

普通医药院校创新型系列教材

护理学专业英语

NURSING ENGLISH

祝娉婷 胡艺·主编



科学出版社

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常州大学图书馆
藏书章

科学出版社

北 京

内 容 简 介

本教材在编写时突破传统教材框架,强调护理专业英语知识与护理学专业实践的交织与融合。本教材共分为九章: Communication and Collaboration, Vital Signs, Basic Human Needs, Activity and Mobility, Elimination, Evidence-based Nursing, Wound Care, Complex Nursing Interventions, Supportive Nursing Interventions等内容。每章由Learning Points, Reading, New Words and Expressions, Exercises和习题答案五个部分组成。内容上注重护理学新知识、新理论与新方法的介绍,英语难度略高于大学英语四级水平。

本教材可供医药院校护理学专业本、专科学生,在职临床护理人员,继续教育学员,以及从事各层次护理学专业教学、管理工作进行参考、学习使用。

图书在版编目(CIP)数据

护理学专业英语 / 祝娉婷, 胡艺主编. —北京: 科学出版社, 2018.8

普通医药院校创新型系列教材

ISBN 978-7-03-055459-8

I. ①护… II. ①祝… ②胡… III. ①护理学—英语—医学院校—教材 IV. ①R47

中国版本图书馆CIP数据核字(2017)第283040号

责任编辑: 闵 捷

责任印制: 谭宏宇 / 封面设计: 殷 靓

科学出版社 出版

北京东黄城根北街16号

邮政编码: 100717

<http://www.sciencep.com>

南京展望文化发展有限公司排版

江苏省句容市排印厂印刷

科学出版社发行 各地新华书店经销

*

2018年8月第一版 开本: 889×1194 1/16

2018年8月第一次印刷 印张: 6 1/2

字数: 170 000

定价: 30.00元

(如有印装质量问题, 我社负责调换)

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前 言

随着我国护理人员层次和素质的不断提升,人们对护理工作的要求不断提高,国际化护理服务理念已渐渐走入日臻成熟的护理行业,高效率、高水平的护理质量要求使护理人员对了解和应用国外先进的护理服务理念及专业技术的需求不断增加。外资医院的进入、涉外病房的建立、国际学术交流等均要求护理人员加快双语学习的进程,及时了解国际最新的护理理念和发展趋势、引进国际最新的管理模式和技术。因此,提高临床护理人员的学历和英语水平,提供针对性的护理专业英语培训迫在眉睫。

本教材以医药卫生临床护理工作过程中护士对英语知识的实际需要为基准,在编写内容上尽可能准确地概括护理人员在医院的具体工作内容,在表现形式上注重提升其英语的读、写及应用能力,适应了护理学的发展和医学领域的国际交流,是护理学专业英语教学实践的创新教材。

本教材共有九章,每一章包括五个部分:一是 Learning Points,指出本章学习的重要内容;二是 Reading,具体介绍了相关的护理英语知识;三是 New Words and Expressions,将本章中重要的新词和短语列出;四是 Exercises,学生在学习每一章节专业英语的基础上,扩大词汇量,提高阅读能力和应用能力;五是习题答案,便于学生检验学习效果。本教材适合本科及大专院校护理相关专业使用,也可作为临床护理人员的护理英语参考用书。

本教材在编写过程中,得到了扬州大学护理学院和扬州大学附属医院各级领导的关心和大力支持。扬州大学护理学院各级领导都很重视本教材的出版工作,多次就编写的形式、内容等组织相关专家讨论、论证。承担本教材撰写的作者为从事外科临床护理工作的护理专家和护理学院的双师制教师,除承担护理临床、教学、科研工作之外,还集中精力编写本教材,实属不易,在此对他们的辛勤劳动及严谨工作表示感谢。受编者水平所限,对教材中不足和错误之处,恳请各位专家及使用本教材的师生和护理界同仁不吝赐教,提出宝贵意见。

主编

2017年10月

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Chapter 1

Communication and Collaboration

Learning Points

- Students can accurately describe the meaning of interpersonal communication and nurse patient communication.
- Students can accurately define the basic elements of interpersonal communication.
- Students can list the types of nonverbal communication accurately.
- Students can explain the characteristics of interpersonal communication and nurse patient communication.
- Students can accurately identify the level of interpersonal communication.
- Students can correctly identify factors that impede communication between nurses and patients.

