

Short Commentary

A Brief Commentary on Improving the Quality of Healthcare Delivery Practices Using the Soft Skills of Communication

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“Communication is life and healthcare is where it begins”

The influence of rising fears and anxieties in healthcare and its impact on the shape of the future of educational curriculum cannot be ignored. We are experiencing a new epoch in which the concept of absolute truth is gradually becoming as subjective as our various individualist viewpoints. Now more than ever before there is a dire need for humanity to constructively address the various factors that may play minor or major roles in the influence of healthcare delivery. Cultural and behavioral viewpoints, as well as affinities are examples of such influences. It's fair to mention that my previous message in a 2017 publication “The Patient in Room 1B: Confronting our Fears to Build Trust” was a peek into the future which has gradually unfolded to reveal the diverse aspects and challenges that are encountered in healthcare delivery practices across the nation.

Check out “Patient in Room 1B LinkedIn article:

<https://bit.ly/3G0Gqy9>

In recent years, the word “culture” has become more or less popular, depending on one's perspective of its influence in healthcare and overall existence dispositions. In addition, the current world of pandemic and post pandemic infections have ushered in new approaches to clinical/ nursing education which not only address care management for acute illnesses but seek to uncover effective approaches for healthcare providers to efficiently manage patient diverse behaviors, attitudes, and rising fears/anxieties brought on by past and current life experiences and their impact on perceived economic and political atmosphere. The use of virtual healthcare technology has increasingly surged, and the expanded use of audio, video and other electronic communications devices has offered some much-needed relief from individuals' anxieties and the pandemic stressors by enabling patients to easily and yet discreetly connect with their healthcare practitioners via mobile health apps, health information systems etc.

However, while these technological advancements are impressive, they are insufficient to address the unique approach to care delivery which explores the application of such disciplines as psychology and the observation of patient behavioral traits, cognitive biases, and the philosophy of language and its attempt to assist the patient achieve a healthy mental and physical balance. Patient's distinct

personalities, experiences, and backgrounds affect their outlook and mental status. Tailoring an individual care approach is necessary for optimal care delivery. There are lingering questions that continue to pervade various communities in an era where many people are not only dealing with the devastating effects of a pandemic, but also have differing perspectives on the best ways to help stabilize the country's political, economic, educational, and health structures. As truth increasingly becomes as subjective as our diverse personal perceptions, active attempts to create a common understanding through deliberate interactive means are more important than ever. In recent times, many critical race theory arguments have erupted due to differing individual experiences and perspectives. Some suggest that students may experience feelings of discomfort, guilt, misery, or psychological stress because of a race-based curriculum while others refute such perspectives and emphasize the need for full disclosure of events of historical practices and events. Many more reveal that there are more progressive and uniting strategies to introduce students to knowledge that allows them to think critically about diversity, equality, and discrimination. There are claims that such an approach is undoubtedly possible when instructional materials are presented as human behavior and human attribute-based materials rather than race-based materials. In my earlier published book, “Tips For Effective Communication: A vital Tool for Trust Development in Healthcare” and my recent publication, “Think Communicate, Heal”, I discussed the most effective ways to attain educational success by implementing an educational curriculum that will aid in the expansion of clinical reasoning in order to close the gaps that have been identified in existing tangible educational formats. This will enable students in the healthcare industry to increase their perceptual grasp of clinical intuitions based on a variety of patient behaviors (other than race or ethnicity) to provide more efficient care. Unintended outcomes of educational tools that focus mainly on historical accounts of race and diversity may include growing reservations and a desire for vengeance across various communities. This defeats the goal of shining a good light on solidarity in the face of changing perspectives, ideas, and viewpoints. Due to underlying fears, a purposeful shift in attention to understanding human qualities and behaviors would be a more efficient technique for success in our educational institutions. This is because these human attributes are universal and occur across

all diverse communities. There is no color to the human emotions or fears, anger, elation, feelings of exclusion or inclusion etc. More nursing/medical educational resources for expanding the reasoning to bridge the gaps noted in current forms of concrete educational formats are recommended. It will help practitioners and students improve their perceptual grasp of diverse clinical situations, to achieve a more trusting environment resulting in better efficiency for care delivery practices.

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