

THERAPEUTIC COMMUNICATION IN THE CLINICAL SETTING

Suzanne Rosenberg, *Natural and Applied Sciences*

I. The Work of the Nursing Student

At the traditional pinning ceremony, LaGuardia nurses are naturally excited about their entry into the world of healthcare. But the new nurse will enter a profession of seemingly insurmountable pressures: increases in work hours, shortages in staff and services, unrelenting emotional and physical strain, and close and constant confrontations with suffering, disease, and death. Despite these familiar and unavoidable challenges, or perhaps because of them, nursing remains a calling.

Each semester at LaGuardia, over 200 students who have completed a challenging set of prerequisites in the sciences, achieving GPAs of 3.7 to 4.0, apply to an RN program that can accommodate a maximum of 70 applicants. LaGuardia also has a Practical Nursing Program (PN), inaugurated in 2005. The program admits 60 students twice a year; 3.4 was the minimum admission grade for fall 2008. Passing through LaGuardia's nursing programs is a demanding experience, but, having succeeded, our graduates have better than a 95% chance of passing the Nursing Boards. Well received at nurse recruitment centers, LaGuardia graduates place in specialty positions that include operating and emergency rooms, telemetry and respiratory units as well as medical/surgical units.

The hopeful LaGuardia nursing applicant is often a newly arrived immigrant or single parent, drawn to the profession by the promise of economic stability. If admitted, she or he sacrifices social and family life for a rigorous curriculum. Most students are on scholarship or receive financial aid; few, if any, are economically privileged. Some shoulder financial responsibility for personal and educational expenses by working full time while preparing for nursing careers; others work weekends and evenings while attending day classes. Students who are parents face unique demands on their time and energies: child care and other domestic duties do not cease, and study time arrives only after the children are asleep.

These competing obligations of school, work, and home can drain the student nurse's motivation. Yet our nursing students survive and fare well, gaining the academic success that, in turn, will lead to professional

status and pursuit of degrees beyond the Associate in Applied Science. The ability to make personal sacrifices and the determination to study hard, however, will not sustain a life of service; the nurse must possess another exceptional quality: the skill to create a trusting relationship that promotes growth and healing in the patient's life. In the nursing profession, the key to this relationship is therapeutic communication.

As the nursing student in clinical training soon learns, the most compassionate caregiver can be quickly exhausted by the work: patient distress, scarcity of support, unavailability of supplies, malfunctioning machines, and the competing demands of patients and families, supervisors, and doctors. If the nurse is to meet these challenges, she must possess the capacity to communicate effectively with the patient in a limited amount of time and in ways that conserve her psychological and physical energy.

This article explores therapeutic communication as a professional technique centered on empathy and practiced for the purposes of reducing stress and increasing understanding in both the caregiver and those cared for. Threaded throughout LaGuardia's nursing program, introduced in the classroom, and practiced in the clinical setting, the theory and practice of therapeutic communication help the nursing student in a high-stress workplace learn to connect with and assess her patient efficiently and empathically, thus making the enormous challenges encountered by the healthcare worker more manageable.

II. Therapeutic Communication Defined

Imagine the newly admitted patient surrounded by strange technology and intimidated by a threatening environment, anxious and uncomfortable. Dressed in a flapping hospital gown, pricked by a phlebotomist, unaware when the doctor will arrive, left to wait on a gurney in the cold hallway until a room is assigned, or the test results are ready, or the radiologist is available: too many of us know these all too frequent and unfortunate experiences. Now, when the patient is most vulnerable, the nurse's work begins.

The root cause of the patient's medical problem must be identified, personal information gathered, and options explained to a person who is frightened or passive. At this critical moment, the nurse's key goal is to gain the patient's cooperation. To succeed, the nurse must earn the patient's trust in a limited amount of time, eliciting the required data, yet communicating in a manner that conveys empathy, saves energy but encourages the patient to reveal fears or frustrations, bridges cultural

differences, and recognizes individuality. Given the frequently short length of hospital stay and the absence of familiarity between patient and nurse, how are these objectives to be met?

