How to introduce yourself to patients

Rationale and key points
This article explores the process of introducing yourself to patients. This is an essential interaction because it forms the basis of the therapeutic nurse-patient relationship.

- Effective communication skills are essential to foster therapeutic nurse-patient relationships based on mutual trust and respect.
- It is important to consider both verbal and non-verbal communication in patient interactions.

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Reflective activity
Clinical skills articles can help update your practice and ensure it remains evidence based. Apply this article to your practice. Reflect on and write a short account of:
1. How this article will change your practice when meeting patients for the first time.
2. How you could use this article to educate your colleagues.
Subscribers can upload their reflective accounts at rcni.com/portfolio.

Preparation
The nurse should ensure the environment is suitable for interaction with the patient. For example, use of a private room or drawing the curtains at the bedside might be appropriate.

Procedure
This article provides an overview of the process of introducing yourself to a patient, which may vary depending on the purpose of your interaction, any procedures that will be undertaken and who you are speaking to. It is important to be aware of cultural considerations and potential barriers to communication, for example speech and language difficulties, visual or hearing impairments, and the need for an interpreter.

1. Approach the patient and if applicable the patient’s relatives.
2. Ensure your non-verbal communication is open and positive, to show that you are ready to listen and engage with the patient. Sit squarely in relation to the patient, and at a similar height to them, if possible. Lean slightly towards the patient and do not cross your arms or legs. Maintain reasonable and comfortable eye contact and relax, to help the patient to feel at ease (Box 1, Figure 1).

3. Ensure your verbal communication is appropriate. It is important to ensure that your tone of voice expresses interest, respect and empathy, and that it is congruent with the message you are conveying. Consider your pace

Non-verbal communication considerations: SOLER model

- S – Sit squarely in relation to the other person
- O – Maintain an ‘open’ position and do not cross arms or legs
- L – Lean slightly towards the other person
- E – Maintain reasonable and comfortable eye contact
- R – Relax

(Egan 2002)
of speaking; this should not be too fast or too slow. Speak clearly and without using jargon, and at a suitable volume (Box 2).

4. Begin the dialogue by introducing yourself by name and briefly explaining your role, for example: ‘hello, my name is Ben, and I will be your nurse for today’.

5. Ask the patient how they would like to be addressed, for example: ‘what may I call you? Would you prefer Mr Hemmings or Ben?’

6. Ask the patient how they are feeling and if they have any concerns they would like to discuss with you.

7. Explain the purpose of your interaction to the patient. If you are undertaking a particular procedure, explain the procedure and seek consent. For example: ‘I have come to record your blood pressure as part of your routine observations. Is that okay?’

8. Ask the patient if they have any questions. Use active listening skills by repeating, paraphrasing and reflecting on what they have said (Box 3).

9. Answer any questions the patient might have, remembering to speak in language the patient will understand and without using jargon.

10. When introductions are completed, ensure you check with the patient if there is anything else they require from you, for example: ‘is there anything else you need before I leave?’

11. Thank the patient and explain what will happen next. Provide information about how the patient can contact you or another member of staff if they have any further questions or concerns.

**Evidence base**

Communication is essential for initiating, developing and maintaining relationships (Sale and Neale 2014). Therefore, the nurse’s introduction to the patient forms the basis of the subsequent therapeutic relationship. Communication is viewed as the effective transfer of a message and meaning from one person or group to another (McCorry and Mason 2011). It comprises verbal and non-verbal communication. Verbal communication is the spoken word, including how words are spoken (tone, pace, clarity and volume) (Box 2). Non-verbal communication involves the use of body language, including posture, facial expressions, gestures and individual presentation (Elcock and Shapcott 2015), and constitutes 85% of all communication (Balzer Riley 2007). Interactions with patients should include verbal and non-verbal communication.

The purpose of communication between a doctor and patient is to define therapeutic outcomes, gather information, and develop a caring and supportive relationship (Ha and Longnecker 2010), and this begins with the first contact with a patient. Similarly for nurses and other healthcare professionals, it is important to communicate well with patients to ensure optimum outcomes; effective communication begins with initial introductions.

With the patient’s consent, the family often has an important role in making decisions about management of the patient’s condition (National Institute for Health and Care Excellence 2012). Therefore, fostering effective relationships based on mutual trust as early as possible can enhance care delivery. Failings in communication are known to have a detrimental effect on outcomes and patient...
experiences, and this is a common reason for complaints received from patients and carers (Parliamentary and Health Service Ombudsman 2011).

There has been an increased awareness of the importance of introductions by healthcare staff before they deliver care. A doctor with terminal cancer, while an inpatient, noted that many of the healthcare professionals looking after her failed to introduce themselves (Granger 2013). As a result, the #hellomynameis Twitter campaign was launched with the aim of encouraging healthcare professionals to routinely introduce themselves to patients. These introductions permit therapeutic relationships to be formed, offering the first step to providing person-centred compassionate care.

Nurses are required to find effective ways of communicating with patients (Nursing and Midwifery Council 2015). A lack of, or ineffective, communication is unprofessional and is a missed opportunity to engage with patients.

Use of communication models (Box 1) and communication techniques (Boxes 2 and 3) is important to ensure nurses and other healthcare professionals are communicating with patients effectively, thus improving patient experience (Bramhall 2014). Used alongside the simple yet effective #hellomynameis tool, initial introductions enable effective and therapeutic nurse-patient relationships to be formed. Effective care delivery is central to nursing and the patient experience. The nurse’s initial introduction to a patient forms the basis of this essential requirement NS.

Disclaimer: please note that information provided by Nursing Standard is not sufficient to make the reader competent to perform the task. All clinical skills should be formally assessed at the bedside by a nurse educator or mentor. It is the nurse’s responsibility to ensure their practice remains up to date and reflects the latest evidence.

USEFUL RESOURCE
Granger K (2016) #hellomynameis. hellomynameis.org.uk (Last accessed: May 26 2016.)