

**TRAINING MODULE ON
THERAPEUTIC COMMUNICATION IN CONTEXT OF
PSYCHIATRIC NURSING**

BY

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**Partial Fulfillment of the Requirement of
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Ranchi University, Ranchi**

**Training Module on Therapeutic Communication in Context of
Psychiatric Nursing**

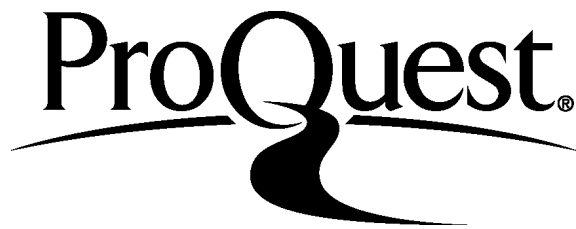
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No work is a solo effort, especially in the field of communication.

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Above all I thank to GOD he enables me to do this project.

ABSTRACT

Communication is the basic human need. Communication includes verbal and non-verbal expression. Successful communication includes appropriateness, efficiency, flexibility and feedback. High anxiety, in both the nurse and the patient impedes communication. Self awareness during interview facilitates honest communication is helpful for the development of the mutual understanding between nurse and patient.

This training module is so designed that it mainly aim to give adequate knowledge to DPN students, staff nurse and ward sister working in psychiatric Hospital..So that they will able to establish trusting relationship, wins the confidentiality whereby the client can reveal his thoughts and feelings openly.

Broad and specific objective, method of instruction AV aids, duration theory and practical sessions and contents are planned.

A pre and post test questionnaires and also the answer key is planned to test the knowledge to target groups as well as to evaluate the effectiveness of the training programme.

Key words:

Communication, Therapeutic communication, Trusting relationship, Confidentiality.

TARGET GROUP

- ✓ GNM students
- ✓ DPN Students
- ✓ Ward sisters

Objectives:

- ✓ Broad objective
- ✓ Specific objective

Broad objective:

After completion of the total hours of theory and practical the participants, will have adequate knowledge about therapeutic communication and develop skill to communicate with specific group.

Specific objective:

After completion of the subject matter students will be able to:

- ✓ State the nature and goals of the therapeutic communication.
 - ✓ Discuss personal qualities need by the nurse in therapeutic communication.
 - ✓ Compare and contrast the verbal and non-verbal levels of communication in types of behavior, effectiveness factors limiting correct interpersonal and implication for nursing care.
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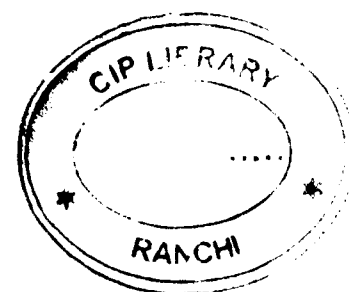
- ✓ Describe how each of the responsive dimensions of genuineness, respect, empathetic understanding and concreteness can be demonstrated by the nurse in therapeutic communication.
- ✓ Implements nursing process effectively.

METHODS AND MEDIA:

- ✓ Group discussion
- ✓ Lecture cum discussion
- ✓ Group work, case discussion/demonstration
- ✓ Video films
- ✓ Audio visual aids
- ✓ White board and marker
- ✓ LCD Projector
- ✓ Case record file

DURATION: 12 Hours

TENTATIVE PLAN: Theory – 50%
Practical – 50%



TOPIC

Sl.no.	Content	hours
1	Lecture and discussion on introduction, definition process of communication.	½
2	Lecture and discussion on objective of communication.	½
3	Lecture and discussion on method of communication.	½
4	Lecture and discussion on therapeutic communication technique.	1
5	Lecture and discussion on barrier of communication.	1
6	Lecture and discussion on stages of effective communication.	1
7	Lecture and discussion on Nurse patient relationship.	1
8	Lecture and discussion on communication with specific group.	1
9	Lecture and discussion on Transactional analysis.	1
10	Group discussion	1½
11	Practical work on therapeutic communication in word.	1
12	Pre test	1
13	Post test	1
		12 hours

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**Therapeutic Communications
Skills**

The First Encounter

INTRODUCTION

Communication is a universal word with many meanings. Many definitions describe it as a transfer of information between a source and a receiver, in nursing, communication is sharing of health— related information between a patient and a nurse, with both participants as sources and receivers of information. Communication occurs in many ways and may be verbal or nonverbal written or spoken. Personal or impersonal, issue specific, or even relationship oriented, It can pertain in a larger sense to public health campaigns and policy issues, or it can relate to one patient's personal experience with a health issue. Human communication is a continuous and dynamic process with the nurse and patient developing a relationship not only to share information but also to facilitate growth and healing.

The situation seems simple and yet it is often complex, affected by many factors. While the tone of the nurse's first words to the patient sets the framework for future conversations it is often the missed communication that impacts the care that will follow. Each time a nurse meets a new patient, a relationship begins for both the patient and the nurse. However, this is a different type of relationship from the usual social roles because it involves the nurse as a professional health-care provider working with a patient. These relationships often develop at vulnerable points in patients' health, when they are seeking assessment; treatment, information, and often reassurance. Gone are many of the social boundaries that define everyday relationships. These are different relationships; ones that have the potential to affect both the patient and the Nurse.

During healthcare visits, patients are often placed in dependent, even vulnerable roles. Within a short period of time. They may be required to reveal intimate parts of their lives and bodies to people they have just met or even submit to painful procedures. For patients to feel respected, cared for, and safe, nurses must create environments that put patients at ease, allowing revelation,

understanding, and mutual planning to facilitate assessment, treatment, and healing or even peace- full death.

While quickly establishing these relationships may sound like an impossible task it is a clinical skill that can be learned. Each nurse learns the basic ability of communicating with patients during the formal education process. These skills build on previous experiences and begin a lifetime of learning for the nurse as both a person and a communicator in a professional role. After school, nurses use clinical experiences to build and refine their own personal communication style. Each room chair, and bed brings a new patient and a unique situation requiring nurses to become flexible communicators.

Definition

1. W.H. Newman and C.F. Summer Jr. define Communication in effortless words like ‘Communication is an exchange of facts, ideas, opinions, or emotions by two or more persons’ Communication not only transmits ideas and opinions but also emotions. Facial expressions are also significant part of Communication.
2. Peter little defines Communication in his book ‘Communication in Business’ as under, ‘Communication is the process by which information is transmitted between individuals and or organization so that an understanding response results.’ Here Peter little feels that transmitting information can accomplish communication but he has not specified the way through which the information can be conveyed.



THERAPEUTIC COMMUNICATION

Definition

“The nurses direct the communication towards the patients to identify his current health problems, plans, implements and evaluate the action taken.”

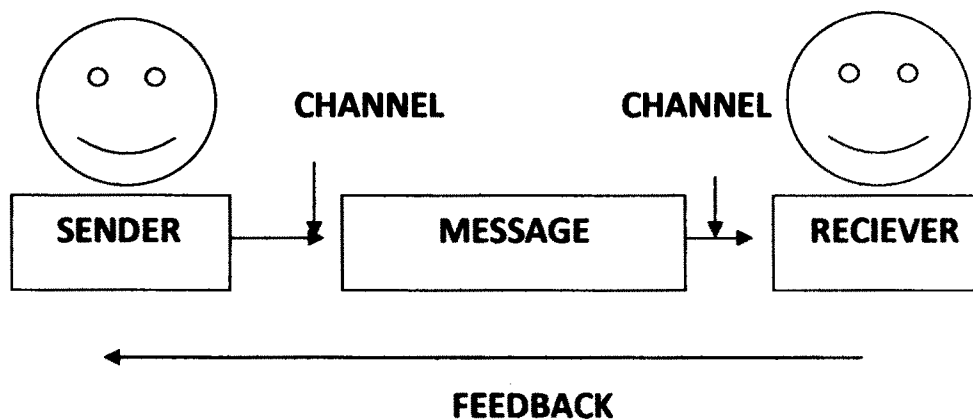
Bimla kapoor.2002

“Promotes mutual understanding, establish a constructive relationship between the nurse and the client”. _Kozier.2004

Process of Communication Or

Communication as a Two Way Process

Communication is a two way process in which the main components are sender,, message, channel, receiver and response.



1. **Sender,' Encoder:** A sender is a person who sends the information it is the brain drain where the ideas are input.
2. **Message:** Message plays a vital role both for the sender and the receiver; if the message is not encoded properly then there will be no proper communication Message can be verbal or non-verbal. The message can

differ from person to person according to psychology and situation for the persons. it is necessary how the receiver receives the message.

3. **Channel/ Medium:** A channel or the medium is required to transfer the message from one person to another. it cannot be transferred directly. Communication can be done through number of channels like actions, gestures, signs, symbols etc.
4. **Receiver:** When the receiver understands a message, sign or symbols it is called decoding. In communication process it is *very* important to see if communication is done properly between the sender and the receiver. If a person speaks and the receiver is lost in his own thoughts or is not able to understand the language then no communication will take place. A person has to develop a common medium may be symbols language or code The receiver encodes the message without losing its meaning.
5. **Feedback:** Feedback is the last link of communication chain. When the receiver responds to the message, is called feedback. Message can be positive or negative. It can be immediate or delayed. If the message is given face—to-face we get immediate response like when a professor teaches he sees the faces of students' expressions and when a student notes his head it shows that the student has understood what the professor had been saying. In written communication there will be no immediate feedback. It can be written in leisure or at the convenience of the reader. Written feedback can be revised, edited, or reviewed, as it is not replied immediately.

Thus in business communication feedback is important. Without feedback a businessman will not be able to know his weaknesses and efficiencies.

Now let us take a situation to illustrate the communication process. Suppose you have to place an order for business communication book. You (sender) place an order (message) by writing a letter (channel) to the shopkeeper

(receiver). He sends the order (response) to you. On receipt you examine whether It is the same book which you had ordered (feedback).

PURPOSES OR OBJECTIVES OF COMMUNICATION

The purpose of communication is to acquire response from the receiver. If business good communication is needed for the welfare of organization. It requires two-way communication. A successful Communication can be exercised for the following objectives:

- Information,
- Advice,
- Counselling,
- Order,
- Suggestion,
- Persuasion,
- Education,
- Warning,
- Raising Morale and
- Motivation

Information

This is the most focal objective of communication, in business it is very essential to pass or receive correct information, information can be written or spoken, symbols or Signs.

There are four kinds of information:

- (a) **Environmental information:** ‘This information has to be planned according to geographical, climatic, political and socioeconomic conditions
- (b) **Internal information:** A good. Business organization has to gather information within the organization like the capital, production, sales, workers and their problems,

- (c) **External information:** External information means the information about the availability of *raw* material, rules and regulation made by the government and response of the customers regarding the production.
- (d) **Competitive information:** A good businessman must know strong and weak points of the rival company's and all other necessary information about them. A good businessman should never consider his rivals feeble. Information can be collected from files mass media, library) mee-ings, interviews, and questionnaires. It should be reliable

Suggestion

It is wrong belief that the suggestion of higher authorities is always appropriate. The lower staff can *also* give better and practical suggestion because he is the appropriate person who knows the situation. Suggestior.s are always; appreciated. The advantages of good suggestions are:

- (i) it gives employees chance to think constructive.
- (ii) It improves relationship between employees and management.
- (iii) Management can know the problems of the employees.
- (iv) Talented employees get chance to rise further or obtain promotion.
- (v) It converts complaining employees into suggesting employees.

Persuasion

Persuasion is a situation when a person pursues his ideas to another. Persuasion is needed at any juncture. For persuasion it is necessary that both the sender and. the receivers are convinced. It can't be imposed upon the receiver.

Education

Education is one of the important factors of communication. Education widens the knowledge and also improves skill. If one is not upgrading his knowledge then he will be thrown out of the business. Education can be through

books, lectures, seminars, studytours, internet ect. The objective of education can be attained at three levels:

1. Management,
2. Employees,
3. Public education.

Management: Management has to be in touch of the latest Information. Junior staffs must be trained and given Responsibility.

Employees: The employees must be given training or Demonstrations so that they keep in touch with the modern technology. Now a days we see that in most of working places there is computer system. Those who did not know computer got training. Now they are serving their best.

Public education: Educating the public means to educate public through advertisement, organizing Counselling, seminars and door-to-door services. The purpose is to give knowledge about their products.

Warning

Man is a social animal and if he wants to live in society must follow the rules and regulation of the society. If we are going by car and we drive on the wrong side then accident will occur or traffic police will take a fine. Warning is a compulsory means of communication. Warning can be written in the form like memo or notices or oral. It can be general or specific. The aim of warning is for the betterment of the organization.

Raising Morale

Morale is related with mental health. It means several qualities like bravery, fortitude, resolution and confidence. If the morale is high naturally the work will be accurate. Low morale shows lack of communication between the

employee and the management. Low morale maybe due to lack of discipline, no appreciation or reward or bad relation between employees and employer when a worker is given incentives; the atmosphere of the premises is good. While superiors encourage the workers, grievances of the workers arc solved then naturally there will be increase in the morale. In order to keep the barometer of morale balanced the following steps must be implemented;

1. The higher authority must encourage the employees or workers.
2. The workers must be allowed to speak or permission must be given for open discussion of the problems.
3. The higher authority must appreciate the work of the workers who are being worthy of.
4. Proper incentives must be given to the commendable person and must solve the problems of the employees.

Motivation

Motivation increases the productivity of the company. A motivated worker does not need any supervision. No employee likes order, by inspiring them the worker will do the work eagerly and willingly.

