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Therapeutic Communication: A Study of Core Application and Impact on Patients in Nursing Services

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Abstract: The purpose of this paper is to discuss the use of therapeutic communication in nursing. Therapeutic communication is an important nursing skill designed to establish and maintain a positive, supportive relationship with patients. This paper introduces the basic concepts of therapeutic communication, assessment tools, and discusses the skills and strategies used in nursing practice, as well as its impact on patients, with a view to informing the research and application of therapeutic communication in nursing practice.

Keywords: therapeutic communication; nursing; patient-care relationship; health education.

In today's healthcare environment, nursing is not just about providing medical care, but also about establishing a close relationship with the patient in order to provide comprehensive physical and mental health care. In this context, therapeutic communication is increasingly recognised and applied as an important nursing skill. Therapeutic communication not only enhances understanding and trust between patients and nurses, but also promotes patients' recovery and health. However, in practice, using therapeutic communication effectively is not easy and nurses need to master a range of skills and strategies. This study focuses on the concepts, strategies, techniques and assessment tools of therapeutic communication, as well as the impact of implementing therapeutic communication in nursing practice on patients, in order to gain a more comprehensive understanding of the use of therapeutic communication in nursing practice.

1. Overview of therapeutic communication

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1.1 Concept of therapeutic communication

Therapeutic communication refers to the communication of health care personnel as a therapeutic means of treatment, to solve the patient's existing major problems, choose the time, purposeful, principled, hierarchical targeted communication, is the development and deepening of nurse-patient communication, but also a common set of therapeutic tools in psychology [Sherko, Sotiri, & Lika, 2013]. Therapeutic communication is based on the patient's personality traits, problems, psychological needs, cultural background, social status, etc. to develop a perfect and effective, easy to accept the patient, personalised, targeted communication programmes, is the interpersonal expression of support, providing information and feedback, correcting irrational perceptions, giving hope for a kind of communication, which can help patients to cope with anxiety, depression and other negative emotions [Stein-Parbury, 2013]. In 1952, Peplau [Peplau, 1997] proposed the theory of interpersonal relationships, which laid the theoretical foundation for the concept of therapeutic communication. Peplau believed that therapeutic communication needed to take into account the patient's physiological, psychological, environmental, and spiritual influences. 1997, Newman [Newman, 1997] proposed the theory of expansion of health consciousness, which emphasised that the purpose of the therapeutic nurse-patient relationship was to help the patient to identify meaningful patterns in order to establish a new equilibrium, and to facilitate the patient's healthcare decision-making. Currently, academics generally agree with the definition put forward by Servellen [Levy-Storms, 2008] in 1997, therapeutic communication refers to communication in which the provider applies verbal and non-verbal communication to help the patient to overcome psychological or emotional distress. Xue et al. [Xue & Heffernan, 2021] carried out a conceptual analysis, and proposed that therapeutic nurse-patient communication is the process of exchanging information about health problems between nurses and patients on the basis of mutual respect. Therapeutic communication uses a variety of communication skills and strategies to give patients emotional support, help patients change irrational cognition, alleviate negative emotions, optimise disease coping, increase hope for treatment, improve quality of life, and enhance patient satisfaction with nursing care.

1.2 The three elements of therapeutic communication

Sincerity, respect and empathy are three important elements in the therapeutic communication process [Wachtel, 1993]. Sincerity means that the communicator is consistent in the communication process; he or she honestly expresses his or her thoughts and feelings to the patient and wants to help the patient from the bottom of his or her heart. Only when the patient experiences the sincerity of the communicator will he or she reveal and talk about his or her psychological problems to him or her. Respect is the basis of communication, the nurse not only needs to respect the patient psychologically, but also needs to show respect for the patient in the process of communication, expression of respect is mainly embodied in the patient's attention, listening and appropriate feedback, in the nurse-patient communication, the nurse should pay attention to the attitude of sincerity and respect for the communication object to establish a good and harmonious communication relationship. Empathy, or the understanding of the communicators on

patient's inner world as if he or she had personally experienced the patient's experience. That is, nurses should not rely on their own professional experience to think that they understand the patient's psychological feelings and the patient's psychological response to speculation or judgement, that the patient should be how to think or should not be how to think, but should apply the method of transpersonal thinking patiently to talk with the patient, acceptance and affirmation of the patient's psychological feelings [Rosenberg & Gallo-Silver, 2011].

