



CRITICAL CONVERSATIONS FOR PATIENT SAFETY

AN ESSENTIAL GUIDE FOR HEALTH PROFESSIONALS

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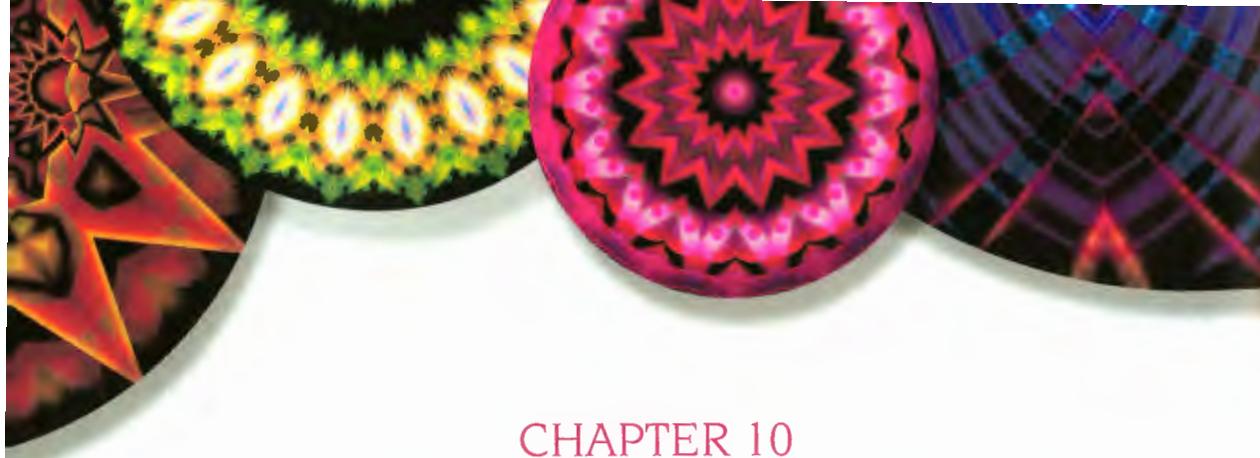
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CHAPTER 10

KEY ATTRIBUTES OF THERAPEUTIC COMMUNICATION

RACHEL ROSSITER ROBIN SCOTT CARLA WALTON

Learning outcomes

Chapter 10 will enable you to:

- ✿ explain the key attributes required for effective therapeutic communication
- ✿ discuss the barriers that inhibit therapeutic communication
- ✿ reflect upon your therapeutic communication skills
- ✿ identify ways in which you could enhance your capacity to communicate in a therapeutic manner.

Key concepts

Therapeutic presence, mindfulness (staying focused), validation, empathy, self-awareness, non-judgmental stance, genuineness/authenticity



What we are missing! What opportunities of understanding we let pass by because at a single decisive moment we were, with all our knowledge, lacking in the simple virtue of a full human presence.

(Karl Jasper, cited in Sonneman, 1954, p. 375)

Introduction

As health professionals, each of us devote many hours to acquiring the specialist knowledge and the technical and clinical skills specific to our discipline. Our work can be situated in a broad range of clinical settings and across the entire spectrum of the life cycle. It encompasses not only the acute/urgent but also the provision of services such as primary healthcare, chronic care, forensic settings and end-of-life care where relationships with patients may continue for an extended period of time. Common to each of the health professions is a focus on developing the highly valued and essential skills of assessment, problem solving and clinical reasoning. To use each of these skills, we need to be able to obtain accurate and comprehensive information from the patient, and to understand the patient's perceptions of what is happening and what he/she is seeking from the health services. Chapters 1–4 drew our attention to the impact on patient safety when, despite our skills and expertise, communication difficulties arise between health professionals. If we are to provide effective care and ensure patient safety, it is imperative that we strengthen our capacity for therapeutic communication, both between members of the healthcare team and with our patients. The challenge is to utilise our specialist knowledge and skills and our capacity for assessment and decision making while at the same time

ensuring that we suspend our inevitable personal judgments and biases and authentically demonstrate respect and empathy for the person requiring our care. In other words, how do we as health professionals 'be with' our patients in a way that is therapeutic, and in a way that invokes trust and confidence? Remember, if your patients don't feel safe with you or don't trust you, they will not tell you everything; likewise, they may not follow through on your instructions for treatment.

