



THERAPEUTIC COMMUNICATION IN CLINICAL PRACTICE

Stanislava Pavlova

Department of Speech therapy and medical pedagogics, Faculty of Public health, Medical University - Varna, Bulgaria.

ABSTRACT:

Communication with the patient in the process of providing health care is more than speech. It is carried out by applying different methods and strategies. Patient communication in health care is a multifaceted process of interaction between medical professionals and the patient. It is defined as therapeutic communication (TC). It is a holistic approach oriented towards the overall care of the patient. Social interaction takes place through TC, the patient's needs for specific care are determined, problems are controlled and solved, information is sought and given, etc. Therapeutic communication is a type of professional communication. TC is used by medical professionals in their work with patients and their relatives. Effective communication skills of medical professionals stimulate the patient to talk about his problem. They are also used in patient education to improve health outcomes, etc. Showing interest and concern for the patient is a component of the so-called "conversation for the purpose of support". Health care professionals use different approaches when conducting a conversation with the patient - for some, the social side of the conversation is most important, for others – social relationships. The therapeutic conversation builds effective communication with the patient and improves the therapeutic impact. In this way, two essential components are distinguished in TC - emotional and informational.

Keywords: therapeutic relationships, empathy, listening, support, patients,

BACKGROUND

Communication with the patient in health care is seen as a multifaceted process of interaction between the medical professionals and the patient. The activity of medical specialists is not limited to the technical implementation of treatment procedures and manipulations but is also related to communication and interaction with the patient [1]. Thus, through interpersonal therapeutic interaction, medical professionals are able to most fully meet the needs of the patient and fulfill their professional duties.

REVIEW RESULTS

Specific features of therapeutic communication

In the 1950s, Peplau was the first to conceptualize the therapeutic relationship between the nurse and the patient. Through this therapeutic relationship, the healthcare professional improves the health of the person they care for (Moreno-Poyato AR, et al.). The therapeutic relationship has been shown to be directly related to health outcomes among patients (Kelley JM, et al.) [2, 3].

Therapeutic communication (TC) is a process of verbal and non-verbal communication when working with patients. It is a holistic approach oriented towards total patient care [1]. This specific type of communication allows social interaction to take place; to establish the patient's needs for specific care; to supervise and solve problems; to search for and give information, etc.

Therapeutic communication assists healthcare professionals in planning patient care. It is defined as a significant and basic method used in healthcare [4].

In the TC process, information, experience, results of the activity are exchanged, an emotional-psychological relationship is formed, influence is exerted between people, mutual empathy and understanding is realized. It is performed with the patient and/or his relatives. Several stages can be distinguished in TC:

- First stage: characterized by an initial assessment and getting to know the other person
- Second stage: establishing psycho-emotional contact with the other person;
- Third stage: exchange of messages through speech;
- Fourth stage: interruption of psycho-emotional contact.

Therapeutic communication achieves [2, 5, 6, 7]:

- ✓ mutual exchange of information, knowledge, thoughts, feelings through speech – a therapeutic conversation between a patient and a medical professional.
- ✓ interpersonal interaction for the realization of a common activity - supporting the treatment process;
- ✓ knowing and understanding people with the subsequent establishment of relationships – active interaction based on getting to know each other.

Tavakoly Sany SB, et al. found that the effective communication skills of medical professionals stimulated the patient to talk about his problem. They are also used in patient education to improve health outcomes. The obtained data also correspond with other studies that confirm that effective communication with the patient is extremely important in medicine in the provision of health care [8, 9, 10].

Formation of clinical communication skills

Professional communication skills are built in the training process and go through several stages [2, 3, 11, 12, 13, 14]:

First stage – formation of basic communication skills. At this stage, the main elements in the communication process are mastered - this is the knowledge about the factors, mechanisms, approaches for conducting effective communication, as well as about the barriers hindering the communication process.

Communicative second stage - formation of professional skills. At this stage, additional knowledge is mastered, and skills are developed to resolve and manage conflict situations in compliance with ethical principles to control situations related to physiological, psychological and social manifestations (aggression, anxiety, irritability, depression, etc.);

Third stage – formation of specific communication skills characteristic of clinical practice. Medical professionals carry out communication that stimulates the patient in communication and builds trust. In the process of training, medical professionals acquire a different level of communicative competence, which is related to the skills of adequate reaction as a response to the situation. Three levels are considered for the formation of communicative competence Fig. 1:

Fig. 1. Levels of communicative competence

COMMUNICATIVE COMPETENCE

The first level of formation of professional communication skills - characterized by the inability of a person to perform QC correctly and quickly

Second level of formation of professional communication skills - All actions are correct but slower

Third level of formation of professional communication skills - Ability to quickly, accurately and independently choose a wide arsenal of communication tools and maintain the communication process

Behavior during a therapeutic conversation

Communication with the patient in the process of providing health care is more than speech. It is carried out by applying different methods and strategies. Showing interest and concern for the patient is a component of the so-called “conversation for the purpose of support”. The ability to communicate effectively leads to successful professional activity. The supportive conversation is related to the person’s health topics and assesses the patient’s emotional state.

Carried out according to the rules of therapeutic communication, it shows a manifestation of mercy and respect for the rights and dignity of the patient.

When communicating with the patient and his relatives, it is necessary to pay attention and consider the audience to which the message is directed. The message needs to be adapted based on patient characteristics. Stephen Robbins and Phillip Hunsaker summarize communication skills and distinguish them into three categories - leadership, communication process and motivation:

- leadership - refers to leadership style, the ability to deal with conflict, conduct effective meetings, build a team and promote change
- the process of communication is related to sending a message, listening and realizing feedback.
- motivation - it is related to setting goals, setting expectations, persuasion.

Behind communication skills are qualities such as self-awareness, self-control, self-motivation, understanding the differences between people and the ability to deal with the feelings of others [3, 15]: The use of effective communication skills is a valuable tool for assessing patient needs. Communication with the patient is also done through the application of various methods, such as *writing, reading, listening, drawing, gesturing, technology, eye contact, music, touch, tone of voice, body language, facial expressions/mimics*. It strengthens the “medical professional-patient” relationship and creates an atmosphere of trust [16].

Various authors study the conversation with the patient as an essential part of the medical specialist’s activity. The data shows that healthcare professionals have a different approach when conducting a conversation with the patient, giving importance to different features [4, 7, 8, 17, 18, 19, 20]:

- For some, the most significant is the social side of the conversation - these are the rules that have already been learned in the process of professional training and are related to taking turns when speaking, not interrupting the interlocutor, giving the patient enough time to express himself, to listen to what the patient says, to speak to the patient with respect, to apply techniques to attract attention.

- For other medical professionals, talking with the patient is a way of constructing social relationships by using verbal and non-verbal techniques - tone of voice, maintaining silence in order to increase the patient’s attention to a part of the conversation, raising or lowering the volume of the voice, asking questions etc.

- For some medical specialists, the conversation with the patient is only to inform him about upcoming actions in the treatment-diagnostic process. The topic of the conversation is related to the professional task. Analysis of the interaction with the patient during the conversation shows that medical professionals control the conversation and occupy a dominant role. Communicating with empathy is described as providing “unconditional positive regard”. Research shows that when you communicate with empathy, medical errors are reduced. Communicating with the patient (sincerely and with empathy) requires nurses to use effective communication techniques. Such are [3, 21,10]:

- active listening, with understanding; keeping silence while listening;
- acceptance of what the patient said;
- active interaction with the patient – not just presence;
- asking questions - in order to clarify the received information;
- monitoring, etc.

The empathy shown by health care professionals greatly determines the behavior and well-being of the patient. The development of empathic skills is an important priority in the education of healthcare students and should be supported. Acquiring TC knowledge and skills improves students’ personal and social skills and enables more effective communication with patients [3, 8, 21, 22].

Barriers in therapeutic clinical communication

According to some authors, medical professionals show different types of behavior in the process of communication with the patient. Some of them are [6, 9, 17, 23]:

- Taking a dominant position by the medical specialist and controlling the entire process;
- Giving the patient the opportunity to speak, but limiting his participation in the conversation - by using closed questions. This type of behavior is a precondition for receiving insufficient information from the patient [6, 20].

Reasons for this type of communication, which limits social and emotional communication with the patient, are related to [6, 9, 23]:

- overload of work commitments by nurses;
- lack of time;
- insufficient number of nurses in the department;
- rude behavior of patients;

- the organization of work in departments - emphasizing biomedical needs over psychosocial ones.

The difficulties in carrying out a conversation occurred as a result of various factors, such as [7]:

- reduced concentration of attention when conducting a conversation - turning off attention;
- increased mental activity;
- antipathy to others’ thoughts;
- selectivity of attention;
- need to talk more than the other;
- physical difficulties - temperature, noise, unexpected action in the room, tiredness;
- other obstacles - indifference, prejudice, concern for one’s own problems, reaction to words with an emotional color, tension, etc.

CONCLUSION

One of the great challenges facing modern medicine is to provide the best and most effective care. Health professionals strive not only to master disease and provide treatment effectively but also to develop therapeutic communication skills, which are generally believed to improve with professional experience and patient interaction.

Communication with the patient in the process of providing health care is defined as therapeutic communication. Therapeutic communication is considered as communication with the patient in the conditions of the hospital environment in order to support treatment.

Therapeutic communication is a type of professional communication. It is used by medical professionals in their work with patients and their relatives. It is defined as a purposeful, interpersonal process of transmitting information through words and behavior based on the knowledge, attitudes and skills of both parties, which leads to the patient’s understanding and participation in the treatment process.

The therapeutic conversation builds effective communication with the patient and improves the therapeutic impact. It has been proven that patient satisfaction with the care provided is directly related to his communication and interaction with the medical team.

TC is built on emotional and informational components. The emotional component is related to care based on mutual trust, empathy, respect, sincerity, etc. The cognitive side of TC includes information gathering, patient education, and regulation of expectations.

REFERENCES:

1. Gutiérrez-Puertas L, Márquez-Hernández VV, Gutiérrez-Puertas V, Granados-Gómez G, Aguilera-Manrique G. Educational Interventions for Nursing Students to Develop Communication Skills with Patients: A Systematic Review. *Int J Environ Res Public Health*. 2020 Mar 26;17(7):2241. [[PubMed](#)]
2. Moreno-Poyato AR, Montesó-Curto P, Delgado-Hito P, Suárez-Pérez R, Aceña-Domínguez R, Carreras-Salvador R, et al. The Therapeutic Relationship in Inpatient Psychiatric Care: A Narrative Review of the Perspective of Nurses and Patients. *Arch Psychiatr Nurs*. 2016 Dec;30(6):782-787. [[PubMed](#)]
3. Kelley JM, Kraft-Todd G, Schapira L, Kossowsky J, Riess H. The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials. *PLoS One*. 2014 Apr 9;9(4):e94207. [[PubMed](#)]
4. Cusatis R, Holt JM, Williams J, Nukuna S, Asan O, Flynn KE, et al. The

impact of patient-generated contextual data on communication in clinical practice: A qualitative assessment of patient and clinician perspectives. *Patient Educ. Couns.* 2020 Apr;103(4):734-740. [PubMed]

5. Hemsley B, Balandin S. A Metasynthesis of Patient-Provider Communication in Hospital for Patients with Severe Communication Disabilities: Informing New Translational Research. *Augment Altern Commun.* 2014 Dec;30(4):329-43. [PubMed]

6. James S, Desborough J, McInnes S, Halcomb EJ. Nonverbal communication between registered nurses and patients during chronic disease management consultations: Observations from general practice. *J Clin Nurs.* 2020 Jul;29(13-14):2378-2387. [PubMed]

