfaction level in using communication signs for expressing their diversional needs among the patients with dysfunctional communication. Intervention in the form of pedagogical communication measures was explained and provide to them followed by post-Test. Following posts test the level of satisfaction towards pedagogical communication measures was collected from the samples.

## Data Analysis:

Data analysis and interpretation of the collected data to assess the clinical variables, Knowledge, Satisfaction level of Dysfunctional Communication patient at selected hospital of Indore and Harda, Madhya Pradesh. Data was collected from 105 Dysfunctional Communication patient. The analysis & interpretation of data was based on data collected through semi- structured "questionnaire of selected socio demographic variables, clinical variables, Knowledge, Satisfaction level of Dysfunctional Communication patient. This analysis & interpretation of data based on objective of the study and hypothesis to be tested in the light of descriptive & inferential statistics.

## Section A: Findings regarding demographic variables:

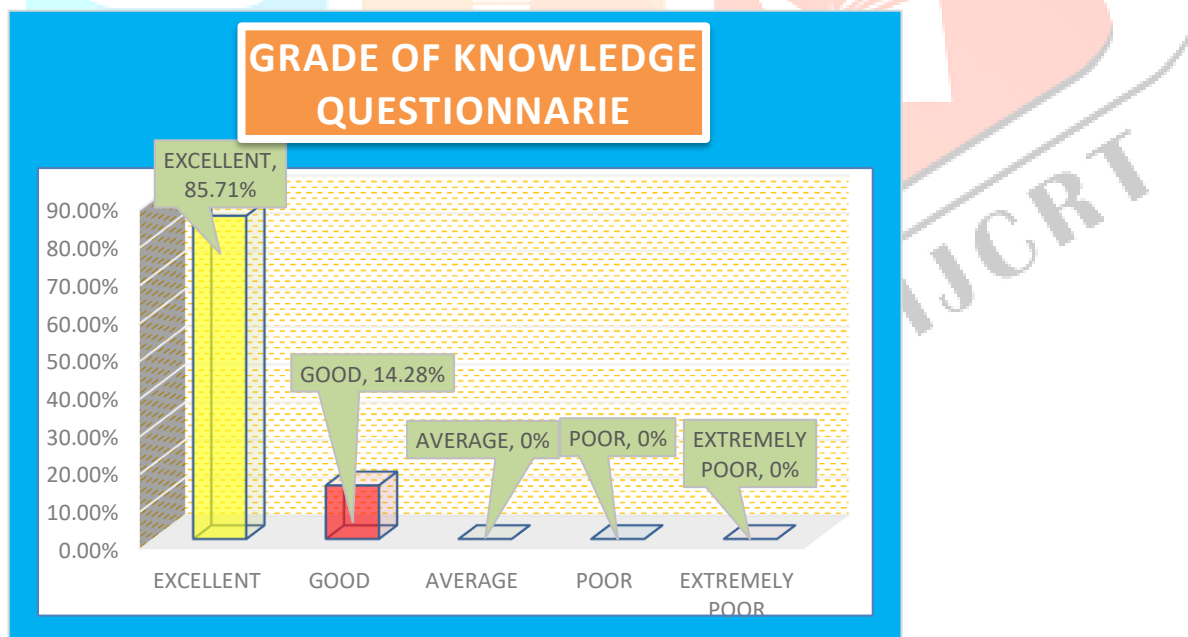
The study reveals that majority 36 (34.28%) of subjects belong to 31 – 40 years of age group. Maximum participants 60 (57.14%) of the observe study had been female. The major number of samples 27(25.71%) had no formal education, meanwhile nearly equal number 23 (21.9%) of participants were graduate. Most subjects 74 (70.47%) were living in urban area. The common of participants 45(42.85%) were unemployed. Nearly all subjects 84 (80%) were married. Almost all samples 99 (94.28%) belong to Hindu religion. Greater part of the subjects 42 (40%) had a family income more than 15001/-. Even though best part of participants 54 (51.42%) had keypad mobiles almost equal number 51 (48.57%) of subjects also was using smart phones. The main stream of target population 51(48.57%) was familiar in using WhatsApp social media. In contrary to this nearly same number 49 (46.66%) of participants were not using any social media or not familiar with such site.

## Section B: Findings regarding Clinical variables:

Majority of the board population 103 (98.09%) had affected for a quick time period i.e. before 1 week, with dysfunctional communication. Nearly all participants 91 (86.66%) had an etiology of respiratory conditions for dysfunctional communication. A wider variety of subjects 53 (50.47%) were able to feed orally. The sufferers who were able to take orally, the majority 92 (87.61%) were consuming liquid or semi-liquid form of diet.

