

## **Therapeutic communication and person-centred care**

The nursing profession heavily revolves around effective communication between nurses and patients, and therapeutic communication is a key element of nurse-patient relationships. It is considered a powerful tool to enable patients to achieve positive health outcomes. The purpose of therapeutic communication is to provide meaningful information to patients so as to enable decision-making relating to their health needs. The pillars of therapeutic communication include trust, respect, hope, and faith, and it aims to address not only physical, but also emotional and spiritual needs of the patient. It can be in the form of verbal communication such as encouraging and supportive words, and non-verbal communication such as body language, facial expressions, eye contact, and gestures (Fite et al. 2019).

The therapeutic relationship that exists between nurses and their patients has been extensively described by Hildegard Peplau, who has defined three dimensions of therapeutic communication. These include expressions group, clarify group, and validation group, each aiming to bring out different responses in the patient. Techniques belonging in the expressions group enable the expression of thoughts in the patient, clarify group techniques enable clarification of thoughts expressed by the patient, and validation techniques that enable nurses to validate the meaning of the patient's expressed thoughts. The techniques belonging to each of these groups enable nurses to understand a patient's thoughts and feelings and provide patient-centred care (Peplau 1997).

Recently, the emphasis on therapeutic communication has increased as it has been proved that the interpersonal relationship between nurses and patients help the patients develop a better understanding of their health issues and are better equipped to take important health-related decisions. To achieve this, nurses need to take care of patient privacy and confidentiality, allow complete freedom of expression in the patients, and show respect for the personal and professional backgrounds of the patients. Therapeutic communication signifies active collaboration between nurses and patients aimed at providing patient centred-care by giving patients the freedom to have complete control over their health outcomes (Sherko et al. 2013). The link between therapeutic communication and patient-centred care is pivotal in promoting patient satisfaction, positive health outcomes, and cost-effective healthcare. Showing empathy, respect, and understanding for a patient's health condition can go a long way in leading to rapid recovery and a general improvement in both physical and mental health. This is especially important in ensuring happiness, contentment, and lesser chance of recurrence and morbidity in the patients (Bauchat et al. 2016).

## **Role of interprofessional and intraprofessional communication in the provision of clinical handover**

Intraprofessional communication refers to communication within a team of healthcare professionals aimed at minimizing mistakes in diagnosis and treatment. Suboptimal intraprofessional communication in healthcare can lead to adverse health-related events due to lack of coherence and coordination within a healthcare team (Herm-Barabasz, R M 2015). In the healthcare setting, an important occurrence that requires efficient communication for its success is the process of clinical handover when a nurse transfers duties and responsibilities of a patient to another nurse.

Communication between two nurses at this point can determine health outcomes for the patient and draw the line between development of complications and recovery (Davis, K H 2012).

The process of clinical handover is highly susceptible to failures in effective communication between healthcare professionals. Hence, in order to ensure safety and effectiveness of patient care in the hospital setting, strong communication plays a very important role in the process of clinical handover. Some instances of communication failures include errors in medication and patient details, delays in transferring and discharging patients, and repetitive diagnostic tests. These can be avoided if appropriate communication techniques are practised and entire patient details are relayed objectively and accurately during handover (Shahid & Thomas 2018).

In contrast to intraprofessional communication, interprofessional communication refers to crosstalk and collaboration between two or more professional teams. In healthcare, interprofessional communication occurs between different departments in a hospital and is particularly important for the management of patients with several co-morbidities. It is an important determinant of patient safety and stability in the clinical setting and is influenced by environmental, behavioral, and cultural factors of the team members (Botti et al. 2009). According to Jeffcott et al. (2009), information, responsibility, accountability, context, team functionality, and organizational hierarchy are all key elements in interprofessional communication relating to clinical handovers.

In emergency departments and caring for vulnerable groups of patients such as the elderly or new-borns, effective communication during clinical handover among different professional teams is paramount to ensure quality services provided to the patients. This communication can be affected due to differences in professionals' expectations and perspectives, types of patients, care delivery, and interprofessional relationships. However, every healthcare setting needs to have an optimized communication framework so that collaboration across different teams in the hospital is smooth and fruitful for the patients (Redley et al. 2017).