In our everyday lives, we often speak or act casually, without reflecting on the effects of our words or deeds. Consequently, we unwittingly risk a relationship by asking personal questions, changing the subject, giving personal opinions, or responding dismissively or automatically, all of which can lead to defensive or negative reactions. Blunt why and how questions may seem aggressive; advising and judging may appear to assume authority and belittle our partner in conversation. In a hospital room, these forms of nontherapeutic communication will most likely elicit only monosyllabic responses, yielding neither the reflection nor the information necessary for the patient's healthcare assessment and treatment plan. In this case, the relationship of the patient and the nurse is in jeopardy; stress for both caregiver and cared for increase, and the nurse's work becomes more difficult.

In the world of healthcare, then, professional caregivers must be especially sensitive to approaches that keep communication open. In the LaGuardia nursing program, students learn that therapeutic communication can express care, interest, and respect in several ways. *Active listening* may be signaled through body language. Sitting and facing the patient in an open and forward-leaning posture with frequent eye contact, for example, sends a message of interest and attentiveness. *Careful observation and conversational prompts*, such as "You look tired today," or "I noticed you didn't want to eat this morning," can draw out the quiet or withdrawn patient, leading the nurse to understand the underlying causes of the patient's discomfort. *Asking open-ended questions* invites the patient to lower his or her guard; and by responding attentively, the nurse communicates commitment to staying focused and professional. Conversely, moving around, avoiding the patient's eyes, and doing most of the talking are behaviors that indicate a lack of interest in the patient's experience. *Recognizing nonverbal communication* helps healthcare workers remain keenly aware that a patient's cognition and behaviors may not match. A diabetic, for example, may state an understanding of the need to manage intake of carbohydrates, yet continue to stash chocolate bars in the bedside table. In this case, a therapeutic approach recognizes the patient's lack of readiness to commit to healthier choices, and communicates support by modifying strategies and identifying alternative solutions. *Empathy* is the calm understanding and acceptance of the thoughts and feelings

of the patient. When empathetic, one is nonjudgmental, sensitive, open, and capable of imagining another person's experience. For example, an empathetic nurse responds to a patient's need to smoke in ways that neither promote the habit nor alienate the smoker. Finally, *reminding a patient of her strengths and previous successes* in solving problems, the nurse conveys hope and the optimistic belief that the patient is capable of participating in a plan of care.

In summary, therapeutic communication is holistic and patient-centered, and engages the totality of the patient's condition – environmental, spiritual, psychological, as well as physiological elements. The practice of therapeutic communication helps form a health-focused and stress-reducing collaborative relationship; its primary goal is the establishment of trust in order to create a healing exchange between nurse and patient. In a properly functioning relationship, the patient communicates his or her experience, and shares necessary data, thoughts, and feelings with the nurse who listens carefully to the patient's expression of physical and holistic needs. Ideally, the result of this reciprocal exchange is the formulation of a unique, mutually-designed but patient-managed treatment plan.

III. The First Semester: Introduction to Therapeutic Communication

Having already completed the required classes in science, English, and psychology, the newly admitted nursing student enters the first semester of the nursing program, which requires courses in Fundamentals of Nursing (SCR110) and Perspectives of Nursing (SCR150). In Fundamentals, students attend approximately ten hours of lecture/lab per week and six hours of weekly hospital/clinical experience; Perspectives is a basic patient care course that requires a ten-page research paper, oral presentations, and class discussions of assigned readings.

On the first day in the Fundamentals of Nursing course, new students learn that, for the next twelve weeks, they must say goodbye to their social and family lives. Fortunately, most nursing students possess the set of characteristics necessary to make these sacrifices and to meet the demands of course work, labs, and exams that will consume the weeks ahead. Focused, energetic, and driven, they are, in a word, “type-A” personalities. Instructors can easily spot these students, as they are goal-oriented and obsessed with grades. But what instructors may not see is that many also work long hours to cover their living expenses. Personal obligations, combined with rigorous program requirements, call for efficient organization of time and resources.