2. Therapeutic communication skills and strategies

The therapeutic communication stage is based on relational and evaluative communication, using communication skills such as persuasion, listening, empathy, and follow-up, to explore communication solutions that are appropriate for the patient according to his/her different socio-cultural backgrounds. With the purpose of communication clearly defined by both parties, communication with patients and their families is carried out at the right time and in the right context, and individualised communication therapy is given to each patient according to the factors affecting him or her. During the communication process, the nurse should repeatedly evaluate the patient's words and actions in order to alleviate the patient's negative emotions. The main skills and strategies include the following four areas:

2.1 Information support

Communicate with the patient from a multidisciplinary and multifaceted perspective in relation to the patient's current needs and lack of knowledge. Use clinical cases with longer survival years using dialysis to guide the patient and give hope. Relevant content can also be sent to patients via the internet to give them more information [Annoni & Miller, 2016].

2.2 Emotional support

Encourage patients to express, vent and release their emotions (e.g., confiding, diary method, etc.), and listen to their true feelings and thoughts. Instruct patients to apply relaxation therapy (e.g. deep breathing, distraction, etc.), and at the same time, instruct family members to recognise the importance of supportive forces for the patient's physical and mental health, do a good job of communication and sharing of emotions between the two sides, create a warm family atmosphere, and a strong family backing can enable the patient to adjust the state of mind in a timely manner [Hammond, Hepworth, & Smith, 2002].

2.3 Social support

Based on the patient's socio-cultural background, it is clear whether there is a balance between the patient's social resources and his/her need for social support. Healthcare professionals encourage patients to return to society, take up corresponding responsibilities, do what they like, reflect their self-worth and increase their self-confidence. Encourage patients to engage in social activities such as physical exercise and trekking in the countryside without aggravating their physical load. Encourage patients to communicate with each other, and strengthen their confidence in overcoming the disease by sharing their own experiences and stories with patients [Novack, 1987].

2.4 Cognitive reconstruction

Intervene in the negative emotions of the patient under the joint effect of information support, emotional support and social support. According to the patient's own way of thinking to help the patient self-logical reasoning, so that they actively recognise the irrationality of self-cognition, the use of information support, emotional support and social support to make them feel the positive impact of a positive mind-set, reasonable cognition on the disease and life, so as to help the patient to complete the reconstruction of cognition[ROBERT Plutchik, 1990].

3. Measurement tools for therapeutic communication

3.1 The therapeutic communication questionnaire for nursing students, NSTCQ

The therapeutic communication questionnaire for nursing students was developed by Iranian scholars [Ghiyasvandian, Abdolrahimi, Zakerimoghadam, & Ebadi, 2020] in 2020 to assess the level of therapeutic communication among nursing students and consists of 35 items, including 5 subscales of Facilitating Patient Engagement (6 entries), Preserving Dignity (6 entries), Readiness (9 entries), Empathic Understanding (7 entries), and Reactivity (7 entries), in which entries 9, 13, 33, and 35 were reverse scored on a 5-point Likert scale. The total Cronbach's α of the scale was 0.830, and the retest reliability was 0.822. However, the NSTCQ was not applicable to assessing the therapeutic communication competence of clinical nurses, and lacked entries for assessing the communication competence in difficult situations.

3.2 Global inter-professional therapeutic communication scale, GITCS

It was compiled by Canadian scholars Campbel et al.[Suzanne Hetzel Campbell & Aredes, 2019], using interpersonal and experiential learning theories as a framework for teachers to assess their students' therapeutic communication skills. The GITCS consists of the Establishment of trust and rapport, shared power, and empathy in 3 dimensions, with 35 entries, of which entries 9, 12, and 16 are reverse scored, and each entry is rated on a 5-point Likert scale, with a total Cronbach's α of 0.95 for the scale.

