

# Communication guidelines for the nurses caring for patients diagnosed with tuberculosis

Esther Kamenye <sup>1\*</sup>, Scholastika Iipinge <sup>2</sup>, Agnes Van Dyk <sup>3</sup>

<sup>1</sup> Department of Public Health, School of Nursing and Public Health, University of Namibia Windhoek, Namibia

<sup>2</sup> Clara Barton School of Nursing, Welwitchia University (WU), Windhoek, Namibia

<sup>3</sup> Department of General Nursing Science, International University of Management (IUM), Windhoek, Namibia

\*Corresponding author E-mail: [kamenyene@gmail.com](mailto:kamenyene@gmail.com)

## Abstract

The purpose of this article is to describe the communication guidelines for the nurses who are caring for patients diagnosed with tuberculosis. A quantitative, exploratory, descriptive, and contextual approach was conducted to explore and describe how nurses communicate with patients diagnosed with tuberculosis at public health facilities in the Khomas region of Namibia. The findings revealed that the nurses caring for patients diagnosed with tuberculosis at public health facilities in the Khomas Region of Namibia exhibited inadequate communication skills. Based on these findings, the guidelines were developed to enhance the communication skills of the nurses who are caring for patients diagnosed with tuberculosis. These guidelines may be implemented in the health facilities that are providing tuberculosis treatment namely: hospitals, health centres, clinics and DOTs points.

**Keywords:** Guidelines; Rational; Operationalization; Enhance; Communication Skills; Nurses.

## 1. Introduction

This article is extracted from the author's study, "Guidelines to enhance the communication skills of nurses caring for the patients diagnosed with tuberculosis at public health facilities in the Khomas region of Namibia". To address the purpose of the study, a research project was conducted, which was quantitative, exploratory, descriptive, and contextual in nature. The main findings of the study established that nurses caring for patients diagnosed with tuberculosis exhibited inadequate communication skills in the following areas: creating a conducive environment for communication, assessing and understanding the patients' mood and level of understanding, listening, questioning, constructive feedback, understanding of non-verbal communication, respect, and empathy for patients.

According to Clark (2008), many problems that occur in any organisation in respect of management are the direct results of people who are failing to communicate properly. Ineffective communication causes problems, and leads to misunderstanding, confusion, and failure of excellent plans. In most caring professions, effective communication has been widely regarded as the key factor to better quality of care that ensures patients satisfaction, compliance to treatment, and speedy recovery (Chant, Jenkinson, Randle, & Russel, 2002; Taylor, 2009). The authors were convinced that the development of guidelines on communication would enhance the communication skills of the nurses who are caring for patients diagnosed with tuberculosis. This article presents the descriptions of the communication guidelines and each guideline is expressed in terms of rational and operationalization.

## 2. The aim of the communication guidelines

- To enhance the communication skills of the nurses who are caring for patients diagnosed with tuberculosis, by providing them with guidance how to communicate TB health information more effectively.
- To improve the health status of the patients with tuberculosis by providing them with effective TB health information in order for them to practice a healthy lifestyle.
- To make these communication guidelines available to the TB policymakers for integration into TB policies and TB manuals when they are planning to improve the health status of the TB patients, their families, and the community in general.

## 3. The scope of communication guidelines

- The scope of practice for these guidelines includes the nurses (registered, enrolled, and assistants) who are caring for the patients with tuberculosis at any public health facilities.
- The nurses are the target users (primary recipients) of the guidelines, while patients with tuberculosis, their DOT supporters, as well as their families or their close contacts are the secondary recipients of the guidelines.
- The guidelines for communication may also be a valuable resource for all the other health care workers who are involved in health care of non-TB patients.

## 4. Communication guidelines

### Guideline 01: Create A Conducive Environment (Atmosphere) for Communication

#### Rationale

The International Centre for Alcohol Policies (1995-2011, para. 1) refers to the atmosphere as “the general mood and feeling of the place”. The atmosphere of the TB unit begins to affect the patients (recipients) from the moment they enter the DOT/TB room/ward and can influence their continuing behaviour. Therefore, a conducive DOT/TB room/ward atmosphere is crucial, for instance the cleanliness of the place, the ventilation status of the place, friendliness of the nurse, and a welcoming reception of the patient by the nurse. It makes the patients feel at home and it facilitates good communication between the nurse and the patients with tuberculosis. When a patient feels good due to the conducive unit atmosphere (environment), then he/she can communicate freely, and provide all the necessary information (message) the nurse needs in order to treat the patient more effectively; it can lead to good TB treatment adherence.

