PROVISION OF NURSING CARE WITH OR WITHOUT THERAPEUTIC COMMUNICATION INTERVENTION

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This paper acquires with provision of therapeutic communication in nursing in The Czech Republic. The survey sample was composed of two groups of 249 nurses and 169 patients from 7 hospitals in South Bohemia in Czech Republic. Results of qualitative and quantitative survey show the lack of necessary skills of therapeutic communication for provision of quality professional nursing care concerning prevention of unpleasant feelings connected with hospitalization which could lead to anger, aggression and violence. Also that patients and nurses are aware of the need for these skills which support patient's well-being (balance), coping with aggressive behavior, identification of stress and depression and the emotional support. The most frequent communication skills is to give and to obtain information from patients and the less skills provided and missed by the patients respondents is "to react more to what they say (48.0%), to have more time for them (33.1%) and to listen to them more (25.1%). On the other hand, the conditions and the environment don't offer possibilities for the nurses to spend required time with the patients. Also education of nurses, historical and cultural factors and theirs influence have to be taken into the account. Implementation of therapeutic communication as the obvious criteria of professional quality in nursing care is necessary. Discussion with educational institutions, managers, ministry authorities and insurance companies is one way for improvement of this situation.

INTRODUCTION.....	75
I. METHODOLOGY	76
II. RESULTS AND DISCUSSION	77
CONCLUSION.....	80

INTRODUCTION

It was expected that, historical changes of the last 25 years will bring improvement into the professional nursing. But the care is still not comparable with countries in which development of this discipline was not interrupted due to the political system. There are very good educated and skilled technical nurses, but there is a big gap between theory and practice in

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the field of psychosocial nursing interventions in Czech Republic. We apprehend that, nursing should relieve and contribute to man, who is the center of nurse's work and who finds himself in the unknown environment with a feeling of failure or threat. This is the reason why we intensively pay attention to what patient experiences and what the nurse can do with and how she/he can use professional interventions to save the patient from unpleasant and uneasy experiences. Therapeutic communication is not explicitly defined in Czech nursing. Therefore there is a question how nurses intervene in case of stress situations to prevent aggressive or violent behavior of patients, caused by the new—unknown environment, procedures and provided care in the hospital. EU recommendations of nursing competences can be found in the Tuning project (Tuning Educational Structures in Europe)¹, which also says that, the nurse should use a range of communication techniques to support patient well-being (balance), should be able to cope with aggressive behavior, identify stress and depression and give emotional support. This is of course underpinned with the holistic approach of nursing philosophy² that is to meet all man needs included the psychosocial. So far though, nursing practice in Czech Republic does not fulfill this theoretical and ethical approach which is characteristic for this profession stated in ICN Code of Ethics for Nurses, or nursing process and nursing interventions in a satisfactory manner.

I. METHODOLOGY

Quantitative method in the form of self-constructed questionnaire based on the theory of therapeutic communication was used. Data were analyzed with SPSS 16 statistics program. Significance level of 5% and high significance of 1% were chosen, to which correspond p-values smaller than 0.05 and 0.01, respectively. This means that, of the p-level is smaller than 0.05, the hypothesis on independence does not apply as the dependent is hereby significant Semantic differential³ was used to find out how nurses tend to necessity, usage and effectivity of therapeutic communication using pairs of antonym adjectives on a 7-grade scale. The survey sample was composed of two groups of 249 nurses and 169 patients from 7 hospitals in South Bohemia in Czech Republic. The aim of the study was to find, what is

¹ *Tuning Educational Structures in Europe*. Available at <http://odur.let.rug.nl/TuningProject/>, <http://www.relint.deusto.es/TuningProject/index.htm>.

² BERMAN A., & SNYDER S., KOZIER AND ERBŠ FUNDAMENTS OF NURSING (New Jersey: Pearson 2012). ISBN 13: 978-0-13-802461-1.

³ CHRÁSKA M., METODY PEDAGOGICKÉHO VÝZKUMU (Praha: Grada Publishing 2007). ISBN 978-80-247-1369-4.

the position for therapeutic communication in nursing care from the point of view of both nurses and patients; what skills of therapeutic communication the patients are missing; what obstacles nurses meet when providing therapeutic communication.

