

Communication Paper

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Therapeutic communication is arguably one of the most important aspects of nursing. It is a meaningful exchange of verbal, as well as non-verbal, communication between the nurse and the client. In the absence of therapeutic communication, patients feel uncomfortable, uninformed, and unsupported. While verbal communication is typical, non-verbal communication makes up most of an exchange between two people. An example of an environment that would be considered therapeutic for a patient, with non-verbal techniques, would include body language that suggests the nurse is actively listening, and invested in the conversation, such as slightly leaning toward the client, occasional nodding, and holding eye contact. As for therapeutic techniques for verbal communication, the nurse should never offer advice or false hope and should ask open-ended questions to illicit meaningful and informational responses from the client.

Analysis of Therapeutic Techniques

Verbal communication can come in two forms: spoken and written. Spoken verbal communication is simply a conversation between nurse and client, as stated above. During these exchanges, it is important that nurses pay close attention to what they are saying, and how the patient is responding. One thing a nurse should never do during verbal communication is offer false hope to a client in distress. An example of this is a client just receiving a diagnosis of a terminal illness, the wrong thing to say in this situation is, "Do not worry, I have seen patients with this exact diagnosis live long, happy lives," as this will give the client false hope, and if the worst happens, they could point a finger at the nurse who told them they would be ok. A better response in this scenario would be, "I can see that you are distressed about your diagnosis, can you tell me what exactly is making you feel this way?" By offering an open-ended question, the client must answer with more than a yes or no, which will encourage them to speak to the nurse

about their feelings and begin a meaningful and trusting conversation. Utilizing silence is important to let the client get all their thoughts out. As for written communication, it is very important that the client understands the material nurses provide them with. For example, providing a patient who is primarily Spanish speaking a pamphlet about diabetes that is written in English does not help the client and could overwhelm them. There will also be a lack of understanding, which can be dangerous to the patient's health.

Non-verbal communication, making up eighty percent of conversations, is the most noticeable to a client. Oftentimes, when a nurse's spoken words do not match their body language, the body language is what will be believed to be true. For example, reassuring the client that there is no rush and letting them speak, but during their conversation keeping arms crossed and swaying like there is somewhere better to be. While the client was told that there is no rush, the nurse's body language tells a different story, and this will make the client feel rushed, and discourage them from speaking to the nurse meaningfully. Techniques that ensure verbal and non-verbal communication match include holding eye contact with the patient to make them feel heard, as well as maintaining an appropriate distance for conversation with the patient and actively listening by nodding occasionally. Utilizing silence is also important during non-verbal interactions, as this gives the patient time to process information, think of a response, and discuss their feelings with the nurse.

Reflection

I struggle with non-verbal communication at times due to my anxious nature. If it is a busy day, I must be very mindful of the look on my face as well as my idle hands, to avoid making the patient feel like I do not want to be in the room with them. On the other hand, when I feel prepared and in control before, I enter a patient's room, I feel that I can be an exceptionally

good listener, and that I am able to make meaningful conversation with my patients. Some techniques I struggle with may be body language, but in certain circumstances this is also my strength, another strength of mine being verbal communication, or conversations with my client. Ways I can improve my body language in stressful situations would be to improve my time management, so that the day does not get so stressful that I am not caring for my patients holistically, and to leave everything at the door. What I mean by this is no matter what I must do, unless a task is time sensitive, I should leave the stress at the door and be sure to treat my clients like they are the only thing on my mind, to make them feel important, and heard. I anticipate that my biggest challenge on the floor will be time management and prioritization, which may lead to me feeling rushed and non-therapeutically speaking with patients. To avoid this, I just must prioritize my day first thing, and try my best to stay on schedule, but not get overwhelmed when I divert from schedule, as it is bound to happen in the hospital environment. Remaining calm and remembering that I am caring for clients in an incredibly stressful time in their lives will help me to provide therapeutic communication and care.

Conclusion

It feels like therapeutic communication may be common sense, but it is a complex network of thoughts and ideas on how to make the client feel most comfortable in an interaction with those taking care of them. Utilization of therapeutic verbal techniques will help the patient feel like they can have a conversation with their nurse during their hospitalization and will ensure that they leave feeling informed about their health. By using therapeutic non-verbal techniques, the patient should feel heard and understood during their stay at the hospital, and should never feel like they are unimportant, or that their care is a burden to the nurse. It is important to remember that every client deserves to feel important and heard during their care.