

Therapeutic Communication Skills in Nursing Education and Practice

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Received: August 10, 2019; **Published:** November 08, 2019

Abstract

Therapeutic communication skills is a dynamic and complex concept. Effective communication is improving physical and psychological health status of both nurses and patients as well as professional development of all health care providers. Communication skills training has been widely cited and used as a 'solution' to these communication problems. It is evident that problems in education, at the individual and social levels, inhibit effective communication in healthcare and the implementation of communication skills in practice and found is an aspect of the theory-practice gap that cries out for attention and is one where nurse educators could potentially have an influence when engaging in clinical practice.

Keywords: *Therapeutic Communication Skills; Nursing Education; Clinical Practice*

Introduction

Therapeutic communication skills, the crucial component of nursing, is a dynamic and complex concept. Effective communication is improving physical and psychological health status of both nurses and patients as well as professional development of all health care providers [1,2]. Widely regarded to be a key determinant of patient satisfaction, compliance, and recovery. To be able to communicate effectively with others is at the heart of all patient care. For this reason, therapeutic communication skills should play an important role in nursing education and practice. However, over the past few decades, concern has grown that nurses may often be ineffective communicators and that deficiencies exist in terms of communication skills teaching in nursing [3-5]. Evidence from the 1960s to the present day has also suggested that communication problems and a lack of information about their condition are key concerns for patients [1,2,5,6]. In recent years this has led to calls for the emergence of communication skills as a core component of undergraduate nursing courses, which led to a new emphasis on communication skills in nursing education [2,3,7-10]. However, recent evidence has indicated that ineffective communication remains a potent barrier in healthcare and that wide variations are evident in terms of the quality and quantity of nurse-patient communication [2,11,12].

It is apparent from the literature that there is some inconsistency regarding what is termed a communication skill. For example, some accounts of communication skills in nursing discuss single sensory output or input behaviors as communication skills, such as, for example, clear and precise speech [1-3,13-16]. The majority of texts identify clusters of different behaviors, traits, and sensory outputs and inputs as being communication skills, such as active listening, empathy and interviewing skills [2,17-20].

Even though all these features may relate to an understanding of the abilities and techniques required for effective communication, the net effect has been a certain level of confusion regarding what is meant by the term communication skills [2-7,24]. This indicates that several distinctions need to be drawn, to demonstrate what is meant by the term communication skills and how it is related to the communication process itself. Four levels of communicative behaviors can be highlighted that help to identify the types of phenomena the term 'communication skills' relates to this model is the primary level (the process of communication) relates to the communication process itself, in terms of the interpersonal transmission of information [2-6,25].

The second level (the mode (sensory) of communication) relates to the mode of communication, in terms of what senses and sensory outputs are utilized during communication [1-3,26]. The process and mode of communication form the basis upon which communication skills', the third level of communicative behavior, can be understood [1-4].

These are essentially clusters of different sensory outputs, logically arranged to form a coherent message or behavior [5-7,24]. This does not eliminate skills that essentially involve some sort of introspective behavior or emotional dimensions, such as self-awareness, empathy or reflection, as these behaviors all involve sensory attendance and input, in terms of attendance to interaction and the transmission of this understanding to others. The fourth and final level can be referred to as 'communication strategies' [1-7].

Some authors have discussed communication strategies that involve the logical organization of several different communication skills within a theoretical or empirical framework. In theoretical terms, counseling skills can be regarded as a communication strategy encompassing a wide range of communication skills [4-7]. Counseling skills include various verbal and non-verbal communication skills, as well as factors such as listening skills, empathy, self-disclosure and patient management skills [2,5,22]. Other writers have clustered communication skills into more empirically based categories, relating to the form and function of the separate skills and their application in nursing [2,6,18].

Another authors [2,4-7] followed a similar approach to this, distinguishing between personal skills, therapeutic skills, organizational skills and educational skills, with different discrete communication skills fitting into each category. These definitional problems mean that a wide range of skills was referred to in the literature and often terms were used interchangeably. Nevertheless, it was possible to identify from the literature search a body of work focusing on problems and deficiencies in communications skills teaching in nurse education [1-3,19,23,25-28].

Summary and Conclusion

Problems of poor or ineffective communication are evident in nursing and have severe consequences in both human and financial terms. Communication skills training has been widely cited and used as a 'solution' to these communication problems. It is evident that problems in education, at the individual and social levels, inhibit effective communication in healthcare and the implementation of communication skills in practice and found is an aspect of the theory-practice gap that cries out for attention and is one where nurse educators could potentially have an influence when engaging in clinical practice. Lecturer practitioners and practice educators seem particularly well-placed to promote a greater integration of theory and practice in communication skills with pre- and post-registration students and in staff development activities with practice staff. It remains to be seen whether the changes surrounding implementation of the making a difference curriculum will be effective in advancing nursing educational practice towards better communication between nurses and patients.

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Volume 8 Issue 12 December 2019

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