

## NURSING CAPSTONE PAPER SAMPLE: REQUIRED KNOWLEDGE AND SKILLS OF NURSE

Nursing capstone papers can be focused on various aspects of the nursing profession, or on the various tasks, duties and competences nurses should have in order to provide exceptional care and treatment. The text below is focused on some of the most important knowledge and skills required by the nursing professionals.

One nurse said, "all nurses should have the basic counseling skills to help them connect and communicate with the patients in a way that is not superficial." Counseling can accomplish many things, such as helping patients understand and accept certain feelings as "normal" consequences of their illness or injury. Here we can first of all emphasize the ability to listen and respond, which would encourage people to share their emotions with us about the situation they are in. Burnard (2005, according to Priest, 2011) counseling is called a process in which one person helps another to clarify his or her life situation and decides on a further course of action. In other words, counseling is a process rather than a one-off activity, and requires a combination of skills, personal qualities and procedures. Counseling is important in contexts where people are faced with major changes or adjustments such as life-threatening illness, deformity, disability, loss of various forms, such as loss of partners and the future. Counseling alone cannot solve one of these problems, but it does not really involve solving problems. Counseling is not taking responsibility for a patient or providing false security, but it can help a person to see, explore their situation, feelings, thoughts in an atmosphere of understanding provided by a counselor (Priest, 2011). Do all nurses need to acquire and practice counseling skills? There is a lot of discussion about this topic. Some believe that counseling is essentially a higher level of communication skills that only some nurses need. Others argue that counseling is a skill that facilitates effective communication, regardless of the degree of nursing education, and that all nurses should have the

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counseling skills to be good communicators because it is primarily the case with the patients. The use of counseling skills with physically ill people is considered crucial for far-reaching positive consequences, i.e. benefits that cannot be overestimated. Nichols (1993, according to Priest, 2011) considers that all competent health professionals should have basic counseling skills. It is also considered that the counseling exercise would be useful to improve the communication of all healthcare professionals. When we are involved in communicating with another person, our attention should be such that we are directed directly to her, so none of our potential distractors hinder it. It is necessary to keep in mind the tone we speak of, the expression of the face, the position of the body, the touch and other nonverbal signs that transmit the message of our kindness. Interaction and attention to attention implies not only the physical but also the psychic presence. We need to be aware of ourselves because awareness of ourselves has a strong influence on communication. The so-called "giving of attention" is very difficult to achieve. By exercising, we can improve our participation skills by using non-verbal communication. Egan (2001) advocated the SONOO position, where the letters in the acronym indicate: - direct seating (does not necessarily mean face to face, but upright sitting and the ability to clearly represent our person to another person); Keeping an Open Hold (means that your arms or legs are not crossed because it can point to the message "I'm not actually interested in you and / or closed for what you want to say to me"), - Leaning forward (lightly, to another person and without exaggeration, effectively empathizes). - Making contact with the eyes (this social skill must be at a suitable level: it is estimated that more than 20 seconds of direct contact with the other person may be perceived as annoying and / or even jeopardizing). - Relaxation (It's not easy to realize when you focus on all other SONOO position elements, but with exercise, we

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develop our own version of the position that is pleasing to us and allows us to feel as relaxed as possible in the situation.

Active listening must be purposeful. One of the most significant segments in verbal communication with the patient. It is often neglected, and the reason for this is the rapid progress and development of technological and pharmacologically sophisticated diagnostic and therapeutic possibilities, as well as increasingly complex nursing / health documentation. Active listening comprehensively covers what the speaker wants to say. A nurse should be able to listen to patient messages, to figure out their meanings and to give feedback that messages are understood (Bryant, 2009). Therapy communication begins with active listening and is a prerequisite for empathy and assertiveness. Active listening techniques include: setting up the call, facilitating, clarifying, recognizing unread, reflecting and compressing. We are interested in asking questions and showing that we are following the interviewee. Facilitation or facilitation is encouraging conversation with nonverbal and verbal signs. Explain the need for both general and vague statements. Then it follows the recognition of the unlimited: thoughts and feelings. We apply reflection to messages and emotions. By rephrasing, we repeat the key thought, but more concisely. At the end of conversation, it is important to summarize and it is an important skill; the key data, tasks, messages and goals are summarized. When listening active, it is of utmost importance to use non-verbal signs of active listening, to keep track of the interviewer and to be aware of his non-verbal communication. All this involves contact with the eyes, avoiding excessive movement and gesture. It has to be in a position opposite the patient, face to face, leaning slightly forward, relaxed, open gesture, and comfortable posture of the body.

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With regard to additional active listening instructions, they relate to the need to stop activities that are not essential to listening and to prevent obstructions, revolve their own obstructions and fatigue. We have to decide to listen and prepare, documentation and everything that needs to be available, and it is important that we are prepared in advance. Listening should be empathic, without interruption, we must be involved, providing enough time and space for the interlocutor. It is important that we finally check if we all understand.

### References

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