Exploring Therapeutic Nurse-Patient Communication: Techniques and Barriers

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Abstract

Effective nurse-patient communication, also described as therapeutic communication, is essential for providing high quality nursing care. It increases patient satisfaction and health, decreases patient anxiety and disease symptoms, and increases patient cooperation and compliance to treatment. Some therapeutic communication techniques include attentive listening, empathy, silence, focusing, open-ended questions, clarification, exploring, clarifying, and summarizing. Unfortunately, there are barriers to therapeutic communication that have been identified. Research regarding nurse-patient therapeutic communication, consisting of secondary, qualitative, descriptive data, points to several barriers to therapeutic communication. Some of the barriers to therapeutic communication include nurse-patient gender difference; patient physical discomfort; nurse-patient language, culture, and religion differences; and a nurse's workload which includes both the number of tasks the nurse must complete during a shift and the number of patients the nurse has been assigned to care for during the shift. Through analysis of the findings, nurse workload can be identified as one of the more pressing barriers to therapeutic communication as it affects the nurse's time and energy during the shift and may decrease the effort to improve communication. For this reason, a proposed solution in response to the barriers to therapeutic communication is to improve nurse workload.

Exploring Therapeutic Nurse-Patient Communication: Techniques and Barriers

For 19 years since 1999, the nursing profession has been ranked the most ethical and honest profession in the United States (Gaines, 2021). What makes the nursing profession one that is viewed so highly? Nurses are present when patients are in their most vulnerable states—lying in a hospital bed, removed of their clothing, and placed in the same hospital gown as all the other patients in a similar position. The nurse becomes the patient's voice and advocate—the person who understands the patient the most, is constantly checking in on them, and meeting their most basic needs. In the most ideal of all cases, with the use of therapeutic communication, the nurse is the perfect interpreter; he or she listens to the patient to find out what is needed and relays that to the rest of the health care team to provide patient-centered care tailored to each specific patient. The nurse then helps them on their way to recovery and is there when the long-anticipated discharge from that hospital bed finally arrives. Unfortunately, the most ideal case is not always carried out and the nurse cannot fulfill the role of the perfect interpreter. There are multiple barriers to therapeutic communication between nurses and patients which impede the nurse's ability to provide consistent, outstanding care. In the paragraphs to follow, communication, therapeutic communication, and the nurse's role as a communicator will be explored in-depth; an analysis of effective and ineffective therapeutic communication techniques will be conducted; and barriers to effective therapeutic communication between nurses and patients will be discussed.

Background

The Nursing Role as a Communicator

According to the American Nurses Association (ANA) (2020), a professional organization focused on representing the common interest of the country's registered nurses and

improving the quality of health care for all people, a nurse's job consists of four things: first, to perform physical exams and take patient health histories in order to make critical decisions using nursing judgment; second, to offer counseling, education, and health promotion to patients and their families; third, to provide interventions and give the appropriate medications; and fourth, the nurse is responsible for coordinating the patient's care by working and collaborating with other health care professionals involved in each patient's care. A nurse's responsibility is expansive, and the nurse needs to do each one of those tasks efficiently in order to provide each patient with the best possible care. The unifying factor and a necessary component in the above responsibilities of the nurse is communication. The nurse must communicate with many people during the shift such as the physicians, pharmacists, occupational and physical therapists, and dieticians to coordinate the patient's care, but most importantly, the nurse must communicate with each patient. In other words, the nurse's role is like one of an interpreter: the nurse is an aid in the transfer of messages from the patient to the healthcare team, and the healthcare team back to the patient.

The first of the four responsibilities outlined by the ANA includes performing physical exams and taking patient health histories. A physical assessment, along with the patient health history, is the foundational information about the patient needed to understand what the patient is at the hospital for, why they are seeking care, and what kind of needs must be met to help them progress towards healing. The nurse needs to be able to understand the patient to know how to best care for them, to be their advocate, and to offer counseling, education, and health promotion like the ANA requires. Without communication, the nurse could not coordinate the patient's care by collaborating with the other health care professionals and nothing could get done effectively (ANA, 2020).

The second responsibility of the nurse according to the ANA is to offer counseling, education, and health promotion to patients and their families, if they are present. Even more so than with the first of the four responsibilities, it is essential for the nurse to communicate with the patient in order to fulfill this nursing duty effectively. There are two parts to communication: the sending aspect and the receiving aspect (Kourkouta, 2014). When the nurse is providing counseling, education, and health promotion, the nurse is sending information. When the patient understands the counseling, education, and health promotion, the patient is receiving the information. Because of this two-way relationship, while the nurse may send the correct information, if the patient does not receive the information as the sender intended, then communication has not been done effectively (ANA, 2020).

The third responsibility outlined by the ANA is the nurse needs to provide interventions and give the appropriate medications. This aspect of a nurse's job involves very precise communication with the patient and the health care provider along with any other members of the patient's health care team. Medications can prove to be a huge safety hazard for patients if their full history and story are not taken into consideration, which is why it is necessary for the nurse to have an accurate representation of the patient's history and allergies. For this reason, communication is absolutely necessary for the nurse to be able to safely carry out the third responsibility outlined by the ANA (ANA, 2020).