When teaching Fundamentals, I introduce students to strategies that communicate empathy and those that result in distancing and defensiveness. Through role plays and discussion, students identify therapeutic and nontherapeutic responses, and learn the rationale behind effective communication techniques. In one scenario, students assume the experience of patients, and express the feelings and fears of individuals anxiously awaiting life-altering information in an unfamiliar hospital; in a second role-play, students engage in therapeutic and nontherapeutic communication with caregivers. By practicing both the facilitators of and the blocks to therapeutic communication, students learn that the phrases that may be appropriate coming from family and friends (“Don’t worry, you’ll feel better soon,” “How can you feel that way when your lab results are normal?” or “Why didn’t you go for a second opinion?”) are alienating when spoken to a frail, noncommunicative patient. After the role plays, students discuss the scenarios, and write descriptive analyses of the participants’ communication skills, identifying barriers to and facilitators of productive nurse-patient interaction, and emphasizing specific areas for improvement. Students then present a more positive therapeutic version using body language and other facilitators to engage, interview, and assess the patient. Finally, we review strategies of therapeutic communication to be used throughout nursing practice. After one or two weeks of preparation in lecture and lab, students are ready to enter clinical training.

IV. The Application of Therapeutic Communication in the Clinical Setting

Graduating nursing students have often described patient interviews on the very first day of their clinical practice as among the most frightening aspects of their training. High achievers in the classroom, on the floor they become robotic, tongue-tied and unable to apply their learning. More than once during the transitional process from class to clinic, my students have described patients who “won’t let me wash them,” “won’t eat,” or “won’t talk with me,” implying that the problem is with the patient. Claiming to legitimize the patient’s autonomy rights, the student nurse appears almost relieved to forego clinical responsibilities.

In these cases, students need guidance to become more assertive in educating the patient to the benefits of care. The student must learn that care refused or postponed is nevertheless necessary; without it, optimum standards will not be achieved. After several weeks of practice under the guidance of hospital personnel and course instructors, students become

more confident of their bedside care; as their interaction becomes therapeutic, patients refusing care will generally become more cooperative.

Application of therapeutic communication in student-patient interaction is best observed in the clinical hospital setting. Typically, student nurses begin each preconference, which is the preparation time prior to the student-patient experience, with a focus for the day. In the summer of 2008, as the instructor of 10 PN students at Elmhurst Hospital in Queens, I observed nurse-patient interaction as the students performed tasks and engaged in dialogue related to several gastrointestinal conditions. In their last semester before graduation, these students first reviewed the gastrointestinal material in lecture and preconference, and then applied this knowledge to the determination of their patients' health needs, prioritizing and delivering the appropriate routine hygienic care.

In the postconference hour at the end of each clinical day, students discussed the ways therapeutic communication had enhanced their caregiving. To complete the student evaluation, I asked patients to offer feedback about the level of satisfaction with the students' care. In postconference, students reported on their patients, often recounting the personal stories, struggles, and successes that patients had shared. For example, they reported that depressed patients had increased conversation, suggesting regained energy to cope with their condition; described menus modified according to a patient's cultural/palate preference; or narrated life experiences that, when shared, fostered the nurse-patient relationship and helped empower the patient. Students also reported positive practices of assertive communication that clarified misunderstanding, and helped to gather necessary information or contribute reassurance.

By exchanging information and feelings with patients, students used therapeutic communication to aid patient care. By reflecting genuine interest and listening attentively, they opened up a dialogue, allowing them to better understand their patients, as the sample responses indicate:

... using empathy, understanding, patience, I saw how TC enhanced my relationship with my patient. He trusted me more and more, and shared with me his life before the surgery and told me how much I helped him to understand his condition and to take care of himself after the discharge.

... I used the therapeutic technique of listening. When I just listen to what my patient is saying, I am showing that I care about the patient's feelings and problems. I used assertive communication when I explained to Mrs. J. why I needed to take her pulse and respirations... I did this without violating her rights. ...a good listener can provide reassurance, lighten another person's burden...

