
UNIT 2 COMMUNICATION TECHNIQUES USED IN PSYCHIATRIC NURSING

Structure

- 2.1 Objectives
- 2.2 Introduction
- 2.3 Definition of Communication
 - 2.3.1 Components/Elements of Communication
 - 2.3.2 Principles of Communication
- 2.4 Communication Technique
 - 2.4.1 Therapeutic Communication Techniques
 - 2.4.2 Non-therapeutic Communication Technique
- 2.5 Let Us Sum Up
- 2.6 Answers to Check Your Progress
- 2.7 Further Readings

2.1 OBJECTIVES

After studying this unit, you should be able to:

- define communication;
- explain the components of communication;
- describe the modes of communication;
- discuss the principles of communication;
- explain the therapeutic communication techniques in psychiatric nursing;
- identify the non-therapeutic communication techniques; and
- apply the knowledge while interviewing and interacting with patient having mental disorders.

2.2 INTRODUCTION

Communication is necessary to get along with people, to win their respect, to gain confidence and cooperation, to understand them and be understood. Communication is necessary in all situations and settings. In psychiatric nursing, we have to understand patient's behaviour e.g. some patients may be non-communicative because of depression whereas other may be overtalkative as they might be suffering from mania. In this unit you will read about the meaning and importance of communication in psychiatric nursing, therapeutic communication, types of communication and techniques used in therapeutic nurse-patient relationship. You will be able to use these communication/interview technique while interacting with patients.

2.3 DEFINITION OF COMMUNICATION

Communication is a two way process by which information is exchanged between individuals through a common systems, sign or behaviour. A person who sends the message is called sender or encoder and the other who receives the message is called receiver or decoder. Communication can be verbal and nonverbal.

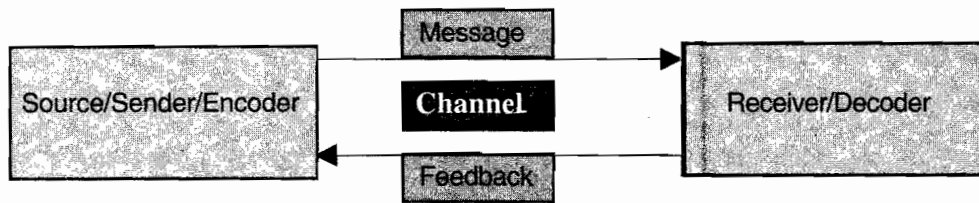


Fig. 2.1: Describing the communication as a two way process

2.3.1 Components/Elements of Communication

In most therapeutic situations a nurse communicates with patients to find out their health problems, plan their nursing care, implement and evaluate the effectiveness of nursing care given to the patient. Berlo (1963) has explained the components/elements of communication under the SMCR model.

S—source

M—message

C—channels of communication

R—receiver of message

Source: When a nurse initiates the communication process with patient the patient informs about his condition using words or gestures. In this case the nurse is known as sender. While Communication with a patient the nurse needs to use the language and the knowledge which the patient can understand as a receiver or decoder.

Message: The content of the message should be clear from the source i.e. the nurse to the receiver (i.e. the patient). It should be clear and concise.

For example, a nurse goes to the patient and asks, “what was your breakfast?” It would have been more clear to the patient if nurse had asked “what all things he had for breakfast?”

Channel: During the communication process various channels are used by the sender/encoder for sending the message. The receiver also uses various channels to decode the messages by the sender/encoder. For example, when the nurse informs a patient, Mr. Radhey Shyam, that he will be sent for x-ray tomorrow and he should not eat or drink from 10.00 p.m. tonight till the x-rays, Mr. Radhey Shyam listens to the verbal communication/message given by the nurse, understands and seeks clarification. The channels used in this communication are seeing, hearing, speaking and listening. The other channels which can be used while communicating are touch, smell and taste.

Receiver: Receiver is an individual who receives, decodes or interprets the message. Receiver also sends the feedback to the sender that s/he has understood the message. When appropriate feedback is received by the sender, it

indicates that the message has been successfully communicated to the receiver. If you refer to Fig. 2.1, it shows that the encoder/sender uses various channels to send the message to the receiver or decoder. Similarly after reading the message the decoder/reviewer by using appropriate channels gives the feedback to the sender/encoder.

2.3.2 Principles of Communication

A nurse, while communicating with patients suffering from mental disorder, should follow the 5 C's (refer to Fig. 2.2).