Lastly, the fourth responsibility outlined in the ANA says part of a nurse's role includes coordinating the patient's care with the other health care professionals. Coordination of care is not an easy task. Not only does it include a comprehensive knowledge of each patient's diagnosis, care plan, and steps to improve their well-being, but it also includes the knowledge of all the different branches of participating professionals and what their jobs entail. In addition,

coordination of care requires the most precise communication so that there is no misunderstanding in the transition of care and the transferring of care from health care professional to health care professional (ANA, 2020).

Being a nurse comes with a great amount of responsibility. All of the aforementioned responsibilities are crucial to the nurse fulfilling the job requirements outlined by the ANA to the most satisfying extent. The job will be done best when the nurse can speak to the surrounding health care professionals, as well as with the patient clearly and effectively so that the patient's needs can be met to the highest standard.

Communication

First, a definition of communication must be determined but the conversation should be prefaced by the statement that communication is a complex and very involved process (Amoah et al., 2018). According to Kourkouta (2014), communication is an exchange of concepts including thoughts, information, and feelings through the use of speech or other platforms. Because there is an exchange of information, the assumption is communication is never unidirectional (Kourkouta, 2014). Communication is at least two-way in its nature with a sender and a receiver often switching back and forth between their roles (Kourkouta, 2014). The basics of communication require common means through which information can be transferred from one to another, hence why it is complex and very involved. In other words, communication can be viewed as a transaction whose success is based upon multiple factors like cultural and social values, physical environment, and the psychological conditions of both the sender and the receiver (Kourkouta, 2014).

Therapeutic Communication

In nursing specifically, communication is vital because it helps with identifying necessary procedures, treatment, education, health promotion, prevention, therapy, and rehabilitation (Kourkouta, 2014; Slade & Sergent, 2020). Because of this, therapeutic communication is the goal for communication in health care services. According to the National Commission on Correctional Health Care (NCCHC) (2020), a non-profit organization that focuses its efforts on bettering the standard of health care in the United States, therapeutic communication is the "face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient" (NCCHC, 2020, para. 2). Therapeutic communication helps to establish a therapeutic relationship, which involves an interpersonal exchange focused on understanding the perceptions of others and acting on them (Moreno-Poyato & Rodríguez-Nogueira, 2020). Therefore, to provide the best support for the patient, therapeutic communication is fundamental in nursing, and it is accomplished using different techniques (Abdolrahimi et al., 2017; NCCHC, 2020).

Florence Nightingale, who is known as the founder of modern and professional nursing with her establishment of the first nursing school in the world in 1860, considered therapeutic communication the foundation for providing care to patients because it allows the nurse to interpret changes in the patient's condition in a more effective, timely manner (Karimi & Masoudi, 2015; Abdolrahimi et al., 2017). Nightingale also authored multiple books on the subject of nursing, one of which is the first book in nursing education published in 1860 called, *Notes on Nursing* (Karimi & Alavi, 2015). In this publication, Nightingale reports the importance of building relationships with patients that are effective and trusting (Nightingale, 1946). Some ways Nightingale says this can be done is through the nurse's presence, empathy, and understanding, as well as by creating an atmosphere that makes the patient feel happy, and by creating a sense of unity between the nurse and the patient (Karimi & Alavi, 2015). These

suggestions can all be accomplished with the use of therapeutic communication (Karimi & Alavi, 2015).

As demonstrated in a study by Abdolrahimi et al. (2017), therapeutic communication is difficult to define because it is complex with multiple factors involved in the process. However, Abdolrahimi et al.'s study describes therapeutic communication as important for building relationships, an essential component in clinical competency made up of two different parts including verbal and non-verbal, and necessary for providing patient-centered care (Abdolrahimi et al., 2017). Further, it is important to consider knowledge, motivation, and performance are elements that affect the nurse's ability to provide therapeutic communication (Abdolrahimi et al., 2017). Regardless of the exact definition of therapeutic communication, studies show that the use of effective therapeutic communication allows the nurse to provide the patient with the best physical and emotional care and allows for the most productive exchange of information (Amoah et al., 2018).

Techniques for Therapeutic Communication

Now that the reasons why therapeutic communication is necessary in nurse-patient interactions have been identified, examples of techniques to be used can be discussed. Burke (2021), a nationally recognized nurse educator and member of the ANA's task force on competency and education for nursing team members, lists a variety of techniques that are useful for therapeutic communication, the first of which is attentive, active listening. Burke describes attentive, active listening as more than simply hearing the patient and remaining silent while they speak. This non-passive technique involves hearing, analyzing, and intentionally understanding the sentences the patient is speaking and applying them to the patient's situation while also observing their nonverbal cues as they talk (Burke, 2021). The combination of taking in and

understanding the patient's verbal and nonverbal communication results in attentive, active listening.

One of the main techniques for therapeutic communication includes empathy. Using empathy, the nurse can convey understanding to the patient on a deeper and more personal level (Slade & Sergent, 2020). It is also understanding the patient's framework of reference, or their perspective, and as the nurse showing this understanding to the patient (Moreno-Poyato & Rodríguez-Nogueira, 2020). Using empathy as a therapeutic communication technique helps to establish a trusting nurse-patient relationship in which the patient can express their situation freely and feel they have support from their nurse (Moreno-Poyato & Rodríguez-Nogueira, 2020).

