

**Communication in Professional Nursing: An Analysis of Therapeutic Techniques and a
Personal Reflection**

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The professional nurse must adhere to strict evidence-based practice standards while ensuring that the thoughts, feelings, concerns, and needs of the client and their family are accounted for and validated. This delicate balance is the nurse-client relationship, and it is used to build and maintain trust, open communication, and realistic goal attainment. The nurse builds and maintains this relationship using therapeutic communication. Therapeutic communication is essential in nursing because it allows nurses to express empathy and concern with clients in their most vulnerable state. It also allows the nurse to obtain meaningful information to guide and provide individualized care. Whether short-term or long-term, therapeutic communication ensures the nurse-client relationship remains strong, forward-moving, and personal.

Two factors that make up an ideal environment best suited for effective communication are personal space and interpersonal attitudes. Personal space is essential in developing and maintaining an ideal environment for open communication between the nurse and client because it gives clients the freedom to express themselves and the space to act independently. If a nurse intrudes upon the client's personal space, they may feel trapped and unwilling to express their feelings appropriately on a specific topic. Interpersonal attitudes affect the environment of effective communication because whether the nurse displays a caring, warm attitude with respect and acceptance will determine if the client is willing to share information or be active in their goal attainment. Being rude or judgmental of the client's beliefs or behaviors or failing to listen with an open mind because of disagreement with the client will make communication ineffective and hinder the environment where the nurse-client relationship occurs. Therapeutic communication seeks to build and maintain a working relationship between the nurse and client using verbal techniques, non-verbal techniques, and personal reflection of strengths and weaknesses.

Analysis of Therapeutic Techniques

Verbal communication is using spoken or written words to convey messages through a conscious process. Two verbal therapeutic communication techniques are asking open-ended questions and focusing. Open-ended questions are essential to the nurse-client relationship because they require the client to answer with more than “yes” or “no” and to express thoughts in their own words. To have open-ended questions be effective, the nurse must ask questions without judgment and in a way to elicit meaningful information from the client.

For example, if a client is in the preoperative phase on the day of surgery and exhibits signs of anxiety, the nurse may ask, “Are you anxious?” The client may respond with either “yes” or “no.” However, a more meaningful way to engage with the client and ask an open-ended question would be, “You appear anxious. Tell me how you’re feeling right now.” This allows clients to express their worries and fears regarding their upcoming surgery. Open-ended questions encourage the client to share information without fear of being judged or discriminated against. Open-ended questions work together with another verbal therapeutic communication technique: focusing.

Focusing is vital to verbal therapeutic communication because it directs the client’s ability to focus on a given topic. This ability to focus directly reflects the nurse-client relationship regarding goal attainment and being forward-moving. If the client trends off-topic while the nurse is providing education, the client may not have adequately learned the teaching, jeopardizing their care plan. Providing the best teaching or creating the best care plan for clients can only go so far if they do not focus on their care priorities. It is then the nurse’s job to guide the client on focusing on the subject at hand to decrease the risk of distractions that impair the nurse-client relationship.

For example, a client who was recently diagnosed with diabetes mellitus requires teaching of how to self-administer insulin before leaving the hospital. If the client strays off-topic during the teaching and discusses their family and how the nurse reminds them of a family member, the nurse will need to focus the client back on-topic. This can be accomplished by saying, “Mr. Smith, it’s great you have a supportive and loving family. Now, let’s discuss your diabetes and insulin regimen.” Respectfully guiding the client back to their care plan maintains the nurse-client relationship and ensures that the client meets their goals effectively. Focusing should engage the client with their care priorities and prevent misunderstandings or gaps in knowledge. However, there are barriers to effective communication that hinder the attainment of goals.

A barrier to effective communication that impacts nursing care is cognitive impairments. These impairments affect the client’s ability to understand and interpret a message or prevent the client from appropriately communicating. Cognitive impairments impact nursing care by taking out a level of understanding from the nurse-client relationship. This disconnect hinders the open communication piece of an effective working relationship. For instance, if a client cannot understand or interpret messages from the nurse, they may not know how to attain their goals or effectively care for themselves. However, verbal communication alone is only part of therapeutic communication. Non-verbal therapeutic communication enhances verbal communication to maintain the nurse-client relationship.

Non-verbal communication is using body language and behaviors that convey messages without words. Given that non-verbal communication makes up most communication, the nurse’s body language must match their verbal communication. Two non-verbal therapeutic communication techniques are silence and active listening. Silence allows the nurse to absorb

what the client has shared and determine the next best course of action. Active listening requires the nurse to focus on the client's words without planning to speak abruptly or interrupt the client. These non-verbal techniques enhance verbal communication by placing meaning behind words from the nurse's mouth. If the nurse appears disinterested in the conversation with the client by crossing their arms or facing away, the client may feel closed off from sharing information. This is true even if the nurse asks a therapeutic, open-ended question. The nurse must maintain an open posture, lean forward, establish and maintain eye contact, and respond positively when providing feedback. This ensures that their non-verbal and verbal communication match. To effectively understand how to better techniques used in therapeutic communication, personal reflection is encouraged throughout the professional nurse's career.

Reflection

When it comes to effective communication, I have strengths and weaknesses. For my strengths, I can ask open-ended and direct questions, actively listen to the client, provide silence when needed, and focus the conversation when the client strays away. For my weaknesses, I have a more challenging time establishing and maintaining eye contact, and I usually incessantly nod in agreement through conversations. Ways in which I can improve my interpersonal communication skills are to start conversations by establishing eye contact, and if I need to break away, I only do so for a few moments. Instead of nodding incessantly, I could lean forward during conversation and limit how much I nod through practice and feedback from peers.

Anticipated challenges to effective client communication are age differences and health literacy. There are techniques and methods to work around these barriers with my future clients. For older clients, I will identify myself and shake hands with the client, explain the purpose of entering the room, have an open posture with good eye contact, ensure adequate room lighting,

and eliminate background noise where possible. Clients come to the hospital with differing levels of health literacy, so I must gauge their level of comprehension and understanding of their health care before providing teaching. This ensures that the client is given education at an appropriate level to prevent misunderstandings or confusion. I will provide written materials to the client around a fifth-grade reading level so that the information can be interpreted and followed when the client leaves the hospital.

What I have learned regarding therapeutic communication will make a difference in my nursing care because I am better equipped to build and maintain the nurse-client relationship. To communicate with the client is to provide care at the level of evidence-based standards. I will approach each client with a willingness to learn who they are as individuals and tailor an individualized care plan based on their thoughts, feelings, concerns, and needs.

Conclusion

Therapeutic communication is the gold standard for establishing and maintaining nurse-client relationships. There are verbal and non-verbal techniques, such as asking open-ended questions, focusing, using silence, and actively listening, that build rapport with the client to gather information and provide individualized care. Without therapeutic communication, nurses would have difficulty convincing clients whether they are trustworthy or professional. Personal reflection allows the nurse to identify strengths and weaknesses and develop ways to improve their interpersonal communication skills. Ultimately, therapeutic communication promotes trust, open conversation, and realistic goal attainment.