## From the Center for Phlebotomy Education's Educational Toolbox



<u>Abbreviated Teaching Modules</u> for staff development, competency, and classroom

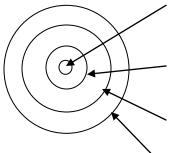


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# Give Your Patients Their Personal Space #3234

As healthcare providers, it is important we understand how patients perceive their personal space. We all have our own instinctive rules about who can or can't enter our personal space. This can also be referred to as our comfort zone. Think of the four categories of space listed below as being like concentric circles that surround us at varying distances. The actual size of the circles differs from person to person, and culture to culture. Because individual definitions of each space are so variable, body language is a useful tool to help us assess how our patients are feeling about our interactions with them.

Psychologists have defined Comfort Zones in the following way:



**Intimate space** is direct contact, up to 18 inches. Intimate space includes people with whom the patient has close relationships. This space also includes health care workers who provide hands-on care to patients, including doctors, nurses, nursing assistants, x-ray techs, and phlebotomists.

**Personal space** is 18 inches to 4 feet and consists of interactions among friends and personnel in a healthcare facility that do not have direct patient care, such as dietary department staff.

**Social space** ranges from 4 feet to 12 feet and includes most day-to-day interactions with people. Hospital housekeeping staff could be included in this group.

**Public space** is a distance of more than 12 feet, such as when you wave to a neighbor you spot getting into the elevator.

Think back to a time when someone got too close to you and made you feel uncomfortable. It could have been a stranger or acquaintance, but for whatever reason he/she was closer than you wanted them to be. While that distance may have been perfectly comfortable to them, it wasn't to you, so you backed up to re-establish your personal space. When you backed up the other person probably stepped closer again. Go through that drill with the intruder a couple of times and you are likely to retreat to a place that will prevent such closeness. While this particular person made you uncomfortable being so close, other people may not evoke the same response in you. While your sister may be welcome in your personal space, your next-door neighbor probably is not.

When providing care to our patients, we enter into their intimate space when we touch them. Everyone has a limit as to how fast they will allow a stranger to enter their space. We need to be cognizant of the "space" needs of our patients. Most of us have a sense of when we have gotten too close to someone, so we back away a bit. Patients may give us visual clues that we have entered their personal space too quickly. Their facial expression might show discomfort, or they may lean away from us. In a hospital environment, there are not many places a patient can retreat to when they feel uncomfortable with another's presence. Being too close can make a patient nervous, fearful, and anxious. Patients are in a very vulnerable position because they have to depend on others for their needs. They are in a strange environment, wearing clothing that is not theirs, and surrounded by strangers coming to do unfamiliar and often invasive procedures on them. If the patient is uncomfortable in his/her environment, and the patient's space is invaded too quickly, the resulting encounter may not be pleasant.

To ease into your patient's comfort zone, always knock before entering a closed patient door. Announce your presence from outside pulled privacy curtains. Introduce yourself first and state your purpose when entering a patient's room. Make sure the patient is allowed to feel some control over the space they occupy. Provide patients with adequate warning before you touch them. Every patient has a right to say no. Get their permission first. "Is it okay if I take a look at your arm to find a good vein?" If a patient is asleep try to awaken them with a verbal greeting without touching them. Turn on a soft light and say "Mrs. Johnson, I'm Natalie from the lab to get a blood sample. I need you to wake up for a short time." A sleeping patient can be like a sleeping bear, and suddenly awaken and be ready for a fight. Make every effort to gently awaken patients with your voice before touching them whenever possible.

By watching for the visual clues your patient gives you, and allowing for their privacy and some control over their space, you can provide them with a comforting sense that you understand and respect their needs.

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#### **Test Your Knowledge**

- What are the four comfort zones?

   a) touching, close, near, distant
   b) intimate, personal, social, and public
   c) cold, warm, hot, and comfortable
   d) none of the above
- If a patient is asleep, what is the best way to awaken them for an early morning blood draw?
   a) attempt a gentle verbal greeting, proceeding to a light touch with verbal greeting
  - b) turn on the light and briskly nudge them
  - c) nudge the patient awake without turning on the lights
  - d) turn on the bright light and loudly state your presence
- 3. Patients who sense their space has been violated may demonstrate:
  - a) a frowning, nervous, or angry look on their face
  - b) revulsion by stepping back or pulling away
  - c) fear by pulling the covers up under their chin
  - d) all of the above
- 4. What should a busy healthcare worker remember to do when approaching a patient?
  - a) get their permission before touching the patient
  - b) watch for visual clues the patient is uncomfortable with the interaction
  - c) avoid startling a sleeping patient
  - d) all of the above
- 5. What is the area in which most health care is provided?
  - a) social space
  - b) public space
  - c) intimate space
  - d) personal space
- 6. To show concern and respect, what should you do before touching the patient?
  - a) explain who you are and why you are there
  - b) get their permission before touching them
  - c) both a and b
  - d) none of the above

Name:	Date:
Facility/Supervisor	Dept: