

Unconscious Patients Related Therapeutic Communication of Nurses: A Concept Analysis

Victor Obosinde Adika*

PhD Nursing Graduate Student- School of Advance Studies, Saint Louis University, Baguio City, Philippines

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Abstract: *Background:* The “therapeutic communication” as a concept needs clarification to enable clarity in the definition and to enable nurses and other healthcare providers to better understand this concept. *Aim:* To conduct a concept analysis on unconscious patients related therapeutic communication of nurses. *Method:* A Walker and Avant’s concept analysis method was used to clarify the concept’s context, alternate terms, antecedents, attributes, and consequences. *Data Source:* Literature review was conducted using keywords from the concept analysis topic in English databases from the (EBSCOHOST, Medline via PubMed and Google Scholar search) for relevant studies. No restriction of time was enforced on publication date. Inclusion criteria included peer reviewed articles. Twelve (12) articles that met the inclusion criteria were included in the study. *Results:* Unconscious patients therapeutic communication can be defined by five attributes: "a means in building interpersonal relationships", "a process of information transmission", "An important means of clinical competency", "a structure with two different sections" i.e., verbal and nonverbal communication and "a significant tool in patient-centered care". Antecedents of the unconscious patients therapeutic communication of nurses included education and clinical practice, receiving feedback during clinical practice and application of theoretical knowledge, and skills such as listening and empathy while respecting interpersonal space. *Conclusion:* The findings of this concept analysis clarify the need for nurses in their training programs to have the necessary competencies to support the inability of unconscious patient’s therapeutic communication and build on interpersonal relationship.

Keywords: Unconscious patients, therapeutic communication, nurses, concept analysis.

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BACKGROUND

Unconscious patients therapeutic communication of nurses is a key aspect necessary to provisions of the patients needs in a nurse-patients interpersonal relationship. Research studies build on existing body of knowledge. The nurse’s definition of nursing is in unambiguous disagreement to the core of Orlando’s nursing process. The nature of Orlando’s theory or model conceptualization definition did not provide a clear definition of therapeutic communication of nurses in the nurse patients interaction and confined her work to explain its outcomes in patients and healthcare providers.

This analysis aims to advance the concept of “Therapeutic communication”—for theory development. To enhance the comprehension of the concept of "therapeutic communication", the consequences, antecedents, and attributes, was also necessary to be identified. This concept analysis enabled a clear definition of therapeutic communication to offer practicing nurses an understanding of the reality

of therapeutic communication in nursing care related to an unconscious patient.

INTRODUCTION

In an intensive therapy unit (ITU), the majority of patients are unable to communicate normally, which may be due to being sedated, paralyzed, and/or intubated. Most patients in critical care settings are unconscious, sensorily deprived and have limited mobility due to disease process and/or medications. When caring for such patients verbal communication can be easily missed or undervalued by nurses [1]. The importance of effective communication must therefore not be underestimated [2].

Communication is the exchange of information, thoughts, and feelings among people using speech or other means. Therapeutic communication focuses on the interpersonal interaction between the nurse and the client with the effective exchange of information to facilitate meeting the client’s needs [3].

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Within each discipline, analyses tend to focus on establishing conceptual clarity about phenomena that are used in theory, research and practice. In this respect, concerning Orlando's theory or model she did not provide a clear definition of therapeutic communication of nurses and confined her work to explain its outcomes in patients and healthcare providers. Therefore, a proper conceptual development approach to the definition of nursing - patient therapeutic communication of unconscious patient is necessary. Verbal communicative interactions between nurses and patients in ICU will depend on interpretation that is based on preconceived ideas and assumptions from nurses about patients' non-verbal behaviours [4].

A clear exemplar to hone my point is Greg; at the time of his brain injury, Greg could speak no English yet years later, when he began to regain consciousness, he was able to speak and understand English, a fact that might be attributed in part to 6 years of nurses talking to him in English as part of caring for him. The case study presented demonstrates the potential power of talking to a patient when providing care, even when that patient is in a coma, and the impact this may have had on Gregor [5].