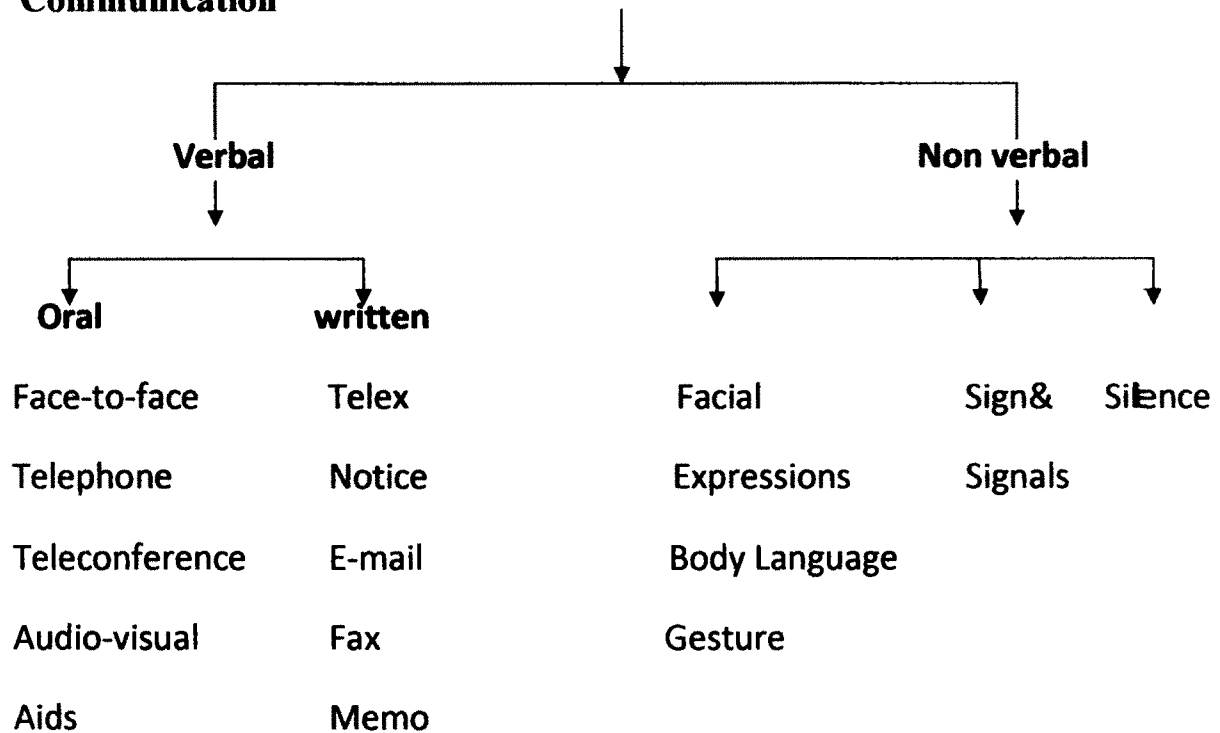
Motivation may be by giving incentives, job satisfaction, and sense of belongingness, praising the work of the worker, asking for suggestion, giving security. When superiors are sincere then work is will also be motivated to do work. So it is best said "Example is better than precept."

VERBAL AND NONVERBAL COMMUNICATION OR METHODS OF COMMUNICATION OR FORMS OF COMMUNICATION

Communication is a social interaction where two people share their views through signs of semiotic rules. Language is the most common means of

communication. It is formed around the principles of respect, promises and the want for social improvement.

Communication



Communication continues from cave painting to digital messages via satellite. The modern means of communication has made the communication easy. In few seconds communication network can be formed by telephone machines, e-mail, and satellite that can transmit many messages from one place to another. It has made the office with less paper work. Broadly speaking it can be classified.

Verbal Communication

Human beings are the only being that is gifted with language. ‘Verbal’ mean connected with words and the use of words. Words are the most accurate means of communication. The receiver can understand it clearly if he understands the language. Now let us see verbal communication in detail.

Oral Communication

When we speak and communicate by words is called oral communication. In any profession it is necessary to communicate effectively. It takes less time to communicate than written communication. Oral communication should be clear, precise and effective. Seven C's should be listed for effective oral Communication. They are candid, clear, complete, concise, concrete, correct and courteous. The advantages and disadvantages are as follows.

Merits

1. It saves time and money
2. Immediate Feedback
3. Immediate clarification
4. More effective with groups

Limitations

1. Unsuitable for lengthy messages
2. Messages cannot be retained for long
3. No legal validity
4. Greater chances of misunderstanding

Oral communication may be of different types. They are as follows:

Face-to-Face communication Face-to-face communication to some extent is similar to oral communication. However, it may slightly differ. The communication via telephone cannot be called face-to-face communication. Face-to-face communication is where people shake hands with each other.

Merits

1. Suitable for discussion:It is suitable for discussion because we get immediate feedback from all the persons present in the meeting.

Innovative ideas can also be presented in these types of discussion. Secondly from facial expression the speaker can know whether receiver has understood it or not.

2. Expression and gestures make communication effective. Gestures help to communicate better. Speaker 's tone, pitch, and intensity of voice play a vital role. The receiver knows what is important. .

Limitations

1. Unsuitable for large organization
2. Unsuitable for large gathering
3. Ineffective if the listener is not attentive

Telephone

Telephone is a means of oral communication. It is the most common means of communication. It is used when a person is not present or a person is at distant place. Through voice the personality and the attitude of the speaker can be judged.

The following are some important telephonic manners:

1. Introduce yourself or your company.
2. Take down the message correctly.
3. Always speak in a pleasant voice.
4. Do not become angry with the speaker even if he/she is rude or impatient.

Advantages

1. It saves time.
2. It saves money.
3. Instant feedback is obtained
4. It is more personal.
5. It makes communication possible with other regions.

Limitations

1. It may waste time.
2. It may upset the receiver.
3. No record of telephonic talk.

Teleconference

A teleconference is a telephone meeting with two or more persons. Today telecommunication is widespread and the devices like television, radio and telephone are common in many parts of the world. Teleconferencing can be done through audio conferencing and video conferencing.

Audio conferencing is made with the help of audio link between dispersed persons. In telephone conversation only two people can talk but in audio conferencing many people can participate. It is cheaper and can be arranged in a short time.

Video conferencing is both audio and visual. One can exchange messages between two or more people. For video conferencing a television studio, cameras, microphones and the monitors to receive the message are needed. This is face-to-face communication. Now-a-days news channels use this type of video conferencing to satisfy the thirst of inquisitiveness of the viewers. Distance education programmes are also undertaken with the help of video conferencing. The best example is Indira Gandhi National Open University. This is expensive but immediate response or opinion can be drawn out.

Audio —visual Communication

Audio-visual communication is suitable for mass publicity, mass propaganda and mass. Education. In order to educate and popularize the products big companies make use of this technique. Now-a -day's audio-visual communication is very popular. Audio visual is combination of sight and sound. This information can be retained for a longer period.

Written Communication

Written communication is more reliable source of communication. Of course, it requires a lot of efforts. The effect of written documents exists for longer period.

Merits of written communication are as follows:

1. It is accurate.
2. It can be referred at the time of need.
3. It is a permanent record
4. It is a legal document.
5. It has wide access.

Limitations

1. It is time consuming.
2. It is costly
3. Quick clarification is not possible.

Written communication can be in the following ways:

1. **Memorandum:** Memorandum is a short piece of writing used for internal communication. It is also called inter office memorandum. The following items must be given in the printed form of the company:
 - (i) The designation of the receiver.
 - (ii) The designation of the sender.
 - (iii) Reference.
 - (iv) Date.
 - (v) Subject.
2. **Notice:** Notice is also one of the written forms of communications. It can be written within the organization like notices about holidays, loss of things, overtime and. meetings.

3. **Telegram:** Telegram is the short form of sending messages. Now a days it is not used much.
4. **Telex:** Telex is a device in which messages are typed and is received at the other hand. It can work when there is receiver to receive the message. It is more reliable and authentic. It has legal value, as it is a written document.
5. **E-mail:** Electronic mail also known as e-mail is used to send message electronically to individuals or group of individuals in an inter- and intra office environment. E-mail is the first exposure in the field of data communication and net working in the world of information technology. E-mail is time saving, convenient and unobtrusive method of sending a message. Also be saved for future reference. One can get information of other offices simply sitting at one place. It has made the work easier for many people to work together.
6. **Fax:** Fax is a short form of Latin word 'facsimile' which means "make similar i.e. to make a copy". It is a modern form of telex. The receiver must be there to receive the message, it is a telecommunication technology used to transfer copies through telephone network. It is an image scanner, a modem and a computer printer combined into a specialized package.

Non-verbal Communication

Non-verbal communication also plays an important role in oral communication. When we meet a person for the first time we judge his physical characteristics, through his facial expression, his gestures, and his dress. In fact, we consciously communicate most of the time like the way we walk, sit, sleep and behave.

Merits

1. Without speaking the person's characteristics can be known.

2. Emotions of the person are seen.
3. Illiterate person can also understand it.
4. To learn a language is not necessary

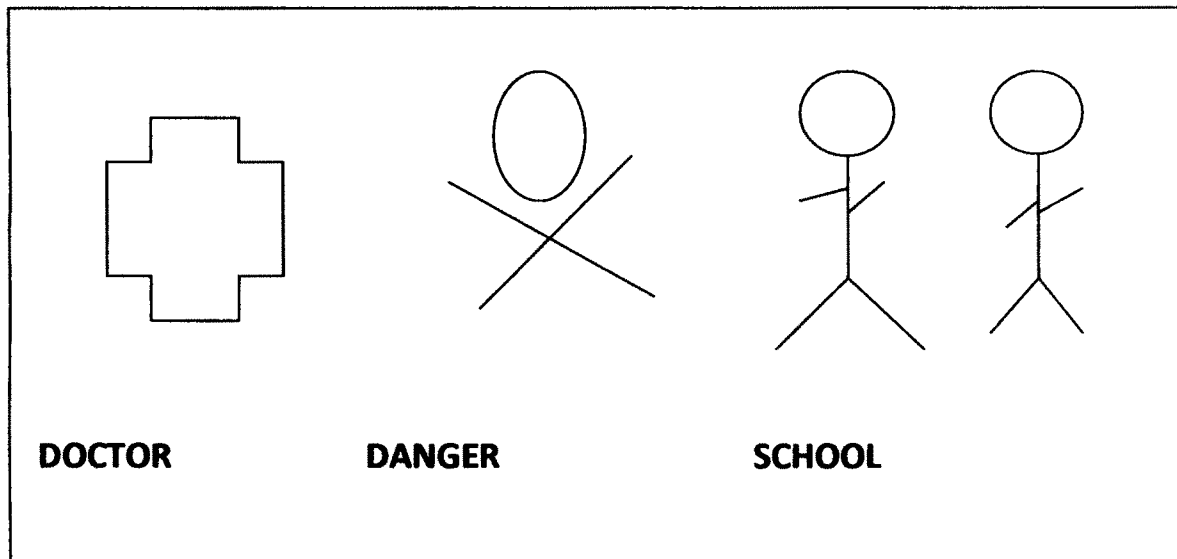
Demerits

1. There are chances of misunderstanding.
- 2, No legal value.
3. To study facial expression and gestures is very difficult.

Non-verbal communication is as follows:

1. **Facial expressions:** Facial expressions show emotions, which evolve in the past. Before language was discovered facial expressions were used to express emotions. Even when people who do not know each other's language They can express their emotions like smiling, frowning, raising eyebrows etc. They are universal way. To express emotions. The best example of facial expression is of Mr. Bean. There is no verbal communication but though his facial expressions one can understand what he wants to say.
2. **Gestures:** Gestures are used to show emotions as well as to convey messages. Gestures are mostly used by deaf and dumb people to communicate. A gesture can be movement of the hand, head or body.
3. **Body language:** Facial expression and gestures are the part of body language. Posture is one of the important elements in body language. From the postures of standing the person can be judged. It conveys definite message about the age and state of health of a person.
4. **Silence:** Sometimes we cannot speak hut silence tells the feelings of a person and we communicate with the help of silence. Thomas Carly says: "Speech is great, but silence is greater".

5. **Signs and signals:** Communication can be through signs and signals. The language of signs and signals are universally accepted and understood all Over the world. Some common examples of sign are



6. **Signals:** Signals are different from signs, as they require some movement. The best example is of traffic. The signal, police car and ambulance all have light. Which distinguish them with other cars. Language of signs and symbols are also used by detectives and spies.
7. **Paralanguage:** Paralanguage means 'like language' it is close to word symbols. It deals with phonetic.

BARRIERS TO COMMUNICATION

Communication is a complex interaction of transmitting information. Sometimes there may be errors and misunderstanding in communication. Our ideas are not transmitted meaningfully. Misunderstanding in communication can originate at three levels:

1. At transmitter level
2. At medium level
3. At thereceiving level.

These obstacles in communication are referred as barrier to communication.

Physical barriers: There are three physical barriers in the Communication process.

1. Noise.
2. Time and distance.
3. Faulty instruments.

1. **Noise:** Noise is a barrier to communication. In factories while communicating loud noise of machines make it difficult to communicate. Noise can be referred as an interference in communication. It may be poor telephone connections or atmospheric disturbance in radio. Traffic noise also affects a telephonic talk.
2. **Time and distance:** Every now and then time and distance act as a barrier in Communication. When two persons cannot adjust their time of communication then this problem arises.
3. **Faulty instrument:** From time-to-time the instrument may have some fault and so clear communication cannot be made properly. It may not take place in proper time.

Semantic barriers

1. **Interpretation of words:** There are chances of miscommunication of words. A single word can communicate a variety of meanings. It is not necessary that the receiver understands the same meaning as the transmitter has used.
2. **By passed instruction:** By passing occurs when the sender and the receiver of the message attribute different meanings of the same words the same meaning.

3. **Language problem:** Language is the primary tool of communication. The difficulty arises when two people of different culture or country communicate without proper knowledge of the same language. In one language word, phrases, symbols, actions, colours may mean different things in different country.

Socio-psychological-barrier

1. **Attitude and opinions:** Some times personal attitudes and opinions act as a barrier to effective communication
2. **Emotions:** Emotions are perhaps psychological barriers to communication. Some listener cannot accept new ideas easily.
3. **Closed mind:** Human mind is like an indicator. It can communicate well when it is open. A close mind will become a barrier to communication. Self-interest, limited reading and cultural background make our mind close.
4. **Status consciousnesses:** Status also turns out to be a barrier in communication. Some people try to show their status keeping distance from their subordinates and lower status people.
5. **The source of communication:** If the information is from person who is in high post then the superiors will believe it and if it is from person in lower post then they will not pay attention.
6. **Self-centred attitudes:** The attitude of a person influences upon the message received. If "I" attitude comes then it will not appeal to others.
7. **Faulty transmission:** Sometimes in oral communication, whole Message is not properly transferred properly. It also happens with written communication as well.

8. **Poor retention:** Scientific study has proved that the employees can retain only 50 % of the information. The rest is lost. Even though the information is communicated in stages only little is retained.
9. **Inattentiveness:** people become inattentive due to some distraction or not ready to accept new ideas.
10. **Foul conflicts:** Ambitious person always work with some aim or goal. They think personally. They don't communicate the message due to jealousy or in competition.

Steps to Overcome the Barriers

1. The language of the receiver as well as the sender should be same.
2. The receiver should understand the language.
3. The message must suit the receiver.
4. The message should not be too lengthy or too brief.
5. Avoid misleading expressions.
6. Make use of simple language.
7. Think open-mindedly.
8. Make use of 'you attitude'.
9. Give chance to every people to say his or her views.
10. Internal communication like intercom, notice board must be kept up to date.
11. Treat your subordinates as equal.
12. Make a habit of writing down the points.
13. Try to improve the concentration of the employee by yoga.
14. A manager must be good listener.
15. Compel people to pay attention to what each other say.



Therapeutic Communication

The Helping Interview

Therapeutic Techniques in Psychiatric Nursing

- **USING SILENCE:** Utilizing absence of verbal communication

Silence in itself often encourages the patient to verbalize if it is an interested, expectant silence. This kind of silence indicates to the patient that the nurse expects him to speak, to take the initiative, to communicate that which is most pressing. It gives the patient the opportunity to collect and organize his thoughts, to think a point, or to consider introducing a topic of greater concern to him than the one being discussed. A positive and accepting silence can be a valuable therapeutic tool. It encourages the patient to talk; directs his thoughts to the task at hand.

Much non-verbal communication occurs during these interludes. The nurse needs to be alert to what she is communicating as well as perceiving. If the nurse could observe the patient and herself carefully, she might discover what a great deal happens between them at these times.

- **ACCEPTINGgiving indication of reception.**

Yes

'Uh hmm'.

'I follow what you said'.

Nodding.

An accepting response such as "I am with you" or "I follow what you are saying" indicate that the nurse has heard and has followed the trend of thought. Such response signifies that the nurse is attuned to the patient, that communication is occurring, and that she is a participant rather than a passive observer. Not only the words are important, but also the facial expression, the tone and voice and inflection, and the posture of the nurse. All must convey the same feeling of acceptance. If they do not, the word will be meaningless.

- **GIVING RECOGNITION....** acknowledging, indicating awareness.

“Good morning, Mr. S”.

“You have tolled a leather wallet”.

I notice that you’ve combed your hair”.

To greet the patient by name, to indicate awareness of change, to note the efforts the patient had made, these and similar indications by the nurse, show that she recognizes the patient as a person, as an individual. Such recognition carries with it none of the burden for him that praise or approval imposes.

- **OFFERING SELF.... making one’s self available.**

“I will sit with you awhile”.

“I will stay here with you”.

“I am interested in your comfort”

The patient may not be ready to communicate verbally with another person or the patient may not be able to make himself understood. Often, the nurse can offer only her presence. Her interest and her desire to understand. To be therapeutic, this offer must be unconditional. i.e., without the patient’s feeling that he must give in order to receive or that the nurse will stay only if he does or does not do this or that.

- **FOCUSING: concentration on a single point.**

“This point seems worth looking at more closely”.

Focussing on a single idea or even a single word can often be very valuable, in effect, the nurse says, “This seems important. It is worth spending some time in understanding it now”. This is an especially useful technique when the patient jumps rapidly from one thought to another. If some severe anxiety is present, however, and the patient is, thereby, prevented from focussing, the nurse should not persist. As anxiety lessens, the nurse may again utilize this technique.

- **EXPLORING delving further into a subject or idea.**

“Tell me more about that”.

“Would you describe it more fully?”

“What kind of work?”

Exploring more fully certain ideas, experiences, or relationship is frequently indicated. Many patients deal only superficially with each topic they bring up, as if testing whether the nurse is really interested enough to look further or as if to say that nothing of importance has ever happened in his life.

- **GIVING INFORMATION....making available the facts the patient needs.**

“My name is....”

“Visiting hours is....”

“My purpose in being here is

“I am taking you to the....”

Informing the patient of the facts when he asks questions or in other ways indicates that giving information builds up trust as well as gives the patient a greater body of knowledge from which decisions can be made or realistic conclusions can be arrived at, is helpful. Peplau states that the nurse, functioning in the role of a resource person, may give specific, needed information that will assist the patient to understand his problem and the situation. If the nurse is not acquainted with the body of knowledge, in question, she can truthfully state that she does not know. Then, she can endeavour to find out or refer the patient to someone who has the answers. Areas of information not to be neglected are the role of the nurse and the purpose of the nurse- patient relationship. The nurse should inform the patient of the amount of time she will spend with him, how frequently she will talk with him, and that the length or direction of the relationship has been pre-determined.

- **GIVING BROAD OPENINGS... allowing the patient to take initiative introducing the topic.**

“Is there something you would like to talk about?”

“What are you thinking about?”

“Where would you like to begin?”

Broad opening comments merely make explicit the idea that the lead is to be taken by the patient. For the patient who is hesitant or uncertain as to what role he is to play in the interaction, openings such as “Is there anything you would like to discuss with me”? Stimulate him to take initiative and to feel that this is what is expected of him.

- **OFFERING GENERAL LEAD.... giving encouragement to continue.**

“Go on”.

“And, then ?“

“Tell me about it ?“

General leads such as “And after that? Or “Go on”, leave the direction of the discussion almost entirely to the patient. This indicates that the nurse is following what has been said and is interested in what is to come next. Brown and Fowler comment:

“The verbal activity of the nurse is at a minimum, the patient doing most of the talking. The nurse encourages the patient to talk by her non-verbal activity such as gestures. If verbal activity becomes necessary sometimes, just a word as “well” as or “really” will enable the patient to continue”. Schwartz and Schokly slate that the nurse, “waits for” the patient’s communication,” goes along with” or follows his lead, and takes the clue from him rather than directing the discussion herself.

- **PLACING THE EVENT IN TUNE OR IN SEQUENCE...clarifying the relationship of events in time.**

“What seemed to lead up to?”

“Was this before or after?”

“When did this happen?”

Putting events, in their proper sequence, helps both the nurse and the patient to see them perspective. The nurse may find that she is then, able to identify a recurring pattern of interpersonal difficulties. Giving her clues to the kind of satisfying experiences with others that the patient needs.

- **MAKING OBSERVATIONS....verbalizing what is perceived.**

“You appear tense”.

“Are you uncomfortable when you...?”

“I notice that you are biting your lips”.

“It makes me uncomfortable when YOU...”

The nurse often makes observations that can be called to the patient's attention. The patient may be showing signs of anxiety- trembling, clenching his fists, biting his nails or lips, smoking endlessly, or other restless mannerisms of which he is unaware. Or, he may have begun to hallucinate actively. This technique is especially useful in relation to mute patients. By voicing her perceptions, such as “You seem deep in thought”, “Your expression conveys bewilderment to me”, or “You appear more comfortable with me today”, she offers the patient something to which he may respond when ready. Thus, she avoids pressing questions on him, yet does not enter into a mutual state of muteness.

- **ENCOURAGING DESCRIPTIONPerceptions.... asking the patient to verbalize what he perceives.**

“Tell me when you feel anxious”.

“What is happening?”

“What does the voice seem to be saying?”

If the nurse is to understand the patient, she must conic to see things as they seem to him. The patient should feel free to describe his perception to the nurse. In addition to describing his past experiences, he should be alerted to becoming aware of signs of anxiety, thoughts that interrupt and normally would be pushed aside, hallucinatory phenomena, and other disturbing events, feelings, sensations, or ideas.

- **ENCOURAGING COMPARISON... asking that similarities and differences be noted.**

“Was this something like...”?

“Have YOU had similar experiences”?

Comparing ideas or experiences or interpersonal relationships brings out many recurring themes. Seeing the similarities helps the patient become aware of the continuity in his life, and noting differences helps him evaluate the influence of each event or person individually.

While comparisons are to be encouraged, it is rarely helpful for the nurse to introduce experiences from her own life for this purpose. Too frequently, the result is a discussion focused on the needs and problems of the nurse.

- **RESTATING.... Repeating the main idea expressed.**

Patient: I can't sleep, I stay awake all night.

Nurse: You have difficulty in sleeping.

Patient The fellow that is my mate died at war and is pending me yet to marry.

Nurse you were going to marry him, but he died during the war.

What the patient has said is repeated in approximately or nearly the same words that he has used. This restatement gives evidence to the patient that an idea has been communicated effectively. He is encouraged to continue. Or, if his thoughts have been misunderstood, he can reword and restate them until he makes himself clear.

An additional benefit, Wolberg feels, is that recasting certain statements, into different words, brings out related aspects of the material that may have escaped the patient's attention.

- **REFLECTING..... Directing back to the patient's questions, feelings, and ideas.**

Patient: Do you think I should tell the doctor...?

Nurse: Do you think you should?

Patient: my brother spends all my money and, then, has the nerve to ask for more.

Nurse: This causes you to feel angry.

Reflection encourages the patient to bring forth and accept as part of himself his own ideas and feelings. When the patient asks what he should think or do or feel, the nurse can ask. "What do you think? Or "What are your feelings?"The nurse, thereby, indicates that it is the patient's point of view that has value. To put into words what has been implied or said only indirectly tends to make discussion less obscure. The nurse should be as direct as she can be without being obtuse or unfeelingly blunt.

- **ENCOURAGING EVALUATION....asking the patient to appraise the quality of his experiences.**

"What are your feelings in regard to...?"

"Does this contribute to your discomfort?"

The patient is asked to consider people and events in the light of his own set of values and to evaluate the way in which they affect him personally, i.e.,

thereby, discouraged from adopting, without appraisal, the opinions and values of others, including those of nurse.

- **ATTEMPTING TO TRANSLATE FEELINGS.... seeking to verbalize the feelings that are being expressed only indirectly.**

Patient: I am dead

Nurse: Are you suggesting that you feel lifeless?

Or: is it that life seems without meaning?

Patient: I am way out in the ocean.

Nurse: You must be lonely.

Or : you seem to feel deserted.

Often, what the patient says, when taken literally, seems meaningless or far removed from reality. To understand, the nurse must concentrate on what the patient might be feeling in order to express himself as he does. Peplau suggests that the nurse asks herself whether what the patient is saying, he cannot say in any other way. She, then, must desymbolize what is actually said to find clues to the underlying meaning.

- **SUGGESTING COLLABORATION..... Offering to share, to strive, to work together with patient for his benefit.**

“Perhaps you and I can discuss and discover what produces your anxiety”. The nurse seeks to offer the patient a relationship in which he can identify his problems in living with others, grow emotional and improve his ability to form satisfying relationships with others. She offers to do things, not for him or to him, but with him. Peplau speaks of a cooperative relationship in which both, the nurse and the patient, can become aware of the nature of problems or tasks and how they can be met.

- **SUMMARISING..... Organizing and summing up that which has gone before.**

“Have I got this straight?”

“You’ve said that

“During the past hour you and I have discussed....”

Summarization seeks to bring together the important points of the discussion and to give such participants an awareness of the progress made towards greater understanding. It omits the irrelevant and organizes the pertinent aspects of the interaction. It sees both, the nurse and the patient, departing with the same ideas in mind and provides a sense of closure at the completion of each discussion.

The patient can be asked to relate what he feels he has accomplished or what the situation appears to be now. Or, the therapist and the patient can look together at what has been achieved. Perhaps, in the nursing relationship, the summary can be less formal, but this does not mean that it should be omitted. A simple, “Have you and learnt anything from today’s conversation ‘1’” may be quite sufficient.