#### Operationalization

Nurses who are caring for the patients with tuberculosis (recipients) need to:

- Keep the DOT/TB room/ward clean and tidy at all times. Patients feel good to be treated in a clean, well-ventilated, and a tidy place.
- Arrange the seats in an appropriate way; for instance place chairs at an angle. It promotes good communication since the nurse and the patient are not directly facing each other. It is also the best way of preventing cross infection, since TB bacteria from the patient’s or nurse’s mouth (when talking) are directed away from the other person.
- Keep the windows open. It is good to communicate in a well-ventilated room rather than in a stale room. It is also the best way of controlling cross infection by allowing fresh air to enter the room.
- Welcome the patient verbally (please, come in sir / madam) and non-verbally (smile). Good reception makes the patient feel good, welcomed, and willing to communicate.
- Offer the patient a seat. It makes the patient feel respected, and valued.
- Greet the patient by name (if possible, read name from the patient card). It creates good feelings and respect.
- Introduce yourself to the patient (if the patient does not know you already). A patient feels good and comfortable to talk to a person he/she knows by name.
- Ensure privacy at all times. A patient feels free to communicate when she / he is treated privately and confidentially, rather than in the presence of other people. It will encourage the patient to participate in discussions more openly, and he/she can disclose confidential information, for example his/her HIV status, and the status of other diseases.
- Ensure a quiet environment. Noise is one of the obstacles to effective communication.
- Ensure that there are no obstacle(s) between the patient and the nurse, for example bundle of books, computers, or another person. People communicate more effectively when they see each other clearly.
- Establish which language a new patient speaks and understands well. Furthermore, communicate by using simple words; for instance difficult breathing instead of dyspnoea, body weakness instead of body malaise, body hotness instead of feverish. If the nurse cannot speak the preferred language of the patient, get an interpreter. Language problems are the main barrier to effective communication.
- Inform the patient about the opening and closing hour of the DOT/TB room. It is also very important to inform the patient about the lunch hour time (when a limited number of nurses are managing the DOT/TB room) to prevent the patient from waiting for a long time without knowing where

the nurse is, or for the place to open. Put a note on the door that indicates the working hours.

### Guideline 02: Assess and Understand the Patients’ Mood, Level of Understanding, and the Provision of Tb Information

“Firstly, listen attentively and understand the patient before you seek to be listened to attentively and understood by the patient” by Esther Kamenye.

#### Rationale

Various beliefs, misconceptions, as well as unhealthy practices about TB are still found among the patients with tuberculosis. A study conducted by Kamenye (2008) in the Khomas Region of Namibia reveals that most patients with tuberculosis hold various beliefs about TB. Some believe that tuberculosis is caused by dust, or is a hereditary disease. An old saying announces “old habits die hard”, meaning that it is not easy for the people to change their old beliefs, or unhealthy practices. Therefore, it is crucial to first assess and explore the patient’s beliefs, practices, and level of understanding about TB before providing them with facts about TB. It can lead to a serious discussion about TB facts that might result in good understanding, and the patient’s knowledge might be enhanced by sharing information rather than just “injecting” information without knowledge of the patient’s current beliefs, practices, and his/her level of understanding of TB.

Furthermore, a patient cannot discuss issues openly when he/she is not in good mood at that particular time; therefore, it is advisable to assess the patients’ mood first. According to Haaland and Molyneux (2006), mood is the emotional state of mind which can be changed relatively easily, once the person is aware of it. Mood is temporary and can be influenced by the activities of the day. No part of the body can express the mood better than the face. The facial expressions convey the feelings of joy, fear, surprise, shock, and anger (Segal, Smith & Jaffe, 2010; Windle & Warren, 2009). When the patient is showing signs of fear, anger, shock and sadness, then it clearly indicates that the patient will not properly follow the conversation. Patients in one of these moods tend to listen selectively and the chances are high that they are going to misunderstand the information (Haaland & Molyneux, 2006). Therefore, it is very important for the nurse to take care of the feelings first before information is provided to the patients.