Chapter 2 highlighted the key attributes of patient-safe communication. This chapter explores the key attributes required for effective therapeutic communication and examines what the evidence says about barriers to being therapeutic. It then considers the ways in which we can strengthen our capacity to communicate in a therapeutic manner, as without these skills our practice will not be safe.



CLARA'S STORY

I had been a midwife for six years when I enrolled in postgraduate studies. Do you know, I really believed I knew how to communicate with the women in my care. At least, I did until I enrolled in a course about therapeutic engagement and started learning strategies to improve my ability to communicate therapeutically and to understand more about psychosocial interventions available for people who are struggling with emotional difficulties.

I was working on the antenatal ward when Clara, in the early weeks of her first pregnancy, presented repeatedly with painful uterine contractions. All tests and repeated assessments found no reason for her pain. When Clara was admitted yet again, I listened as colleagues talked about her as 'a druggy', while they continued giving analgesia which had no impact on Clara's distress.

At this point I decided to practise my 'new' therapeutic communication skills. Before speaking with Clara, I consciously focused on putting aside the 'druggy label'. When I sat down with her, I was mindful of putting aside any judgments and listening with openness and empathy. To my surprise, I discovered that the previous year Clara had experienced an episode of depression requiring medication and psychotherapy. She was no longer seeing the psychologist and had stopped her medication, as she had been feeling well and had wanted to have a baby.

I spoke with Clara about the potential impact of pregnancy and childbirth on emotional stability and about research that has found that recent discontinuation of mood-stabilising medication may increase the risk of postpartum psychosis (Khan & Lusskin 2010). We discussed Clara's options and she decided that she would go back to see the psychologist and book an appointment with her primary care provider to review her mental health.

You know, I did not expect what happened next. For the remainder of that shift, Clara did not ask for any analgesia. In the weeks that followed, she did not re-present. Clara's outpatient notes showed that her pregnancy was progressing well and she had accessed psychological support with beneficial effect. For me, this experience strengthened my focus on using the therapeutic communications skills I was learning.

Source: The authors were given permission to use Clara's (pseudonym) story in teaching health professionals about therapeutic communication.

WHY THERAPEUTIC COMMUNICATION?

As health professionals, we are accustomed to applying the term 'therapeutic' to a wide variety of interventions and treatments. We may not have thought of the way in which we communicate with our patients as having the potential to be therapeutic or non-therapeutic. However, it is highly likely that we have observed communication behaviours that were non-therapeutic and disruptive for those on the receiving end. The impact of such non-therapeutic communication has widespread effects not

only on patient care but also on relationships between health professionals and on treatment outcomes (Kinnarsley & Edwards 2008; Rosenstein 2009). Most of us do not set out to be deliberately non-therapeutic, but unhelpful ways of communicating occur because we either lack the necessary skills or there are barriers that affect our capacity to communicate in an empathic and therapeutic manner.

While research indicates that therapeutic communication improves patient satisfaction, does it have any impact on patient safety and clinical outcomes? A common assumption is that the patient will follow our instructions and that providing information is all that is required. Bennett et al. (2011, p. 54) suggest that this is a 'rarely met assumption . . . with at least four out of ten patients ignoring, forgetting, misunderstanding, or inaccurately following directives on appointments, prescriptions and lifestyle changes'. In contrast, patients who are satisfied with the quality of communication are more likely to adhere to treatment plans (Locke et al. 2011).

Patient-centred and therapeutic communication has been demonstrated to contribute to positive clinical outcomes for patients experiencing chronic physical illnesses and to increase patient satisfaction and adherence to treatment (Levinson, Lesser & Epstein 2010). For example, adherence to treatment in patients with diabetes has been demonstrated to be enhanced by the quality of the therapeutic communication from healthcare professionals (Rungby & Brock 2010).

WHAT IS THERAPEUTIC COMMUNICATION?