- **ENCOURAGING FORMULATION OF A PLAN OF ACTION.... Asking the patient to consider kinds of behaviour likely to be appropriate in future situations.**

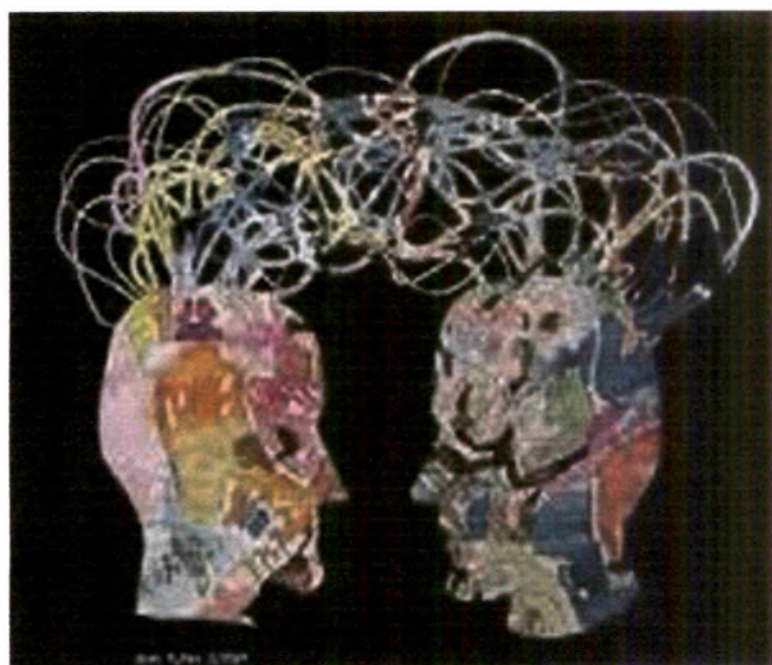
“What could you do to let your anger out harmlessly”.

“Next time this comes up what might you do to handle it?”

It may be helpful for the patient to plan for the future, what he might do to handle various interpersonal situations that he finds disturbing, such as those in which he is provoked to anger or in which he is hesitant or shy or anxious. Talking over each situation in an attempt to better understand it, will, of course, precede this “Plan of action”. Whatever plans are made, should be the patient’s not the nurse’s.

**SETTING THE
STAGE FOR
EFFECTIVE
COMMUNICATION.**

**THE FIRST
ENCOUNTER.**



Human communication is multidimensional and has been studied by many disciplines. Watzlawick, Beavin, and Jackson (1967) believe that communication occurs on two levels: the relationship level and the content level. The relationship level refers to how the two participants are bound to each other. The content level refers to the words, language, and information that are exchanged by the participants. The two levels are inextricably bound, and the content is relayed more effectively in healthy relationships. The opposite occurs in strained relationships; the message is not clearly relayed or heard because of struggles within the relationship.

Relationships between patients and healthcare providers influence, communication and care. Communication has been studied in many healthcare disciplines, including psychology and social psychology. This section reviews four models of communication with applicability to nurse—patient communication in the healthcare setting.

While not distinctly miming theories, they each contribute to our understanding and provide theoretical trainee works for communication models and some components of nursing theory. The models to be discussed are:

- Health Belief Model
- King Interaction Model
- Rogerian Model
- Crick and Dodge Model of Social Information Processing

The Health Belief Model (Rosenstock, 1974) focuses on the patient's perspective in health communication. This model has been influential because it tries to explain how the patient's beliefs can predict the adoption of healthy behaviours.

The King Interaction Model (1971, 1981) emphasizes the communication process in the nurse-client relationship. Interpersonal relationships in health care

incorporate relationship, process, and transaction. The relationship between the nurse and the client begins with each making judgments about the other based on their perceptions of the situation.

The Rogerian model describes the role of the relationship between the healthcare provider and the patient. Carl Roger (1951) described the therapeutic relationship as central to facilitating healthy adjustment in the patient. Communication is client centered because the patient is the focus of the interaction. The helper or healthcare provider communicates with empathy, positive regard and genuineness to facilitate patient adjustment to the circumstances and movement toward health. Models of social information processing provide useful constructs that are applicable to how nurses learn to respond to patients.

The Crick and Dodge Model (Crick & Dodge, 1994) is a circular depiction of the emotional and cognitive processes involved in learning to respond to social cues. At the core of the model is a database of memories, acquired social rules, and social knowledge and schemas. When applied to nursing, the database may include previous social experiences in the personal and professional spheres, formal education in communication skills, and role expectations, including ethical and legal ramifications, societal expectations, and professional mandates of nursing.

Nurses learn to develop their professional communication skills by regulating arousal (nurses controlling their responses to patient statements), particularly during more challenging conversations, developing self-efficacy (confidence), deciding on responses, and finally, enacting a response that helps both the patient and the nurse attain their goals. Nurses adapt to their roles as professional healthcare providers by learning effective methods of responding to patients and developing confidence to interact in a variety of patient situations.

THE NURSE AS A PERSON: THEORIES OF SELF AND NURSING

Nurses, like all human beings, are complex organisms with feelings, fears, hopes, and needs. Like other humans, nurses are the product of their genetic makeup, family environment, peer networks, cultural background, and previous experiences. Becoming an effective nurse requires identifying the characteristics that make each person unique, including oneself. The process of self-examination requires a more personal and honest reflection about the effect of past and present influences on current behaviour. Most nursing students want to develop into kind, respectful, and effective professionals. They are motivated to understand and work with their patients to promote comfort, understanding, and healing in a patient-centered manner. However, to become a successful nurse requires understanding the wide variety of human responses to stressful circumstances in the healthcare setting. Students need to develop into nurses who use the knowledge and skills of nursing in a manner that allows for accurate assessments, mutual goal setting, and timely interventions. Understanding human responses, both the nurse's and the patient's, requires knowledge of the self.

Self-Awareness

The terms "self," "self-concept," "known self," and "self-awareness" are frequently used in human developmental theories. The self is a personal definition of oneself that is distinct from other people. The self-concept is the judgments and attitudes about the self. It explains behaviour and provides a framework for decision making.

In nursing, understanding the self facilitates therapeutic interactions with patients. Because nurses serve as a bridge for patients, they need to clearly understand what the patient's experience is and what may be nurses' reactions.

Patient as a people

When a patient and a nurse begin a relationship, a unique agreement takes place. The patient accepts the nurse's help with the understanding that he/she has his or her best interests at heart. The nurse decides on the appropriate interventions based on an understanding of patient rights, professional standards, ethical principles and legal statutes. The primary goal of the nurse-patient relationship is always the health, well-being and safety of the patient. The professional nurse combines these guiding determinants with the patient's values and beliefs so that the nurse and the patient can mutually determine the goals of the encounter.

Patient Rights

The words "healthcare consumer," "client," and "patient" are often used preferentially in articles and books. A healthcare consumer is one who purchases services from a healthcare provider.

Sometimes a patient is unconscious, anesthetized, or medicated, requiring nurses and other healthcare providers to make decisions with the family in the patient's best interest. The patient cannot choose or monitor the care he or she receives while in a compromised state. He or she must trust that his or her healthcare

Providers will intervene on his or her behalf. With a conscious patient, choices must be presented in a way that the patient can understand. Then the nurse is often called upon to help the patient and his or her family with the decision-making process. This heavy responsibility brings with it moral and ethical obligations.

Institutional Standards

During the 1960s, a movement emerged to make the healthcare system more responsive to patients' needs. It arose in response to the public's desire to improve the quality of health care and hold healthcare institutions and providers more accountable for the outcomes of care. Today patients are assuming more responsibility for their own health and adopting preventative health behaviours, such as exercise and healthy eating (primary prevention). Providers share in this responsibility when they educate both patients and the community about primary prevention and early detection (screening such as mammography and colonoscopy). The provider and the patient share in the responsibility for determining the best care for each patient.

Some important components 'of the Patient's Rights include:

- The right to considerate and respectful care.
- The right to privacy, including confidentiality of all records of their care.
- The right to make decisions about their care, including the right to refuse care or treatment.
- The right to review all medical records and have them explained.
- The right to refuse to participate in research studies.
- The right to make statements about their care, including a living will and advance care directives.
- The right to be informed of resources in the hospital to resolve disputes or grievances.

Legal Standards

Laws define the boundaries and expectations of the nursing profession. Legal statutes serve to protect the public and set the standards for professional nursing care. The legal standard "a reasonable standard of care" is based in tort law. This standard is defined as care that a reasonably prudent nurse would

provide in a similar situation. The reasonable standard of care is used as a benchmark in courts of law to judge criminal negligence. It holds a nurse accountable for his/her actions or failure to act. Criminal negligence by a nurse includes failing to protect a patient from harm, performing a nursing action that a reasonably prudent nurse would not perform, or failing to perform an action that a reasonably prudent nurse would perform. For example, if a nurse hears a patient talking about methods to kill himself and does nothing to protect the patient from himself, then this is criminally negligent behaviour. Confidentiality Patient confidentiality is an important issue from a professional, legal, and institutional point of view. Confidentiality stems from the ethical tradition of a right to privacy. Breaching a patient's confidential communication is a breach of trust and violates standards established by institutions and the government. Only information that is pertinent to the patient's treatment is shared with other healthcare providers. Only those providers who have a "need to know" are given specific information. For example, if a worker sustained a back injury on the job, then only health information related to the injury would be given to the insurer regarding workers' compensation, not the entire medical record.

Legally, communication between a nurse and patient is considered to be privileged communication, and the law forbids the nurse from disclosing this information. With one exception, if this communication includes evidence that could harm innocent people, including the patient himself or herself, then, legally and morally this information must be shared with the appropriate authorities. Included in this exception are instances of child abuse, gunshot wounds, and communicable diseases.

Communication and Malpractice

Within the realm of legal issues pertaining to nursing practice lies the issue of malpractice. While it might be difficult to understand why a book about

talking with patients would address this issue, good communication may be one of the best ways to prevent claims of malpractice.

Even while working within the scope of nursing practice and maintaining excellent clinical skills, encounters with angry or dissatisfied patients may occur. Nurses may be named in lawsuits, despite providing the best nursing care. On the other hand, patients who feel that they were treated with respect and compassion sue healthcare providers less frequently. Also, patients who feel that their providers really listen to them are usually satisfied patients. Good “bedside manner” is not just a secondary part of being a nurse, it is essential to good nursing practice, improves the accuracy of assessments, creates effective interventions, and produces satisfied patients. So the same basic concepts of good communication—respect, empathy, and genuineness—may also prevent malpractice claims.

Communication Skills to Prevent Malpractice Claims

- Be respectful and genuine.
- Listen to what patients say and do not say, striving to understand their experience.
- Be available and accessible.
- Avoid rote phrases that might demean what the patient is saying.
- Be clear about the reasoning use the decisions regarding the patient’s care.
- Involve the patient in decision making and the informed consent process.
- Carry through with commitments to patients and do not make promises that cannot be kept.

Moral reasoning and decision making require the ability to identify values: the nurse's values and the patient's values. Throughout life, values are acquired from family, friends, religious groups, and the community. It is important that the nurse delivers care in a manner that respects the patient's values and needs. It is also vital that the nurse identifies and respects the patient's values even if they differ from his or her own.

Values are a person's beliefs about the truth, beauty, and worth of any thought, object, or behaviour. They give direction and meaning to life and guide the decision-making process. Values also determine behaviour by guiding the responses to experiences and choices in life

Spirituality

Spirituality, from the Latin words 'spiritus' or "breath," is an important aspect of every human being. It deals with a person's pursuit of meaning in life, and it influences values and decisions. The spiritual dimension is such an integral part of each person that it influences responses to health and illness.

Health and spirituality are intricately linked. A patient's spiritual and/or religious background influences his/her values and beliefs, communication, and decision making. Patients may openly talk about their spirituality and religious beliefs, but frequently this area remains under assessed. Holistic nursing care requires an understanding of the patient's spiritual dimension.

CULTURAL DIVERSITY

The healthcare workplace is a multicultural environment that requires special communication skills. There are many definitions of culture, some anthropological and some more behaviour based. The word "culture" refers to the common beliefs, symbols, behaviours, and traditions that are passed from one generation to the next. Trying to define or describe a culture helps others to understand the experience of a particular group. Nurses in all countries can

expect to care for patients from a variety of cultural and ethnic backgrounds, with beliefs and values that may influence their health behaviour and responses to changes in their health.

Diversity refers to the existence of multiple backgrounds within the population of country or a group. Diversity may include factors other than ethnic origin. Such as gender, economic status, educational background, and sexual orientation. MI patients arrive with their own cultural background, and it affects their views “I life and health. In the healthcare setting, communicating in a way that is cultural competent requires an understanding that each patient is first of all an individual...” and then a part of one or more cultural and ethnic groups.

Cultural awareness or competence is included in the educational standards of healthcare professions. But what is cultural competence? Is it a viewpoint that increases awareness and respect for patients from cultures different from our own? Or is it the recognition that people, including nurses, are the product of their cultural background? Cultural awareness requires stepping back from our perspective to understand another person's view of the world. ‘This sort of ‘awareness is essential when providing health care. Cultural awareness requires the development of sensitivity to other ethnic groups. The development of cultural awareness and sensitivity is an ‘in of the qualities of openness and flexibility that are essential when working with people from many different backgrounds’ (Adams, 1995).