Another technique for therapeutic communication is silence. Choosing to be silent is an intentional approach the nurse can employ to promote and establish a therapeutic relationship (Burke, 2021). Silence allows both parties in communication to have a moment to ponder the meaning of the messages being shared and think of how to answer (Burke, 2021). Each patient is unique in that they each have their own pace at which they decipher and unravel new information, so silence gives them ample time to process it (Kourkouta, 2014). In addition, this extra time given to the patient helps them feel it is their time and not that they are taking it from the nurse (Kourkouta, 2014). Not only that, but when the nurse uses silence as a therapeutic communication strategy, the nurse is giving the patient an opportunity to fill in that space with information they wish to share such as openly discussing their thoughts and feelings, or their opinions and beliefs related to the care and treatment they are to receive (Burke, 2021).

Focusing is another therapeutic communication technique that can be used by nurses. This technique is a way to help the conversation zone into the goal of maximizing the patient's

care (Burke, 2021). This is useful during times when the patient takes the opportunity to talk about their extended family or their accomplishments rather than things related to their health care. While it is therapeutic for the nurse to provide the patient their presence, at times off topic conversations only steer away from the opportunity to help improve the patient's care (Burke, 2021).

Part of therapeutic communication is listening to patients and their narratives. Listening to the stories of patients not only helps them feel understood, but it also helps the nurse understand how health is defined for the patient, what their symptom management looks like, and how the patient interprets their healthcare (Wittenberg et al., 2018). Only after the nurse has listened to the patient's story can the nurse have an understanding of what the patient wants communicated (Wittenberg et al., 2018).

The nurse can use open-ended questions as a technique for therapeutic communication with the patient (Burke, 2021). The opposite of open-ended questions are closed-ended questions, which are those that only require yes or no as an answer. In comparison to closed-ended questions, open-ended ones give the patient the opportunity to provide a more detailed response, which can lead to greater insight regarding their condition (Burke, 2021). These questions give the patient the opportunity to freely share his or her concerns with the nurse, and in response, the nurse can practice active listening to encourage the patient's revealing of information (Slade & Sergent, 2020). These are useful when the healthcare team is looking for more information in relation to the patient's condition so that better treatments methods can be utilized (Burke, 2021).

Clarification can also be used as a technique for therapeutic communication. This helps to make sure the message has been interpreted correctly (Burke, 2021). The nurse can clarify and

validate the patient's message so as to make sure the message has been interpreted completely and correctly. During communication, there is risk of misunderstanding, false assumptions, and interpretating the message with bias. To aid in clarification, the nurse can both orient the patient, and provide them with options (Wittenberg et al., 2018). Orienting the patient to their diagnosis and summarizing their options is a therapeutic way to communicate with the patient because it provides the patient with a sense of control over their condition (Wittenberg et al., 2018). Some specific ways to clarify include exploring, paraphrasing, restating, and reflecting (Burke, 2021).

Exploring is not the same as probing, which is both non-therapeutic and invasive, rather it encourages the patient to share more in regard to an area related to their health and healthcare (Burke, 2021). Paraphrasing is another way for the nurse to clarify the patient's message and can be done by repeating the patient's statements in a different way or using different words (Burke, 2021). The benefit to this is that the patient has the opportunity to hear what the nurse understood and correct the nurse's understanding, if necessary (Burke, 2021). Lastly, another way to clarify the patient's message is by restating. The nurse would use this therapeutic communication technique by simply repeating what the patient said to make sure they heard the statement correctly (Burke, 2021). All of these methods of clarifying the patient's message are useful techniques for therapeutic communication between the nurse and the patient (Burke, 2021).

Clarifying the patient's message is important because it also helps to establish frank and honest conversation (Kourkouta, 2014). Learning about a diagnosis is often confusing and overwhelming for a patient. This is why a nurse's discussion should involve frankness and honesty—to help rid the patient of any doubts or misunderstandings (Kourkouta, 2014). One of the best ways the nurse can help speak to the patient honestly is by translating medical terminology into a language the patient can understand (Kourkouta, 2014). This is much more

beneficial to the patient because they can learn more about their diagnosis and instructions for caring for themselves from the nurse's honest and considerate communication (Kourkouta, 2014).

Providing leads to the patient is another therapeutic communication technique that can be employed by the nurse. This technique is useful for the nurse to use when the nurse needs the client to begin a new discussion based on a specific topic. The nurse would lead the patient to the conversation allowing the patient to take over the discussion. This contributes to therapeutic conversations because it can help to provide the healthcare staff the information they are looking for to improve their care (Burke, 2021).

Another therapeutic communication that can be used is summarizing. Burke (2021) indicates this technique is especially useful when educating a patient. To implement this technique, the nurse highlights portions of the important information that was discussed. In addition, it sums up the conclusion of the discussion that both the nurse and patient have come to agree upon. This is a good way for the patient to briefly be reminded of the topics that were reviewed and provides another opportunity to ask questions about them (Burke, 2021).

Another technique for therapeutic communication consists of recognition, acknowledgment and acceptance of the patient. The nurse should recognize, acknowledge, and accept the patient and their thoughts during every interaction, especially communication. This helps the patient to feel respected, valued, and heard by nurse, which establishes trust in the nurse-patient relationship. The presence of a trusting relationship is especially helpful because it encourages the patient to both be more open in their communication, and also makes them more likely to accept the treatment modalities offered by their health care team (Burke, 2021; Shafipour et al., 2014).