Unit 1 Skills for communication

Reading

Communication is a basic human need and the foundation for establishing a caring relationship between the nurse and patient. It involves the expression of emotions and thoughts through verbal and nonverbal exchanges. Verbal communication includes spoken and written word. Nonverbal communication includes body movement, physical appearance, eye contact, posture and facial expression. The interaction between the skilled nurses and the patients progresses on a therapeutic level in which you offer goal-directed activities to help the patient share thoughts and feelings. With enough time and practice, you develop therapeutic communication skills and maintain a congenial and warm style that help patients feel comfortable in sharing their feelings.

Multiple essential interpersonal skills are necessary to communicate therapeutically with patients. These skills include empathy and nonjudgmental attitude, the awareness of both verbal and nonverbal communication, the appropriate body language, patience and sensitivity to patients' attitude, and giving feedback appropriately. Many factors influence the complex process of communication (Box 1-1).

The basic elements of communication include a message, a sender, a receiver and feedback. The message is the information expressed which can be motivated by experience, emotions, ideas, or actions.

笔记栏



Box 1-1 Factors Affecting Communication

Perceptions: Personal views based on his past experience.

Values: Beliefs that a person considers important in life.

Emotions: Subjective feeling about a situation.

Sociocultural background: Language, gestures, and attitudes common for a special group of people relating to family origin, occupation, or lifestyle.

Knowledge level: Level of education and experience influence a person's knowledge base.

Roles and relationships: Conversation between two nurses differs from conversation between the nurse and patient.

Environment: Noise, lack of privacy, and distractions influence effectiveness.

Space and territoriality: Distance of 18 inches to 4 feet is ideal for sitting with a patient for an interaction. Patient from different cultures may have different need for habits and customs.

The message may be sent in different ways, including visual, auditory, and tactile senses. In order to make communication effective, the nurse must be aware of the patient's message. The message received is understood as filtered through perceptions shaped from previous experiences. People tend to interpret life experiences through general assumptions and values they hold, in essence, this is the concept of filter. The more people are aware of how these assumptions influence their perceptions about the world and others, the more open they can be when interacting with others. Feedback, verbal or nonverbal, is a response to the sender that can indicate if the meaning of the message sent was received. Because communication is a two-way process, you give feedback to and seek feedback from patient to validate patient's understanding of the messages.

Silence is a therapeutic technique, and it gives the nurse and patient time to think something. It is important for nurse to understand the patient's inner feelings and nonverbal behavior which can provide cues about the patient's feeling. Reflecting the nurse's impressions can validate what the patient is experiencing. If silence lasts too long or becomes uncomfortable for the patient, it can be helpful to say, "You seem very quiet.", or "Could you tell me what you need right now?", or "How are you feeling?"

Barriers to effective therapeutic communication techniques exist in the form of ineffective responses and behaviors (Box1-2). The use of these non-therapeutic techniques can hinder the therapeutic relationship between the patient and the nurse.

Box 1-2 Ineffective Responses and Behaviors

Inattention to listen	Being opinionated	Changing the subject
Taking too much	Showing disapproval	Focusing on personal problems of the nurse
Appearing too busy	Avoiding sensitive topics	Having a closed posture
Using clichés	Belittling feelings	Making flippant remarks
Seeming uncomfortable with silence	Arguing	Ignoring the patient
Laughing nervously	Minimizing problems	Lying/being insincere
Not paying attention	Being superficial	Making false promises
Smiling inappropriately	Being defensive	Making sarcastic remarks

Nurse learns effective communication, but it requires practice as does any other skill. An attitude of acceptance is helpful to promote open communication. To listen effectively, face the patient, maintain eye contact, pay attention to the information that the patient conveys, and give feedback to verify accurate understanding. Even though you may not agree with a patient response, you can accept his or her right



to comment. It's better to avoid arguing with the patient, instead of simply reflecting the agreement or disagreement of communication.

Focusing on communication skills will disturb rather than strengthen the communication process. Ineffective communication may not halt conversation, but it often tends to inhibit patients' willingness to express concerns openly. Find a good environment that will give you enough time and promote communication according to the situation and needs of the patient. Pay attention to the skills to promote or suppress communication.