Chapter 2 identified attributes that epitomise a patient-centred clinician, that is, a clinician whose interactions are beneficial for the patient. A 2009 review of research pertaining to mental health nursing practice identified *understanding and empathy, being there and being available, being genuine and demonstrating self-awareness* as vital components in the development of a patient-centred and therapeutic relationship (Dziopa & Ahern 2009).

From the patient perspective, a health professional is seen as trustworthy if he/she demonstrates care, genuine concern and empathy and interest in the patient as a unique individual by actively listening (hearing, understanding and believing the patient) (Levinson 2011). Families likewise respond positively to health professionals genuinely attempting to understand the patient's experience of illness (Ammentorp & Kofoed 2010). Patients also highly value a health professional who uses straightforward, understandable terms when providing explanations and information (Hancock et al. 2012; Salt, Rowles & Reed 2012).

NANCY'S STORY

Nancy, now aged 35, lives with severe and at times life-threatening systemic lupus erythematosus (SLE). She was diagnosed with SLE when she was 19 years old, after three years of illness. Nancy shares her experience of chronic illness and identifies therapeutic communication skills that she sought and valued in health professionals:

It was . . . finding a doctor I could work with to help me to get well . . . Someone I would feel comfortable with asking questions and receiving answers back that I could understand.

I wanted a doctor who would offer new and up-to-date alternative treatments and explain to me what was going on at different stages of my disease. I felt this doctor was caring and genuinely concerned and attuned to my feelings. I felt he was listening to what I had to say.

During the course of her illness, Nancy experienced many difficult times. She tells of speaking to a nurse specialising in immunology about her struggles living with SLE:

She listened and let me cry . . . I felt safe and a sense of trust in being able to express my feelings without feeling labelled or judged and the confidence in knowing any discussion would be confidential.

Therapeutic: to have an outcome that is both beneficial and desirable.



Mindfulness is now widely considered to be an inherent quality of human consciousness... a capacity of attention and awareness oriented to the present moment that varies in degree within and between individuals and can be assessed empirically and independent of religious, spiritual or cultural beliefs (Black 2011, p. 1).

As we now examine therapeutic communication in closer detail, you may be tempted to skip this section, thinking that you already know what the terms mean or perhaps that this is not really relevant to your work. *If you are so inclined, we caution you to remember the relationship between therapeutic communication and patient safety!*

To communicate therapeutically, health professionals need to pay attention to developing and strengthening the following attributes:

- **Genuineness/authenticity:** Be human, be yourself. The patient quickly perceives whether you are genuine or just 'going through the motions'. Nonverbal indicators of inattention, your tone of voice and speed of communication all give the person a clue to your genuineness.
- **Empathy:** Empathy is generically defined as the capacity for participating in and understanding the feelings or ideas of another. Be cautious here. Remember not to confuse empathy with sympathy, which can be seen as being about the health professional, that is, 'sharing the suffering of another – I feel your pain' (Carkhuff & Berenson 2009, pp. 3–6). It is impossible to understand another person's experience exactly; having empathy is to fully accept another's experience and not make comparisons with our own experience. Every experience, like every person, is unique. We cannot assume that we truly know how another person feels in any situation.
- **Self-awareness:** Self-awareness denotes a deep awareness of our thoughts, feelings and behaviours and the impact that these have on the manner in which we interact with others. Motivation ('the desire to do the best you can') and moral agency ('using the self to create a therapeutic relationship') are key aspects of self-awareness (Dempsey et al. 2009, pp. 245–6).

Genuineness and authenticity, empathy and self-awareness are the platform from which we can utilise the following techniques to communicate therapeutically with the people in our care.

- **Mindfulness:** Mindfulness is focused attention and awareness. A well-known definition states that 'mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experiences moment by moment' (Kabat-Zinn 1994). In the information-rich and fast-paced environments that constitute health service delivery, mindfulness enables the capacity to consider multiple perspectives while keeping the patient at the forefront of our attention (Anthony & Vidal 2010).

Mindfulness skills improve the capacity 'to be attentive, listen deeply to patients' concerns and respond to patients more effectively' (Beckman et al. 2012, p. 815). For more information about mindfulness, see 'Further reading' and 'Web resources'.