THE NURSE-PATIENT RELATIONSHIP


ESTABLISHING A THERPEUTIC RELATIONSHIP

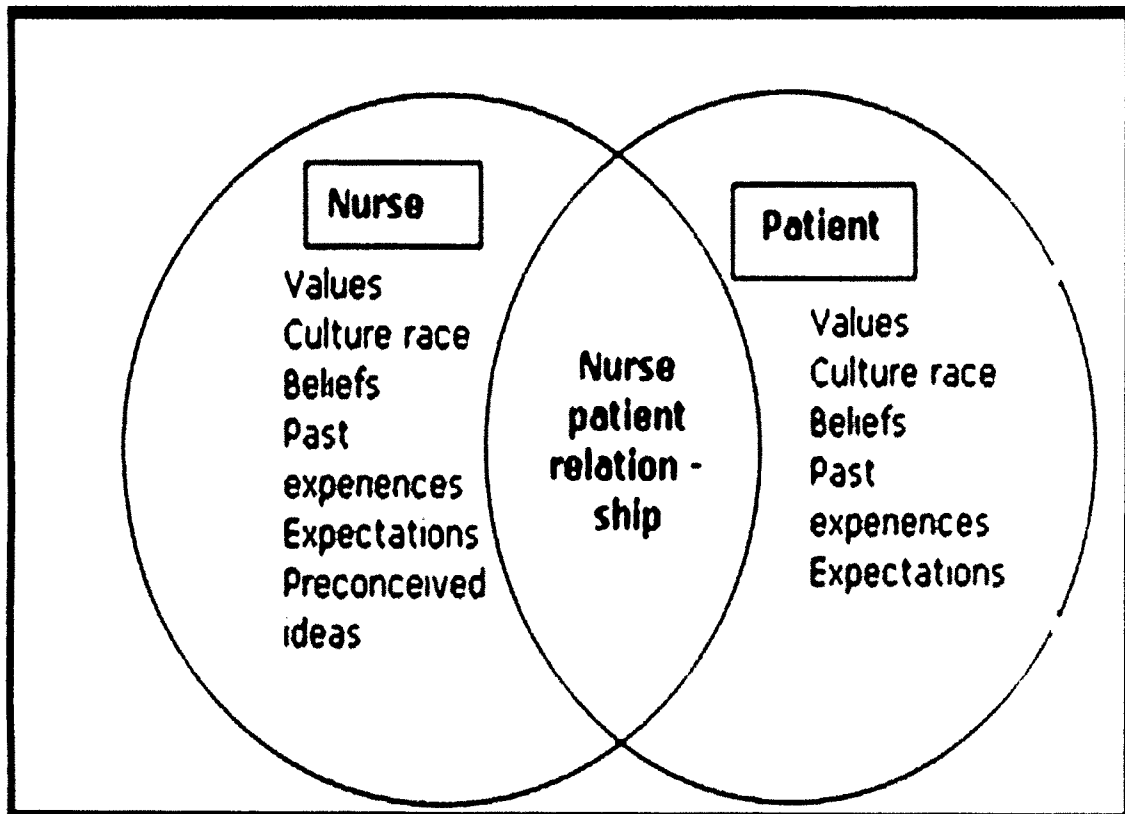
Hildegard Peplau



Psychiatric Nurse of the Century

Barbara J. Callaway

 Springer Publishing Company



Good communication skills make the difference between average and great nursing care. The therapeutic relationship between the patient and the nurse forms the foundation of nursing care throughout the spectrum of health, illness, and recovery. Some nurse-patient relationships, such as the one in this example, only last a few hours, but others may last days, months, or years. What is exciting about each relationship is how unique and enriching it can be for both the patient and the nurse.

The underlying principles of the therapeutic relationship are the same regardless of the length of the contact: respect, genuineness, empathy, active listening, trust, and confidentiality. The purpose of the therapeutic relationship is to support the patient, to promote healing, and to support or enhance functioning. A therapeutic relationship is different from a social relationship because it is health-focused and patient-centered with defined boundaries. Peplau (1991) described the nurse's focused interest in the patient as "professional closeness."

Communication is the cornerstone of the nurse-patient relationship. The focus of this communication is the patient's needs. The nurse must take into consideration multiple factors. Including the patient's physical condition, emotional state, cultural background, readiness to communicate, and ways of relating to others. Timing of the communication is also important when working with patients. For example: Teaching about a low cholesterol diet and aerobic exercise is not appropriate during the acute phase of a myocardial infarction. The patient is not in the correct physical or emotional state to absorb this information regardless of its importance for cardiovascular health. Later, when the patient is preparing for discharge. The nurse may begin teaching about health-promoting behaviours, such as diet and exercise.

Respect: Unconditional Positive Regard

Carl Rogers defined respect or unconditional positive regard as the ability to accept another person's beliefs despite your own personal feelings. Each patient's response to health or illness is a personal way of adapting to challenges. Each patient brings a lifetime of responding and coping with changes requiring nurse to be nonjudgmental each patient requires respect and as a unique human being. Acceptance does not mean approval or agreement. It is a nonjudgmental attitude about the patient as a whole person. The goal is to make the patient feel comfortable and legitimize his or her feelings.

Genuineness

The ability to be oneself within a professional role is called genuineness. Rogers described genuineness as congruence; for example, to have the professional self in agreement with the personal self. Genuineness is a welcome part of working in health care because it allows the incorporation of shared humanity and authenticity into nursing care.

Empathy

Nursing is often described as providing empathetic or compassionate care to patients. Empathy is educated compassion or the intellectual understanding of the emotional state of another. It can be described as the nurse's desire to understand what a patient is experiencing from the patient's perspective. Empathy allows nurses the ability to actually see the world from the patient's point of view without experiencing the emotional content. This intellectual understanding allows the nurse to identify the patient's concerns more clearly and intervene more specifically.

Nurses incorporate an empathetic desire to understand the patient's experience combined with a compassionate goal to alleviate suffering. There is probably a spectrum of professional empathy and compassion in nursing. While

newer nurses may have a greater desire to understand the experiences of their patients, more experienced nurses tend to use their empathetic desires more efficiently to assess and understand the patient's experience, define the patient's needs, set goals with the patient, deliver appropriate Interventions, and assess patient outcomes.

Trust

The establishment of trust is the foundation of all interpersonal relationships and is vitally important to a therapeutic relationship. In psychoanalytic theories, the development of a sense of trust is a primal need of human beings. On the physical, emotional, and spiritual levels, trust is essential when patients are placed in a vulnerable position in healthcare settings. Patients need to believe that nurses are honest, knowledgeable, dependable, and accepting of who they are as people.

Confidentiality

Nurses have moral and legal obligations not to share patient information with others, except in specific circumstances. It is important from the standpoint of trust that patients know that their personal information will be kept confidential. Nurses should arrange for privacy in the physical setting before discussing sensitive information with patients. Providing privacy may include finding an empty room or asking an ambulatory roommate to leave the room or closing a door.

Keeping patient information confidential includes not speaking in public places where information could be overheard, such as elevators and cafeterias. It also includes confidentiality with electronic information.

Phases In Nurse-Patient Relationship

The establishment of the nurse-patient relationship is a conscious commitment on the part of the nurse to care for a patient. It also symbolizes an

agreement between the nurse and the patient to work together for the good of the patient.

One of the earliest nursing theorists to explore the nurse-patient relationship and nursing communication was **Hildegard Peplau**. Peplau developed a landmark theory. **The Theory of Interpersonal Relations**, emphasizing reciprocity in the interpersonal relationship between the nurse and patient. Peplau's theory moved thinking about nursing from what nurses do to patients to what nurses do with patients, making nursing an interactive and collaborative process between the nurse and the patient.

Peplau identified four phases of the nurse-patient relationship: orientation, identification, exploitation, and resolution. In Peplau's Theory of Interpersonal Relations, the phases are therapeutic and focus on interpersonal interactions.

Orientation Phase

Beginning the nurse-patient relationship requires unique communication skills. Everyday people communicate with those around them by listening, talking, sharing, laughing, reassuring and caring. Nurses use these basic components of communication to establish a helping relationship.

As described by Peplau, the relationship formally begins during the orientation phase. The nurse sets the tone for the relationship by greeting the patient properly. After the greeting phase, the nurse clarifies the purpose and nature of the relationship. This includes information about the appointment or interview, description of the nurse's role, helping the patient provide pertinent information, and describing the goals of the relationship. Establishing the purpose and goals of the relationship is fundamental not only to the delivery of care but also to the evaluation of the relationship and outcomes during the termination phase. Also, anxiety levels decrease when the patient knows what to expect and participates in the establishment of the relationship. The nurse seeks

to promote trust and reduce anxiety by being genuine, respectful, and informative. Receptive body language and active listening help patients feel more comfortable and remain focused during the next phase.

Data collection occurs during the orientation phase. Collecting data for the nursing assessment requires active participation from patients about health status and functioning. The nurse needs an open mind to understand the patient's perception of the problem(s) and the need for treatment.

The orientation phase ends with a therapeutic contract. While not usually a formal document, the verbal contract explains the roles of the nurse and patient and the goals of the relationship.

Identification Phase

The working segment of the relationship begins with the identification phase. The nurse and patient work together to identify problems and set specific problem-oriented goals. Health problems are identified during data collection, and appropriate interventions are developed in the nursing care plan. Mutual goal setting allows patients to be active participants in their care. Nurses can also help patients explore feelings about their situation, including fear, anxiety, and helplessness, and direct their energies toward actions. Identification of personal strengths and resources may help patients cope with the current health problems and actively participate in their care.

Exploitation Phase

During the exploitation phase, the nurse assists the patient to use health services. The active work of the relationship happens during exploitation. Interventions appropriate to the mutually planned goals are carried out with ongoing reassessment and re-evaluation. Sometimes, even well-planned interventions need to be reviewed, and new, more realistic goals need to be established. The therapeutic relationship allows the nurse and patient to work

together during the exploitation phase. The patient uses identified strengths and resources to regain control and develop solutions.

Termination Phase

Endings are a time for review and growth. The termination phase is often over-looked because of the emphasis in health care on diagnosis and treatment. The ending of the therapeutic relationship, no matter how brief, can be a valuable time for the patient and the nurse to examine the achievement of their goals and review their time together. The nurse uses summarization skills to evaluate the progress of the interventions toward the intended goals. This review can bring a sense of accomplishment and closure for both parties.

Termination of a relationship can awaken feelings of loss from previous relationships. Acknowledgment of the feelings that arise is helpful in dissipating sadness and learning healthy skills for dealing with endings and loss. The termination phase is also the time when unmet goals are identified by the nurse and patient that may require referral and follow-up care.

Resolution Phase

Ending a therapeutic relationship requires a period of resolution that Peplau aptly named the resolution phase. Some of the most satisfying parts of a nurse's job are caring relationships with patients. Often, very meaningful sharing has taken place between the patient and the nurse during some challenging times. The relationship was originally established with a purpose and, frequently, a time frame.

Patients and nurses respond in a variety of ways to ending relationships. Each brings his or her prior experiences of endings and losses and often some ambivalent feelings. When the end is approaching, patients might regress, become anxious, act more superficially with the nurse, or become more dependent. The nurse might detach, spending less time with the patient in preparation for termination of the relationship.

Any and all of these responses are within the realm of normal. As the end becomes inevitable, the nurse and the patient might even develop feelings of anger and/or abandonment. Nurses and patients can and should talk about ending their relationship taking time to reminisce about the goals accomplished, the movement shared and even the sadness at ending the relationship is that is the case.

The therapeutic relationship between the nurse and patient will finish with a completeness and satisfaction that is rewarding for both the nurse and the patient.

Setting Boundaries

When establishing the nurse-patient relationship, the purpose and goals of the relationship are set by certain social parameters. Boundaries are important, both legally and ethically, and help to establish the roles of the nurse and the patient. Including the nature of the relationship. This therapeutic relationship is a professional relationship revolving around the patient's needs. Objectivity is an important attribute when assessing the patient's needs and providing competent and professional care. Being a compassionate nurse means using an empathetic approach but not being so emotionally close to a patient that impaired objectivity and judgment compromise patient care. Setting boundaries for appropriate topics and conversations allows nurses to effectively function in their roles.

Some specific strategies for maintaining professional boundaries include:

- Define clearly the roles in the relationship and who can participate.
- Establish clear boundaries between yourself and others.
- Recognize that different cultures and ethnic groups may have varying rules for interactions.
- Develop self-awareness regarding your responses to the needs of others.



Interviewing Skill

- Self-awareness allows nurses to understand what emotions, responses, and needs are their own and what are the needs of others. It also allows nurses to recognize the signs of emotional exhaustion, burnout, and over involvement with patients and find ways to ventilate and rejuvenate themselves.

Self-Disclosure

Self-disclosure is a tricky topic for many students and even practicing nurses. While they want to appear professional and not divulge personal details or feelings, they often find themselves being asked personal questions by patients. Professors often encourage students to keep the focus of interactions on the patients and their needs. But the reality of nurse-patient relationships is often more complex and nurses are at a loss to firmly define personal and professional boundaries. Spontaneous questions during routine care require nurses to respond sincerely.

INTERVIEWING SKILLS: A CLINICAL ART AND SCIENCE

Therapeutic relationships are based on trust, empathy, and respect. The establishment of trust is particularly important when obtaining personal information from patients. Because they are more apt to share their feelings and symptoms with nurses they trust, empathy allows nurses to try to “Understand exactly” the experience of the patient. Respect allows for a nonjudgmental view of the patient and his or her attitudes, values, and feelings.

Setting Goals

Every encounter between a patient and a nurse begins with the establishment of the roles each will play during the encounter. Nurses have standards and guidelines set by nursing organizations, state laws, and the institutions when they are employed. Patients bring expectations about the

nurse's role based on public information, social anecdotes, images in the media, and even personal experiences. Patients may also have their own agenda or problems they believe can be attended to by nurses and other healthcare providers. Establishing the guidelines early in the relationship will make the encounter more predictable and less stressful for the patient and more productive for both the nurse and the patient.

