

Effective communication and a therapeutic nurse-patient relationship

Communication is the means by which humans make sense of the environment around them and connect to each other. It is an interactive process involving two or more people which can occur by various verbal and non-verbal methods. Effective communication is one wherein the communicator communicates in a way that reflects the objective and intent of the communication accurately and the receiver is able to grasp the underlying meanings of the message. As a result, communication may be considered a reciprocal process where both parties take equal or near-equal responsibility in engaging the other person using appropriate communication techniques (Newell and Jordan, 2015). This essay aims to focus on effective communication in the field of healthcare and how this determines the establishment and maintenance of a therapeutic relationship between a nurse and a patient. It also throws light on the significance of such a relationship for improved patient health outcomes and enhancement in the provision of quality healthcare services.

Communication in the field of healthcare is especially important as lack of proper communication is often the impetus for occurrence of several errors and adverse events in a clinical setting. It plays a very important role in improving patient satisfaction, healthcare outcomes, and provision of quality healthcare services. The concept of patient-centered care is gaining prominence currently and it is considered as care that is respectful and responsive to patient needs and preferences, encompasses honest and complete communication with the patient, and encourages patient participation in making decisions related to patient health (Truglio-Londrigan et al., 2012).

The relationship between a nurse and the patient is a therapeutic and professional relationship where a patient's needs are prioritized and the nurse takes up the responsibility of establishing and maintaining boundaries irrespective of patient behaviour. Some of the characteristics of a nurse-patient relationship are that it is involuntary, unequal, and complementary. Patients are heavily dependent on the nurse for the provision of effective and safe healthcare services (Raya, 2006). One of the most important roles of nurses in effective healthcare delivery is formation of therapeutic nurse-patient relationship through strong communication. Nurses usually take on

leadership positions for caring for people who are vulnerable and dependent due to their illness (Carter, 2009). Caring and nursing are heavily interconnected and so, a lot of emphasis is placed on the development of a therapeutic relationship through effective communication in order to achieve patient-centered care. This can be achieved through specific non-verbal and verbal communication skills, dialogue, and the interpersonal environment (Casey and Wallis, 2011).

Considering the psychological point of view, effective nurse-patient communication helps build mutual cooperation and trust between nurses and patients, and this type of cooperative relationship helps achieve important health outcomes such as enhancement in quality of life, maintaining health, and treatment of health issues in the patient. As a result, therapeutic communication in a healthcare setting needs to be supportive, understanding, and compassionate. To achieve this, a nurse has to be humane, empathetic, and caring, as these qualities are communicated non-verbally and are a source of satisfaction and fulfillment for the patient (Zivanovic and Ciric, 2017).

Several authors agree that therapeutic communication between a nurse and the patient is a form of humane communication that has several therapeutic effects on the patient. In such a relationship, the roles of a nurse and the patient are complementary wherein the patient requires help and the nurse can provide it. Therapeutic communication has been shown to have a healing and beneficial effect on patients, and is considered an essential part of treatment. It is shown to reduce negative psychological and emotional states of patients and their families, helping them improve health outcomes, solve health problems, and make future treatment plans that improve the quality of life of the patient (Chant et al., 2002).

Communication is not just about what is said, but also on the body language, style, and manner in which the words are expressed. Some of the effective communication techniques include greeting the patient, asking open-ended questions, encouraging the patient to talk, being gentle and respectful, providing necessary information, giving emotional support, and using appropriate facial expressions and gestures to communicate with the patient (Roberts and Bucksey, 2007). Therapeutic communication styles that are considered to be patient facilitating, patient supporting,

and patient involving are shown to assist in building a relationship of trust with the patient (Pinto et al., 2012).

Several communication factors that are used to form therapeutic relationships are also factors that associate with patient-centered care and self-determination theory. For instance, patient-centered care involves a biopsychosocial perspective signifying an understanding of the patient's health and sickness experiences, sharing of responsibility, authority, and power, paying attention to emotional cues, and being self-aware, empathetic, caring, and sensitive in the relationship. As a result, apart from shared decision-making, provision of emotional support is another important objective of establishing a therapeutic relationship with the patient (Mead and Bower, 2000).

Considering the self-determination theory, every patient has a basic psychological need for competence, autonomy, and relatedness that inculcates a natural tendency towards physical and emotional health, and social wellness (Ryan and Deci, 2000). Effective therapeutic communication establishes a sense of relatedness, providing motivation to patients by expressing genuine concern and taking care of their psychological needs. Effective verbal communication elements that help form a strong therapeutic relationship between a nurse and the patient have been identified to be those that are patient-involving. Among non-verbal elements are those that involve body language such as posture, position of legs whether straight or crossed, eye contact, and orientation of the body in relation to the patient that affect a therapeutic relationship between the nurse and the patient (Pinto et al., 2012).

The basis of any professional relationship, and especially a therapeutic relationship, is trust which forms the basis for continued treatment and care. Trust is not something that is inherently present in the relationship, but it is something that the nurse has to work hard to cultivate in order to reach out to the patient in the provision of quality healthcare services. It is a two-way contract where the patient puts their trust in the nurse, and the nurse has to work hard to remain trustworthy in the relationship. Therefore, a nurse's state of mind and professionalism are important factors to establish and maintain trust in the relationship which is closely linked to improved patient health outcomes. Some of the ways in which this can be achieved include honesty,

confidentiality, humility, sensitivity, readiness to provide care, empathy, demonstration of tolerance, and providing encouragement and reassurance. On the contrary, lack of skills and knowledge, use of medical jargon that can create language barriers, lack of understanding of the patient's needs, and depersonalization of the patient can affect the relationship between the nurse and the patient (Hem et al., 2008). An important indicator of patient satisfaction is the level of trust in the relationship. This is especially true of people suffering from chronic conditions who needed to be constantly reassured and supported. Trust can provide hope to people who are emotionally disturbed and can provide a reason to live for dying patients. As a result, a therapeutic relationship based on trust can positively impact patient recovery and care provided to patients (Haugan, 2014).

