

Communication Paper

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Therapeutic communication is a purposeful, goal driven type of communication between healthcare professionals and their clients. Therapeutic communication is important in the field of nursing due to nurses always being at the bedside, and always seeing firsthand what their patients are experiencing. For example, if a nurse is inspecting that their client is upset because they are crying, we can use therapeutic communication to try to find out what exactly is making them upset. However, therapeutic communication can only be successful under the ideal circumstance and environment.

One factor that makes up an ideal environment for therapeutic communication is privacy. If a client is experiencing something that is making them uncomfortable or upset, they may not feel comfortable speaking about it to someone in a crowded area or an area where other people may be. Therefore, privacy is a huge factor that makes up the ideal environment for therapeutic communication. Another factor that makes up the ideal environment for therapeutic communication, is trust. When a client is experiencing an impactful event in their life, they are not going to want to talk about with someone who they do not trust. Therefore, if a nurse-patient relationship, or a healthcare professional and patient relationship, has not been established the client will likely not want to talk to you about the events that are currently happening in their life. Without a sense of trust therapeutic communication will be very difficult to conduct. However, therapeutic communication can be done in many ways by utilizing many different techniques that involve verbal and nonverbal cues.

Analysis of Therapeutic Techniques

Verbal therapeutic communication is a very important aspect of therapeutic communication as it allows the client and nurse to know each other's thoughts. One verbal therapeutic communication technique is to ask open ended questions. When speaking to a client

about a problem related to physical or mental health be sure to ask questions that the client cannot answer a simple yes or no to. This allows the medical professional to get a detailed description on what the client is feeling or thinking rather than just a yes or no, so they better understand what is going on and how to help their client. For example, when a medical professional inspects a client crying, instead of asking “Are you crying? Why?”, ask “Can you tell me what is making so upset?” This will allow the client to give the medical professional much more detailed information as well as make them feel much more comfortable with talking about the situation. Another type of verbal therapeutic communication is explaining to the client the importance of specific medical practices. A lot of times when clients have so many medical procedures being done to them, they will understandably start to get frustrated and want to refuse their medical procedures. When this happens the best thing, a medical professional can do is explain the importance of the procedure and what will happen if the client refuses the procedure. When it is explained to the client, a lot of times they will understand and then agree to have the procedure done. For example, a client is getting lab work done for the third morning in a row and they are starting to get frustrated and refuse to get blood taken from the phlebotomist because they have had it taken twice already; when you go talk to the patient educate them that the doctor is taking blood again to be sure they can have their operation later in the day, and if they don’t get blood drawn they won’t get the procedure done, it is likely they will then agree to have their blood drawn. However, even though there are many types of therapeutic techniques there are still barriers to communication.

One of the biggest barriers to effective communication is language. If a client speaks a different primary language that their medical professional is not fluent in, it causes a lot of possible problems. It greatly effects the development of the nurse-patient relationship in the

sense that the client cannot understand what their nurse is telling them, and when they hear any information, it comes from someone other than the person taking care of them. This, then can lead to a lack of trust between the client and their nurse, as the client does not truly know if what the interpreter is telling them is exactly what their nurse is saying. Overall, it just creates a general sense of caution between both the medical professional and the client in many different aspects. However, you can also communicate with client with non-verbal therapeutic communication techniques to possibly build more trust.

Non-verbal communication is happening all of time, even more than verbal communication, and there are many different types of non-verbal communication that can be specifically used to enhance verbal communication. One technique of non-verbal therapeutic communication is to maintain eye contact. Maintaining eye contact shows the patient that you care and are truly listening to what they are saying. When you do not maintain eye contact it rubs off that you do not care what the patient is saying and are not listening to them. Therefore, be sure to maintain eye contact when speaking to a client so they know you truly care about them and what they have to say to understand the information you are telling them. Another non-verbal therapeutic communication technique is staying still when talking to a client and not swaying or moving back and forth. When you are speaking to a client, and you sway back and forth it puts off the assumption that you have other things to do besides listen and talk to them. If you do this, it may cause the client not to let out all their emotions or information that may be vital to their care. Despite all these methods to enhance therapeutic communication, every individual in healthcare has their own strengths and weaknesses.

Reflection

Personally, I have strengths and weaknesses in both verbal and non-verbal therapeutic communication. In nonverbal communication I am good at making sure I maintain eye contact with the client to be sure they know I care and want to hear what they have to say. However, I do need to improve on making sure I am staying still when speaking to the client and not swaying or moving. This has become habit over my lifetime, and it is something that I need to break the habit of during my career. In verbal communication, I am good at asking open ended questions to try to get detailed information from the client that may truly help me orient my care for their stay and anything else I can do to help them. However, I need to improve on not making false reassurance to patients when they are feeling anxious. This too has become habit as most of my life I have always told people that it is going to be okay just to make them feel better, even if I didn't know if it was going to be okay or not. Nonetheless, these bad habits and weaknesses can be fixed, and I do plan to improve on them.

During my career I plan on improving my interpersonal communication by making sure I am standing still when talking to clients and not swaying like I have the habit of doing now. To do this, I will try to not sway at all, in any aspects of my life, even at home or anywhere else I may go, I am going to try my absolute hardest not to sway. Therefore, if I get in the habit of not swaying anywhere else, I go, I shouldn't sway when talking to clients. I also plan on improving my interpersonal communication by also trying my hardest not to do it to my family or anybody else who is not my patients, to break the habit so I will not do it to my clients anymore. However, even after improving upon my own weaknesses there will still be challenges when implementing effective communication.

At this point in my career, and what I have seen, and what I have learned so far, I think the two biggest anticipated challenges to face when implementing effective

communication is language and culture. These barriers are very common in the world of healthcare; however, they can still be hard to overcome. For a language barrier, I will work around this by utilizing an interpreter to help communicate between the client and the healthcare worker. I would also, utilize other interpretive services during the night hours on our hospitals devices as in person interpreters are not available 24/7. As for a possible cultural barrier, I would use resources such as a Chaplain or any other religious group leaders that may better be able to explain the cultural dilemma that is interfering with the care of the client. Other than this, there is nothing else healthcare professionals can do if religion is causing a client to not be able to communicate effectively as we respect client's beliefs. However, with what I have learned, it will make a very impactful difference in my nursing care as I will be able to implement my clinical judgment to infer when and what therapeutic communication techniques I should use. For example, with what I have learned if I see a client crying instead of saying "Why are you crying", I am going to say, "Can you tell me what is making you upset?". This is how what I have learned will make a difference on my communication, as it has advanced my clinical judgment on communication.

Conclusion

Therapeutic communication, both verbal and non-verbal communication is a very important technique that maintains client trust and ensures progress towards a patient centered goal. Even if you have weaknesses, you still have strengths, and the weaknesses can be improved to enhance your care. Just like therapeutic communication enhances client communication and trust of their nurse. Without therapeutic communication, communication between client and healthcare professional would lack trust and progress toward a patient centered goal would be very slow, if it progresses at all.