Nurses also have expectations of patients and how they will participate in their care. This experience alone often brings feelings of fear, powerlessness, and dependency to a patient. Yet, as healthcare providers, nurses expect patients to reveal intimate facts about themselves and actively participate in their care while being completely removed from their normal environment. Not all patients can fulfil these expectations or even understand what is expected from them. It is important for nurses to try to understand the patient's experience, to explain the plan of care, and to work with each patient to set realistic and achievable goals. Nurses can also facilitate the patient's role in decision making with explanations of the processes, their health status, the proposed interventions, and expected outcomes. Working collaboratively with patients allows for mutual goal setting and helps patients feel in control of their health and more satisfied with their experience.

Active Listening

Active listening is an interactive process between the nurse and the patient-to understand and be understood. It involves the nurse listening to the patient and hearing the message, understanding the meaning of the words, and providing feedback about what was heard. When patients honestly share their experiences, nurses can better grasp their current health issues, changes in functioning, and patients' responses. Listening requires observation to understand both verbal and nonverbal messages. Compiling as much

information as possible allows nurses to identify appropriate goals with their patients.

An important skill for nurses, active listening can be learned with practice. While it sounds simple, it requires the active suspension of the nurse's own thoughts and feelings and a shift in focus to the content of the patient's message. Rather than judging or quickly responding with rote phrases, the nurse must listen carefully to what patients are saying, or perhaps not saying, about their experience and direct further questions. Nurses should take care to not jump ahead too quickly when patients are quiet, but rather allow the patient to guide the direction of the conversation.

Body Posture during Active Listening

- *Sit upright with torso facing patient, leaning slightly toward patient.*
- *Keep arms and legs relaxed, not crossed.*
- *Try to sit at eye level, maintaining direct eye contact but not staring. (Note: direct eye Contact is not always culturally appropriate and might require modification).*
- *Nod or smile to acknowledge the patient.*
- *Relax and listen.*

Silence

Silence can be one of the most potent parts of listening. It allows the importance of a verbal message to sink in and permits adequate time for composing a thoughtful response. Silence after serious conversation conveys the importance of the discussed topic prior to moving on to the next subject. When the patient is silent, it might indicate that a message was powerful or the content provokes strong emotions. Allowing silence to continue after the expression of intense content conveys respect for what the patient has said. Sometimes silence is used by patients to avoid disclosure or to avoid anxiety-producing topics. Silences can become too long and uncomfortable for some people, both nurses and patients. Nurses should try to avoid breaking a silence because of their own personal discomfort. With experience, it becomes easier to sense when a conversation needs restarting or when words of comfort or even a touch may be helpful to the patient.

Objectivity

To obtain accurate information during an interview the nurse must be objective. What is being objective? It means trying to remove one's own beliefs and prejudices from the Patient's words. It also means distinguishing between the patient's interpretation and the actual symptoms.

Reliability

Every time patients come into contact with healthcare providers, whether it is a nurse a physician or a physical therapist, they have a different experience. They tell their stories and may receive a variety of responses from different providers.



Communication with Different Group

COMMUNICATION WITH DIFFERENT GROUPS AND DIFFICULT INTERACTIONS

Patient responds in a variety of ways to a sudden change in health or functioning. While some patients are open and grateful for nursing care, others may express strong emotions. Some emotions expressed by patient are more difficult for nurses to deal with and many provoke emotional reaction as well. The goals of nursing communication during difficult interaction are to:

- Remain calm while acknowledging responses that may arise in the nurse.
- Demonstrate respect for the patient.
- Promote patient control and autonomy.
- Perform the necessary nursing interventions.
- Evaluate patient's responses and adjust communications.

Anger

Although expressions of patient anger do not arise routinely, there will be times when nurses will have to deal with these situations. Anger is one response to fear. Frustration, lack of control, and/or anxiety. A patient could be angry for any number of reasons. Anger might be the patient's response to loss of control or independence, common problems in hospital settings. It may be a reaction to asking the patient to disclose too much personal information. Anger might be part of how a particular personality deals with stress or loss of control.

Dealing with Expressions of Anger

- listen, stay calm and let the patient set the pace.
- Avoid becoming defensive, withdrawn, or aggressive during the outburst.
- Keep the tone of voice low and controlled, speaking softly and slowly.
- Avoid excessive smiling or rote responses.
- Reflect or restate what has been said, seeking clarification.

- Acknowledge the emotional component of the message.
- Pause after the outburst to allow the emotional energy to dissipate.
- Offer to work with the patient to solve the problem.
- Use clear, assertive (“I”) responses about possible actions to resolve the problem.
- Seek assistance promptly if the situation is escalating, the patient is unable to control his or her anger, and/or there is a threat of physical harm.

This requires taking a deep breath, relaxing, and calmly listening to the content of the patient’s message... Allow the patient to express his or her concerns and the emotion associated with the message. Sometimes a pause and silence are necessary to allow the emotion to dissipate and permit both the nurse and the patient to gather their thoughts prior to responding.

Once the concerns are expressed. The nurse can begin to resolve the situation the first step is to ask the patient for clarification of the concerns using restatement or’ reflection. For example a patient rings the call bell and yells at, the nurse manager, saying he has been waiting for at least an hour for his pain medicine. The nurse could respond, “You have been waiting too long for your pain medicine. Is that right?”

The second step is acknowledgment. Of the emotional component of the patient’s message. For example, the nurse could respond to the patient by saying, “You are already uncomfortable and this situation is frustrating.” This provides confirmation that the nurse understands what the patient is experiencing and may serve to decrease the patient’s anger.

Finally, the nurse can devise appropriate solutions to resolve the issues. The use of “I” statements lets the patient know that the nurse understands the situation and will take personal responsibility for resolving the situation or find someone who can help the patient.

Anxiety

When patients are faced with threats to their health and well-being, a natural reaction is to become anxious. The feeling of anxiety might result from fear, frustration, conflict, or as a common response to stress and the unknown. Anxiety is an uncomfortable feeling of dread or apprehension, and the source of the feeling may or may not be known. Anxiety can occur with different levels of intensity. Low-level anxiety may actually increase mental and physical functioning and memory. On the other hand, as the level of anxiety and the environment decreases, impairing record and functioning.

Nurses are often called upon to identify and reduce anxiety in their patients. Signs and symptoms of anxiety may include restlessness, tremors, hand-wringing, forgetfulness, difficulty sleeping, rapid breathing, and heart palpitations. Excessive use of the call bell and repetitive questions are examples of patient behaviours that could signify higher levels of anxiety. Identification of the source of anxiety can lead to appropriate interventions.

Strategies for Helping Anxious Patients

- Be alert to signs and symptoms of anxiety.
- Try to understand the patient's feelings by demonstrating a sincere desire to help the patient.
- Avoid becoming tense or defensive if the patient starts complaining or expressing anger.
- Speak slowly and briefly, avoiding rote phrases such as, "Just pull yourself together" or "You'll feel better tomorrow."
- Help the patient verbalize his or her feelings and try to identify the source of anxiety.
- Do not assume the cause of the patient's anxiety without validating it with the patient. Sometimes patients cannot identify the cause but anxiety still exists.

- Assess the patient's support systems.
- Identify previously useful coping mechanisms.
- Offer explanations or information appropriate to the patient and the situation.
- Tailor interventions to alleviate the source of anxiety where possible or support the patient through the situation.
- Refer patients with severe and/or unresolved anxiety for further evaluation.

Depression

The patient who appears to be depressed is always a concern to the nurse. Some depressive symptoms are short term and related to changes in health, relationships, or circumstances. Signs and symptoms of depression may include changes in appetite and sleep habits, lack of interest in previous activities, decreased libido, crying, and slowed speech and movement. The patient might express feelings of sadness, hopelessness, futility, and helplessness.

More severe depression lasts longer than situational depression and may not have a basis in a disturbing life event. Patients with seven depressions often have low energy levels and little interest in daily activities. They may have feelings of worthlessness, hopelessness, and futility. One great concern for healthcare providers is that these feelings may lead to suicidal ideation as a way to put an end to their suffering. Depressed patients who become increasingly withdrawn, agitated, or restless, or who talk about killing themselves, even jokingly, require immediate intervention.

Talking with Depressed Patients

- Initiate the conversation (“You seem unhappy”). Show understanding, caring, and acceptance of behaviours, including tears and anger.
- FOCUS on the patient's abilities, promoting a realistic and hopeful attitude.
- Discourage the patient from making any major life decisions.
- Encourage simple activities (such as gardening, folding laundry) as the depression starts to lift.

- Take seriously all suicidal ideas and statements (like “ending it” or “doing myself in” or “showing them”), begin immediate interventions to promote patient safety, and refer the patient, to the appropriate professional for evaluation and treatment.

DEMENTIA

As dementia progresses, comprehension may also be affected. Therefore Caregivers must talk to a client as if he is capable of understanding. Relatives should be advised to continue to talk to the client as well. Every client has the ability to communicate, even if only on a limited, primitive level. Communication both verbal and non verbal, must be maintained. Caregivers should avoid administering physical care without talking to the client. Such behaviour negates the client’s existence and decreases his motivation to remain Connected to reality. Encouraging the client’s efforts to communicate and praising his success will increase his ability and foster his self esteem. If the client’s communication problems are dealt with ineffectively however catastrophic reaction may result. Frustration over inability to communicate needs is a frequent precipitant of assaultive behaviour, particularly in an institutional setting.

AUTISTIC CHILD

Child with autistic disorder may acquire a considerable vocabulary that is dissociated from the act of communication. Therefore, language acquisition should go hand in hand with promotion of the child’s intent to communicate with other. For this purpose, vocabulary expansion should focus on words that are relevant to the child’s attempt to negotiate the demands of every life. Children who do not vocalize should be engaged in programs that use alternative forms of communication including signs communication boards or other forms of augmentative communication, the education at program should focus intensively on social and communication skill training. Positive actions in

frequently troublesome situations may have to be rehearsed and scripted; concrete social and communication skill- eye gaze, voice, modulation, gesture, communication, posture, proximity greeting behaviors, rules of conversation and social expectations -may have to think in a very explicit fashion. Social and communication skill therapy may have to alternate between small group instruction and naturalistic setting. Successful techniques include modeling of behaviours by an instructor. Self observation, role playing and the use of individualized social stories.

MANIC PATIENT WITH AGGRESSIVE BEHAVIOUR

The psychiatric nurse can often prevent a crisis situation through the use of early verbal and non verbal communication. This is sometimes called "talking the patient down". Because it is much less dangerous to prevent a crisis than to respond to one, every effort should be made to carefully monitor patients who are at risk of violent behaviour and intervene at the first possible sign of increasing agitation.

Speaking to the patient in a calm, low voice can help to decrease a patient's agitation. The nurse can also help reduce a rising level of agitation by acknowledging the patient's feelings and reassuring the patient that the staff are there to help. It may be useful to allow the patient to ventilate without interruption. The specific nonverbal communications used by the nurse can also greatly affect the outcome of intervention. A calm and relaxed posture that does not tower over the patient is much less intimidating than a posture in which hands are placed on the hips and the nurse looms over the patient. Crossing the arms across the chest is another posture that communicates emotional distance and an unwillingness to help. The nurse should assume a supportive stance that is at least one leg length or 3 feet from the patient. Finally, when approaching potentially violent patients, nurses should carefully observe their behaviour.

Paranoid Schizophrenia

- Because of his paranoid nature, there is difficulty in establishing trust. So, be friendly with the patient.
- Assume a neutral attitude in behaviour.
- Be tactful and courteous.
- Clearly and concisely, tell the facts to the patient
- Do not make false promises.
- Do not punish the patient for his actions.
- Be careful and cautious in every step of care.
- Do not make arguments in front of the patient

Problems of Hallucinations, Delusions and Ideas of Reference

- Listen patiently and get an idea about these problems.
- Identify the needs of the patient and meet them.
- Do not argue with the patient regarding his problems.
- Present real facts to the patient.

Communication Problems

- Have precise and straight forward communication with the patient.
- Show appropriate non-verbal behaviour.
- Nurse should tell her name to the patient and should introduce herself
- Be tactful to collect information from him.
- Keep the secrecy of information.
- Answer to the patient's questions with extreme truthfulness.
- Use silence as a therapeutic tool.
- Orient the patient to the ward, staff and other patients. Sense of personal worth.

Nursing Care Plan

The Role of Therapeutic Communication in Therapy

❖ Nursing Diagnosis: Risk for Self-Directed Violence

Outcome Identification	Nursing Action	Rationales	Evaluation
<p>1. By (date), client's verbalizes feelings rather than action on them.</p>	<p>1a. Establish rapport. Encourage expression of feeling.</p> <p>1b. Maintain a safe environment. Assess level of dangerousness.</p> <p>1c. Observe for mood changes. Ask significant other to notify staff if mood changes.</p>	<p>1a. Establish therapeutic interaction. Conveys empathy, caring and interest.</p> <p>1b. Provides safety and control and decreases acting out behaviors.</p> <p>1c. Change in mood of anxiety level increase risk of dangerousness.</p>	<p>Goal met: Nurse forms therapeutic relationship. Client expresses feelings. Client does not express suicidal ideations or act on thoughts.</p>

❖ Nursing Diagnosis: Ineffective Coping

Outcome Identification	Nursing Action	Rationales	Evaluation
<p>1. By (date), client's develops realistic perception of present stressor(s).</p> <p>2. By [date], client's normal sleeping patterns return to optimal</p>	<p>1a. Identify and explore meaning of present stressors involving fear of losing job.</p> <p>1b. understand meaning of present stressors.(recurrent depression and</p>	<p>1a. Helps the client understand self and present response.</p> <p>1b. Validates understanding of meaning of present symptoms.</p>	<p>Goal met: Client return to pre-hospitalization level of functioning. Client develops adaptive coping skills. Client's self-esteem increase.</p>

level.	insecurity 2. Assist in identifying strengths, resources and coping skills.	2. Place focus on positive attributes and increase self-esteem.	
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❖ **Nursing Diagnosis: Disturbed sleep pattern**

Outcome Identification	Nursing Action	Rationales	Evaluation
1. By (date), client's normal sleeping patterns return to optimal level.	1a. Assess normal sleeping patterns. 1b. Maintain quiet environment. 1c. Provide health education about sleep hygiene. 1d. Encourage to keep a sleep diary.	1a. Helps Nurse identifies normal sleeping patterns. 1b,c and d. Promotes restful and refreshing sleep. 1c. Change in mood of anxiety level increase risk of dangerousness.	Goal met: Client's normal sleeping patterns return and maintained.