7. Kourkouta L, Papathanasiou IV. Communication in Nursing Practice. *Mater Sociomed.* 2014 Feb;26(1):65-7. [PubMed]

8. Tavakoly Sany SB, Behzad F, Ferns G, Peyman N. Communication skills training for physicians improves health literacy and medical outcomes among patients with hypertension: a randomized controlled trial. *BMC Health Services Research.* 2020 Jan 23;20(1):60. [PubMed]

9. Casey A, Wallis A. Effective communication: Principle of Nursing Practice E. *Nursing Standard.* 2011 Apr;25(32):35-7. [PubMed]

10. Ellington L, Clayton MF,

Reblin M, Donaldson G, Latimer S. Communication among cancer patients, caregivers, and hospice nurses: Content, process and change over time. *Patient Educ Couns.* 2018 Mar;101(3):414-421. [PubMed]

11. Roux G, VanderMolen JK, Christensen PJ. Evaluation of disability education and emergency preparedness curricula of physician assistant programs. *Disaster Med Public Health Prep.* 2022 Apr 13;17:e122. [PubMed]

12. Kwame A, Petrucka PM. Universal healthcare coverage, patients' rights, and nurse-patient communication: A critical review of the evidence. *BMC Nursing.* 2022 Mar 7;21(1):54. [PubMed]

13. Makary MA, Daniel M. Medical error—the third leading cause of death in the US. *BMJ.* 2016 May 3;353:i2139. [PubMed]

14. Michael BI, Baylor C, Dudgeon AJ, Starks H, Yorkston K. Health Care Provider Accommodations for Patients. With Communication Disorders. *J Top Lang Disorders.* 2017 Oct-Dec;37(4):311-33. [Crossref]

15. Street RL Jr. How clinician-patient communication contributes to health improvement: modeling pathways from talk to outcome. *Patient Educ Couns.* 2013 Sep;92(3):286-91. [PubMed]

16. Amoah VMK, Anokye R, Boakye DS, Gyamfi N. Perceived barriers to effective therapeutic communication among nurses and patients at Kumasi South Hospital. *Cogent Medi-*

cine. 2018 Apr;5:1459341. [Crossref]

17. Gordon C, Ållis-Hill C, Ashburn A. The use of conversational analysis: nurse-patient interaction in communication disability after stroke. *J Adv Nur.* 2009 Mar;65(3):544-53. [PubMed]

18. Hanson E, Fager S. Communication supports for people with motor speech disorders. *Topics in Language Disorders.* 2017 Oct-Dec;37(4):375-88. [Crossref]

19. Högländer J, Holmström IK, Lövenmark A, Van Dulmen S, Eide H, Sundler AJ. Registered nurse-patient communication research: An integrative review for future directions in nursing research. *J Adv Nurs.* 2023 Feb;79(2):539-562. [PubMed]

20. Iacono T, Humphreys J, Davis R, Chandler N. Health care service provision for country people with developmental disability: an Australian perspective. *Res Dev Disabil.* 2004 May-Jun;25(3):265-84. [PubMed]

21. Moudatsou M, Stavropoulou A, Philalithis A, Koukouli S. The Role of Empathy in Health and Social Care Professionals. *Healthcare (Basel).* 2020 Jan 30;8(1):26. [PubMed]

22. Ha JF, Longnecker N. Doctor-patient communication: a review. *Ochsner J.* 2010 Spring;10(1):38-43. [PubMed]

23. Al-Kalaldehy M, Amro N, Qtait M, Alwawi A. Barriers to effective nurse-patient communication in the emergency department. *Emerg Nurse.* 2020 May 5;28(3):29-35. [PubMed]

Please cite this article as: Pavlova S. Therapeutic communication in clinical practice. *J of IMAB.* 2024 Apr-Jun;30(2):5509-5512. [Crossref - <https://doi.org/10.5272/jimab.2024302.5509>]

Received: 20/12/2023; Published online: 11/05/2024



Address for correspondence:

Stanislava Pavlova

Department of Speech therapy and medical pedagogics, Faculty of Public health, Medical University – Varna;

55, Marin Drinov Str., Varna, Bulgaria.

E-mail: stpavlova@abv.bg,