New Words and Expressions

emotion	<i>n.</i>	情绪、情感	interpersonal	<i>adj.</i>	人际的、人与人之间的
verbal	<i>adj.</i>	言语的、口头的	nonjudgmental	<i>adj.</i>	不偏不倚的、客观的
physical	<i>adj.</i>	身体的、自然的	appreciate	<i>vt.</i>	欣赏、感激
therapeutic	<i>adj.</i>	治疗的、疗法的	sender	<i>n.</i>	寄件人、发送人
congenial	<i>adj.</i>	意气相投的、适意的	validate	<i>vt.</i>	证实、使合法化

Exercises

I. Reading Comprehension Questions

- _____ is a basic human need and the foundation for establishing a caring relationship between the nurse and patient.
A. Communication B. Technique C. Expression D. Operation
- _____ includes spoken and written word.
A. Suggestion B. Nonverbal communication
C. Verbal communication D. Communication
- _____ essential interpersonal skills are necessary to communicate therapeutically with patients.
A. Single B. Multiple C. Complex D. Simple
- _____ is a therapeutic technique, and it gives the nurse and patient time to think something.
A. Chat B. Forum C. Speech D. Silence
- Communication is a _____ process, you give feedback to and seek feedback from patient to validate patient's understanding of the messages sent.
A. one-way B. repeated C. two-way D. single

II. Translation

1. Translate the following sentences into Chinese.

- Nonverbal communication includes body movement, physical appearance, eye contact, posture, and facial expression.
- Nurse learns effective communication, but it requires practice as does any other skill.

2. Translate the following sentences into English.

- 沟通包括通过语言和非语言的形式进行情感和思想的表达。
- 随着时间的推移和不断实践,护士的治疗性沟通技巧得以发展,同时可形成并保持一种和蔼可亲的态度风格,帮助患者在分享感受的过程中感到舒适。
- 沟通的基本要素包括信息、发送者、接收者和反馈。
- 对护士来说,注意患者的内心感受和非语言性行为,可为了解患者情绪提供重要线索。
- 信息是指可通过经验、情感、思想或行动而激发出来的讯息。



习题答案

I. 阅读理解

1. A 2. C 3. B 4. D 5. C

II. 翻译

1. 英译中

- (1) 非言语性交际包括躯体动作、外貌、眼神交流、姿势和面部表情。
- (2) 护士学习有效的沟通,需要像学习其他功能一样反复练习。

2. 中译英

- (1) Communication involves the expression of emotions, ideas, and thoughts through verbal and nonverbal exchanges.
- (2) With enough time and practice, you develop therapeutic communication skills and maintain a congenial and warm style that help patients feel comfortable in sharing their feeling.
- (3) The basic elements of communication include a message, a sender, a receiver and feedback.
- (4) It is important for the nurse to be aware of the patient's inner feelings and nonverbal behavior that provide cues to the patient's feeling.
- (5) The message is the information expressed which can be motivated by experience, emotions, ideas, or actions.

Unit 2 Patient-centered communication

Reading

Patient-centered care involves an awareness of patient's needs, preferences and values. Patient-centered communication promotes the development of a positive relationship between nurses and patients. In this relationship, patients are active partners. You need to listen carefully to your patients rather than focus on nursing tasks. It is important to provide privacy, the ideal communication between you and the patient should be carried out in a quiet place and you should try to avoid external interference. You should avoid the communication situation when the bed curtain opens, especially when the patient is unable to move or other rooms are not available.

It is important to recognize cultural diversity and respect people as unique individuals. Culture is just one factor that influences communication between people. Understanding of cultural norms or values can effectively improve the understanding of nonverbal cues. Consider any potential communication barriers with persons from other cultures. It includes the cultural views, traditions and health concepts of the patients and nurses. The issues to be considered include the following: Who is the nurse from a cultural perspective? Who is the patient from a cultural perspective? What is the health concept of a nurse? What is the health concept of a patient? What is the cultural tradition of the health concepts for nurses? What is the cultural tradition of the health concepts for patients? Trans-cultural communication is most effective when each person attempts to understand the other's point of view from that person's cultural heritage. Adopt an attitude of flexibility, respect, and interest to bridge any communication barriers imposed by



cultural differences.