Method: Concept analysis approach: Walker & Avant concept analysis approach

There are a number of approaches to concept analysis whose methods overlap in some respects, but which possess essential philosophical differences. The Walker & Avant concept analysis is a useful approach to clarify complicated concepts, even therapeutic communication. Walker and Avant were the first to develop an 8-step model for nursing based on Wilson's work. The eight steps consist of selecting a concept; determining the aim of analysis; identifying all possible uses of the concept in nursing; determining concept defining attributes; identifying a model case; identifying a borderline and a negative case; identifying antecedents and consequences of the concept; and defining empirical referents of the concept [6]. According to Rodgers [7] concept can be expressed as a set of necessary and sufficient conditions that constitute its essence (characteristics/attributes) that do not change over time and enable it to be distinguished from all other concepts.

Therefore, a literature review was conducted using keywords from the concept analysis topic in English databases from the (EBSCOHOST, Medline via PubMed and Google search) for relevant studies and however no restriction of time was enforced on publication date. Inclusion criteria included peer reviewed articles.

Communication was described as bodily and verbal, between two persons [8]. In the literature it occurs as body language "For the purpose of literary analysis, the terms 'non-verbal communication' and 'body language' refer to the forms of non-verbal behaviour exhibited [9]. Body language is a type of nonverbal communication that relies on body movements (such as gestures, posture, and facial expressions) to convey messages. Body language may be used consciously or unconsciously. It may accompany a verbal message or serve as a substitute for speech [9]. To better understand if "therapeutic communication" differs from communication- 'non-verbal communication' and 'body language' further investigation of the concept of therapeutic communication in the literature was undertaken.

The search of the term therapeutic communication revealed literatures on this concept from the databases: EBSCOHOST and PubMed representing aspects from medical sciences including nursing. Abstract review of eleven randomly selected of these articles was carried out and 7 were selected to illustrate use of the concept in the non-nursing literature from Google search. The search revealed also that a concept analysis of therapeutic communications related to unconscious patients had not been performed in nursing. Each abstract was reviewed and those without relevance to the study of therapeutic communication in nursing were removed along with the duplicate articles, resulting in a final sample of 12 articles.

After extracting concept definitions and determining characteristic features, therapeutic communication as used by a nurse was defined. Then, sample cases, antecedents, consequences, and empirical referents of the concept were determined.

Selecting a concept

The therapeutic communication concept was selected because it is a behavioural concept which concerns with the understanding of health and illness experiences, as the focal point of nursing care and it is highlighted in nursing standards of professional care [10]. Therapeutic communication is inadequately defined and utilized different from the use of other disciplines.

The aim of the analysis

Analyses of the unconscious related therapeutic communication concept of nurses considering articles that provide a better understanding of it especially as it relates to unconscious patients.

Possible uses of the concept in nursing (physical, psychological and social)

The word "therapeutic" refers to the art and practice of caring [11]. During communication, the sender's thoughts, feelings, and ideas expand outward to the public in an interpersonal relationship. For Aristotle communication is "applying all possibilities to persuade others" [12]. Florence Nightingale considered therapeutic communication as the symbol of caring through which a nurse can interpret every change in patient condition without conveying a word [20]. Therapeutic communication is an important part of nursing care which increases patients' participation in their care and accelerates their recovery through patient education.

Concept defining attributes

According to Walker and Avant [6], the defining attributes of a concept are those characteristics most frequently associated in the literature with the concept, by which clarity of meaning, and distinct differentiation from similar concepts is confirmed. Five defining attributes of therapeutic communication and separate it from others are as follows: "an important means in building interpersonal relationships", "a process of information transmission", "an important clinical competency", "a structure with two different sections" and "a significant tool in patient-centered care".

Nurses in the care of their patients a face to face interaction is needed with the patients in an interpersonal relationship making the caring behaviour of communication possible through empathy and listening skills. A core foundation in nursing education is the art and science of caring, and communication is necessary to providing holistic care [13]. Thus, nurses need to acquire various clinical competencies, of which, one of the most important is therapeutic communication competence.

Cases

In order to further clarify the concept of therapeutic communication, the Walker and Avant [6] method of concept analysis utilizes a model case, a borderline case, a related case, and a contrary case or negative case.

Model case

The following personal experience serves as a model case for the concept of therapeutic communication: Nozi a new nurse likes nursing and interacts with patients easily in therapeutic nurse patients communication. She asks about patients problems politely and notices their reactions. She does her best to solve their problems and satisfy their needs. She seeks to improve the care of patients and answers their questions. The patients perceive that she wants to help them. She also respects patients' space, accepts all her patients, and listens to them calmly and handles all patients' bad behaviour. When patients do not cooperate

with her, she removes communication barriers and takes patients' permission before procedures. Therefore, the patients trust her and tell her about their different needs.

