

# [Therapeutic communication and mental health nursing essay](https://assignbuster.com/therapeutic-communication-and-mental-health-nursing-essay/)

Therapeutic communication is a practice in which the nurse deliberately controls a client or assists the client to an improved understanding through verbal or nonverbal interaction. (Mosby’s Medical Dictionary, 2009). According to Russell Delucas 2010, therapeutic communication is a type of psychotherapy that uses vocal and nonverbal skills. It is an interpersonal relation between the nurse and the client throughout which nurse centers on the client’s specific needs to uphold an effectual swap of information (Videbeck 2010, p. 99).

Our socio-cultural context discloses some secreted realities that Pakistani culture holds in mental health setup. It is the culture that influence on individuals perception of stigmatization against mentally unstable, which could be reduced by therapeutic practices across cultures from health care providers. (Rethink, 2007).

The importance of therapeutic communication in mental health nursing is that it provides the patient in confidence to play an active role inhis/her own care. Besides, it also helps the nurse to better care for the patient. Therapeutic communication is an crucial tool above all other interventions in mental health setting, for optimistic results, for building of nurse client relationship, for ventilation of sentiments, for exploring fundamental approach of patients about themselves and their illnesses (Morrissey & Callaghan, 2011). The worth of a therapeutic relationship depends on the capability of health care worker to converse effectively (Banar, 2011). Individuals are born with not only the ability but also the compulsion to self-ventilate (Daniels 2004, p. 69). In a relationship between nurse and patient, a nurse ought to establish qualitative therapeutic relationship with their client which will be influenced by worth full communication skills (Desmond & Copeland 2000, as cited in Daniels 2004).

As we encounter many patients around us in health care setting, who needs to express their feelings and talk but have some distress and needs motivation and encouragement from health care provider. A similar example that came under my clinical observation was that a 21 years old Raeez admitted in Baqai hospital with the diagnose of anti-social personality. Initially, neither patient was showing his interest to talk and interact with others nor was maintaining good eye contact. He also refused to talk with us, but as a result of expressing his feelings through therapeutic communication like giving attention to immediate interaction, motivation and encouragement, client became socially interacted.

The two modes of communication are well defined by Daniels, 2004. He states that people communicate not only verbally through words but also nonverbally through actions. In the light of clinical scenario, due to verbal and nonverbal skills patient started expressing his sentiments. Moreover, he says that time and place are significant to the component of therapeutic communication. The amount of time is not only important but how it is spent qualitatively is the priority to be concerned. He also states that touch is the potent mean for communication that ensure patients that there is someone to care for them, give them respect and aids in building therapeutic bond between nurse and patient. In addition, a nurse must understand the ethnic consequence to avert potential complications. . Besides, active listening is the keystone of all communications (Daniel, 2004). It involves patience, interest, concentration and being aware of what the client is not saying or picking up on hints as to the real message (Tamparo &Lindh 2007, p. 18). In relation with the scenario, the nurse made the patient the center of attention and motivated him while communicating effectively. Furthermore, accepting the client is the most important to therapeutic communication. Every nurse should aware of her own prejudices and approach each client from a perspective of recognition (Daniels 2004, p. 77). Additionally, questioning is another vital communication tool that helps in building rapport and trust, showing empathy, comprehends client’s experience and elicits essential health data (Daniels 2004, p. 75). Besides, directing, focusing, reflecting, clarifying, summarizing, maintaining silence is some of the other therapeutic tactics that must be applied while interviewing (White, 2004).

Therapeutic communication is attained when desired results are skillful. Contrary, there are certain factors that hinder the ultimate desire to get, termed as barriers. One of the main barriers is environment (Fielding, 2006). It is also observed in clinical setting that wards are usually overloaded that doesn’t make the patient feel comfortable during conversation. Reflecting to the scenario, patient neither showed interest to talk nor maintained eye contact as others were also interviewing at that moment. Unkempt appearance, gestures, long hair that dangles on or over the client while providing care and breathes scent also hinders communication (Timby 2009, p. 95). Another negative aspect arises when the clinician loses focus and empathy for a patient (Russell-Delucas, 2010). Sullivan (1954, as cited in Lorebell n. d.) considers anxiety as a chief barrier to effective communication. Response to anxiety can be motivating or distressful. In relation to the scenario, the patient refused to talk that increased nurse’s anxiety but her response to anxiety was motivating that helped her in effective communication. Beside, giving false reassurance, passing judgments, using platitudes, defending yourself are some other barriers that impede therapeutic communication (White 2004, p. 117-118). Additionally, cultural and age variations, comprehension and proficient differences, tongue barrier and way of thinking are other obstacles (Klimova &Semradova, 2012).

The impact of therapeutic communication is that it facilitates client’s autonomy, emphasizes a holistic view of a person, communicate that nurse is here to listen, help and plan for their betterment (Banar, 2012). In opposing, non-therapeutic communication converses that patient’s dignity and care is not our priority that make him feel disregarded and not the valuable creature (Morrissey & Callaghan, 2011).

In the light of Pepleu’s interpersonal theory (1988, as cited in NURSEINTERRUPTED 2012), communication is central aspect in nurse-client relation. This two way communication explores underlying feelings, needs and emotions that patients possess. Peplau focuses on verbal aspects of communication that aid the client heals and overcome infirmity. In Peplau’s theory, four major phases are talked about (Dinga & Karvininen 2008). Formerly, the phase of orientation includes giving a helping hand when patient needs support and is uncomfortable due to certain situations. Here, identifying and assessing the problem, recognizing and planning the use of the needed resources sum-up this phase. Next is the identification phase. Here, due to care and support, client images the nurse as a vital portion of his life. This can be beneficial and can hinder the essence of a professional relationship. To come out of it, nurse should encourage independent activities for patients. Moreover continuous validation of client’s perception of care should be reinforced. Then comes the exploitation phase which is combined with resolution phase where patient is satisfied with the given care and he tries to be more independent for better recovery.

Egan (2002, as cited by Jootun & McGhee 2011), used the acronym SOLER for non-verbal communication i. e. sit facing the patient directly, maintain an open stance, lean forward to some extent, establish and keep eye contact and adopt a comfortableposition. These are some of the strategies that regulate communication process and helps patient to ventilate their expressions. Arthur (2010) suggests that therapeutic gatherings must be conducted in a peaceful, quiet, regular tenor of voice to deliver that the environment is safe and harmless. Besides, encouraging the client to use any of the modes of communication like jotting down, symbolic sketches may also promote therapeutic communication (Jootun & McGhee 2011). Moreover, cognitive therapy encourages client to examine their beliefs and explore alternatives that promote therapeutic communication (Scottsdale, 2011).

In conclusion, nurses need to understand that therapeutic communication can make patient’s well-being and quality of life healthier. It is a health care provider who can use this dynamic and collaborative process to encourage, influence, instruct, provide mutual support and attain crucial information essential for sense of healthiness and comfort for the patient. It can only be achievable if above discussed therapeutic tactics are followed while evading the obstacles.

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