#### Operationalization

Nurses who are caring for patients with tuberculosis (recipients) need to:

- Pay more attention to the patient’s facial expressions when he/she enters the TB/DOT room/ward. A bad mood has a negative impact on the quality of information that gets obtained from the patient.
- Begin the conversation with an open-ended question, for example “How can I help you sir/madam?”, or “How are you this morning/afternoon sir/madam?”
- Ask the patient what he/she knows/believes about the basic TB facts; for instance the causes of TB, contributing factors, treatment, prevention, and the relationship between TB and HIV. Provide correct answers to the patient and discuss matters until agreement is reached. If agreement is not reached, provide the patient with TB leaflets/booklets that he/she can read it at home with the aim of continuing the discussion on another day.
- Avoid overburdening the patient with questions. Therefore it is good practice to ask and discuss one fact at a time.
- Ask the patient to share what he/she knows/ believes about lifestyle information in relation to TB; for instance TB and smoking/drinking alcohol, sexual relationships (only for adults), family planning (especially female because of the Rifampicin effect), and types of food to be taken during treatment. Provide appropriate answers and discuss it with the patient until consensus is reached. If consensus is not reached, provide the patient with TB leaflets/booklets to read at home with the view of continuing the discussion on another day.
- Ask the patient to share what he/she knows/believes about social information about TB; for example any

NGOs/projects like the Penduka TB Organisation that work with TB and their advantages, DOT-supporters and their importance, socialisation with family members/colleagues, and sick leave (if working). Provide all the necessary information and discuss it with the patient until an agreement is reached.

- Avoid compelling the patient to change his beliefs and practices. Such an action might cause the patients to stick even more rigidly to their old ideas. Therefore, it is good to acknowledge his/her beliefs and then provide the correct facts about TB during discussion until a patient understands. If agreement is not reached, provide the patient with TB leaflets to read at home with the aim of continuing the discussion next time.
- Avoid judging, blaming, and direct criticism when correcting misunderstanding. Acknowledge the patient for visiting the health facility and take time to educate him/her in a participatory manner. Show respect, interest, and listen attentively. It encourages the patient to listen and understand the facts that you are conveying.
- Firstly, listen attentively and understand the patient before you seek to be listened to and understood by the patient before providing TB information to the patient. "The patient has a reason to believe/practice what he/she is believing/practising.
- Summarise all the main information. It is important in order to ensure that the message is conveyed in such a way that the patients hears and understands accurately. Ask a patient to summarise information with the purpose of confirming that you and the patient have reached a shared understanding; for instance you can ask the patient: "What do you think is the most important issue(s) we have talked about today?"

#### Guideline 03: Active Listening

##### Rationale

The Government of the Republic of Namibia has pursued vigorous TB programmes which aim at eliminating TB; for example purchasing all anti-TB medicine and providing it free of charge, paying for all sputum examinations, as well as providing the infrastructure and human resources (nurses and other staff members) for TB (MoHSS, 2006). The nurses who are caring for patients with tuberculosis are the representatives of the government, since they are in direct daily contact with the patients. Despite the fact that they have the responsibility of providing DOT to the patients, and providing health information to the patients, they are also responsible for listening attentively to the patients' views, opinions, suggestions, and contributions towards their own health. The nurses are the ears and eyes of the government; therefore, when they are not listening attentively to the patients, the government cannot hear anything in order to provide proper assistance to the patients according to their needs.

According to the MoHSS (1998), all the patients have the right to be listened to and also to be heard. One of the common mistakes a nurse can make is confusing hearing and listening. Windle and Warren (2009) refer to listening as a combination of hearing what another person says and psychological involvement with the one who is talking, and listening requires more than hearing words. It requires a desire to understand another person, and it also requires a respectful and accepting attitude. Applying listening skills is harder than most people think. Since they can hear, people think listening is a natural ability, but it is not. Listening is an acquired skill just like reading or writing, and it requires practice (Traylor, 2003). Hearing is merely noting that someone is talking. TB affects the whole life of the patients; therefore, they need someone to listen to their problems and respond accordingly with the purpose of encouraging them to adhere to TB treatment. When patients with TB are adhering to TB treatment, the country will be able to achieve the global targets easily and, moreover, the country will have a healthy nation.