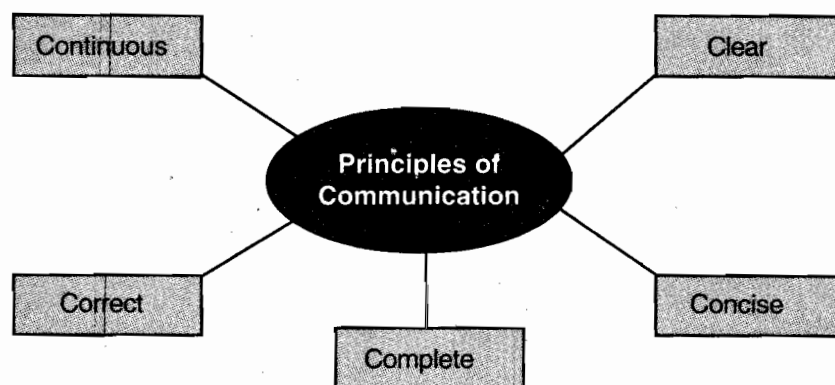


Fig. 2.2: Principles of communication

Clear: While communicating with the patient the message should be clear and the language simple. For example, the nurse explains to the patient, “you need to take this tablet TDS, that is, three times a day after breakfast, lunch and dinner. You can take this medicine with water, milk or tea”.

Concise: The message should be brief and yet complete. The patient should not be left in doubt or lose the main point in the message because the message is too long. It should not be so brief that the patient does not understand it and has many questions to ask.

Complete: The message should be complete. For example, “now that you have been in the hospital, you will be able to take care of yourself in taking medicines, fluid etc.” is an example of incomplete message. Nurse explains to the patient that, “when you go home, you need to take tablet one, three times that is morning 8 a.m., 12 Noon and at 8 p.m., tablet No. two will be at 10 p.m. (only one tablet). You should be taking 10 to 12 glasses of water everyday” is an example of complete message.

Correct: The message given to the patient should be correct. For example if patient asks, “Do you think I have to continue medicine throughout my life or can I leave in between and then start?”. The nurse needs to explain to the patient that you must not stop taking medicine on your own as you have mental illness.

Continuous: The communication needs, to be continuous. If a patient had been emotionally upset and got very angry with the nurse, these should not lead to break in the communication. The patient may have got angry because of the psychodynamics of her/his disease. As a nurse, you have adequate knowledge of psychiatric nursing and will be able to interpret why the patient is behaving in this way. You may give time to the patient and initiate the communication.

Check Your Progress 1

Briefly explain the principles of communication.

.....

.....

.....

.....

.....

2.4 COMMUNICATION TECHNIQUE

The communication technique helps the nurse to assess the patient's needs, plan implement and evaluate the nursing care. In the following text there will be discussion on therapeutic and non-therapeutic communication techniques.

2.4.1 Therapeutic Communication Techniques

In a therapeutic nurse patient relationship, the nurse needs to develop skills to be an effective communicator. There are various communication/interview techniques which a nurse uses while interacting with patients suffering mental disorder. As a nurse, you can use the following communication techniques.

1) Observing

This is non-verbal communication. The nurse observes using sensory functions like seeing bearing etc.

2) Questioning

Questioning is used when the nurse wants clear information. Too many question should be avoided. The nurse can use open-ended or close-ended question. Close ended question result in 'yes' or 'no' answers. Open-ended questions gives the patient more scope to patient to speak. For example, "who came to visit you yesterday?" gives the patient the scope to talk more.

3) Listening

Listening is an active process of receiving information. The complete attention of the nurse is required and there should be no preoccupation with oneself.

4) Silence

Sometimes, silent communication between the nurse and the patient prompts the patient to talk. For example just sitting with a patient without talking conveys that the nurse wants to talk to the patient. This is a form of non-verbal communication.

5) Restating

The nurse repeats the patient's main thoughts. It indicates that the nurse is listening. It also brings attention to something important. For example the patient says, "I don't like to go for work because I don't like my boss". The nurse restates that "the reason you are anxious is that you don't want to go for job because you don't like your boss". This gives time to the patient to think that what s/he wanted to communicate to the nurse has been conveyed or s/he may clarify it further.

6) Clarification

When a patient is upset or emotional, his verbal expression may not always be clear. The patient's remarks may be confusing, incomplete or disordered due to illness. So the nurse needs to establish a link between the patient's feelings and his actions. For example, "I am not sure what you mean?" Could you tell me once again? Clarifies what the patient is trying to express.

7) Reflection

This means restating the patient's ideas, feelings, questions and content. Reflection of content is also called validation. Reflection of feelings consists of responding to the patients feelings about the content.

Reflection of the content helps the patient to know that what the nurse has heard and whether understood the content. It also lets the patient know that you as a nurse are aware of what the patient is feeling. It signified understanding, empathy, interest and respect for the patient.

8) Focusing

It means expanding the discussion on a topic of importance. It helps the patient to become more specific, move from vagueness to clarity and focus on reality. Encouraging a description of the patient's perceptions and discussing comparative situations are focusing techniques that promote specificity and problem analysis.

9) Sharing Perceptions

These are the techniques of asking the patient to verify the nurse's understanding of what he is thinking or feeling. For example, the nurse could ask the patient, "you are smiling, but I sense that you are really very angry with me".