### **Potential communication barriers that may affect safety and quality in healthcare**

Effective communication is extremely important for the quality and safety of healthcare services delivered to patients in a healthcare setting. However, the cultural, social, financial, and behavioral differences among patients and healthcare professionals can pose as significant barriers for providing quality care to patients. One of the most important communication barriers is linguistic barriers due to the diversity in languages spoken by people in any given region. Although most conversations in the healthcare setting take place either in English or the local language, there may be patients and/or healthcare professionals who may not be proficient in one or both these languages. In such a scenario, effective communication between patients and their healthcare providers becomes difficult and strenuous. A lot of local healthcare facilities around the world do not have interpreters to facilitate these discussions leaving patients dissatisfied and frustrated (Li et al. 2017).

Apart from language barriers, cultural and social barriers also affect communication between patients and their healthcare providers. Often, a person's beliefs, values, and cultural background determine their ability to interact with other people who may or may not belong to their cultural

background. Culture-specific beliefs may either promote the expression of health issues or discourage the expression of physical distress to non-family members. This may hinder the transfer of information from the patients to their healthcare providers, thus affecting diagnosis and treatment outcomes. In some cultures, people hesitate to ask questions to their physicians leading to suboptimal understanding of their health issues and needs. People who have faced oppression and discrimination due to their racial and ethnic backgrounds may also hesitate to develop a dynamic relationship with their healthcare providers (Li et al. 2017).

A less common, but still significant, communication barrier is age where talking to children and adolescents poses several challenges for healthcare providers. In several instances, children and teenagers do not give complete information about their health for fear of being judged by their families and healthcare providers. Adolescents are a group that is most vulnerable to engage in high-risk behaviors, but they don't receive appropriate medical care because they don't disclose complete information about their risky practices. In contrast, the elderly people are also unable to communicate effectively due to cognitive impairment, multiple co-morbidities, or fear of appearing helpless and dependent on their family members (Joint Commission International 2018).

## References

- Bauchat, J.R., Seropian, M. & Jeffries, P.R., 2016, 'Communication and Empathy in the Patient-Centered Care Model—Why Simulation-Based Training Is Not Optional', *Clinical Simulation in Nursing*, vol. 12, no. 8, pp. 356–359.
- Botti, M. et al., 2009, 'Examining communication and team performance during clinical handover in a complex environment: the private sector post-anaesthetic care unit', *Medical Journal of Australia*, vol. 190, pp. S157–S160.
- Davis, K., 2012 '*The need for standardization: intraprofessional communication among physicians during handoffs in hospital settings*', thesis. Urbana: University of Illinois.
- Fite, R.O. et al., 2019, 'Predictors of therapeutic communication between nurses and hospitalized patients', *Heliyon*, vol. 5, no. 10, p. e02665.
- Herm-Barabasz, R.M., 2015 '*Intraprofessional Nursing Communication and Collaboration: APN-RN-Patient Bedside Rounding*', thesis. Las Vegas: University of Nevada.
- Jeffcott, S.A. et al., 2009, 'Improving measurement in clinical handover', *Quality and Safety in Health Care*, vol. 18, no. 4, pp. 272–276.
- Joint Commission International, 2018, '*Communicating Clearly and Effectively to Patients*', Joint Commission International.
- Peplau, H.E., 1997, 'Peplau's Theory of Interpersonal Relations', *Nursing Science Quarterly*, vol. 10, no. 4, pp. 162–167.
- Redley, B. et al., 2017, 'Interprofessional communication supporting clinical handover in emergency departments: An observation study', *Australasian Emergency Nursing Journal*, vol. 20, no. 3, pp. 122–130.
- Shahid, S. & Thomas, S., 2018, 'Situation, Background, Assessment, Recommendation (SBAR) Communication Tool for Handoff in Health Care – A Narrative Review', *Safety in Health*, vol. 4, no. 1, pp. 1–9.
- Sherko, E., Sotiri, E. & Lika, E., 2013, 'Therapeutic Communication', *JAHN*, vol. 4, no. 7, pp. 457–466.