II. RESULTS AND DISCUSSION

Therapeutic communication is not explicitly defined in Czech nursing. To describe the term therapeutic communication, we searched in the foreign sources mostly. We understand the therapeutic communication as the “tool” (skill) or intervention for seeking the way to cope with obstacles connected with health prevention, support, disease, and also with dying. When thinking about the term therapeutic communication, we can consider a few opinions as follows: Rossiter⁴ defines this term and says that, “therapeutic communication is health promoting (p. 127)”. WHO generally describes “health” as well-being (balance). This indicates the aim and intended effect of therapeutic communication. Other authors define this communication as “patient orientated interactive process, including verbal and nonverbal behavior as indivisible and integral part of patient recovery⁵ s.9”. Also Joseph & Worsley⁶ deal with the patient-oriented inter-personal approach.

It is logical that, hospitalized patients experience stress, uncertainty, the loss of safety and autonomy to a great degree.^{7,8} Such exposure can lead a person to reactions far from reasonable, to an agitated state or aggressive behavior and possible violence. However, in these circumstances, such behavior should be recognized as a natural defense. When symptom as intense questioning, asking for favor, information, restlessness, agitation; changes in speech (speed, adequacy, voice, loudness) anger are detected the nurse should indicate nursing diagnoses as Anxiety; Defensive Coping; Fear; Decisional conflict, High risk for violence.^{9, 10} For these diagnoses,

⁴ Rossiter CH. M., *Defining “Therapeutic Communication”*, 25 JOURNAL OF COMMUNICATION. 127-130 (2006).

⁵ Jones J. S., Fitzpatrick J., & Rogers V. L., *Psychiatric-Mental Health Nursing: An Interpersonal Approach* (New York: Springer 2012). ISBN 978-0-8261-0563-9.

⁶ Joseph S., & Worsley R., *Person—Centered Psychopathology: A Positive Psychology of Mental Health* (Roos-on-Wye: PCCS Books 2005). ISBN 978 18980 59 691.

⁷ Smiar N., & Papenberg W., *Don't Throw Petrol on the Fire! The Essential Connection between Assertive Communication and Safety in the Violent Crisis*, IN PROCEEDINGS OF THE 7TH EUROPEAN CONGRESS ON VIOLENCE IN CLINICAL PSYCHIATRY 335-337 (Dwingeloo: Kavanah 2012).

⁸ KŘIVOHLAVÝ J., *PSYCHOLOGIE NEMOCI* (Praha: Grada Publishing 2001). ISBN 80-247-0179-0.

⁹ Herdman T. H., *NANDA Ošetřovatelské Diagnózy: Definice & Klasifikace: 2012-2014 = Nursing Diagnoses : Definitions and Classification: 2012-2014* (Praha : Grada 2013). ISBN 978-80-247-4328-8.

¹⁰ CARPENITO L. J., *HANDBOOK OF NURSING DIAGNOSES* (5th ed., Philadelphia: Lippincott Comp 1993). ISBN 0-39755054-5.

appropriate interventions should be use as Use calm, reassuring approach; Assess psychological response to situation and availability of support system; be available to listen to patients feelings; Assist patient to properly express and relieve anger in appropriate ways; Encourage expression of feelings.¹¹

The results of our survey show that, even though nurses are unfamiliar with the term therapeutic communication to a high degree (59.0%) and they have not met it in practice (78.3%), they are aware of specific interventions such as listening (75.1%) and observing (43.8%). How can they answer like this when they are not familiar with the term? On the other hand, they think that, giving explanations (73.1%) comes under therapeutic communication while questioning is not seen as an effective therapeutic skill (35.7%). Burnard¹² and Crawrord, et al.¹³ mention listening and questioning as fundamental for therapeutic communication that is to lead a person through the uneasy situation. So there is no way how to provide professional nursing care without therapeutic communication skills. To ensure that, the respondents will be clear about the term therapeutic communication we inserted a short explanation after a few introductory questions. 77.5% nurses think that, patients need therapeutic communication and 78.8% think that, therapeutic communication belongs to nursing care. The semantic differential showed inclination of respondents—nurses to the positive adjectives showing effectivity, usage and necessity of therapeutic communication on the 7-grade scale.

Nurses mentioned the reasons for not providing therapeutic communication such as the lack of time (26.9%) also that, the patients do not know about this possibility (25.7%) and 45.8% nurses don't know whether patients require therapeutic communication. How the nurses know their patients then? Could it be called professional care or quality care when the interventions meeting psychosocial needs are inadequate? The lack of time is also underpinned with the lack of personnel and immoderate documentation. Even if they would be skilled the actual conditions don't allowed the provision of therapeutic communication.