- **Put aside biases and assumptions:** Although it may be hard to admit, it is often difficult to understand or relate to people who are different from us. We all hold personal beliefs and biases and make assumptions that influence the ways in which we respond to others. These may at times impede our ability to be empathic and therapeutic in our interactions with others. Add to this the tasks associated with working in an environment where resources are limited and demands are high and it is apparent how a limited awareness of our own behaviours, feelings, emotions and thought processes may contribute to errors in patient care.
- **Non-judgmental stance:** As human beings, we frequently use shorthand expressions when talking with each other as a faster way to communicate. For example, we might say, 'He's a great guy' or 'He's a bit of a creep'. In the brevity we miss some of the important details. We don't really know what is meant by him being a great guy or a creep. As health professionals, we have conversations with our patients, with our colleagues and with ourselves about our patients (and our colleagues!). We will often reflect on our patients, what we are doing with them and what we can do differently. Our tendency to use shorthand judgments is so well practised (e.g. 'Those tomatoes are bad', 'That mug is ugly', 'That dress is lovely') that it is easy to use these judgments when we talk and think about our patients. When we do this, it often increases our emotions, closing off options in terms of thinking how we can help.

What might we do differently? Take Sally, for example; if we say to our colleagues or to ourselves, 'She's a really difficult patient', we are likely to have a 'heart sink' moment thinking

about seeing her and to feel helpless as to how to do things differently. Stop and reflect on what a statement like ‘She’s a really difficult patient’ tells us about Sally. Does it tell us what she does (or doesn’t do) that makes her difficult? If we can find a way to just describe the facts, it opens up problem-solving options for how we might help. A more useful way to communicate these shorthand judgments with our colleagues, our patients and ourselves is to take the judgment and convert it into just stating the facts and the consequences. The facts about Sally are that her immune function is compromised and she walks around the general hospital instead of staying in her room. This places her at increased risk of infection and the nurses spend a lot of time trying to find her to bring her back to her room. Thinking in this way, our frustration is likely to lessen and we can move into a place of finding a solution.

- **Validation:** ‘To validate’ has been defined as ‘to make valid, substantiate or confirm’ (www.websters-online-dictionary.org). Telling the person ‘I understand how you feel’ seldom assists the person to feel that you do understand. You are much more likely to encounter a response such as, ‘How could you possibly know what I’m feeling’. To validate requires us to ‘communicate to the patient that her responses make sense and are understandable within her current . . . situation’ (Linehan 1993, pp. 222–3). Actively focusing on putting aside our biases and assumptions and taking a non-judgmental stance frees us up to be present with the person and to validate their experience. Actively employing these skills enables you to cultivate your ability to be present.
- **Therapeutic presence** is described as the act of intentionally ‘bringing one’s whole self’ into the interaction with a patient (Geller, Greenberg & Watson 2010, p. 599). Once you are ‘fully’ present, you are then in a position to communicate in a way that is beneficial for the patient.

Take time now to review the pictorial representation of the relationship between these attributes and skills and the desired outcome of effective therapeutic communication (Figure 10.1).

We cannot be fully present with others until we can be fully present and at home with ourselves . . . We cannot see or hear who others actually are or what they feel unless we are at home with ourselves and not living behind a veil of self-deception or ego (Geller & Greenberg 2012, p. 79).

ROBYN’S REFLECTION

I have been working in emergency mental health for many years. A vital part of my professional practice is regular participation in clinical supervision. This provides a safe environment where I can voice my concerns and frustrations and also describe the successful moments. The skills learned in supervision are consciously used in my everyday work, especially to increase my mindfulness of my biases and assumptions and how these may negatively affect my capacity to genuinely engage and connect with people.

For example, a phone call from the emergency department (ED) says that a patient has re-presented and requires a mental health assessment. Sometimes this prompts immediate feelings of frustration: ‘Oh no, not her again’, ‘Didn’t she listen to or do the things we talked about the other day’ and ‘What has she done this time’. Now I acknowledge these feelings and then make a conscious decision to put them aside. Once I open the door of my office those feelings are left on my desk, so to speak. I spend the time walking to the ED thinking about how I can be of help to this person rather than becoming immersed in those unhelpful feelings. By the time I reach the ED my mind is cleared to focus my attention fully towards the person.

Source: Robin Scott, personal reflection.