It was hard to communicate verbally because of the language barrier but he and I communicated using non verbal cues. He nodded and smiled; he responded to what I was saying. To his wife, I taught her to communicate with her husband, to exercise his brain, and also for him to practice starting to talk. In addition, cultural sensitivity enhanced the care...(he) prefers Indian food rather than hospital food; therefore the patient eats more and prevents nutritional imbalance.

During my time at Elmhurst Hospital, I used listening and touch as therapeutic techniques. When I asked patients if they were doing fine, I touched them by rubbing their arm or back a little... Listening and touch sends a message of care and trust...

Yesterday, my patient refused a.m. care. When I entered her room, I talked in a calm voice, asked why she refused to take a shower. Through TC, I gathered information needed for my plan of care. I learned she feels really cold, that's why she refuses to take a bath. My action was to teach the importance of hygienic care. TC means a lot to a patient... A simple gesture, a smile or hello has a great importance.

Therapeutic Communication is one of the most valuable tools that nurses have to build rapport or trust. This trust allows the nurse to provide reverse care. This means that the nurse allows the patient to feel secure enough to share information, such as his/her feelings, frustration, pain, happiness, or improvement. The information provided by therapeutic communication gives nurses the clues or heads up of any exacerbation in the patient's condition, as well as any developing disease. TC is needed in nursing for both the progress of the patient, as well as the growth of the nurse in her practice.

In the workplace, a nurse's responsibilities and duties can be enormous. As these responses reflect, using therapeutic communication helped students create a nurse-patient relationship that allowed the nurse to better understand and provide nursing assistance.

Conclusion

Usually by the end of the first year of clinical training, LaGuardia nursing students know what to expect when they walk onto the hospital floor. They know that patients who must make life-altering decisions will often lean on the nurse for support, and that the nurse who expresses confidence is better able to motivate her patients to cooperate with the plans for that day. After intensive clinical application, the ability to communicate therapeutically will become almost second nature to the nurse who has learned to balance the stresses of demanding daily tasks with the acquired skills of assessing a patient's needs and determining an effective treatment plan.

The work of nursing in the 21st century is changing. With managed care, and the quest for universal health coverage, there will be greater demands upon our system to provide high quality care with a high rate of efficiency. Using therapeutic communication effectively helps to create a nurse-patient relationship that promotes choice and responsibility, gains patient input and cooperation, maximizes positive care outcomes, and helps to avoid litigious confrontations. It is only when the patient is able to partner in the management of his own healthcare that the nurse's work can be fully utilized and the patient's success maximized. Integrating knowledge with compassion, reducing stress and establishing rapport, the skill of therapeutic communication is the nurse's greatest asset.

WORKS CONSULTED

- Berman, Audrey, Shirlee J. Snyder, Barbara Kozier, and Glenora Erb. *Kozier and Erb's Fundamentals of Nursing: Concepts, Process, and Practice*. 8th ed. Upper Saddle River: Pearson-Prentice, 2008. Print.
- Potter, Patricia Ann, and Anne Griffin Perry. *Fundamentals of Nursing*. 6th ed. St. Louis: Mosby, 2005. Print.

WORK-BASED LEARNING IN NURSING EDUCATION: THE VALUE OF PRECEPTORSHIPS

Andrea Morgan-Eason, *Natural and Applied Sciences*

In a constantly changing situation, where reliance on static knowledge does not make sense anymore, it is important to help students to develop autonomous ways of learning, which will be of vital value through their career.
(Mantzorou 1)

Work-based learning (WBL) is not new in education. John Dewey had long argued that “life and learning should be uniquely integrated” (qtd. in Swail, and Kampits 1), and that the best way to achieve “the finest product of schooling” was “to integrate the working world with the education curriculum” (Swail, and Kampits 1). Work-based learning values learning that takes place outside of an educational institution, integrates practice with theory, encourages reflection, and contributes to the development of professional knowledge.