The condensed version was adapted from the source scale by the original authors in 2022, including six dimensions of setting the environment (6 entries), building trust (3 entries), proactive communication (6 entries), communication skills (7 entries), patient-centeredness (3 entries), and potential hindrances (3 entries), with a total of 28 items, and scored on the same scale as the source scale, with a total Cronbach's α of 0.932, the GITCS was initially used to assess educational effectiveness and has not yet been evaluated for its applicability to students outside of the nursing field and in other cultural contexts[Suzanne H. Campbell et al., 2022].

3.3 The questionnaire to analyze the communication of nurses in nurse-patient therapeutic communication

Developed by Spanish scholars Granados-Gómez et al.[Granados-Gómez et al., 2022], it is based on Peplau's theory of interpersonal relationships, with a total Cronbach's α of 0.90. The questionnaire consists of a total of 49 items in 3 dimensions: professional (20 items), environment (14 items) and patient (15 items), of which 11 items are reverse scored. A Likert 4-point scale was used. The questionnaire can be used to analyze the factors

influencing therapeutic communication between nurses and patients and help develop interventions.

4. Impact of therapeutic communication on patients

4.1 Emotional support for patients

The primary role of therapeutic communication is to give emotional support to the patient. When facing diseases, patients are often accompanied by negative emotions such as anxiety, fear and uneasiness. Therapeutic communication can effectively relieve patients' psychological pressure, satisfy their need for love and belonging, and enhance their confidence in facing the disease through warm, understanding and encouraging communication. This emotional support not only makes patients feel cared for and respected, but also helps establish a good nurse-patient relationship, laying a solid foundation for subsequent treatment.

4.2 Improvement of patients' knowledge of the disease

Another important role of therapeutic communication is to improve the patient's knowledge of the disease. By clearly and accurately explaining the condition, treatment options and possible risks and prognosis, nurses provide patients with nursing interventions from various psychological, physiological and social perspectives using the nursing process as a framework to help patients gain a comprehensive understanding of their own health status. This transparency of information not only helps to eliminate patients' misconceptions and doubts about the disease, but also motivates them to participate more actively in treatment decisions. When patients have a better understanding of their disease, they are better able to work with their healthcare team to develop and implement a personalized treatment plan, which is conducive to the treatment and recovery of the disease.[Mingli, Suying & Yan, 2021].

4.3 Optimizing the way patients cope with their illness

Therapeutic communication nursing establishes a good nurse-patient relationship through relational communication, and then carries out targeted therapeutic communication interventions for patients by understanding their knowledge of the disease, treatment and their own health status, and improves their knowledge of the disease and psychological state through emotional support, information support and other interventions to improve their coping with the disease. [Huajun, 2020]。 For example, emergency department nurses reduce the incidence of infusion adverse events by providing patients with instructive communication on infusion safety, assessing patients' knowledge of infusion adverse events, and instructing patients in the identification and emergency management of infusion adverse events[Binbin, F., Yuting, C., & Zhengyan, W. 2021]. Through in-depth communication with the nurse, patients can learn more about self-management, lifestyle modifications, and rehabilitative exercises. This information is essential for patients to develop and implement effective disease management strategies. At the same time, nurses can also communicate to understand patients' individual needs and preferences so that they can provide them with more personalized advice and support. This customized approach to disease coping not only improves patient outcomes, but also contributes to their overall quality of life.

Therapeutic communication is used in nursing to establish a closer connection with patients and to promote the integrated development of their physical and mental health. An overview of therapeutic communication provides an overview of therapeutic communication techniques and strategies that enable caregivers to communicate effectively with patients. In nursing practice, therapeutic communication has had a positive impact on patients, including giving them emotional support, improving their knowledge of the disease and optimising the way they cope with it. In summary, the application of therapeutic communication in nursing is of great significance, helping to establish a good nurse-patient relationship, improve the quality of care, as well as promote the overall health and well-being of patients.

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