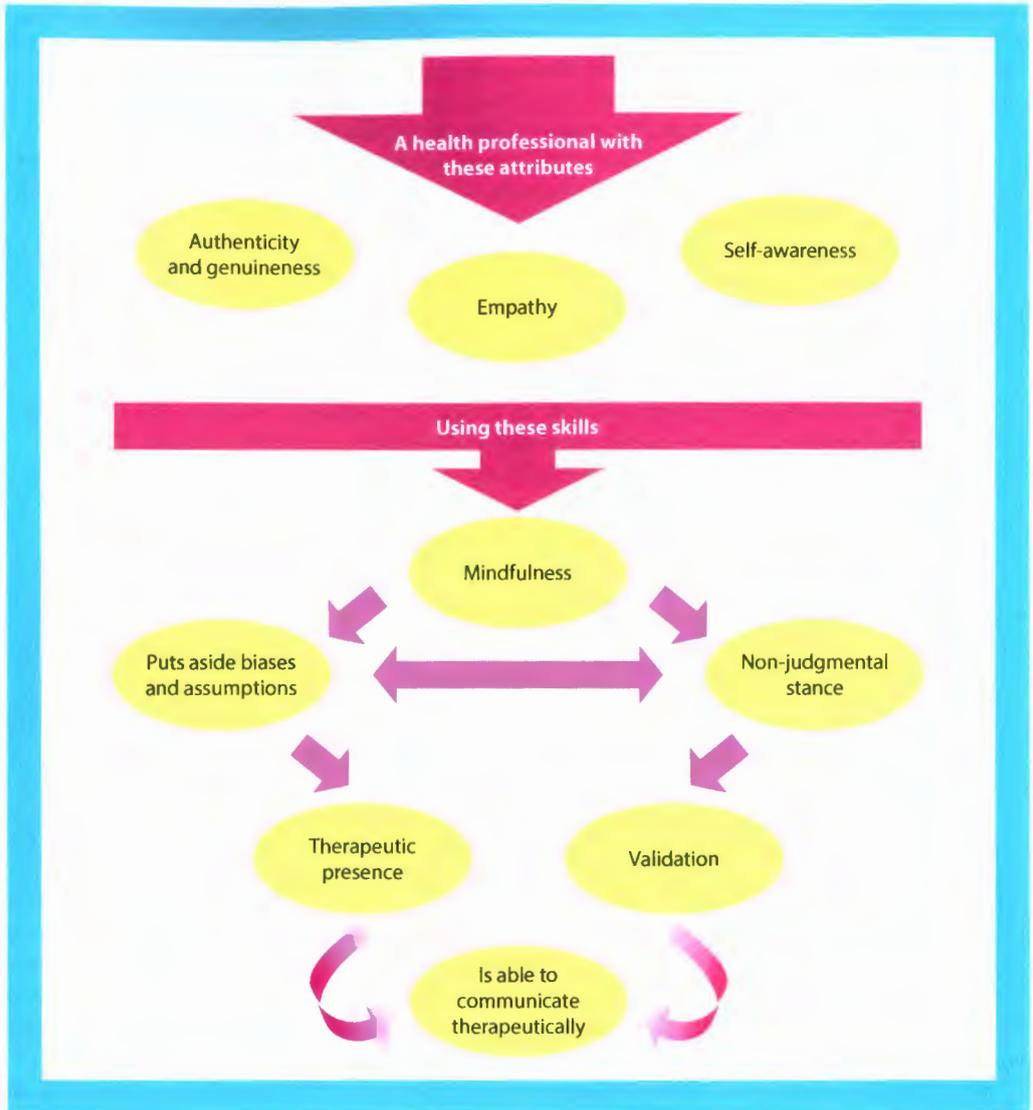
WHAT GETS IN THE WAY OF BEING THERAPEUTIC?

As a starting point, think of some of the obstacles that reduce our capacity to live our lives with ease outside of work. It is likely that these will negatively impact on our functioning at work. Geller and Greenberg (2012, p. 76) suggest that factors such as ‘stress, fatigue, burnout, lack of self-care, overwork, unresolved personal issues, lack of presence with others in daily life, and excessive



FIGURE 10.1

Understanding
therapeutic
communication



busyness' are likely to reduce an individual's capacity to be therapeutic. Table 10.1 details barriers to therapeutic communication that have been identified in the healthcare setting. Keep in mind that without self-awareness, authenticity and empathy it will be difficult to overcome these barriers to patient-safe and therapeutic communication.

