N101 Communication Paper

Yana Quel

Margaret H. Rollins School of Nursing, Beebe Healthcare

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Mrs. Helsel, MSN, RN

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Therapeutic communication is a critical component of establishing a goal-directed relationship to promote patients' health outcomes. In essence, it is communication based on empathy, trust, honesty, and non-judgmental attitudes to effectively care for each patient and their family and significant others. For effective therapeutic communication to be best interpreted, two factors that help enhance it are privacy and comfort. If a patient is comfortable in position, lighting, and pain, for example, they can better interact in the conversation to establish mutually agreed upon goals. Further, if they feel like they are adequately given privacy, they can respond more appropriately and comfortably to open-ended personal questions. Alongside characteristics and environmental factors of therapeutic communication, verbal and non-verbal techniques help guide the conversation to promote a positive working relationship, allowing the patient to feel listened to, important, and understood.

Analysis of Therapeutic Techniques

Although around 20% of communication is verbal, it is still valuable to the patient and how they view one’s approach to their care. Two specific verbal techniques are clarity and brevity and intonation. First, clarity and brevity define the quantity of words to describe something, and how clearly it comes across. Most Americans do not have a high enough level of health literacy to understand long-winded medical explanations and terminology. Therefore, the nurse should communicate information clearly, in a manner matching the patient’s health literacy level, and with as few words as possible. This allows time for the patient to understand in the most digestible way and would be best used to educate them in the steps of a procedure, for example. This decreases anxiety about words they do not understand and confusion by too lengthy of a description. A second technique that is important to verbal, therapeutic communication is

intonation. The tone a patient perceives the nurse to have can enhance or negatively impair the goal-directed therapeutic relationship. For example, if a nurse was describing a procedure in an informal, carefree intonation, the patient may feel like they do not care about potential concerns or feelings. Instead, the nurse should describe it in a caring, empathetic tone, so the patient has less anxiety, allowing them to be more comfortable and cared for.

While verbal communication is useful for facilitating a positive relationship, effective techniques will not come across well if the patient has a hearing impairment. A classic example would be a nurse who prepares to educate their patient on their new medication, and they do not assess for impairments. They might continue talking until the patient says they did not hear or understand anything they said due to not having their hearing aids in. At this point, the nurse did not effectively assess for the impairment and now must restart the education so the patient can comprehend the message and thoroughly teach it back to the nurse to demonstrate and verbalize understanding.

In addition to verbal communication, 80% of communication is nonverbal, including techniques such as active listening and body posture and gestures. Active listening is the most crucial technique to developing a working relationship with a patient. This allows the patient to feel as if what they are saying is important and will encourage them to express their concerns and feelings further. The nurse can say all the “right” things, but if they fail to show the patient they are actively listening, it damages and inhibits therapeutic communication between them. Going off this point, body posture and gestures can greatly enhance verbal communication. A skilled nurse will use eye contact when appropriate, not slouch, and not pace around the room. This will show the patient that they are not in a rush, care about what the patient has to say, and are actively engaged in the conversation by occasionally nodding.

Reflection

After considering a few verbal and non-verbal techniques of therapeutic communication, it is safe to address that every nurse has individual skill sets that come with strengths and weaknesses. Some personal strengths of mine are empathy, care, and respect. I come from a background in psychology and clinical counseling education, which relies heavily on very similar principles. These skills have always been used in my personal and professional relationships. These show up verbally and nonverbally through intonation and timing of the conversation, as well as active listening and making people feel like they are a priority of mine.

A few things I can improve upon would be clarity and brevity and nonverbal body language. When I am passionate about something, I tend to ramble and get excited, but this can come across to the patient as if I do not feel confident or know what I am talking about enough to explain briefly. I also tend to fidget often, which can come across to the patient like I have somewhere better to be and I am rushing the conversation because I do not care enough about them. Ways I can improve upon this would be to plan what I say ahead of time in a concise manner and make sure I can sit down or be in a position where I can stay still. This will communicate to the client I am not in a rush and my ways of communicating information are thoughtful and in their best interest to understand effectively.

Implementing these strategies will be harder said than done, making it important to foresee possible barriers to my own goals. While coming up with a plan of concise education is well thought out, some patients may ask more questions and want more specific details or long explanations. This could become a barrier when planning my time with each of my patients but inevitably will come with time as a seasoned nurse. But in the meantime, planning out more time than I think necessary is a good place to start. Another barrier I may face is if a patient asks

many questions or starts talking about their life in such detail that I will need to refocus the patient on the education and current goal of the conversation. At this point, I may feel antsy and fidgety and will want to rush the interaction but should understand the importance of slowing down because that is what is best for the patient and their health concerns.

Overall, What I have learned has already made a difference even as a student nurse in the hospital. I had a dementia patient who was confused and angry because no one was truly listening to her or taking her seriously. After contemplating ways to help, I was able to take the time to understand what my patient's main goal was and refocus my explanation of the situation to calm her down. She was grateful for the explanation and understood what we were telling her was to maintain her highest level of safety until discharge. I plan to continue this compassion and necessary explanation of decisions throughout my nursing career and have the empathy to explain situations individualistically to each patient.

Conclusion

In conclusion, therapeutic communication enhances the nurse-patient relationship to reach common goals of care and outcomes. What the nurse says, and their nonverbal cues and attitudes, have an irreversible and direct impact on how the patient views them and their attitudes of care for them. It is important to be concise and use the correct tone, but more importantly, be congruent with nonverbal cues, such as body language and active listening techniques. Further, each nurse needs to understand their strengths and weaknesses to continually improve upon their skills and care for each patient's individual needs and goals.