Communication Within A Therapeutic Relationship

In this reflective account, I will discuss the importance of communication within a therapeutic relationship and the barriers that impact effective communication. I will explain the role that confidentiality and trust play within therapeutic relationships and the skills and qualities that a carer should possess and why these are important. I will give a brief overview of the communication model SURETY by Theodore Stickly and how I use this within my own practice. I aim to reflect on my own practices with my communication skills and how effective this is. This reflective account will conclude that effective communication is a vital part of building a therapeutic relationship as this leads to a better quality of care and better experience for the service user.

When people communicate they use verbal communication which is words and sounds and nonverbal is using body language, eye contact, touch, hand gestures, etc. Communication methods must be flexible to meet the needs of the service user. Everyone has different communication needs and this must be assessed, it is important to know the person's preferred communication needs and to support them. NHS Inform state that each person should be provided with information in a way that meets their needs and they can understand.

Stickley, T (2011) devised the model SURETY so that nurses and students could incorporate nonverbal communication within their nursing practice. Stickley emphasized that touch and intuition are “essential to nonverbal communication of the nurse practitioner”. However, he acknowledged the need for respect when using touch as it may not always be appropriate.

A barrier is when someone cannot understand what is being communicated or misunderstands the communication (Moonie, Mason, & Stretch, 2007), some examples of barriers are:

- Environmental – light, heat, noise
- Emotional – distress, anger
- Time – restrictions
- Language - language, slang, regional accent
- Health - eyesight, hearing, pain, confusion

Barriers can be overcome by understanding the needs of the person and adapting to suit them.

(Gilbert & Choden, 2014) describes compassion as “being sensitive to the suffering of self and others with deep commitment to try to prevent and relieve it”.

Compassion, empathy, caring, touch, and spending time with the service user are all important to allow a therapeutic relationship between the carer and the service user. Showing someone that you genuinely care for their wellbeing and showing you acknowledge how they feel can build trust. Appropriate touch can be comforting for someone who is feeling anxious or worried. Spending time with service users shows them that they are important and they are involved in their care and treatment and that you are not too busy to hear about their concerns. All these aspects help the service user to feel confident with their care and able to be open and honest with their service provider about any concerns or anxieties that they are having that could

impact their care and treatment.

The service provider will have access to sensitive information about the service user, either through notes or from the service user themselves, the service user needs to understand that this information will be kept confidential and only those involved in their care will have access. Consent should be granted from the service user before sharing information. A therapeutic relationship with the service user allows them to trust that you will respect their privacy and keep their information safe and secure. NMC Code of Conduct section 5 says that as a nurse, midwife, or nursing associate you have a duty of confidentiality to all those who are receiving care.

Positive and effective care for the service user is achieved by using good communication within the multi-disciplinary team and with the service user, by actively listening to the service user and what their wishes and values are. By using a person-centered approach to the service users' care and involving them in their care and treatment plans. Following policies, procedures and standards set out by the NHS and the NMC. NHS Partnerships in Care aims to work together with service users and services to provide the best possible care. A positive experience for the service user means they are more likely to seek advice and support in the future and not put off seeking care and treatment due to bad experiences in the past.

Carers should possess good qualities and skills that make them good at their job and able to provide the best quality care to their service users.

Patience – some service users are slower at moving or expressing their needs, if they feel rushed they may feel they are a burden and not want to ‘bother’ someone when they need help.

Cheery/pleasant manner - the carer may be the only person the service user sees that day, if that person is miserable it could affect their mood. Seeing someone who is cheery and happy can make them feel more comfortable and shows the carer is approachable.

Knowledgeable – to be able to give informative and factual advice and support to a service user to help them understand what’s happening with their health, care, and treatment. Makes them feel more involved.

If someone shows they are knowledgeable and happy at work, it shows they enjoy being there and not just there for pay, it shows they are more likely to go the extra mile to make the experience a positive one for the patient.

When I was working with a lady living with dementia who could not verbally communicate, I spent time with her in her room where she felt most comfortable, I sat in a chair facing her and I gently touched her knee to get her attention and made eye contact so she knew I was trying to communicate with her, I had an open posture to show her I was relaxed and interested and that I had time to spend with her. I knew from reading her care plans that she was acceptable to touch as I know this isn’t always appropriate or wanted from other service users. I knew that she could understand direct questions and was able to answer with a nod or shake of her head. I had also read in her care plan that when speaking to her I was to point to my ear she would know I was asking her to listen to what I was about to ask. I smiled at her and I asked her directly if she wanted a drink, I gestured drinking from a cup, I gave her time to think about what

I had asked, after a few minutes the lady looked at me and smiled and nodded. I explained I would go and get her a drink and that I would be back in a few minutes and she nodded again. I was held up briefly before I could return to the patient which meant she had been waiting longer than a few minutes. I realized that I shouldn’t specify a time limit unless I can return within that time as the lady had been waiting.

After discussing the importance of building a therapeutic relationship with service users in this reflective account, it has shown that communication is a vital part of communicating with service users and building up a good relationship where the service user feels safe, valued, and listened to. Carers need to have the skills and qualities to be able to provide the best possible person-centered care. After reflecting on an experience of my own practice with a service user, I learned that I already use the knowledge and skills I have to build a good therapeutic relationship. On reflection, I have learned areas I can improve my communication skills.