Lastly, offering of self is a simple, yet powerful technique the nurse can employ and further the nurse-patient relationship (Burke, 2021). Offering of self involves the nurse willingly offering their time and presence to the patient (Burke, 2021). This allows the patient to feel valued by the nurse increasing the chances of the patient opening up to the nurse to share important health care points (Burke, 2021). The goal with offering of self is to adequately meet the patient's needs (Burke, 2021). This also involves mindful communication with the patient by being fully present with them in the moment, and acknowledging their feelings and concerns (Wittenberg et al., 2018)

Benefits of Therapeutic Communication

Therapeutic communication techniques are very helpful when the nurse takes the initiative to incorporate them into the nursing practice. This type of communication provides a solid foundation for a positive interpersonal relationship (Younis et al., 2015). In addition, as explained in the description of the techniques above, this type of communication between the nurse and the patient allows for trust to be established between them. In brief, one of the reasons why a trusting nurse-patient relationship is beneficial is because it increases the chances the patient will be honest with the healthcare team and increases the chances the patient will be adherent to their treatment regimen (Norouzinia et al., 2015). In addition, it is important to note not all of the communication is verbal. In fact, most of communication, or 93%, is non-verbal including body language, attitude, and tone (Younis et al., 2015). The other 7% of communication is based on actual words along with their content and meaning, but their delivery, or the components of non-verbal communication (body language, attitude and tone), impact how the content or the words are interpreted (Younis et al., 2015). According to Younis et al's (2015) study and review of the literature, the outcomes of effective communication

contain many positive benefits. These include a smoother transfer of information, care interventions that are more suited for the patient, improved safety, decreased hospital length of stay, increased patient satisfaction, and enhanced employee morale (Younis et al., 2015).

When implemented, therapeutic communication is very beneficial to both patients and the healthcare staff. An article written by Norouzinia, R et al. (2015) includes that effective communication is important to patient care because it improves nurse-patient relationships, it helps to provide high quality nursing care, and leads to patient satisfaction and health. Communication is the hinge that brings together the nurse and patient. The communication skill can be a well-oiled hinge, or one that lacks the adequate lubricant and only causes friction between the two parties. A well-oiled hinge is key to a successful relationship between the nurse and the patient bringing about the most effective treatment.

Ineffective Communication

On the other hand, there are different types of interactions that result in ineffective communication. In other words, the nurse-patient exchange did not serve a purpose beneficial to the patient's overall health care. As mentioned in the previous section, communication includes both verbal and non-verbal components, therefore, ineffective communication can be a result of inadequate body language as much as it can mean asking the wrong questions.

In the same article in which she identifies useful techniques to work on therapeutic communication, Burke identifies methods that do not offer a positive contribution towards therapeutic communication. These include challenging, probing, changing the subject, rejection and minimization, and stereotyping (Burke, 2021).

To challenge a patient is to stand against the patient. The whole purpose of the nurse-patient interaction is to establish a relationship that benefits the patient and aids in the patient's

recovery and overall health, but this type of interaction makes the patient have to defend themselves by justifying what their thoughts or feelings are, as well as why they believe what they do. Instead of establishing trust and demonstrating respect for the patient, this kind of communication shows disrespect and is ineffective (Burke, 2021).

Unlike exploring, probing is non-therapeutic and invasive to the patient. While probing sounds like it would help get more information from the patient to create a more complete clinical profile, probing is often just a way to satisfy the nurse's curiosity. It is therapeutic to get more information from the patient related to their health, but not to ask for more information that would threaten the patient's right to privacy and confidentiality (Burke, 2021).

Another ineffective or non-therapeutic form of communication is changing the subject. Typically, someone wants to change the subject when they are uncomfortable about a situation and want to talk about something else. While this may be appropriate in a friendship-type setting, it is not therapeutic for the nurse to do this with a patient. Changing the subject does not allow for the topic of discussion to be resolved. Similar to probing, this kind of communication only benefits the nurse by making them more comfortable, rather than trying to meet the patient's needs. Instead of trying to make themselves feel more at ease, the nurse should identify their own feelings and biases to be able to work on them before trying to enter into a therapeutic conversation with patients (Burke, 2021).

Unfortunately, defensiveness on the nurse's part is another way to impede the possibility of creating a therapeutic conversation with the patient. To be defensive is to attempt to justify actions that are wrong or are perceived as wrong. The nurse may be defensive in regard to something they did not succeed in, their employers, or any other action. The problem with defensiveness is that it does nothing for the patient and it does not help to improve the nurse-

patient relationship at all. In fact, this is only self-serving for the nurse and may even cause harm to the nurse-patient relationship (Burke, 2021).

For multiple reasons, false reassurances are non-therapeutic ways for the nurse to communicate with the patient. For one, false reassurances are comments that are conversation stoppers due to their dismissive tone. This is not therapeutic for the nurse-patient communication because it may lead to the patient withholding their true thoughts or feelings from the nurse in future scenarios, which is the exact opposite of what is trying to be accomplished. Another reason why false reassurance is non-therapeutic is that it can be considered a form of lying to the patient. Even though the nurse's intention may be to help the patient in the present moment feel more at ease, the truth is that the nurse does not really know the veracity of their reassuring statement. In the case that the nurse's assurance was false, the nurse gives the patient a reason to not be trusted. Therefore, false reassurances and their effects are detrimental to the patient and should not be used when trying to implement therapeutic conversations (Burke, 2021).