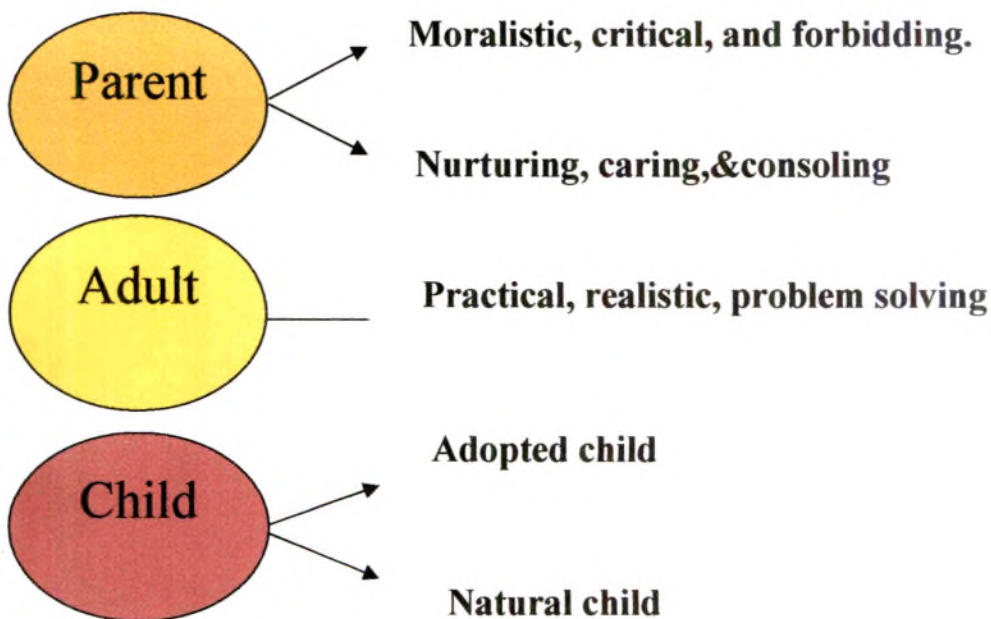
❖ **Nursing Diagnosis: Self-esteem, Low**

Outcome Identification	Nursing Action	Rationales	Evaluation
1. By (date), client verbalizes 2-3 positive attributes and increased self-esteem.	1a. Provide successful experiences. 1b. Convey acceptance and empathy. 1c. Encourage active participation in treatment.	1a-c. Positive experiences increase confidence and self-esteem.	Goal met: Client's self-esteem increases. Client is able to explore options to deal with present stressors.

TRANSACTIONAL ANALYSIS

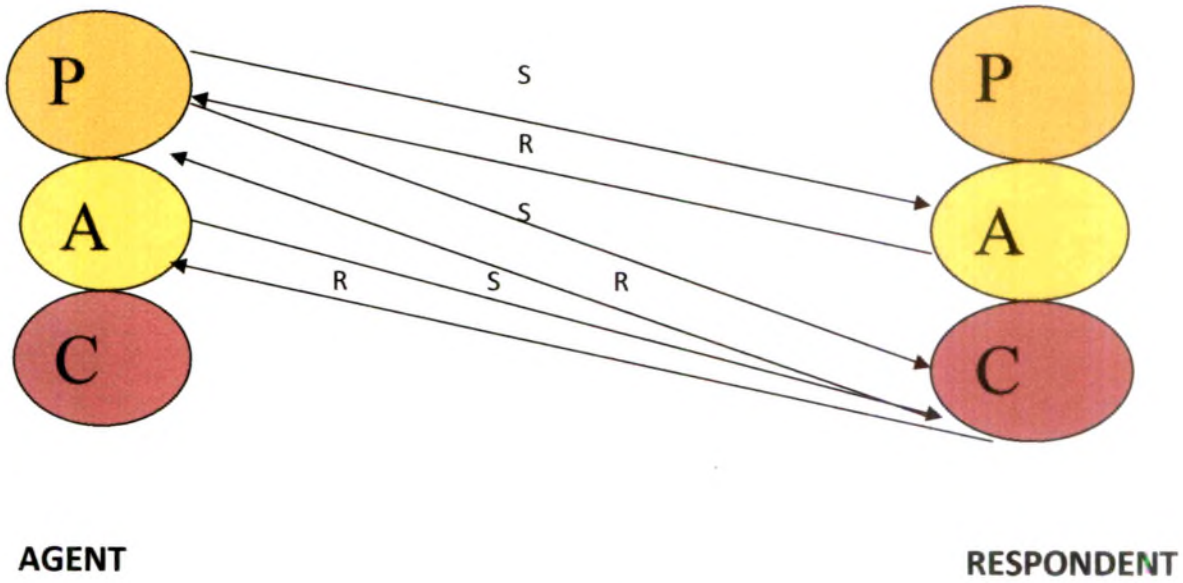
Eric Berne M.D. in his book “games people, play” (1964, first published) described transactional analysis which is one of the way to look at behaviour communication and human relationship.

Three aspects of personality have a high survival and living value, and it is only when one or the other of them disturbs the healthy balance that analysis and reorganization are indicated. Otherwise each of them, Parent, Adult, and Child is entitled to equal respect and and has its legitimate place in a full and productive life.

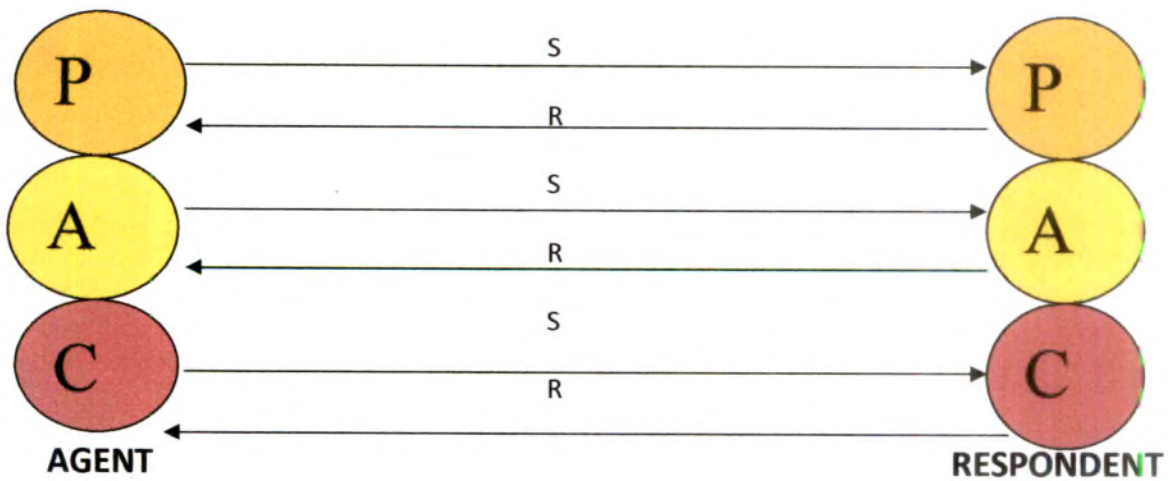


TRANSACTION

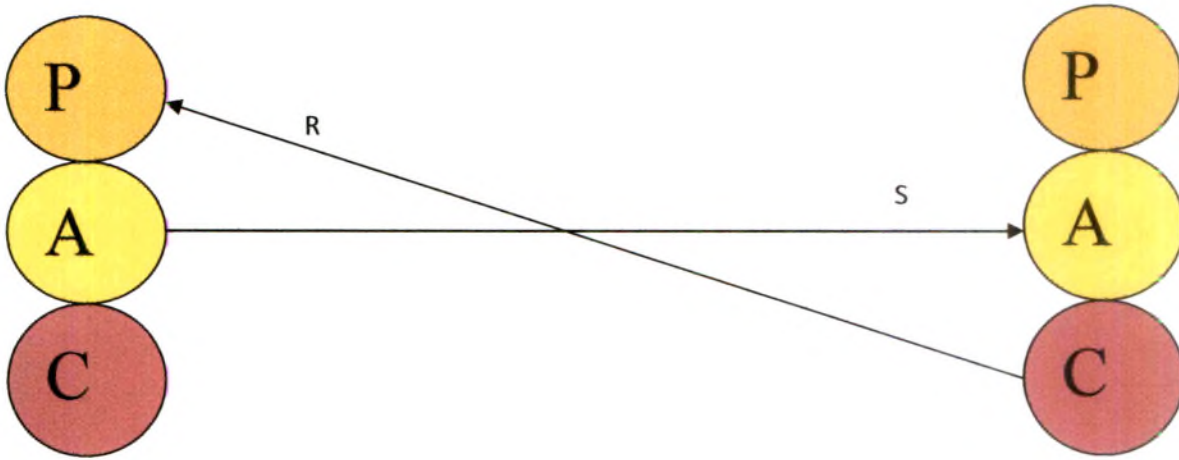
A.COMPLIMENTRY TRANSACTION



B.PARALEL TRANSACTIONS



C. CROSSED TRANSACTION



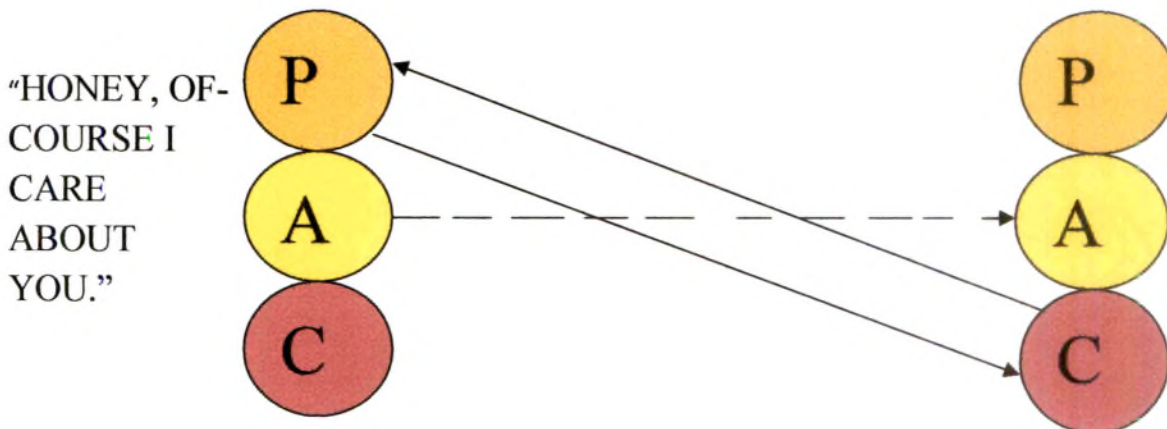
HUSBAND

IS DINNER READY?

WIFE

IS THAT ALL YOU
EVER THINK
ABOUT EATING?
DON'T YOU EVER
THINK ABOUT ME?

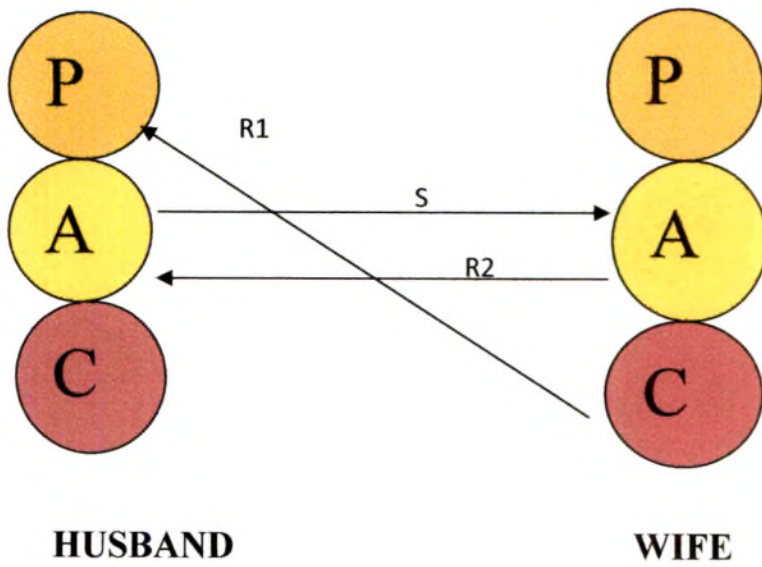
D. CORRECTED TRANSACTION



"HONEY, OF-
COURSE I
CARE
ABOUT
YOU."

HUSBAND

WIFE



I'M SORRY, I GUESS I'M JUST TIRED.

Thus transactional analysis explains---communication is broken off when crossed transaction occurs. But communication can be corrected as shown in figure. Corrected transactions for good human relations and better life.