##### Operationalization

Nurses who are caring for the patients with tuberculosis (recipients) need to:

- Sit appropriately on one of the chairs that are arranged at an angle. It makes the patient feel comfortable to talk, since the patient and the nurse are not directly facing each other.
- Make sure that the patient has a comfortable chair to sit on while they are communicating.
- Resist external distractions; for example a cell phone ringing (make sure your cell phone is on silent during conversation), or another nurse/patient who is interrupting your conversation with the patient.
- Manage emotional concerns; for example when you disagree with a statement of the patient, refrain from sharing your knowledge before the patient has finished her/his thought.
- Avoid interruption when the patient is talking because it discourages the patient to continue talking. Allow the patient to continue talking until she/he has completed a statement. It makes her/him feel that her opinions or contributions are valued.
- Apologise and explain that you need clarification when you need to interrupt the conversation. Ask questions and paraphrase (restate by using different words, but do not change the meaning). It facilitates understanding and a feeling that the nurse is interested. Allow time for discussion after the patient has finished expressing her/his thoughts.
- Avoid shaking your head while the patient is talking. It indicates that you disagree with the patient's point of view, and it discourages the patient to continue talking. Instead, listen patiently until the patient finishes expressing his / her thoughts, even when you know that the point of view is inaccurate or it does not make sense.
- Refrain from looking at your watch, looking around the room, playing with pen/pencil, or writing your own notes. All these activities indicate that the nurse is not interested in what the patient is saying, or it tells the patient that the nurse does not have time.
- Refrain from engaging in a direct argument, for instance "You say TB is caused by witchcraft, prove it". Listen attentively and facilitate discussion until agreement reached.
- Avoid pretending to listen, rather "listen with your whole body and soul". It requires you to use your eyes (eye contact), your ears (to hear), your mouth (to discuss), your face (show facial expression); your heart (have a feeling), and your brain (be mindful) to listen.
- Concentrate on what the patient is saying (content of talking), and listen for underlying ideas and feelings; do not only listen to the expression of facts.
- Maintain eye contact, because it encourages the patient to provide more information, since eye contact is interpreted as showing interest.
- Nodding of the head and any appropriate facial expressions reinforces active listening.
- Encourage conversation with opening statements like: "Tell me more..."

#### Guideline 04: Open-Ended Questions

"Shortcut questions lead to shortcut answers and shortcut answers mostly results in inadequate information" by Esther Kamenye

##### Rationale

The nurses who are caring for patients diagnosed with tuberculosis need proper information from the patients in order to plan and treat them properly. The only effective technique to obtain adequate information is the asking of open-ended questions. Haaland and Molyneux (2006) refer to open-ended questions as the ones that start with who, how, what, when, where, and why. Open-ended questions are not only user-friendly but can also assist the nurse to obtain quality and desired information. Asking open-ended questions creates a feeling of trust for the patient because her/his opinions and ideas are valued, and the patient feels fully involved in her/his own treatment.

Furthermore, open-ended questions help the nurses to quickly identify patients with particular needs, for example patients with hearing problems. Nowadays, side effects of TB treatment, for instance loss of hearing, occur more frequently, especially in patients who are on anti DR-TB treatment (MoHSS, 2006). Closed-ended questions allow patients with particular problems to remain undetected by “hiding” behind the yes or no answers. Sometimes, close-ended questions in conjunction with probing questions are also useful in order to obtain required information.

#### Operationalization

Nurses caring for the patients with tuberculosis (recipients) need to:

- Invite patients to speak their mind. Ask open-ended questions by asking patient questions that begin with how, what, when, where, who, why, and please tell me more... The answers to these open-ended questions will assist you as a nurse to obtain quality information and a patient will feel trusted, since her/his opinions/ ideas are valued.
- Be cautious when starting a question with “why”. It may trigger a negative emotion, such as self-blame, since you are asking the patient to justify his/ her action.
- Ask probing questions whenever possible to generate more in-depth or comprehensive information or to clarify certain issues.
- Use words that encourage the patient to cooperate (“What do you think...”). When possible, avoid asking questions that start with “whose”, “who among you know...”, especially to a group of patients, because it creates a feeling of inferiority among those patients who do not know how to answer the questions.
- Avoid asking leading/guiding questions. These questions compel a patient to provide an anticipated answer, rather than the true answer, for instance “You do take your medicine every day, don’t you?”, “You are sure that you will visit the clinic every day, right...?” Guiding/leading questions are literally putting answers in a patient’s mouth. It may very well lead to obtaining wrong information.
- Avoid asking many questions at once. Ask one question at a time.
- Refrain from answering more than one question from the patient at a time. It causes confusion and the patient will lose trust in the nurse. It also discourages patients from asking questions when they do not understand the cluster of answers. Provide answer to questions only when you know the answer. When you cannot provide a proper answer, call another person to assist you.

#### Guideline 05: Constructive Feedback

“Annelie, I really enjoyed your health education session this morning. You engaged the group by asking open-ended questions, you spoke loudly and clearly and you managed the time very well. One suggestion I have is that next time, use visual aids like posters since they facilitate better understanding” by Esther Kamenye.