Disagreeing with the patient is another unacceptable form of communicating. While the nurse can correct the patient when the patient demonstrates their knowledge of their healthcare is misinformed, the nurse should not look to disagree or argue with the patient on other topics. Again, this type of communication is harmful to the nurse-patient relationship and discourages the patient from being honest and open with their nurse (Burke, 2021).

Judgments are not appropriate when the goal is to have effective therapeutic communication between the nurse and the patient. Whether they are positive or negative, judgmental responses discourage honesty. Both, the nurse and the patient, need the patient's honest and open communication in order to relay all the pertinent information to the healthcare team in charge of the patient's treatment. If the patient initially feels judged for example, for

their unhealthy dietary habits, they may later omit information related to their diet that is important to consider for their treatment regimen. To help have a therapeutic relationship between the nurse and the patient, the nurse should establish and maintain a nonjudgmental environment (Burke, 2021).

A form of judgment from the nurse is rejection and minimization of the patient's thoughts, feelings, or other contributions. This type of response by the nurse is dismissive in nature, and disrespectful to the patient. In addition, it is non-therapeutic communication because it leads the patient to feel discouraged from sharing more about themselves (Burke, 2021).

Lastly, stereotyping is another way that communication can be negatively affected. In fact, stereotyping causes all relationships to be affected poorly because of its presumptive and demeaning nature. When a nurse approaches a patient with a stereotype in mind, it takes away the patient's opportunity to prove their individuality and uniqueness. This may lead a nurse to make assumptions about the patient and the care they need rather than taking the time to truly understand the patient's needs in relation to their health and healthcare (Burke, 2021).

After the nurse's job was described based on ANA standards, a connection has been made that points to communication, especially therapeutic nurse-patient communication, as a significant skill for the nurse to have in order to adequately satisfy job requirements. For this reason, the definition of communication has been established and described in detail. The specific application of communication in the healthcare setting, and what is to be used most often by the nurse, is therapeutic communication. Because of this, therapeutic communication has been defined and effective therapeutic communication techniques have been listed and described in detail along with their multitude of benefits. To show the contrast between the techniques that are effective and those that are ineffective, a list and description of ineffective communication

interactions are also included. In the list of ineffective communication methods, only examples that are errors on the nurse's part are included, but it opens the door for a much greater discussion on problems in communication between nurses and patients.

During the patient's time in the hospital, the nurse is serving as the bridge between the patient and the rest of the healthcare team such as the physicians and other interdisciplinary team members. Out of all the members on the patient's healthcare team, nurses are the ones that spend the most time with the patient (Butler et al., 2018). Ideally, this makes the nurse the one that is the most informed healthcare team member at all times. However, if the interaction between the nurse and the patient did not involve therapeutic communication causing it to be an ineffective interaction, the nurse will not have all the adequate information and the patient's overall care will be negatively impacted (Yousin et al., 2015; Norouzinia et al., 2015). Because therapeutic communication is such an essential component of a nurse's job, especially related to patient care, it is important to address the reasons why communication is faulty at times. Therefore, the following section will go in depth on the barriers to therapeutic communication.

Barriers to Therapeutic Communication

With the core of a nurse's role (to provide the patient with safe and adequate care) relying so heavily on therapeutic communication, it is troublesome that much of it can be negatively affected by inadequate communication. In the literature, multiple studies have been done looking into different barriers to therapeutic communication between nurses and patients, which will be discussed below. First, it is important to note that the problem at hand is twofold because in some studies the barriers to communication perceived by the nurse were different than the ones perceived by the patient (Norouzinia et al., 2015). This may be the case because the patient may have different expectations for their care than the nurse has for them. Regardless, the list of the

most common barriers that will be discussed is all inclusive in that it will include both barriers perceived by the nurse and barriers perceived by the patient. These include gender differences, patient physical discomfort, language, culture, religion, and the nurse's workload.

Gender Differences

One of the barriers that impedes therapeutic communication between nurses and patients is gender differences (Norouzinia et al., 2015). According to the study conducted by Norouzinia et al. (2015), a difference in gender between the nurse and the patient is a barrier that is mostly perceived to be a problem by patients rather than by the nurses. One reason is religion (Norouzinia et al., 2015). Depending on the religion, certain interactions are not permitted between males and females. For example, in some Asian religious cultures, it is considered impolite to speak about sexual-related problems to the opposite gender (Norouzinia et al., 2015). In the case the nurse and the patient are opposite genders, this makes certain conversations related to their healthcare off-limits. This is problematic because patients should feel comfortable sharing health-related information with their nurses so they can be more fully assisted.

Another way in which gender differences can become a barrier to therapeutic communication is that male and female patients have different expectations related to their care (Teunissen et al., 2016). In a study assessing satisfaction in quality of care, women report to have much less satisfaction in nursing care than men (Teunissen et al., 2016). Some of the reasons include not receiving help when they expect it and their pain not being controlled to their satisfaction during their hospital stay (Teunissen et al., 2016). In both of these situations, the patient does not feel understood nor fully cared for by their nurse which becomes a barrier to therapeutic communication, has a negative effect on the nurse-patient therapeutic relationship, and ultimately negatively impacts the patient's healthcare (Teunissen et al., 2016).