Various types of work-based programs include internships such as those offered by LaGuardia’s Cooperative Education program, job-shadowing, and youth apprenticeships. As a nurse educator, I see tremendous value in preceptorships for the ways they facilitate the clinical competence of nursing students and sustain nurses once they have entered the profession.

Originally, nursing schools were hospital-based programs with most of the education and training of nurses taking place in hospitals. With time, however, nursing schools became part of higher education institutions. Clinical instruction emerged as a way “to deal with the problem of the inconsistency of classroom teaching and hospital practice,” and the aim of higher education institutions to have “total control of their students” (Mantzorou 1). Although most nursing programs today are part of higher education institutions, they still require nursing students to get hands-on training in the hospital through clinical experiences. These clinical experiences are regarded as the heart of nursing education, providing students with the opportunity to apply classroom learning to real situations, and to develop core competencies needed to make the transition from the classroom to the workplace.

Clinical experiences are generally accomplished by two methods: clinical instruction and preceptorship. Clinical instruction is a period of training for student nurses under the guidance of a nurse-instructor for a period of thirteen weeks. The student/instructor ratio is 10:1 and the clinical instruction occurs in the hospital setting once per week for eight hours or twice per week for four hours. The majority of nursing courses have a clinical instruction component. In clinical instruction, teaching focuses on group learning and has a teacher-centered approach, in which the instructor guides the process, making sure that all students are highly engaged, at some level, in patient care. As a clinical instructor, if I have a student who is about to perform a procedure, I ask other students to observe the procedure, with the patient's permission. At times, I partner two students to take care of one patient, especially if that patient has a diagnosis that meets the teaching objectives of the clinical day.

Preceptorship, on the other hand, is an “individual teaching and learning method, in which each student is assigned to a particular preceptor [a person experienced in the area] so that she/he can experience day-to-day practice with a role model and resource person immediately within the clinical setting” (Chickerella, and Lutz, qtd. in Wood 34). As a formal period of training for each student nurse under the guidance of an experienced nurse, the preceptorship is often tailored to meet the individual student's needs. The preceptorship lasts for three to four months and usually occurs during the last semester of the nursing program, preparing students to assume full patient care as soon as they are employed. More than clinical instruction, the preceptorship is student-centered, with students becoming more deeply engaged in patient care by providing more hands-on care. This engagement promotes independence and autonomy in student nurses, qualities that will be important in their future work. Preceptorships provide “an individual learning pathway, not a generic way of learning, which [makes] the learning outcomes very personal” (Swallow et al. 821).

Preceptorship training is extremely useful in helping student nurses bridge the gap between theory and practice. The way a patient's illness presents itself in the hospital setting can be completely different from what was taught about the illness in the classroom. This gap leads to the difficulty and disillusionment experienced by nursing students and constitutes one of the biggest challenges currently confronting the nursing profession. According to Wood, despite having a degree of knowledge and competence, many nurses may feel that they need

support and guidance from more experienced colleagues until they “find their feet” professionally (34). By providing increased exposure to medical situations and professional nurturing in day-to-day work, the preceptorship supports a smooth transition for the student nurse into the nursing profession.

The preceptorship can also be a valuable asset in “confronting the present day challenges of recruiting and retaining professional nurses in the hospital setting” (Allanach, and Jennings 27). Many newly graduated nurses who have completed preceptorships explore job opportunities at the hospitals where they trained. Most hospitals, when hiring nurses, give preference to those nurses who were involved in their preceptorship training program. “By easing the transition into the professional practice role, preceptorships may be useful in mitigating negative affective states which, in turn, may effectively reduce the premature exit of new nurses from the profession of nursing” (Allanach, and Jennings 27).