#### Rationale

Constructive feedback refers to the method of one person providing specific information to another person in order to help him/her to learn and it motivate her him to take action (Haaland & Molyneux, 2006).

The main purpose of constructive feedback is to provide information that will improve, and create better results. It benefits the receiver because it provides encouragement, support, corrective measures, and proper direction (Wilhelm, 2006). Tuberculosis treatment lasts from 6 to 8 months, and taking the medicine for such a long time can be a challenge to many patients. As a result, the patients’ behaviour might change like becoming uncooperative. Therefore; encouragement, motivation, and support are very crucial during the treatment process. Providing constructive feedback to the patients encourages and motivates them to adhere to their treatment until they are declared cured or completed. Moreover, it helps to boost a patient’s confidence level. The nurses who are caring for the patients with tuberculosis are responsible for regularly providing constructive feedback to the patients about

their behaviour in order to afford them an opportunity to amend their behaviour accordingly.

#### Operationalization

Nurses who are caring for patients with tuberculosis (recipients) need to:

- Provide comments on positive behaviour first. By firstly pointing out what a patient is doing well before talking about the areas that need improvement, gives a patient confidence, makes the patient feeling very good, and puts him /her in a positive mood to listen to the nurse. Moreover, a patient becomes more amenable to receiving constructive criticism with an open mind and to acting on such criticism.
- Always provide constructive feedback to the patients. Ask the patient first whether he/she knows of any areas where she/he can improve, and when the patient answers affirmatively, ask how he/she intends improving in those areas. If the patient does not know how to change bad behaviour, request permission to suggest what the patient can do differently.
- Provide specific feedback while avoiding generalisation. Specific feedback gives the patient a clear indication of where the strengths and weaknesses are.
- Avoid providing blaming criticism. It implies that the patient is inferior to the nurse. It creates a feeling of despair, and subsequently causes the patient to become passive and remain passive, unwilling to improve or to change her/ his behaviour.
- Avoid using the word “but” when providing positive constructive feedback. For example, “Mr Tom, I have noticed that you are taking your TB treatment regularly. It is very good, but you are not arriving on time”. The word but will negate the effects of the positive statement and may destroy the positive message. It implies that the really point of the message is that Tom is not arriving on time. Unclear messages or mixed messages are confusing. Here is an appropriate example: “Tom, I have noticed that you are taking your TB treatment regularly, keep it up. I suggest that you arrive as early as possible for your treatment because... What about 8 o’clock am?”
- Allow the patient an opportunity to respond. If a patient is not responding, then use an open-ended question, for instance “What do you think about...?”
- Be honest in terms of positive feedback (praise) and also in terms of negative feedback. Provide comments to the patients that are based on the observations (what you see) and not on inference (assumptions). It is necessary, since with observations the nurse can provide the patients with factual aspects rather than inferences. As a consequence, constructive feedback becomes meaningful.
- Provide feedback to the patient personally (face-to-face), since the nature of constructive feedback requires a verbal intervention.
- Communicate about the most recent events. Feedback that is provided immediately is more helpful due to the fact that the patient reflects on the feedback of a particular event more effectively. When constructive feedback is provided later on, it loses its value.
- Avoid overloading the patient with lots of feedback. It confuses the patient who feels at a lost where to start. Therefore, it is advisable to select one or two important points that you want to discuss with the patient at any given time.

#### Guideline 06: Non-Verbal Communication

“People believe more in messages spoken by the body, rather than the ones spoken by the mouth” by Esther Kamenye.

#### Rationale

According to the Business Dictionary (2011), non-verbal communication is the transmission of the message by a medium other than speech or writing. It is the single most powerful form of communication, more powerful than voice or even the written word. Furthermore, it is the primary way of communicating emo-

tions. During communication, 70% of the intent of a message is conveyed non-verbally, while verbal messages represent 30% of our communication. Therefore, people need to be mindful of the fact that there needs to be an agreement between what they say (verbal communication) and how they say it (non-verbal communication).

It is very important to note that when verbal and non-verbal communication contradict each other, people are bound to preferentially trust the non-verbal communication, because it is viewed as being more authentic than verbal communication (Segal et al., 2010). Since non-verbal communication is more powerful than verbal utterances, nurses are obliged to always keep in mind that people believe more in messages spoken by the body, rather than the ones spoken by the mouth.