Physical Discomfort

The patient's physical discomfort is recognized as another barrier to therapeutic communication between nurses and patients (Norouzinia et al., 2015; Amoah et al., 2018). This is another barrier that is mostly perceived by the patients rather than the nurses because the patient is the one that is experiencing the discomfort. The reason why the patient's physical discomfort or pain is a barrier to communication is simply because the patient does not feel comfortable communicating when they are in pain (Amoah et al., 2018). A study done by Rowbotham et al. (2014) looks at the effects of different intensities of pain on the patient's communication. In this study, the results showed that the higher the intensity of the pain condition, the more difficultly the patient reported in verbal communication (Rowbotham et al., 2014). In other words, physical discomfort and pain make it difficult for a patient to adequately express themselves, which affects the nurse-patient communication. Pain is a barrier because the patient cannot tell the nurse exactly what they are feeling and exactly what they need.

Language

Language is another barrier to therapeutic communication found in the literature. This is a barrier that is perceived to be so almost equally by both nurses and patients (Norouzinia et al., 2015). It is not uncommon for the patient's primary language to be different from the nurse's primary language. This is especially the case in some areas of the United States where the language spoken at home is one other than English. For example, in Los Angeles (LA), California, more than half of the city does not speak English as their primary language; only 46% of LA speaks English, while 38% speak Spanish, and another 11% speak Asian or a Pacific Islander language (Asian Pacific American Legal Center (APALC), 2012). With this information, it is safe to conclude that it would be very likely for a nurse in LA to encounter a

patient that speaks a language that is different as him or her. Among the different spoken languages, there are also different levels of language proficiencies that can be seen. For example, a nurse may be dealing with a patient with very poor English, or one for which English is their second language but has been speaking it for ten years (Norouzinia et al., 2015).

It is important to recognize that vocabulary and grammar are the key components in sentences that allow a person's thoughts and feelings to be transferred to someone else. Further, vocabulary words and grammar rules are unique and specific to each language, so it can be concluded that when there is a difference in language, the original thoughts and feelings may not be conveyed in the same way they were intended. In the hospital setting where a different language may be spoken by the patient and the nurse, it is possible the patient's original thoughts and feelings may not be understood due to this difference. Unfortunately, with a patient's perception and description of their health concerns hidden behind foreign words and grammar rules, therapeutic communication between the nurse and patient is negatively impacted.

One of the ways in which the negative impact language differences can have on therapeutic communication is in communicating empathy. Empathy is one of the core components of therapeutic communication because it is a way in which the nurse can make the patient feel heard and understood in their physical, emotional and even social issues (Slade & Sergent, 2020). However, with language differences between the nurse and the patient, verbal empathy may not be communicated to the patient in a way that will be understood with the same meaning as it could have in a shared common language (Moreno-Poyato & Rodríguez-Nogueira, 2020).

Culture

Another commonly identified barrier to therapeutic communication is differences in culture between the nurse and the patient (Babaei & Taleghani, 2019). Often it is true that a difference in language directly correlates to a difference in culture, meaning that anytime there is a difference in language between the nurse and the patient, there will also be a cultural difference acting as a barrier to therapeutic communication. One of the reasons why a difference in culture can cause difficulties in communication is because even non-verbal communication can change among different cultures (Norouzinia et al., 2015). This is significant because most of communication is nonverbal (Dahlin & Wittenberg, 2019). For example, studies have been conducted to show that there are ethnic differences in the nonverbal expression of emotions like fear, disgust, sadness, and anger, and even ethnic differences in the nonverbal expression of pain (Ford et al., 2015). When considering nonverbal expressions of pain, it is very important for these to be understood by the nurse if the patient has some condition for which they cannot speak coherently or communicate verbally such as in dementia (Ford et al., 2015; Hanssen, 2013). In the example of a patient with dementia, the disease alters their words and actions such that they are not able to express themselves appropriately verbally. However, in this patient, their nonverbal expressions of pain may still be elicited by them, which makes it important for the nurse to understand to gauge the level of pain the patient is feeling when they cannot verbalize it.

Another reason why a difference in culture can cause difficulties in therapeutic communication is because patients may simply be subjectively less accepting of nurses that are of a different culture from them and vice versa (Norouzinia et al., 2015). Often times the explanation for this is ethnocentrism (Mauk, 2018). The definition of ethnocentrism is “a universal tendency to believe that one’s own culture and worldview are superior to another’s” (Mauk, 2018, p. 985). Although ethnocentrism is by no means acceptable, it is important to know

that it occurs because it impacts the way people from different cultures may view and treat each other. Most importantly, it may ultimately have an effect on patient care. Sometimes ethnocentrism happens as a result of cultural relativism, which is a view that morality, or what is right and wrong, is established by the culture or society in which one lives in (Jones, 2017). Typically, this ideology is not intentionally discriminating, rather it is a sense of defensiveness and pride towards one's own culture.

A difference in culture between nurses and patients can have even more effects on the nurse-patient interaction. Unfortunately, along with different cultures also come different locations of origin, which may contribute to things like strong nationalism/ethnocentrism, along with prejudices and social stereotypes (Die et al., 2018). One study showed that initial prejudices and social stereotypes were being made when there was a difference in culture between nurse and patient (Die et al., 2018). The fact that initial prejudices and social stereotypes exist is another indicator of how culture differences are acting as a barrier to therapeutic communication.