## Section C: Assessment of knowledge score regarding use of communication measure among patients with dysfunctional communication after administration pedagogical communication measures.

The finding shows that almost all participants 90 (85.71%) had excellent knowledge. The study also shows that remaining of the participants 15 (14.28%) had good knowledge. This advises that the pedagogical communication measures administered for patients thru dysfunctional communication were found active and useful for patients.



**Diagram showing Percentage Distribution of Knowledge**

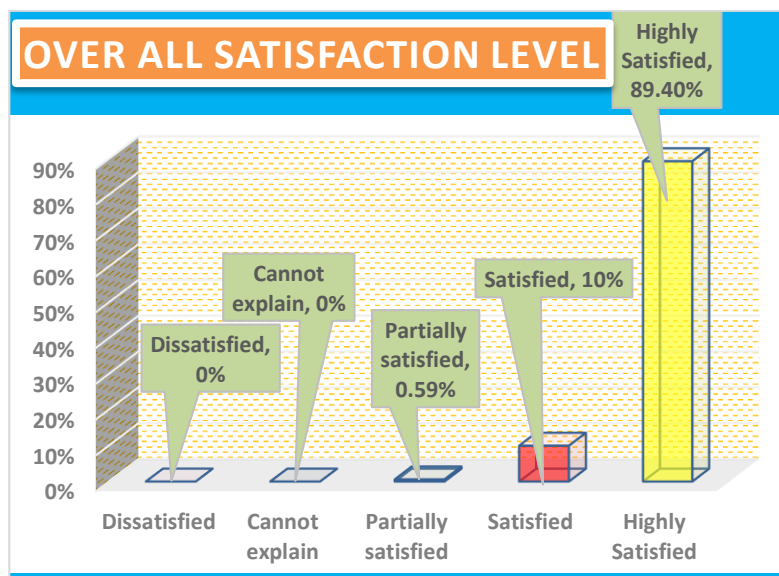


## Section D: Evaluating the satisfaction level of patients regarding pedagogical

### communication measures.

The findings revealed the communication signs used to express physical & physiological needs, 92 (87.61%) participants were highly satisfied and the rest 13 (12.38%) were satisfied. If we talk about the communication signs used to express psychological needs, 99 (94.28%) participants were highly satisfied and the rest 6 (5.71%) were satisfied. The study also depicts that the communication signs used to convey social needs, 85 (80.95%) participants were highly satisfied and few 16(15.23%) were satisfied. The researcher also determined that the participants' satisfaction level for communicating needs for education and diversional therapies by using the symbols were highly satisfactory for majority 94 (89.52%) and satisfactory for the rest 11 (10.47%). In addition to this the study states that the communication signs used to express medical needs 101 (96.19%) participants were highly satisfied and the rest 4 (3.8%) were satisfied. This communication signs were highly appreciated by the subjects and off-course if a patient admitted in a hospital with some serious problems the major concern is also the medical needs. Furthermore, the study explored that the communication signs used to express the spiritual needs of the individual nearly all participants 94 (89.52%) were highly satisfied and approximately rest of the participants 10 (9.52%) were satisfied.

The frequency and percentage distribution of samples according to the overall satisfaction level of patient with dysfunctional communication regarding pedagogical communication measure. It revealed that 75 (89.40%) samples had highly satisfied, 84 (10%) samples had satisfied about pedagogical communication measure, 05 (0.59%) samples had partially satisfied and no one had cannot explain & dissatisfied about pedagogical communication measure.



**Diagram showing Percentage Distribution of overall**

Thus, the study reveals that a highly significant satisfaction among subjects in using communication signs for expressing their diversional needs. Therefore, the use of pedagogical communication measures among patients with dysfunctional communication program was effective.

There are many studies that support the findings of the current observe.

### **Implementations:**

By using a variety of teaching methods from each of the categories, health care providers are able to accommodate different learning styles. They are also able to challenge different need assessment and communication problems which help to remove the barriers of communication and hence improving the quality care.

#### **a) Nursing education:**

It can be applied at global level, as education is universal process. It is applicable at all levels of education elementary, secondary, higher secondary, university, and professional studies. It should be an effective method of learning and memorizing for preschoolers and school going children.

#### **b) Health care level:**

Health teaching is a crucial part of health care delivery system. Each member of the health team has the responsibility to educate the general public. Health care providers have to orient towards global pandemic, epidemic & endemic disease and this may be a better modality for information for public regardless of education.

Educational programme with effective teaching strategies motivates people to follow healthy self-care practices in their day-to-day life. Planned teaching programme is considered as an effective education strategy to improve the awareness and knowledge of the patients in order to practice self-care.