The nurses who are caring for the patients with tuberculosis are mainly responsible for effectively conveying the TB health information to the patients. It is important to be mindful of the way in which TB health information is provided to the patients. Ignoring the importance of conveying information coherently may result in non-adherence of TB treatment. Surely, non-adherence of treatment prevents the region from reaching the global targets as required by the World Health Organisation.

#### Operationalization

Nurses who are caring for the patients with tuberculosis (recipients) need to:

- Have a positive body posture when receiving a patient in the DOT room/TB room/TB ward. Smiling indicates that the patient is welcomed, and a welcoming reception creates a favourable and comfortable feeling for the patient.
- Position the nurse's chair at an angle close to the patient. It indicates that one is prepared to listen and that one respects the patient. In some cultures, for instance in Oshiwambo, talking to an older person while standing is an indication of disrespect.
- Maintain appropriate eye contact. It indicates that the nurse is interested in the discussion. Bear in mind that the culture of individual patient determines appropriate communication, for example in Oshiwambo culture, talking to an older person while looking her/him directly in the eyes is also an indication of disrespect.
- Mirror the patient according to the content of the discussion, for instance show a friendly face when the message of the patient is positive, and show an expression of empathy when the message is negative.
- Be mindful of the way in which you place your feet and hands. Fiddling with a cell phone or a pen indicates that the message of the patient is not that important.
- Relax, since it signifies self-confidence and it also indicates that the nurse is knowledgeable and sure about what she/he is saying.
- Speak calmly. Calmness is contagious; when the patient observes that the nurse is calm, it will affect the patient positively.

#### Guideline 07: Empathy and Respect

##### Rationale

Empathy and respect are concepts that deal with the person's feelings and needs. According to Haaland and Molyneux (2006), empathy means trying to understand another person's ideas, opinions, needs, and/or feelings from their own point of views. Listening empathically can lead to a good relationship (Bookbinder, 2006). Johns Hopkins University Graduate Affairs (2010-2011) adds that when someone is listening empathically, it means that he/she is demonstrating that he/she cares for the other person. The purpose of nurses are to care for the patients, therefore, they are allowed to show empathy to their patients, and when the patients' ideas, opinions, needs, and feelings are understood from their point of view, empathy could lead to a good relationship between the patients and the nurse. In turn, a good relationship results in TB treatment adherence.

Respecting someone means to take that person's feelings, needs and thoughts into consideration (Fromm, n.d.). When patients'

needs, feelings and thoughts are taken into consideration by the nurses, the patients become motivated to visit TB health facilities as required by the nurses. Moreover, respect is contagious which implies that when the patients realise that the nurses treat them respectfully, in turn they will reciprocate by respecting the nurses. It inevitably creates good cooperation between the patients and the nurses and it motivates the patients to complete their TB treatment

#### Operationalization

Nurses who are caring for the patients with tuberculosis (recipients) need to:

- Acknowledge that there is a person entering the TB room/DOT room/ward by showing positive facial expression, for example a smile. Cease the activities that you are busy with (if is not an emergency). It allows the patient to feel welcomed and respected.
- Provide a seat to the patient. It allows the patient to feel respected, and that her/his pain and suffering are taken acknowledged.
- Sit down with the patient. It allows him/her to feel respected, and it indicates that you are ready and willing to listen.
- Greet the patient by name (read from his/her treatment card) and start the conversation with an open-ended question like: "Mr John, good morning/ afternoon, how can I help you?" It creates the impression of being valued and motivates the patient to talk.
- Give your undivided attention by focusing on the patient, and listen to what the patient is saying and how it is being said.
- Be mindful of whatever the patient is saying and view the situation of the perspective of the patient (stepping into the patient's shoes) before provide the assistance that is required.
- During the conversation, refer to the patient by name or by title; for example Sir, Mr John, Ms, or Lettie. In the case of younger patients, it is advisable to call them by their first names. It creates the feeling of being important, respected, and valued.
- Maintain eye contact with the view of observing the non-verbal cues on the patient's face and body, and endeavour to understand the patient's feelings, needs, opinions, and views.
- Be amenable and non-judgmental. Refrain from expressing your negative reactions/judgments, criticism, and emotions.
- Relax and talk as frankly as possible.

## 5. Conclusion

This article focused on the description of the guidelines to enhance the communication skills of nurses who are caring for the patients diagnosed with tuberculosis. Each guidelines were expressed in terms of rational and operationalization.

## 6. Competing

The authors declare that they have no financial or personal relationship(s) which may have inappropriately influence them in writing this article.

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