THERAPEUTIC IMPASSES AND ITS MANAGMENT:-

They are the blocks in the progress of Therapeutic Nurse Patient Relationship. They will arise due to varied reasons. Impasses provoke intense feelings both in client and in nurse, may range from anxiety, anger, frustration, apprehension and love.

Resistance

An attempt to remain unaware of anxiety situation. It is natural or learned reluctance of verbalizing or even experiencing troubled aspects of self. Clients usually exhibit this behaviour in working phase of therapeutic nurse-patient relationship.

Forms of resistance displayed by psychiatric clients:

According to Welch

- Suppression
- Repression
- Intensification of symptoms
- Hopeless outlook
- Self devaluation
- Forced flight of ideas
- Intellectual inhibitions
- Acting out
- Irrational behaviour
- Superficial talk
- No insight
- Refuses to assume responsibility.

1. **Transference:** Unconscious response of the client in which he experiences feelings and attitudes towards the nurse, associated with significant figures. It reduces the client's self awareness; assist him to maintain a generalized view of the world. Where everyone will see the

world in similar terms. The nurse may be viewed as a role model or authority figure or parent figure or lost loved object. In resistance, two types of transference were identified. Which have to be examined and taken into consideration in the process of therapeutic nurse-patient relationship.

- a. Hostile transference
- b. Dependent reaction transference

Interventions

Nurse has to be prepared themselves to be exposed to powerful positive and negative emotional feelings of the client.

Nurse has to make therapeutic contract and plan to establish Therapeutic Nurse client relationship.

Listen to client's analysis of resistance or transference. Use clarification and reflection of client's feelings.

Explore the reasons for resistance and work through the transference reactions with the client.

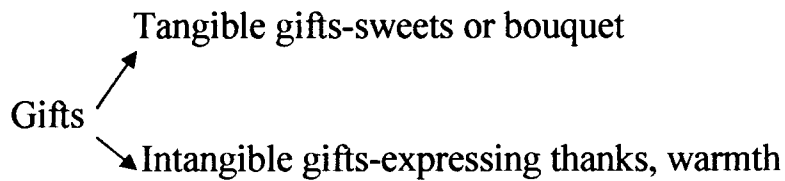
2. Counter Transference

The nurse's specific emotional response generated by the client's qualities. Nurse will identify the client's needs which will interfere the therapeutic effectiveness.

The nurse's unresolved conflicts tends to create problems, hence that has to be resolved first. Immediacy into the client's problems and attention to his problems, listening, showing concern, providing love and caring are some of the forms of counter transference.

3. Gift Giving

Offering voluntarily some valuable item or material to others as a form of gratitude.



Receiving a gift from the clients will inhibit independent decisions and creates a sense of guilty feelings among the nurses.

The intension, contextual meaning and timing of particular situation are certain therapeutic impasse.

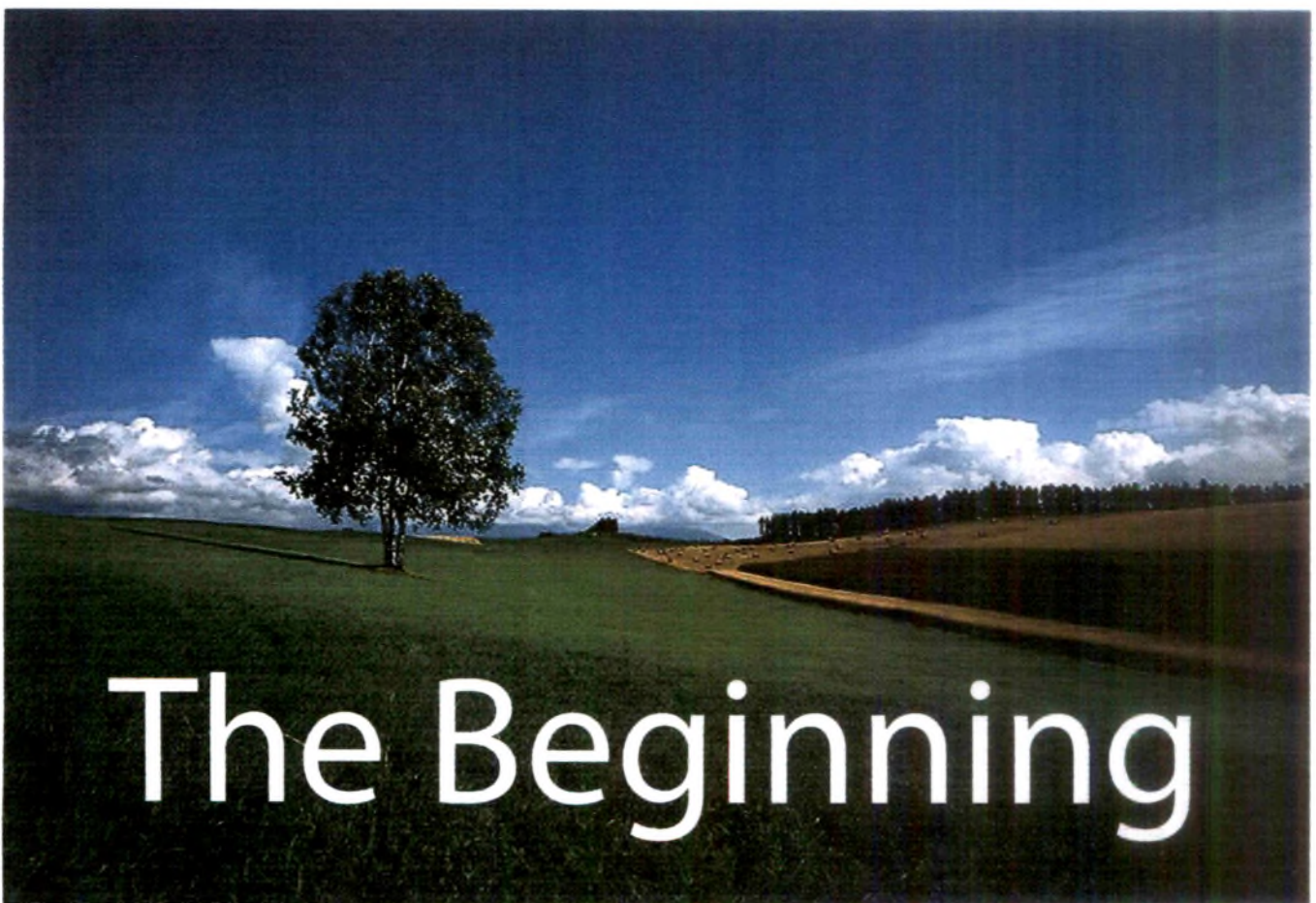
4. Boundary Violation

It occurs when the nurse goes outside the boundaries of therapeutic relationship and establishes personal. Social relationship with the client whenever the nurse does anything unusual and different to the client, a boundary violation results

Barrier to Therapeutic communication

- Not listening properly.
- Maintaining dominance in therapeutic interaction will not benefit both.
- Giving reassurance, false hope will not contribute the therapeutic relationship.
- Too much probing into personal matters in the beginning usually goes wrong.
- Making stereotyped comments, show that you are not interested towards in the client.
- Without listening to the client's feelings and problems, if the nurse goes on changing the topic or bringing unrelated topics, the patient will be discouraged from discussing his problem.
- If nurses offer challenges to the clients, it will not work out.
- Too much advising the client is not good in TNPR.
- Belittling the patient will reinforce withdrawal features of clients.
- Utilizing denial process in therapeutic nurse patient relationship.

A Conclusion And a Beginning



CONCLUSION

The power of creative and effective nursing care is strengthened by good communication skills. Patients often share their stories, symptoms, and concerns during routine care. Both the patients' spoken words and their nonverbal communication convey information about their experiences. The sharing of this information is not superficial and often provides valuable insights about patients while establishing a trusting environment, a place where nurses want to understand their patients.

Nurses' words do so much: put a patient at ease, set up a productive relationship, accurately assess patients' conditions and concerns, provide support, facilitate decision making, and deliver effective interventions. There is no other skill that is used more in nursing than communication. By creating open environments, treating patients with honesty and respect, understanding their personalities, and putting their needs first, nurses can facilitate experiences that enrich the care of patients and, often, the lives of nurses.

While watching nursing student in clinical setting, it became apparent that many student were unsure about how to talk with patients. Often they focused on their skills sheet and tried to perfect their technical skills, such as performing an intramuscular injection or a wet-to-dry dressing change. However, before any technical intervention can take place, communication must begin between the nurse and patient. Meeting a new postoperative patient at the start of a shift, assessing a woman in labour, educating a patient about diabetes, setting treatment goals with a patient with breast cancer-all of these encounters begin with communication. And good communication skills are not only important for relaying information, they are essential for establishing trust and rapport, showing respect for the needs and feelings of patients, and reaping the rewards of connecting with other people who just happen to be patients receiving nursing care.

Each nurse enters the profession for different reasons, but the most frequent reason is because nurses enjoy helping other people. Now, when encounters with patients are limited by time constraints and workloads, it is even more important to condense the important aspects of good communication. This book is not meant to simplify a skill that is never truly perfected. It explores some basic concepts about communication that can be taught in nursing school. These beginning skills permit students to develop confidence in their abilities to communicate and then to evolve their own communication style over years of nursing practice.

Nurses have a unique position within the healthcare system. They communicate with patients for extended periods of time, providing opportunities for disclosure by patients. Often personal revelations from patients occur spontaneously during routine care, such as taking vital signs during the night. These moments may become times for providing support and comfort, away from the scheduled testing, interventions, and business of a healthcare facility. These moments may also be some of the most rewarding in a nursing career because the nurse was trusted with these revelations and personal searches for meaning during a health crisis.

Nurses also communicate with other healthcare professionals, doctors, physical and occupational therapists, dietitians, and social workers, to name a few. Nurses tend to be the “canter” of communication between different departments and specialties, advocating for patients and navigating the system. Nurses can use assertive communication skills and negotiation skills to advocate for patients as well as maintain their own personal integrity. In this way communication in nursing is unique, making it crucial in achieving good outcomes for patients.

Pre and post Test

Full Marks-30

1. Define communication. 2½
2. Define Therapeutic communication. 2½
3. List the elements of communication. 2½
4. Enumerate the phases of Nurse-patient relationship. 2½
5. List the therapeutic technique in psychiatric Nursing. 5
6. List the objectives of communication. 5
7. List the elements of therapeutic communication. 5
8. Place a (√) against the most appropriate answer.
 - (a) Communication 1
 - (1) Involves interaction
 - (2) Is a continuous process
 - (3) Is a multi stage, multi dimensional two way process
 - (4) Includes all by the above
 - (b) Encoding is 1
 - (1) A step of the communication process
 - (2) An element of the communication process
 - (3) A stage of the communication process
 - (4) None of the above
 - (c) Sending information through fax is an example of 1

- (1) Oral communication
- (2) Written communication
- (3) Non verbal communication
- (4) Touch cues

(d) Non verbal cues are except 1

- (1) Paralanguage
- (2) Object cues
- (3) Touch cues
- (4) Emotional cues

(e) Therapeutic communication occur between 1

- (1) Nurse and client
- (2) Nurse and Doctor
- (3) Doctor and client
- (4) Client and family members

Answer key

1. "Communication is an exchange of facts, ideas, opinions or emotions by two or more persons."-W.H Newman& C.F Summer.

2. "The Nurses direct the communication towards the patients to identify his current health problems, plans, implements and evaluate the action taken."-Bimla Kapoor.

3. •Sender

- Message
- Channel
- Receiver
- Feedback

4. Pre orientation phase.

Orientation phase.

Identification phase.

Working phase.

Termination phase.

5. •Using silence.

- Accepting.
- Giving recognition.
- Offering self.
- Giving broad openings.

•Making observation.

- Restating.

•Reflecting.

•Focusing.

•Exploring.

6. Information

Advice

Counseling

Order

Suggestion

Persuasion

Education

Warning

Raising morals

Motivation

7. Respect

Empathy

Genuiness

Trust

Confidentiality

8. A (4) Includes all by the above.

B (2) An element of the communication process.

C (2) written communication.

D (1) Paralanguage.

E (1) Nurse and client.

Glossary

Achievement	--- Accomplishment.
Altruism	--- Service to others interest in the well being of others.
Alltistic	--- Thinking which is unduly self directed; thinking similar to fantasy.
Anxiety	---Vague diffuse apprehension that is associated with feelings of uncertainty and helplessness.
Autonomy	---Personal freedom, self determination.
Creativity	---developing new ideas.
Dementia	---the end stage of intellectual deterioration.
Emotional well being	---Peace of mind.
Empathy	---To feel with the other person without losing identity.
Health	---physical and mental well being.
Holistic	---Philosophy that individuals are completes organisms and function as complete units that cannot be reduced to the some of their parts.
Honesty	---Being truthful and genuine.
Interpersonal	---Concerning the relation and interactions between people.
Justice	---treating other fairly
Knowledge	---Pursuit of information.
Love	---Caring, unselfish devotion.
Loyalty	---Allegiance to a person or group.

Morality	---Honor, integrity, keeping ethical standards.
Paranoid	---Literally, false reasoning having delusion, usually of persecution.
Physical appearance	---Concern for one's appearance, being well-groomed.
Pleasure	---Fun, joy, gratification, enjoying life.
Power	---Control, authority.
Rapport	---Establishing a meaningful conversation.
Recognition	---being important.
Spirituality	---Having a religious belief.
Transference	---A process which feelings attitudes and wishes originally linked with significant figures in one's early life are projected onto the therapist.
Wealth	---Having possession, enough money.
Wisdom	---Mature understanding, insight, and good judgment.

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