A borderline and A negative case

A borderline case of the concept of interest is presented here: Ebi is a nursing student who works with an educational hospital. She regards therapeutic communication as her duty and she tries to do her tasks, but it is awfully hard for her to communicate with patients that are unconscious. Although she has clinical experience, she thinks that patients should be left alone since they are unconscious and do not hear her during her caring behaviour. So, she rarely communicates with patients and since patients don't answer her questions and greetings, she won't communicate with the unconscious patients any longer. She does her task with only patients that will not stress her.

A negative case of therapeutic communication is presented here: Prince a new nurse in the internship clinical rotation. At the beginning of his first clinical rotation, he was too shy to interact with patients and particularly could not go near unconscious patients. Also, because he lacked knowledge, he could not provide patient education and carry out his necessary activity and nutrition. Therefore, the patients didn't answer him and guarded against him. So, he could not accept his patients and had quarrels with some of them. He now, refers his patients to the doctors. He doesn't want to be a nurse in the future anymore.

Antecedents and Consequences of the Concept

Antecedents are incidents that precipitates or appears before the occurrence of the concept of interest [6]. It is identified in the concept analysis to gain insight into the social context in which the concept occurs [14]. Unconscious patients related therapeutic communication of nurses antecedents would include education and clinical practice, receiving feedback during clinical practice and application of theoretical knowledge, skills such as listening and empathy while respecting interpersonal space that are developed by the nurses [15, 16].

In order for nurses or nursing to value the qualities of communication i.e., therapeutic communication, and to recognize their importance in practice of professional nursing, a culture of feedback during practice must be established and demonstrated for the unconscious patient- nurses therapeutic communication. Also, in the clinical setting of the ICU, the relationship between the unconscious patient and the nurses is fostered through interaction of therapeutic communication to make provision for patient's needs.

Consequences

According to Walker and Avant [6], consequences are the outcomes of the concept. When nurses demonstrate therapeutic communication related to unconscious patients in the ICU outcomes are

achieved for both the nurses and the patients. The provision of quality and safe patient care depends on a quality of therapeutic communication attainment of patient satisfaction in care and nurses professional improvement, growth and quality of care [17]. The unconscious patient related therapeutic communication of nurses consequences included patient satisfaction in care and nurses professional improvement, growth, and quality of care [17].

Empirical Referents of the Concept

Rosenberg & Gallo-Silver's checklists and questionnaires were selected to investigate various empirical referents of concept [18]. Some items related to the defining attributes of unconscious patients therapeutic communication of nurses adapted from the instrument included the following defining attributes:

- An important means of building interpersonal relationships can be achieved by introducing self-using names.
- A process of information transmission that enable provision of information to the patient about procedures.
- An important clinical competency that is related to having adequate knowledge for answering patients' questions as completely as possible; acknowledges patient's concerns and feelings and able to explain the routines of the hospital.
- A structure with two different sections that is related to use of body language such as nodding, leaning forward, smiles, etc. and use of open-ended questions.
- A significant tool in patient-centered care that helps to adapt to interaction according to patients' responses and affect.

DISCUSSION

The first defining attribute of therapeutic communication was "an important means in building interpersonal relationships". Nurses or student nurses take their communication responsibility, accept and respect patients based on professional standards to care for the patient [19]. The second defining attribute of the concept was "a process of information transmission". The nature of interaction varies based on people's expectations, visions, affections, and feelings and nurses should be flexible to handle all situations [11]. "An important clinical competency" was the third defining attribute of therapeutic communication. For nurses or students, therapeutic communication competency encompasses motivation, knowledge, and performance. The fourth defining characteristic of therapeutic communication was "a structure with two different sections" consisting of two different parts: verbal and nonverbal communication. The fifth defining characteristic of therapeutic communication was "a significant tool in patient-centered care". Based on the patient-centered care approach, nurses and nursing students must communicate with their patients to

prepare them to care for themselves. The model borderline and negative cases are presented to open and illustrate this concept. Furthermore, therapeutic communication antecedents determined.

CONCLUSIONS

Therapeutic communication is the purposeful, interpersonal information transmitting process through words and behaviors based on both parties' knowledge, attitudes, and skills which leads to patient understanding and participation. One limitation was the use of EBSCOHOST and Google search with English databases. Conducting a wider search in other databases is recommended to provide a more comprehensive definition of this concept.

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