TABLE 10.1
*Barriers to
therapeutic
communication*

Barriers	Example	What helps?	Example
Over-reliance on technology	'More mistakes are made from want of a proper examination than for any other reason' (Russell John Howard, 1875–1942).	Mindfulness; focused attention	Taking time to listen to the patient will provide invaluable information that would otherwise be missed.
Limited time	'You know, my focus is on looking after the acute issues. I don't have time to waste being empathic.'	Empathy	'Of course, the legal, clinical and professional tasks have to get done, but doing them with a bit of ordinary humanity can make such a difference' (Kennard et al. 2007).
Patient may get upset	'If I show the person that I care too much, they'll get all upset and then I've got to manage all of that emotion as well; it's easier to just keep moving right along.'	Self-awareness and empathy	'This is not all about me! I know it may be hard and perhaps painful to listen, but I can still choose to connect with this person and be empathic.'
Fear that showing empathy will lead to burnout	'You know, I deal with people who are suffering all day long. If I let myself feel all that pain, I'll just end up exhausted and unable to do my job.'	Self-awareness, clinical supervision and reflection	'I can make sure that I talk to my clinical supervisor or mentor about these challenging moments.'
Lack of knowledge and education	'I don't know what to ask and I'm scared that if I say the wrong thing I'll make things worse.'	Additional education	It is important to understand our limits, but that does not mean we cannot attempt to connect. If we do make mistakes, we should feel supported and not left to make decisions in isolation without consultation.
Relying on written patient information only	'I've given the patient the information. Why don't they do as they're told.'	Put aside assumptions	Check that the patient has understood what has been provided and if they have questions and concerns that need answering.

Source: Hardee & Platt (2010), p. 18; Haslam (2007); Levinson, Lesser & Epstein (2010).

Thus far, this text has examined communication and patient safety and the importance of improving interprofessional communication to enable the delivery of safe patient care. This chapter has examined some of the key aspects of therapeutic communication and identified some of the barriers that block therapeutic communication. Next we consider how you can improve your ability to engage in communication interactions that are therapeutic.

WHAT YOU CAN DO TO STRENGTHEN YOUR THERAPEUTIC COMMUNICATION SKILLS

There are many strategies that have been shown to enable health professionals to build their capacity for therapeutic communication:

1. Remind yourself to repeatedly ask, 'What would it be like to be in this person's place?' (Hojat 2007, p. 192).
2. Ask yourself, 'What if this person was my mother, father, son, daughter, husband, wife . . . ?'
3. Focus on 'listening with the third ear', seeking to 'understand the patient's experience beyond the spoken words' (Hojat 2007, p. 192).
4. Practise 'viewing events with the third eye to understand the patient's experiences more completely' (Hojat 2007, p. 192).
5. Take every opportunity to participate in professional development courses focusing on therapeutic communication.
6. Participate in regular clinical supervision¹ where the focus is on strengthening your therapeutic interactions (White & Winstanley 2011).
7. For medical professionals and psychologists, seek out a Balint² group in your area and attend regularly (Lustig 2008, pp. 263–4).
8. Make sure that you access a broad range of literature, art, music and film outside your discipline to deepen your understanding and provide other perspectives of suffering and pain.
9. Take time to know the person's unique story. As we understand a little of this particular person's life, our ability to be empathic and compassionate is strengthened.