(1) The use of language, gesture, and vocal emphasis of words. Taking care to determine if understanding was achieved is important. Overly technical jargon or terms unique to a culture should be avoided.

(2) Eye contact. Direct eye contact is valued in some cultures, whereas other cultures find it improper and intrusive.

(3) Clearly define the touch and personal space. Some cultures are “contactless” culture, and have clear boundaries between touch and private space, such as intimate contact, handshake and hugging.

(4) Time orientation. Many cultures have to be noticed at the moment, but there are some cultural values that will be established in the future, so it is necessary to pay attention to change in real time.

(5) Nonverbal behaviors. Use gestures with shared meaning.

The United States is culturally and ethnically diverse, reflecting a mixture of health care beliefs and practices. As society becomes more diverse, health care providers, including nurses, must be aware of cultural and racial differences. This process begins with self-awareness and involves getting to know oneself. Take care of the personality, values, beliefs and ethics of different patients.

Patients with limited English may not have sufficient vocabulary skills to communicate effectively. A patient often needs a translator or interpreter when he can not speak the nurse’s language. The translator should understand the true meaning hidden behind the text of the patient’s information, rather than reiterating it from one language to another. Even in same language the patients have limited ability to express, or express the different meaning from nurse. For example, the patient may know customary greetings such as “How are you?” and not understand “pain” or “nausea.” When communication fails, a nurse should avoid talking loudly, stop talking, concentrate on work, or do some other things to divert attention, to avoid contact with the patient in a short period of time, because of the improper reaction may cause the patient to produce pain, unable to cooperate, anger or misunderstanding. Box 1–3 describes special approaches for patient who speaks a different language.

Box 1–3 Special Approaches for Patient who Speaks a Different Language

- Use a caring tone of voice and facial expression to help alleviate the patient’s fears.
- Speak slowly and distinctly but not loudly.
- Use gestures, pictures, and role playing to help the patient understand.
- Repeat the message in different ways if necessary.
- Be alert to words the patient seems to understand and use them frequently.
- Keep messages simple and repeat them frequently.
- Avoid using medical terms that the patient may not understand.
- Use an appropriate dictionary or have interpreter or make flash cards to communicate in key phrases.

Patient with sensory losses requires communication techniques that maximize existing sensory and motor functions. Some patients are unable to speak because of physical or neurological alterations such as paralysis; a tube in the trachea to facilitate breathing; or a stroke resulting in aphasia, understanding or verbalizing difficulty. When a patient experiences receptive aphasia, there is impaired comprehension of both written and spoken language. Because the expressive aphasia affects the motor function of speech, the patient has difficulty in speaking and writing except hearing and understanding. Speech experts are



very helpful for patients with language disorders.

Hearing impairment affects one's quality of life and may be easily overlooked by health care providers. When a message is failed or misunderstood, the communication will be damaged because the patient is not correctly understood. Aid such as pictures, electronic communication, two-way text messaging, and communication software can be used to communicate with patients successfully (Box1-4).

Box 1-4 Communication Aid

Pad and felt-tipped pen or magic slate
Board with words, letters, or pictures denoting basic needs
Call bells or alarms
Sign language
Use of eye blinks or movement of fingers for simple responses
Flash cards with pictures rather than words
Computer and electronic devices

Interview is often used in clinical practice. The interview involves communication initiated for a specific purpose and focuses on a specific content area such as the initial assessment of newly admitted patients or obtaining a health history in a health care provider's office. In the nursing procedure, the nurse obtains the patient's health state, lifestyle, support systems, patterns of illness, patterns of adaptation, strengths and limitations, and resources (Box1-5). This information can be used for an admission database or health history and provides data for identifying the patient's expectations and for responding appropriately to individualized patient needs. The interview facilitates a positive nurse-patient relationship, which makes it easier for patients to ask questions about the health care environment and expectations regarding daily routines and procedures. It is important to encourage patients to ask questions at any time. They also have the rights not to answer questions. It indicated that the purpose of the interview helps the patient establish trust and puts the patient at ease.

Box 1-5 Interview Database

Health-related concerns
Perception of health status
Past health problems and therapies
Effect of health status on role; influence on relationship with members of household
Influence on occupation
Ability to complete activities of daily living

It is worth noting that before the interview, the following information needs to be evaluated.