Another characteristic of an effective therapeutic relationship is support provided by the nurse to the patient and family members. This may be in the form of physical, emotional, psychological, and social support that can help address emotions such as anger, shock, and fear in the patient. Interaction between the nurse and the patient can serve as a high source of support for the patient in terms of both informational and emotional support. Emotional support can be provided by expressing care and concern for the patient's health, listening and empathizing, and treating the patient with respect and dignity. Informational support involves providing the necessary information regarding the illness to the patient, providing health advice and guidelines, and counseling for emotional support. Lack of support in this therapeutic relationship can lead to feelings of patient isolation, loss of meaning in life, and loneliness (Mattila et al., 2010).

In certain nurse-patient relationships, awareness and respect of patient culture is an important part of therapy as cultural beliefs often direct a patient's beliefs of health and illness. Also, there are several misconceptions and stereotypes associated with health in several cultures that need to be known and acknowledged in order to improve patient health outcomes. Cultural awareness also involves the nurse's own recognition of cultural biases that may affect her attitudes towards the patient and become apparent through her body language. A nurse needs to be aware of specific cultural heritages

and attitudes, and use this knowledge in her interaction with the patient in order to establish a relationship of trust and support with the patient (Mareno and Hart, 2014).

In conclusion, effective communication between the nurse and the patient forms the basis for a strong therapeutic relationship that has the potential to improve patient health outcomes and enhance recovery. This may be achieved through various verbal and non-verbal cues such as use of appropriate language, eye contact, body posture, and body positions while talking to the patient. These gestures serve to inculcate trust and support in the relationship providing hope and a reason to live to the patient.

References

- Carter, M. A. (2009). Trust, power, AND Vulnerability: A discourse on helping in nursing. *Nursing Clinics of North America*, 44(4), 393-405. doi:10.1016/j.cnur.2009.07.012
- Casey, A., & Wallis, A. (2011). Effective communication: Principle of nursing practice e. *Nursing Standard*, 25(32), 35-37. doi:10.7748/ns2011.04.25.32.35.c8450
- Chant, S., Jenkinson, T., Randle, J., & Russell, G. (2002). Communication skills: Some problems in nursing education and practice. *Journal of Clinical Nursing*, 11(1), 12-21. doi:10.1046/j.1365-2702.2002.00553.x
- Haugan, G. (2013). The relationship between nurse-patient interaction and meaning-in-life in cognitively intact nursing home patients. *Journal of Advanced Nursing*, 70(1), 107-120. doi:10.1111/jan.12173
- Hem, H., Heggen, K., & Ruyter, K. W. (2008). Trust in Nurse Patient Relationship: Nursing Ethics. *Journal of Clinical Nursing*, 17, 2352-2359.
- Mareno, N., & Hart, P. L. (2014). Cultural competency among nurses with undergraduate and graduate degrees: Implications for nursing education. *Nursing Education Perspectives*, 35(2), 83-88. doi:10.5480/12-834.1
- Mattila, E., Kaunonen, M., Aalto, P., Ollikainen, J., & Åstedt-Kurki, P. (2010). Support for hospital patients and associated factors. *Scandinavian Journal of Caring Sciences*, 24(4), 734-745. doi:10.1111/j.1471-6712.2010.00771.x
- Mead, N., & Bower, P. (2000). Patient-centredness: A conceptual framework and review of the empirical literature. *Social Science & Medicine*, 51(7), 1087-1110. doi:10.1016/s0277-9536(00)00098-8
- Newell, S., & Jordan, Z. (2015). The patient experience of patient-centered communication with nurses in the hospital setting: A qualitative systematic review protocol. *JBI Database of Systematic Reviews and Implementation Reports*, 13(1), 76-87. doi:10.11124/jbisrir-2015-1072
- Pinto, R. Z., Ferreira, M. L., Oliveira, V. C., Franco, M. R., Adams, R., Maher, C. G., & Ferreira, P. H. (2012). Patient-centred communication is associated with positive therapeutic alliance: A systematic review. *Journal of Physiotherapy*, 58(2), 77-87. doi:10.1016/s1836-9553(12)70087-5
- Raya, A. (2006). Nursing of man as a unique person. *Nosileftiki*, 45(1), 19-24.
- Roberts, L., & Bucksey, S. J. (2007). Communicating with PATIENTS: What happens IN Practice? *Physical Therapy*, 87(7). doi:10.2522/ptj.20060077.cx

- Ryan, R. M., & Deci, E. L. (2000). Intrinsic and Extrinsic MOTIVATIONS: Classic definitions and New Directions. *Contemporary Educational Psychology, 25*(1), 54-67. doi:10.1006/ceps.1999.1020
- Truglio-Londrigan, M., Slyer, J. T., Singleton, J. K., & Worrall, P. (2012). A qualitative systematic review of internal and external influences on shared decision-making in all health care settings. *JBI Database of Systematic Reviews and Implementation Reports, 10*(58), 4633-4646. doi:10.11124/jbisrir-2012-432
- Zivanovic, D., & Ciric, Z. (2017). Therapeutic Communication in Health Care. *SciFed Nursing & Healthcare Journal, 1*(2).