Religion

Religion is another barrier to therapeutic communication identified in the literature. It is also identified by both patients and nurses as a perceived problem (Norouzinia et al., 2015). Religion is often a difference that is intertwined with culture since a different religion, in effect, comes across as a different culture regardless of where each party is from. That being said, region of origin may also have a direct effect on what a person's religion is. For example, the majority of Hispanic Americans are catholic, and a majority of European Americans are Christian—protestant or catholic (Mauk, 2018). The reason why religion differences is significant is because, like different cultures, there may be contrasting customs and practices that not only may or may not be practiced, but also may or may not be allowed. Unfortunately,

conflicting expectations when it comes to patient care increases the chances of miscommunication, leading to misunderstandings, as well as a decreased ability for the nurse to provide care with compassion (Babaei & Taleghani, 2019).

Workload

Nurse workload, specifically their high workload, is identified by both nurses and patients as a barrier to therapeutic communication (Amoah et al., 2018; Shafipour et al., 2014; Valizadeh et al., 2016; Hamim, 2015). The high workload includes a high number of tasks the nurse must complete during a shift, as well as a high number of patients the nurse must care for during a shift. Nurses have a very wide scope of practice meaning it is inclusive of many tasks and skills. In other words, a nurse is able to perform many different types of skills and is able to assist with many different activities. Hence, when taking care of a patient in the hospital setting, the nurse can do most things required to care for the patient, or the nurse knows how to contact the professional that can help the patient. This means the nurse is expected to provide a lot of care to patients, but unfortunately, the nurse is in charge of many things. Currently there is a shortage of nurses which causes each nurse working to have an even higher workload than they used to, and at times, even higher than is considered safe (Norouzinia et al., 2015). Unfortunately, a higher workload for the nurse takes away the nurse's time to use therapeutic communication to establish a therapeutic relationship with each of their patients (Norouzinia et al., 2015).

Not only does an increased workload decrease the nurse's time with each patient, but it also causes tension and decreased motivation (Shafipour et al., 2014). Both of these effects of a high workload can also contribute to overall job dissatisfaction (Shafipour et al., 2014). Unfortunately, this is a spiral that keeps spinning out of control because job dissatisfaction is a

contributor to the nursing shortage in that it leads to a quicker onset of burnout, which leads more nurses to consider leaving the field (Shafipour et al., 2014). This combined with a nurse's decreased time as a result of a high workload is very fatiguing (Shafipour et al., 2014). Fatigue in the nursing field is especially dangerous because it leads to more mistakes such as medication errors which puts the patient's safety at risk (Hemsley & Balandin, 2014). In addition, when the nurse is fatigued, he or she may start to exhibit less compassionate care as well, which only furthers the problem of communication between the nurse and the patient (Valizadeh et al., 2018).

Decreased Compassionate Care Related to Increased Workload

According to Babaei and Taleghani (2019), compassion is at the heart of nursing care. For this reason, with compassionate care being threatened by a nurse's increased workload, it is important to discuss further. Like an invisible string tying together the different aspects of a nurse's role, including therapeutic communication, compassion is another very important part of the nursing role. It is more beneficial to analyze the importance of compassionate care by examining the outcomes of nurses that are not providing compassionate care. In Babaei and Taleghani's (2019) study, it showed that nurses noticed when their nurse coworkers treated their patients "indifferently" and "lethargically" and it negatively affected their own nursing care. Specifically, one participant in the study called the decreased sense of compassion an "infection" that could be transmitted among the unit (Babaei & Taleghani, 2019). On the other side of the equation is what the patient perceives when a nurse is lacking compassion in their care, and unfortunately, patients surely notice when this is the case (Babaei & Taleghani, 2019). A decrease in compassionate care is very important to address because it deeply affects nurse-patient communication in that a nurse that is lacking compassion is less likely to employ any of

the therapeutic communication techniques that enforce a positive relationship between the nurse and the patient.

Discussion

The barriers to therapeutic communication discussed are gender differences, patient physical discomfort, language, culture, religion, and the nurse's high workload. It is important to recognize these barriers as problems in the nurse's delivery and the patient's reception of therapeutic communication because they can affect the quality of patient care. In a study conducted by Abdolrahimi et al (2017), it was revealed that failed interactions between nurses and patients lead to the misinterpretation of information, which reduces the quality of nursing care, as well as patient satisfaction, and the creation of a negative attitude in patients (Abdolrahimi et al., 2017). Safety is one of the most important parts of a nurse's role, so putting at risk the patient's safety due to a lack of therapeutic communication between the nurse and the patient is a significant issue.

In addition, compassion exhibited by a nurse during their care can often be attributed to an understanding of the patient and their situation, however, misunderstandings as a result of ineffective communication can lead to less compassionate care (Babaei & Taleghani, 2019). Inevitably, a decrease in compassionate care will have negative consequences on the patient's reception to the care, or worse, produce a decreased desire in the patient to even attempt to communicate their situation to the nurse. Unfortunately, Babaei and Taleghani's (2019) study points to nurses believing that they have not received the education or training appropriate to prepare them for providing compassionate care, especially during times of stress or feelings of burnout. Burnout may cause the experienced nurse to act passionless, indifferent and lethargic towards their patient which is perceived as an uncaring attitude (Babaei & Taleghani, 2019). This

becomes even more so a problem when these nurses are viewed as role models by newer nurses and their actions and attitudes are perceived as appropriate by the newer nurses.

