Theories for theracom essay

Theoretical Background The concept of Effective Therapeutic Communication is the anchoring theory for this study. Effective therapeutic communication is the result when certain conditions and principles are achieved, maintained, and understood. Such conditions are: Attitude, Environment, Socio-cultural and Ethnic background, Past experiences, Knowledge, Intersubjectivity, and Interpersonal relationships and perceptions. It becomes a learned process that benefits all of its participants. (Shives, 2008) There are several key components of affective communication. One such key component is self-awareness.

Both the nurses and the client must be aware of the feelings about themselves and others, as well as the feelings about the content of the messages sent a received. Without self-awareness, nurses will find it impossible to establish and maintain therapeutic relationships with patients. (Shyder, 2002) Peplau's classic work states that both the nurse and client bring with them unique experiences, beliefs, and expectation regarding interpersonal relationship. Therapeutic interaction afford the nurse and client opportunities to clarify communication and facilitate an optimal state of health.

Thus, the nurse must take sufficient time in communicating with patients to achieve effective therapeutic communication. (Deborrah, 2007) Jurgen Reusch's theory for communication states that communication has a social matrix defined by perception (how to give meaning), efficiency (structure and timing), appropriateness (under right condition), flexibility   (available), and feedback (evaluative action) of both sender and receiver in a communication process. These features must be considered with high

importance to ensure effective communication. Reusch and Bateson, 2008) Communication involves complex biological processes, psychosocial influences, and developmental milestones that occur with the context of societal and health care trends and an explosion of technological advances. Utilization of these factors combined influence and enhances how one speaks, what one says, and how people relate to each other both verbally and nonverbally. (Deborrah, 2007) The channels of communication are those faculties or resources through which information is transmitted in face to face communication, one or more of the five senses; hearing, taste, smell, etc; is involved.

The more exposure of senses involved, the more information is obtained and sent effectively. (Hall, 2002) Many factors pertaining to the nurse influence communication. State of health, home situation, workload, staff relations, past experience, can all impact the nurse's attitude, thinking, concentration, and emotions. Good conditions of these features enhance the nurse's ability to communicate with patients. (White, 2005) Education is another strong influence on communication.

Vocabulary generally increases as well as the ability to discuss and understand concepts and abstract ideas. The more knowledge patients acquire, the higher is his ability to understand and express more and complex events concerning health. An educator must also be able to know how to adjust a subject to a level a listener can comprehend. (White, 2005) A person's emotional state greatly influences how messages are sent or received. Effective communication can be established if the participants' emotional states are appropriate with the conversation. White, 2005)

Language certainly influences communication. Speaking the same language assists people in understanding each other, although regional accents or dialects of a language can inhibit communication and understanding. (White, 2005) The amount of attention each individual focuses on a given communication greatly affects the outcome (White, 2005). Active listening is listening purposely. It brings clarity to conversations and improves mutual understanding among people. (Cantos, 2009) Exposure with an environment affects communication.

Most people do not want to talk about intimate details of their health care concerns in public. Being exposed to other people may also alter emotions and cause preoccupations. Ensuring privacy promotes comfort through out the communication process. (White, 2005) Culture is intrinsic to communication and because interpersonal communication is an interaction of two cultures (client's and nurse's), it is essential that the nurse understand how culture affects verbal and nonverbal communication skills to appropriately interact with a variety of clients.

Cultural values that may be reflected in interpersonal interaction include: acceptance of equality of status and power among its members; acceptance of collectivism versus individualism; favoring of masculine versus feminine cultural traits and the level of need to avoid uncertainty. (Frisch, 2006) It is important that the nurse be familiar with the cultural values of the people in the nurse's region of employment, especially when those values differ from the values of the dominant culture. For example, optimal health for is all the focus of the ominant US culture. In some cultures however, health is not a major concern, and little financial or political effort is dedicated to health.

Consider the number of culture groups have learned to enjoy what they have and do not feel the need to keep working for some goal or material object. (White, 2005) Proxemics is another factor that affects effectivity of communication. For many years, Edward T. Hall studied proxemics, the study of space between people and its effect. Like animals, humans are territorial. Comfort zones are important for everyone.

The Personal Zone is the most effective category of comfort zone for nurse-patient interactions. When proper proxemics is observed and comfort space is provided, communication will be effective and fruitful. (White, 2005) Roger's principle of integrality also has implication for the nature of holistic communication. Rogers defines integrality as a " continuous mutual human field and environmental field process". Rogers describes person and environment as " open system" and states that " man and environment are continuously exchanging matter and energy with another".

This implies that all that we are our thoughts, behaviors, emotions, that which is conscious, and that which is unconscious, interacts and affects everything and everyone in our environment. Likewise, everyone and everything that exists in our environment is continuously exchanging matter and energy with us. Integrating this concept into our lives challenges us to transform our lives and our way of being. (Dossey and Keegan, 2009) Noise theory defines that a random, or unwanted, signal known as noise interferes with transmission of messages and errors are introduced to messages or signals sent.