(1) Review available information, which may include admission information such as name, address, age, marital status, employment, and reason for admission or reason for office visit.

(2) Consider factors that may influence ability or willingness of patient or significant other to respond to questions such as physical pain, nausea, or anxiety. Rationale: These factors may need to be alleviated before the interview.

(3) Determine whether the patient can change the positions or direction.

(4) Consider factors that may influence ability of patient to communicate such as cultural or



language barriers.

After the completion of the assessment and be sure that the object can be interviewed, then we can implement it from the following aspects.

(1) Greet patient and significant others and introduce yourself by name and job title. Tell patient the reason for the interview and how long you expect it to last. Assure patient that this information will be kept confidential.

(2) Provide privacy and eliminate distractions, unnecessary noise, and interruptions by going to a quiet unoccupied room and/or closing the door. If others are present, ask patient if they should stay.

(3) Sit facing patient at approximately the same eye level.

(4) If patient is alert enough to state name, where he or she is, and what day it is, proceed with the interview. Confirm information obtained from patient with other caregivers or family members if patient is disoriented or confused or does not seem reliable.

(5) If patient is talkative, refocus the interview when patient strays from the topic.

(6) Ask what led patient to seek health care. Attempt to obtain a descriptive account of all the events in the order in which they occurred. Ask open-ended questions and listen to patient's story.

(7) Observe and clarify nonverbal behaviors. Validate with patient the emotions or messages conveyed.

(8) For each symptom that patient reports, determine when, where, and under what circumstances it occurred. Also determine location; quality; quantity; duration; and aggravating, alleviating, and associated factors (Box 1-6).

(9) For each symptom, also clarify the absence of other related symptoms.

(10) Identify past hospitalizations, past surgical procedures and complications, and previous major health problems.

(11) Determine whether patient regularly takes medications and, if so, for what period of time. Ask the name, reason for taking, dosage, and frequency. Specifically ask about dietary supplements or over-the-counter (OTC) medications such as aspirin, acetaminophen, ibuprofen, laxatives, sleeping pills, diet pills, herbal supplements/remedies, or other types of alternative therapies.

(12) Clarify if patient takes narcotics, insulin, digitalis, contraceptives, steroids, or hormone replacements.

(13) Identify risk factors related to lifestyle that influence the patient's health, knowledge level, and awareness of the risk.

(14) Continue with additional areas of interest or concern according to the focus of the interview.

(15) Give information that tells patients you are nearly finished.

(16) Summarize your understanding of patient's health concerns.

Box 1-6 Dimensions of a Symptom

Dimensions	Questions to Ask
Location	"Where do you feel it?" "Does it move around?" "Show me where."
Quality or character	"What is it like? Sharp, dull, stabbing, aching?"

(continued)



2. Translate the following sentences into English.

- (1) 直接目光交流在一些文化中是有意义的,但在另一些文化中却是不适宜和令人反感的。
- (2) 听力障碍可影响一个人的生活质量,也可能被医疗保健工作者所忽视。
- (3) 要考虑可能影响患者沟通能力的因素,如文化或语言障碍。
- (4) 表达性失语症会影响言语运动功能,导致病人说话和写作有困难,但还能听懂。
- (5) 识别与生活方式相关且会影响患者健康、知识水平和风险意识的危险因素。

习题答案

I. 阅读理解

1. A 2. C 3. B 4. D 5. B

II. 翻译

1. 英译中

- (1) 文化只是影响两个人沟通的因素之一。
- (2) 访谈包括因特定目的而发起的交流,并侧重于特定内容的领域,例如,对新入院患者的初步评估或在健康管理办公室获得健康史。

2. 中译英

- (1) Direct eye contact is valued in some cultures, whereas other cultures find it improper and intrusive.
- (2) Hearing impairment affects one's quality of life and may be easily overlooked by health care providers.
- (3) Consider factors that may influence ability of patient to communicate such as cultural or language barriers.
- (4) Expressive aphasia affects the motor function of speech so the patient has difficulty in speaking and writing but is able to hear and understand.
- (5) Identify risk factors related to lifestyle that influence the patient's health, knowledge level, and awareness of the risk.

(师亚)

