

Communication Paper

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We use communication in all aspects of our everyday lives. However, in a professional healthcare setting, therapeutic communication must be facilitated. Including both non-verbal and verbal communication, therapeutic communication refers to the planned and goal-oriented use of communication with clients, families, and significant others to create and continue a helping relationship. The use of therapeutic communication allows the establishment of rapport with the client and will build trust within their relationship. Therapeutic communication goes beyond verbal and non-verbal techniques, as it is influenced by the environment as well. To facilitate effective communication, the nurse must factor in the noise, temperature, lighting, privacy, and location of the client's environment to ensure optimal comfort for the client. These noises may make the client uncomfortable to share and become distractions, which can create a barrier to effectively therapeutically communicating with the client. In addition to these noises, the temperature of a client's environment is greatly influential. An environment that is too hot or too cold may create a physical barrier between the nurse and client, as the physical needs of a client must be met before the emotional needs can. Acting as the foundation of patient care, therapeutic communication is composed of many essential components, that when met, allow for an effective nurse-client relationship.

Analysis of Therapeutic Techniques

Arguably the most important technique, active listening, is just one of many therapeutic communication techniques. Referring to the full engagement of the client's speaking, active listening requires all focus and attention to be on the speaker. To successfully receive a message and then interpret its meaning, the receiver must fully listen to the message being sent, without trying to interpret or reply to the message before the full message has been sent. Active listening should be used in all communication with the client; however, it is most important when asking

clients personal questions. These questions may include pain assessments, mental health assessments, and general questions regarding a client's anxiety or fears. Whether intentionally or accidentally, rejecting the client's feelings or ideas creates a barrier to active listening. Referring to the dismissal of a client's message due to the nurse's feelings of non-importance or incorrectness, rejecting will most likely end the communication between the nurse and the client. Going hand in hand with active listening, the use of open-ended questions is an essential technique of therapeutic communication. Open-ended questions are questions not limited to single-word answers and cannot be answered by yes or no. Open-ended questions are general and typically elicit greater descriptions and information directly from the patient. Due to the importance of patient comfort, I chose open-ended questions, as they allow the client to reflect on their answers and feel heard by the healthcare provider. The use of open-ended questions is most beneficial during the orientation phase of the nurse-client therapeutic relationship. More specifically, open-ended questions are crucial during the health history section of this process. In addition to these questions, open-ended questions must be used during pain assessments. As pain can only be measured by the client's subjective description, allowing the client the ability to openly discuss their pain evaluation in their own words is crucial. When speaking to a client in statements or while asking questions, judgment can easily create a barrier to effective communication. This includes beginning questions with "why" or asking questions in a judgmental tone. This judgment is likely to make clients become uncomfortable and create a guard that would hinder further answers to questions and may even result in non-truthful answers.

Effective therapeutic techniques also include non-verbal cues. Making up approximately 70-80% of all communication, therapeutic non-verbal communication is just as important, if not

more, than verbal therapeutic communication. An example of this non-verbal therapeutic communication includes purposeful touch. Purposeful touch is the intended appropriate physical contact with a patient, that displays a caring and welcoming feeling towards the client. This includes holding the client's hand or offering a hand of support when discussing difficult information or when the client becomes emotionally upset. Oftentimes, a client may not need words of support during difficult moments, but they just need to feel cared for and supported. Purposeful touch conveys this message, enhancing your verbal communication with the client. Another form of non-verbal communication that enhances therapeutic communication includes eye contact. When communicating with a client, the use of nonverbal communication reinforces ideas and feelings communicated by verbal communication. When using active listening techniques or asking the client questions, it is important to maintain eye contact with the client. This strengthens the client's feelings of being heard and valued by the healthcare provider, enhancing their feelings of care. At the center of all patient care, therapeutic communication is essential and should be purposeful in each interaction with the client.

Reflection

Reflecting on the therapeutic techniques and examples that have been covered during this course, I have identified my own personal strengths in effective communication. When communicating with a client, I am a great active listener, and I have learned to center all my attention and focus on who is speaking to me. I also feel that I can use physical touch in a purposeful way to communicate feelings of care and support with my patients. In my career as a CNA, I have worked with many confused and agitated patients who benefited greatly from purposeful touch due to their inability to effectively understand my verbal communication. Although I feel that I have many strengths in effective communication, I have also been able to

identify certain weaknesses I have. When subject to uncomfortable conversations or experiences, I tend to change the subject of conversation. I fear that when approached with extremely personal matters of a patient, I may try to change the subject of conversation to something that is easier to respond to. In addition to this, I tend to give false reassurance or advice to my patients. Although these assurances do not offer promises to my patients, I tend to say “Things will be okay” or “Everything is alright” when attempting to soothe my patients.

Continuing to reflect on the information and case studies we have covered during this course; I feel that I could improve my interpersonal skills by focusing on the client rather than changing the subject and allowing the client silence when I feel that I am unable to appropriately respond to their statements. As it is untherapeutic to change the subject when speaking to clients, I can redirect the conversation using focusing methods. This includes directing the conversation so that the client stays on topic. When communicating with a client, I am also able to offer them silence when I become uncomfortable. Caused by personal reflections made by the client, I tend to not know how to respond with a client begins to cry or express their frustrations. Instead of offering them false reassurances or advice, I can offer them silence.

Looking toward future implementations of effective communication techniques during future interactions with my patients, I anticipate challenges that involve facing and overcoming barriers that alter a patient’s ability to send, receive, and comprehend messages. Specifically, I anticipate challenges in effective communication due to language barriers. Although I understand some Spanish, I am unable to effectively understand and communicate with patients who are unable to speak English. To overcome this barrier, I plan to contact the hospital’s interpretation services to ensure that my patient can fully understand and communicate with me. Not only do I anticipate experiencing language barriers during my career, but I also anticipate caring for

patients with cognitive and developmental impairments. These barriers can be either encoding or decoding barriers, which refer to receiving messages and then interpreting the messages. To overcome these barriers, I plan on providing written copies of any information, specifically education, to my patients when communicating with them to ensure they can receive the message effectively. For patients with cognitive and developmental impairment affecting their ability to decode a message, I plan on communicating with the patient's caregivers and family, to ensure what I am communicating is understood by someone. Communication barriers are inevitable in the healthcare world, but it is important to remain aware of these challenges and the necessary solutions to overcome them. As a final reflection of the information and strategies we have learned in this course, I intend to make all communication, verbal and nonverbal, purposeful and planned. To prevent miscommunication, incongruency, and non-therapeutic communication, I plan to be more aware of all interactions I have with my future patients and their families.

Conclusion

At the pinnacle of our patients' and patients' families' worst days and greatest fears, it is our responsibility to provide them with the greatest care and comfort we can. Aided by effective therapeutic communication techniques, including active listening, open-ended questions, touch, and silence, all communication we share with our patients and their families should be planned and purposeful. Although sometimes difficult to avoid non-therapeutic communication or to overcome barriers to therapeutic communication, it is our responsibility to reflect on our actions and better them to provide the best patient care. Due to the vast influence, we have on the lives and futures of our patients, it is vital that we continue to deliver the best care we can offer, utilizing therapeutic communication.