For a communication to be clear and effective, noise must be maintained as low as possible or at ideal level, none. (Chitode, 2010) Self- esteem and attention of nurses are affected not only by internal factors but also factors present in the field of conversation. The mere presence of some people produces tension. Persons who are superior in age, power, wealth, appearance, esteem may create apprehensions. Some people are often incapable of accurate work while someone is observing their performance. There is evidence that people who project control of others provoke ego defensive reactions.

The same cause happens to people who are interrupted causing the reverse of the direction of self-growth. For ensuring a progressive development to effectiveness, support and guidance from superior or leaders must be delivered timely and with no notions of threat to the communicator. (Mortenson, 2009) Being exposed to particular messages also affects ones ability with communication. Messages that convey a manipulative purpose also subvert communication. on the other hand, statements that assure and project support increases and enhances nurses' level of comfort and confidence. Mortenson, 2009) To be more effective therapeutic communicators, the nurse must be able to extend his or her comfort zones. Meaning, expand her perception of things he or she can and cannot do. This view affects how we deal with different people. (Shives, 2008) Research findings indicate that effective communication between the nurse and physician enhances problem solving, decision making, and improves treatment outcomes. (Boyle & Kochinda, 2004; Schmidt & Svarstad, 2002)

Nurses needed to respond not only the content of client's verbal message but also the felling expressed.

It is important to understand how the clients view the situation and feels about it before responding. (Antai-Otong and Wasserman, 2003) Mental health providers need to know how to gain trust and gather information from the patient, the patient's family, friends and relevant social relations, and to involve them in an effective treatment plan. (Epstein, Borrell, and Caterina, 2000) In a service profession like nursing, a clear and open communication between the patient and the nurse and between the nurse and the members of the health care team is a hallmark of quality patient care. Cantos, 2009) One can ensure understanding by assuming value, clarifying, and confirming, and can then enhance the value by identifying the merits, building on the expressed ideas and balancing the merits and concerns. One should support by expressing appreciation and being specific. (Fomey, 2009), Effective therapeutic communication can be achieved by Using the nursing process and establishing and maintaining a therapeutic relationship.

Provide or select a private, quiet, safe environment in which to hold interactions, think of the unique situation you face before responding and consider alternatives, accept people as they present themselves with their strengths and weaknesses and do remember that there is always the potential for growth and healthy living. (Watchtel, 2011) Ways to a good communication includes; (a) showing interest by leaning forward, paying attention, nodding in agreement, taking down notes, (b) greeting new ideas with interest, (c) giving the individual the undivided attention, aintaining eye contact, (d) smiling, feeling relax and be friendly. (Phelps, 2000) The value of

technology encourages the nurses to approach and accept technology an adjunct to their nursing cognizance and not question its presence or use. This advance technology may help balance the constraints being placed on other patient-care resources. Technologies such as electronic mail, faxes, teleconferences, and CD-ROMS are increasingly potential for effective and efficient communication through the organization (Marquis and Huston, 2006).

Effective communication can occur only if the involved parties are committed to understanding each other as individuals. Additionally, they must be sensitive to differences among communication styles. Instead of focusing on distinctions, as group of professionals, they need to center on their common ground: the client's need (Kozier, 2004). Gender is defined as the sex-based divisions of humanity and the norms, values and beliefs associated with gender roles. People often use shorthand in describing gender roles, referring to values, behaviors, and products as masculine or feminine.

It has been identified that males are more firm and direct in communicating, while females are meek, which contrast the two identities. In many cultures, the male is the dominant figure. The female usually is passive (Ivy and Backlund, 2006). Age is a funny variable and one that people become very dependent on to help " explain " the changes observed in a large variety of human behaviors (Killbourne , 2007) A central and fundamental aspect of communication is listening. Patients asked to describe what makes a nurse a good communicator have emphasized the importance of listening.

Basic communication skills include the use of clarification, reflection, probing, summarizing and open question. (Dougherly and Lister, 2004) An individual does not usually exist without a network of family, friends and healthcare professionals. Therapeutic communication emphasizes a holistic view of a person and his network of people who provide support. A person's individual perspective regarding his health and life is viewed through a lens built from the context of his experiences. With good and promising experiences, or resolved crisis in the past, development of skills in communication is also ensured. Rosenberg, 2008) Intersubjectivity is the capacity to share, know, understand, empathize with, feel, participate in, resonate with, and enter into the lived subjective experience of another. It is a form of nonmagical mindreading via interpreting overt behaviors such as posture, tone of voice, speech rhythm, and facial expression, as well as verbal content. Such a capacity is, of course, a crucial aspect of the work of psychoanalysis, which assumes that the analyst can come to share, know, and feel what is in the mind of a patient, in the sense of what the patient is experiencing. (Jaenicke, 2008)