Empathy should be one of the nursing characteristic attitude and skill. It is obvious that, the experience of patients differs from nurse's daily routine. We wanted to find out patients opinion and experience with

¹¹ McCLOSKEY J. C., & BULECHEK G. M., *NURSING INTERVENTIONS CLASSIFICATION (NIC)*. (St.Louis: Mosby-Year Book 1992). ISBN 0-8016-6701-1.

¹² BURNARD P., *EFFECTIVE COMMUNICATION SKILLS FOR HEALTH PROFESSIONALS* (Cheltenham: Nelson Thornes Ltd. 2001). ISBN 0 7487 3312 4.

¹³ Crawford P. Brown, B., & Bonham P., *Communication in Clinical Settings*, FOUNDATIONS IN NURSING AND HEALTH CARE (Andover: Centage Learning EMEA 2006). ISBN 978-0-7487-9716-5.

therapeutic communication provided by nurses. Patient respondents stated that their need for therapeutic communication is very strong (16.7%) or strong (51.9%). They experience that, the reason for nurses communicating with them is to inform them (42.3%) and to obtain information (34.3%). Only 21.1% patients stated that, the reason for communication is to find out what worries them, and 10.9% to encourage them. Clearly, information given could sooth uncertainty and anxiety of the patient in many situations, it is however up to the nurse to reason whether more communication skills are needed in each particular case.¹⁴

The same as nurses, patients see their lack of time of (52.7%) as an obstacle for application of therapeutic communication by the nurses. Nevertheless patients would like the nurses to react more to what they say (48.0%), to have more time for them (33.1%) and to listen to them more (25.1%). These answers prove the importance of the mentioned fundamental therapeutic communication skills stated in ¹⁵ Nursing Interventions Classification. To be able to listen the proper environment and conditions are necessary (calm, with no rush, sit down, not showing that there are other tasks to be done etc.). To listen however, the nurse needs time to recognize what could be “hidden” behind the words the patient expresses.

Statistically, the hypothesis that, preoccupation of nurses is according to the patients bigger obstacle to realization of therapeutic communication than their own bashfulness to ask the nurse for deeper conversation ($p = 0.046$) was confirmed in case of respondents—patients up to 45 years of age and hospitalized up to one week. For the respondents older than 45 years and hospitalized more than one week, this hypothesis was not verified. Also the hypothesis that, nurses use therapeutic communication to provide information more often than other characteristic skills was not verified (listening $p = 0.018$; questioning $p = 0.016$). The hypothesis that, the obstacle for therapeutic communication is the shortage of time that nurses can spend with each patient was verified ($p = 0.046$).

In the context of historical and cultural tradition, work with feelings and their impact on the quality of care or agitation, aggression differs from western countries. The expression of feeling or the will to ask the question: “Would you like to talk about it?” is not natural or common still. More often directive approach is used to obtain or to give information to be able to ensure and provide required administrative process.

¹⁴ RUBENFELD M. G., & SCHEFFER B. K., CRITICAL THINKING IN NURSING: AN INTERACTIVE APPROACH (Philadelphia: Lippicott Company 1995). ISBN 0-397-55099-5.

¹⁵ MCCLOSKEY J. C., & BULECHEK G. M., NURSING INTERVENTIONS CLASSIFICATION (NIC) (St.Louis: Mosby-Year Book 1992). ISBN 0-8016-6701-1.

CONCLUSION

Obtained results brought the facts about the reality in Czech nursing practice regarding unsatisfactorily applied nursing skill—therapeutic communication. Although it is theoretically tangible and according of many authors, it is the key nursing skill, there is not much space for its realization in practice. The findings show that, therapeutic communication provided by nurses is needed and useful. Most important and effective skills of therapeutic communication are missing, especially listening, questioning and arranging the effective environment. The radical obstacle is the lack of time seen both from the nurses' and from patients' points of view. Therefore, during qualification education as well as lifelong learning of nurses, more attention should be paid to the area of therapeutic communication. Also to open discussion with managers, ministry authorities and insurance companies about including therapeutic communication as the obvious criteria of professional quality in nursing care is necessary.