The benefits to therapeutic communication between the nurse and the patient are discussed above. It is because of these benefits and also to avoid the consequences of ineffective communication, that the barriers to therapeutic communication pose a threat to the nurse's care and the patient's overall health. One of the most pressing concerns out of all the barriers to therapeutic communication is high nurse workload because of its myriad of negative outcomes such as putting patient safety at risk (Hemsley & Balandin, 2014).

Improving Nurse Workload as a Proposed Solution

Barriers to therapeutic communication between nurses and patients negatively affect both the nurse-patient relationship, and the quality of care provided to the patient. The problems addressed in this study include gender differences, patient physical discomfort, difference in language, differences in culture, differences in religion, and the nurse's high workload. As discussed, a high nurse workload not only impedes the ability for exceptional nurse-patient therapeutic communication, it brings harm to the nurse-patient relationship because of the nurse's lack of time, and it also causes the nurse to experience compassion fatigue leading to the provision of less compassionate care (Norouzinia et al., 2015; Shafipour et al., 2014; Babaei & Taleghani, 2019). For the multitude of negative effects, a nurse's increased workload is the most pressing of the barriers to therapeutic communication. For this reason, improving nurse workload by decreasing the number of patients a nurse cares for at a time during each shift or efficiently redistributing the nurses working in a shift, is a way to remove a barrier to therapeutic communication (along with the other negative effects resulting from it).

There are multiple systems that have been developed that can help to determine the most appropriate staffing size to address the issue of a high nurse workload. The systems can be classified into categories including professional judgment, benchmarking, volume-based approaches, patient prototype approaches, and timed-task approach, all of which will be described briefly below (Griffiths et al., 2020). The professional judgment category of methods is a subjective way to determine staffing needs because it uses expert opinion to decide the allocation of staff members (Griffiths et al., 2020). Benchmarking is a similar method that uses consensus methods and expert opinion to look at different units in the hospital and compare them to establish appropriate staffing allocations (Griffiths et al., 2020). The volume-based approaches to determine staffing look at nurse-to-patient ratios, or nursing hours needed per patient, to make a decision for adequate staffing allocations (Griffiths et al., 2020). This approach specifically sets a minimum number of staff members needed depending on the unit (with the condition that more staff may be needed during peak times) (Griffiths et al., 2020). Another category of methods to help determine appropriate staffing needs is the patient prototype approach. This approach determines staffing needs depending on the patients' nursing care needs (Griffiths et al., 2020). Patients can be grouped according to their nursing care needs by their diagnoses, acuity, or dependency (Griffiths et al., 2020). Lastly, the timed task approach strives to determine staffing needs after creating a detailed and specific care plan for each patient including the tasks that will need to be done and deciding how many nurses will be needed to complete those tasks (Griffiths et al., 2020).

With an understanding of some of the possible ways to determine nurse staffing ratios, hospital authorities should decide on an approach or two to utilize for their staffing decision-making to make sure nursing workload is reduced (Griffiths et al., 2020; Amoah et al., 2018).

While allocating nurses appropriately during a nursing shortage may be more difficult than usual, having the best distribution of nurses will help reduce nurse workload and facilitate effective therapeutic communication between nurses and patients (Norouzinia et al., 2015; Amoah et al., 2018). In fact, further research can be conducted on how to choose the most effective approach to determine nurse staffing levels in hospitals to help resolve the unsafe levels of increased nurse workload, and to help improve nurse-patient therapeutic communication.

Conclusion

A nurse has the capability to make better or to worsen a patient's experience at the hospital based on the care they provide to the patient. In many ways, the care provided to the patient is dependent on the level of understanding between the nurse and the patient. The most prominent way to ensure understanding between two parties is through communication: in the healthcare patient setting, specifically, therapeutic communication is the best way to ensure understanding between the nurse and the patient. When therapeutic communication is achieved, the nurse is able to be an advocate for the patient and serves as the bridge between the patient and the rest of the healthcare team. Therapeutic communication increases patient satisfaction and health, it decreases patient anxiety and disease symptoms, and increases patient cooperation and compliance to treatment.

However, there are multiple barriers to therapeutic communication that can be seen in the nurse-patient exchange. These barriers include differences in gender between nurse and patient, the patient's physical discomfort, differences in language, culture, religion, and the nurse's high workload. These barriers result in a decreased level of understanding between the nurse and a patient which leads to negative consequences such as misinterpretation of information, decreased quality of care, decreased patient satisfaction, creation of a negative attitude in patients, and

decreased compassionate care. After discussing the effects of all the barriers to therapeutic communication, a nurse's high workload is one of the most severe for the multitude of negative outcomes it can cause. For this reason, a proposed solution to deal with one of the barriers to nurse-patient therapeutic communication is to improve nurse workload. A brief overview of different methods for determining nurse staffing levels in hospitals is included along with the recommendation for further research to determine which of the methods is most effective for hospital administration to use. With this solution, a nurse's workload can be decreased, and nurse-patient therapeutic communication can be enhanced, which is necessary to provide the patient with the best possible overall care.

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