Jean Flanagan and her colleagues state in their article “Work-Based Learning as a Means of Developing and Assessing Nursing Competence,” that “[n]urse education needs to . . . move towards work-based approaches [which can be] crucial to the development of the profession” (367). Linda Chapman concurs: “Good clinical practice is closely linked to education, so one cannot be developed without the other” (41). LaGuardia’s nursing program, always open to innovation and improvement, is in an ideal position to embrace preceptorships and embark on the initiative of incorporating them into the nursing curriculum in the near future. The final clinical nursing course, Medical-Surgical Nursing II (SCR290), has the right components to include a preceptorship. SCR290 offers more clinical instruction hours, two eight-hour days per week, and the students are beginning to make their transition into the profession, exploring job opportunities.

Over the years, I have gained a deeper appreciation for preceptorship training. As a nursing student at Adelphi University, I participated in preceptorship training in my last semester. I had the opportunity to choose a specific area of nursing and a hospital. I chose the maternity unit at South Nassau Community Hospital in Oceanside, New York. Assigned to a preceptor on the unit, I was scheduled to work on the same shifts that she worked. I made my own objectives for the course and the preceptor made sure that all my objectives were met. The preceptor and I worked very closely together, yet she emphasized that I should emerge from her shadow and develop my own capabilities.

Thus, with her support, I became more independent, gaining confidence and competence.

More recently, while teaching one of my clinical rotations at Queens Hospital, I came across a student nurse from Adelphi who was involved in preceptorship training. We discussed our respective experiences in preceptorships. We both felt that our preceptors had created environments that provided a transition into nursing, and we each felt fortunate to have matured professionally in our preceptorships. Most importantly, each of us recognized that our training experiences had had positive effects on the quality of care for patients. I introduced this student to my first-semester nursing students and she began to share her experiences and knowledge with them. In observing how clearly and confidently the senior nursing student imparted her knowledge and experiences to my entering class, I imagined her as a future preceptor.

WORKS CONSULTED

- Allanach, Bruce C., and Bonnie Mowinski Jennings. "Evaluating the Effects of a Nurse Preceptorship Programme." *Journal of Advanced Nursing* 15 (1990): 22–28. *CINAHL Plus with Full Text*. Web. 13 Aug. 2008.
- Chapman, L. "Improving Patient Care Through Work-Based Learning." *Nursing Standard* 20.41(2006): 41–45. *CINAHL Plus with Full Text*. Web. 13 Aug. 2008.
- Chickerella, Beryl G., and Wilma J. Lutz. "Professional Nurturance: Preceptorships for Undergraduate Nursing Students." *American Journal of Nursing* 81.1 (1981): 107–109. *JSTOR*. Web. 13 Aug. 2008.
- Flanagan, J., S. Baldwin, and D. Clarke. "Work-Based Learning as a Means of Developing and Assessing Nursing Competence." *Journal of Clinical Nursing* 9.3 (2000): 360–368. *CINAHL Plus with Full Text*. Web. 13 Aug. 2008.
- Hargreaves, Janet. "Credit Where Credit's Due: Work-based Learning in Professional Practice." *Journal of Clinical Nursing* 5.3 (1996): 165–169. *CINAHL Plus with Full Text*. Web. 13 Aug. 2008.
- Mantzorou, M. "Preceptorship in Nursing Education: Is It a Viable Alternative Method for Clinical Teaching?" *ICUS and Nursing Web Journal* 19 (2004): 1–10. Web. 12 Aug. 2008. <<http://www.nursing.gr/protectarticles/preceptorship.pdf>>.
- Swail, Watson Scott, and Eva Kampits. *Work-Based Learning and Higher Education: A Research Perspective*. Washington: Educational Policy Institute, 2004. Web. 12 Aug. 2008. <<http://www.educationalpolicy.org/pdf/WBL.pdf>>.

- Swallow, Veronica M., et al. "Accredited Work-Based Learning (AWBL) for New Nursing Roles: Nurses' Experiences of Two Pilot Schemes." *Journal of Clinical Nursing* 10.6 (2001): 820–821. *CINAHL Plus with Full Text*. Web. 13 Aug. 2008.
- Wood, Christopher. "Nurse Preceptorship in a High Secure Unit." *Mental Health Practice* 10.6 (2007): 34–37. *Academic Search Premier*. Web. 13 Aug. 2008.