#### **c) Administration:**

Conducting in-service education program for the staffs and students or any kind of professional/vocational training, meeting, discussion on particular problem arises, which should be solved with immediate effect this modality has a great role. Merely discussing on anything will not be that much effective when compared to the things that can be seen by way of individual with their own eyes. It is said that one cannot ignore/ refuse what his own eye saw.

**d) Research:**

The study throws light at the knowledge & recalling capacities of individual. There is a lot of scope for exploration of this area. Research can be conducted to assess effectiveness of other teaching methodologies also. There is need for carry out more researches to assess the knowledge enhancement improvement in recalling capacity of person by different methods.

It is believed that after an auditory/ verbal learner reads, it's far nearly not possible for the learner to recognize whatever without sound within the historical past. In those conditions, listening to music or having different sounds in the background (television, humans speaking, and so on) will make the inexperienced persons dissatisfied with the studying / communication. The visualization and symbolic communication may be proved as an effective approach of communication.

**Recommendations:**

On the premise of the findings of the study following recommendations have been made for further study.

1. A similar study may be replicated on a larger scale using random sampling so that the findings can be generalized.
2. A comparative study may be carried out to evaluate the effectiveness of the use of different teaching techniques.
3. The study can be replicated with a control group.
4. A study may be conducted to assess the long-term effects.
5. A similar study may be replicated with other age groups.

**Suggestions:**

1. An education teaching aids' team has to be made in order to offer Audio-Visual Aids on such topics and teach patients for effective communication and express their need properly during certain kinds of dysfunctional communication & evaluate its functioning.
2. Staff development programme can be conducted in order to create awareness & increased use of Audio-Visual Aids for better learning & memory in patients.
3. Development of manuals for self-care and audio-visual aids will help health care providers to educate the public.

## Limitations of the study:

1. Purposive sampling technique and small sample size restrict the overview of the study.
2. A structured questionnaire schedule was used aimed at data collection that restricted the amount of information that could be obtain from patients.
3. No attempt was made to measure the retention of knowledge after the post-test i.e. feedback due to time shortage.

## Conclusion:

The main aim of this evaluator has a look at turned into to assess the effectiveness of pedagogical communication measures among patients with dysfunctional communication. 100 patients with dysfunctional communication were selected by simple random sampling technique. Teaching with symbolic post cards was provided. It proved worthwhile.

Following conclusions had drowned on the premise of the analyzed statistics.

The findings revealed a highly significant improvement within the information scores, and level of satisfaction of participants means the administration of pedagogical communication measures was effective. The present study revealed a highly significant improvement within the information scores and level of satisfaction of participants, means the administration of pedagogical communication measures was effective

## Summary:

That segment of the chapter deals with the summary of the study. It includes, objectives, hypothesis, assumptions, tool are used study purpose, and findings.

Pedagogy maximum generally understood as the method to teaching, is the theory & practice of education, and the way this technique impacts, and is motivated through the social, political, and mental improvement of inexperienced persons. Pedagogy has taken as an educational field, and it reflects the connections that take place at some stage in learning.

- 1) **Oral linguistic communication** - Teacher speaks and uses written documents.
- 2) **Non-verbal communication** - A communicator actions, has his/her specific mimics and appears, makes use of body language and posture to deliver his message. As he actions, he, in a few manners, occupies the room: he solicits his listener attention, activates one of them to offer a solution, and many others. In pedagogic face-to-face verbal exchange, the communicator makes use of for expressive and

communicator purposes an outstanding variety of non-verbal indications that the recipients don't have any problem interpreting. on this identical category also are categorized the communicator modifications of tone, vocal modulations & inflections, in short, any intuitive detail contributing to occur the presence of an interlocutor. This can seem like a form of paradox for the reason that these factors are well related to linguistic expression and are still not analyzed in linguistics research, within the strict meaning of the term. They may be as an alternative compounded with different non-verbal verbal exchange forms. As an end, we may also say that the emotive and affective factors of pedagogic verbal exchange are specifically carried out by way of non-verbal verbal exchange forms.

**3) Audio-scrip to-visible communication** - If oral language stays the primary vehicle of teaching, different kinds discourse and of understanding representation modes with educational targets are evolving and have become progressively extra massive. Instructors primarily use written texts but also sound and/or visible documents. Following are few conditions where dysfunctional communication occurs commonly

1. Laryngeal Paralysis or Vocal cord paralysis
2. Vocal Folds Adductors
3. Abductor of Larynx
4. Lateral cricoarytenoid
5. Thyroarytenoid
6. Wallenberg syndrome
7. Intracranial causes - Head injury, CVA, Bulbar poliomyelitis
8. Cranial Fracture
9. Neck Thyroidectomy, Thyroid Tumours, Post Cricoids' Carcinoma
10. Unilateral Superior Laryngeal Nerve Injury

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