10) Theme Identification

This involves identifying the underlying issues or problems experienced by the patient that emerge repeatedly during the course of the nurse patient interaction. Once the basic there is identified it becomes easy to decide which of the patient's feelings and thoughts to respond to or pursue.

Themes can relate feelings like depression or anxiety, behaviour (rebellious against authority or withdrawn) and experiences (being loved, hurt or raped); or combinations of all three. So a nurse needs to identify the theme to understand the patient better.

11) Broad Openings

This encourages the patient to select topics for discussion, and indicate that the nurse is there, listening to him and understanding his concerns. For example, questions such as, "what shall we discuss today?" "Can you tell me more about that?" "And then what happened?" The nurse can encourage the patient to talk.

12) Linking

The nurse tries to link different events, feelings or persons in a patient's life. Nurse: "you fight with wife because her friends visit her too frequently and you feel neglected". This is an example of linking the behaviour of the patient to the events in his life.

13) Summarizing

In summarizing, the nurse highlights the main theme of what has been discussed. Summarizing is useful in focusing the patient's attention on what he has discussed and finding out if he wants to add or clarify something.

Nurse: "Yesterday, we were discussing the various career lines your son could choose. Today, we have discussed two main points."

Some of the other techniques like structuring, confronting, processing, checking perceptions, asking for demonstration and utilization, are also used in communication.

Check Your Progress 2

Define the following communication techniques:

1) Clarification

.....
.....
.....

2) Reflection

.....
.....
.....

3) Summarization

.....
.....
.....

2.4.2 Non-therapeutic Communication Technique

Non-therapeutic communication techniques are reassuring, rejecting the patient, giving approval, advising, defending, requesting. These non-therapeutic techniques should be avoided. There are some other communication techniques which are non-therapeutic and are described below:

- **Advising:** You must avoid advising the patient. For example, telling the patient that you should not scold your wife or fight with your children.
- **Preaching:** You should avoid lecturing patients. For example, this is not the way to live your life.
- **Blaming:** Refers to the communication which may sound like you are blaming the patient. For example, The nurse says, "if you had taken the medicine in time you would not have felt nauseous".
- **'Why' question:** It becomes non-therapeutic when the patient is asked why s/he has not come to the hospital for treatment.
- **Directing:** Directing is communication method which a nurse should avoid. "You should be taking bath now." "Go and change your clothes."
- **Demanding:** Is one of the very common non-therapeutic communication technique that a nurse should avoid.
- **Patronizing:** An adult patient or any mentally ill patient may not like an over caring attitude. This may become non-therapeutic as the patient will start avoiding communicating with the nurse.

Some of the other non-verbal non-therapeutic communication may be:

- Looking away frequently when patient is talking.
- Inappropriate distance: Standing too far from the patient indicating that patient may harm the nurse.
- Frowning and yawning. Frowning is a message when nurse is doubting the patients opinion. Yawning shows that nurse is not interested in what patient is saying.
- Unpleasant tone of speech – For example, nurse tells the patient that why are you the only one who is heavy complaints.
- Speaking too quickly or too slowly will also indicate that the nurse does not have time to communicative with the patient.

Check Your Progress 3

List five non-therapeutic techniques of communication.

1)
2)
3)
4)
5)

2.5 LET US SUM UP

In Unit 1, You have read about therapeutic nurse patient relationship. After reading this unit you will be able to develop skills in using the therapeutic communication techniques effectively. You would be able to apply the knowledge you have gained from this unit as to how avoid the use of non-therapeutic communication technique.

Appropriate use of therapeutic communication technique, keeping the principles of communication in mind will help you to assess the needs of patient with mental illness, plan and implement the care and evaluate the care given to you patient. This may be at preventive, promotive, carrying and rehabilitative level.

As you use these techniques frequently while taking psychiatric nursing history, doing mental status examination or providing care to the patient you will be able to improve in providing better nursing care to the patients with mental illness.

2.6 ANSWERS TO CHECK YOUR POGRESS

Check Your Progress 1

- 1) **Clear:** The message should be clear and the language simple.
- 2) **Concise:** The message should be brief and yet complete.
- 3) **Complete:** The message has to be complete & include everything that is required.

- 4) **Correct:** Correct message has to be communicated.
- 5) **Continuous:** Continuous communication should be maintained with patient without any break in between.

Check Your Progress 2

- 1) Clarification is a technique in which a nurse wants the patient to verbalize his feelings when s/he emotionally disturbed.
- 2) Reflection refers to directing back to the patient his ideas, feeling, questions or content.
- 3) Summarizing: In summarizing the nurse highlights the main theme of what has been discussed.

Check Your Progress 3

- 1) Advising
- 2) Preaching
- 3) Blaming
- 4) Directing
- 5) Patronizing

2.7 FURTHER READINGS

Berlo, D.K. (1963), *The Process of Communication*, New York: Halt, Rinechast & Winsten.

Kapoor, Bimla (1994), *Text Book of Psychiatric Nursing*, Volume II, Kumar Publishing House, Delhi.