The growing body of research related to the impact of mindfulness and therapeutic presence on therapeutic communication includes suggestions that are helpful for all health professionals. As a starting point, consider incorporating these recommendations to further strengthen your ability to communicate therapeutically:

1. Pay attention to looking after yourself. Ensure that you have 'a life' outside of your work as a health professional. This will require an ongoing commitment to self-care and nurture. Don't forget the basic elements:
 - Good sleep hygiene
 - Healthy diet
 - Regular exercise.
2. Make regular time in your life to be with friends and family, with a focus on being non-judgmental, accepting of others and listening carefully.
3. Strengthen your commitment to personal growth and self-awareness. Your capacity to communicate therapeutically with patients is directly influenced by the extent to which you are comfortable with yourself and with close emotional contact with others.
 - Review your personal ethics and moral values on a regular basis.
 - Access professional workshops to enhance your communication and self-awareness capacity.
4. Make space in your life for 'quiet spaces', reflection and contemplation. Consider regular practices such as mindfulness, yoga and other similar practices (Geller & Greenberg 2012).
5. Regularly examine your motivation and commitment to providing patient-centred, therapeutic healthcare.
 - 1 Clinical supervision has been described as 'a support mechanism for practising professionals within which they can share clinical, organizational, developmental and emotional experiences with another professional in a secure, confidential environment in order to enhance knowledge and skills. This process will lead to an increased awareness of other concepts including accountability and reflective practice' (Lyth 2000, p. 728).
 - 2 Balint group: 'experiential, small group educational group in which practising clinicians meet regularly to discuss their own doctor–patient interactions' (Lustig 2008, p. 263). 'Participants report increased ability to cope with difficult clinician–patient interactions, psychologically challenging situations in general and in mental health issues; reduction in work-related stress and increased professional satisfaction.' <<http://balintaustralia.org/about-balint-groups/>>

CONCLUSION

This chapter has challenged you to ensure that the way in which you communicate is both patient safe and therapeutic, that is, the outcome is beneficial to your patient's health and wellbeing. The key to success is finding within yourself the motivation and willingness to work on developing and strengthening your therapeutic communication skills. Just as all of us, as health professionals, need to make a commitment to ongoing professional development to ensure that we are able to deliver evidence-based care, the same level of commitment will be required to keep our therapeutic communication skills well honed.

In the chapters that follow (Chapters 11–19), the focus is on therapeutic communication with specific groups of patients. Remember that what you have learned in this chapter will underpin your interactions with all of your patients.

Critical thinking activities

Levinson (2011) reminds us that to deliver safe care requires focused attention on strengthening our clinical and technical skills and knowledge *as well as* the same level of attentiveness to strengthening our therapeutic communication skills. As you consider Levinson's assertion, ponder this reflection:

Maria, an experienced renal dialysis clinician, reflected:

I am always very busy both physically and mentally when I am at work. I used to view this as a sign that I was a 'good nurse', highly organised and competent, until I realised that while I was getting the work done I was just providing 'lip-service' to 'being there' for my patients – in other words, to the concept of being present . . .

I began to pay closer attention to 'being present'. When I put my patients on the [dialysis] machine I now focus entirely upon them. If a staff member wants to speak to me (and it is not an emergency), where previously I would interrupt my patient and have a conversation with the staff member, I now ask them to wait until I have finished. I try to actively listen to my patients and don't attempt to think I can finish their conversation with words like 'Yes, I know' or 'But of course'. You know, if the truth be told, I really had no idea; and I was just wishing for them to finish so I could move on to the next patient.

I think in dialysis it is absolutely essential to have technical and clinical competence. But when I think about the time we spend with our patients, more consideration needs to be given to our interpersonal relationships and to fostering a ward culture that openly values the relationships developed with our patients.

One thing I totally did not anticipate – you could say it was an unexpected benefit of my study – I am enjoying work for the first time in a long time. Just by being present with my group of patients, I feel that I am working at a higher level and have developed effective therapeutic relationships with them . . .

Source: The authors were given permission to use Maria's reflection in teaching health professionals about therapeutic communication.

1. Thinking about your own practice, how do you respond to interruptions when you are looking after a patient?

2. Do you think that there are aspects of Maria's story that have relevance to your clinical practice?
3. Imagine how your work context and capacity for therapeutic communication would change if your team tried Maria's experiment.
4. Review Clara's story (p. 104). Compare the midwife's actions against those illustrated in Figure 10.1. Identify the attributes and skills that the midwife specifically concentrated on in her interactions with Clara.
5. As a result of reading this chapter, what specific actions do you need to take to strengthen your capacity for therapeutic communication?

Further reading

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Web resources

Balint Society of Australia and New Zealand

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