

Improving Communication Skills in Nurses Working with People with Psychosis

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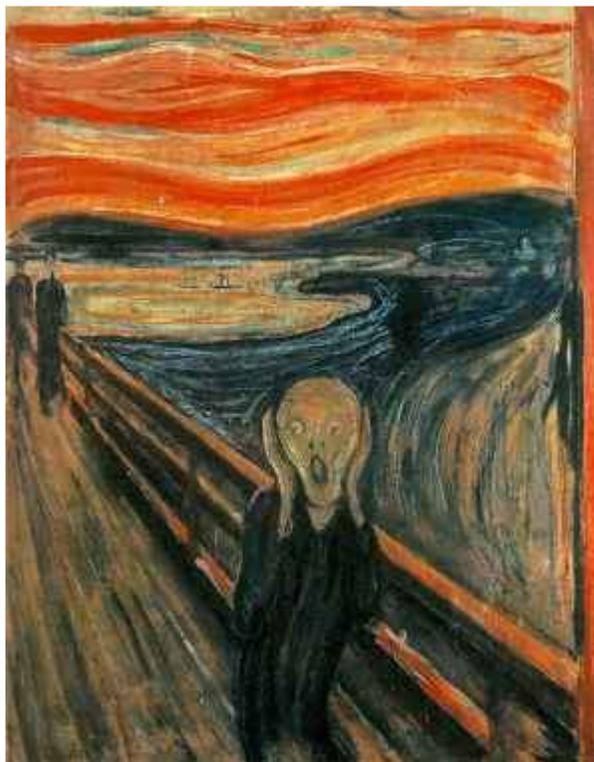
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Dissertation



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Chapter 1 Introduction

1.1 Background

Communication as a process of exchange of ideas between individuals, is the cornerstone of nursing activities, especially in the nurse-patient relationship; because it allows the continuity of care and also establish relationships that influence recovery to seek the welfare of the same, in this sense, the nurse should underpin their practice techniques that will facilitate intervene in order to ensure quality care and help in meeting their needs.

In mental health care, communication between nurses and people in their care is at the heart of the practice and can be challenging, especially with people experiencing 'psychosis' (McCabe, 2008). The skills use in the communication process may influence therapeutic outcome indirectly or be therapeutic in its own right. The General Medical Council and the Royal College of

Psychiatry identified the importance of good communication in achieving therapeutic relationships. Effective communication skills, and the related construct, the therapeutic relationship, may have an impact on peoples' engaging in treatment in the first place, following treatment suggestions, satisfaction, symptoms severity and referral to other services (McCabe et al, 2008).

Communicating with people experiencing "psychotic phenomena" can be difficult and discussing the more unusual or "extreme" experiences (hallucinations and delusions) may result in disagreement (McCabe et al, 2002) about what is "real". The need to improve communication skills in nursing cannot be overemphasised, looking at the complex needs of each individual in the care delivery. Any difficulty in communication may result in adverse consequences in our care delivery system.

Disagreements about reality can make people less likely to engage with services or believe in prescribed treatment. Models of dialogue show that communicative success depends on how people collaborate to construct shared understanding. The mental health interpretation of this communicative process is attempting to build hope and resilience. When people attempt to talk about their hallucinations and delusions, various studies (McCabe, 2008). Norman and Ryrice (2013) suggests focusing on "repair" activities with mental health issues such as psychosis is associated with better clientsatisfaction, increased therapeutic relationship, treatment adherence and fewer relapse.

If communication may be influential in outcome, there is a challenge to understanding how these processes work in psychiatry. This may feel especially difficult when communicating with people with psychosis whose initial contributions may appear to be inappropriate both in their content and in placement in the interaction (Castonguay et al, 2006).

1.2 Aims

The Aim of this project is to help improved and highlight the role of communication with psychosis in mental health literature, and to propose evidence based communication strategies and possible alternatives to the traditional mode currently applied in mental health care I have experienced in clinical practice. It will also, identify key points that may enhance greater communication and relationship between service users and nurses. I will review literature and make some reflections and suggestions for improving care.

1.3 Objectives

To identify the role of communication in the components of therapeutic nurse- client relationship.

The components of therapeutic nurse-relationship includes: trust, respect, empathy, congruent and non-judgemental - these are all important factors in care delivery. Communication focuses on the persons concerns; positive regard and personal respect; appropriate involvement of service users in decision making; genuineness with a personal touch; and the use of a psychological treatment model is crucial in patient recovery. (Wachtel, 2011)

To identify the existing therapeutic communication strategies and finding ways and how to improve communication skills in a psychosis care setting.

To identify the specific barriers to effective communication, and ways of overcoming those barriers.

1.4 Rationale

Therapeutic relationship is essential in mental health nursing and considered as the most important in nursing situations, making it a fundamental element of care (McGuire et al 2001). Building lasting relationship and rapport comes with proper communication.

Communication is the imparting or interchange of thoughts, opinions or information by speech, writing or signs between parties. Communication, as interpersonal interaction, is an important factor in mental health nursing (Muller et al., 1996). It enables clinicians to understand the needs of patients, helps in providing better diagnosis and improved care. It is the means that strengthens healthcare provider-patient relationship by which therapeutic goals are met. Despite being vital to treatment outcomes, there are discrepancies in that not all staff are adhering either to best practice guidelines or recognising the importance of the formation of a quality relationship (Moylew, 2003). Building lasting relationship could prove hard, especially in mental health care, language differences, impaired hearing, paranoid thinking and disorders can lead to misinterpretation of actions. People experiencing delusions could react differently to those hallucinating when it comes to specific command or presented with reality. While it could be reassuring for some to be touched, it could be a threat to others. Not only is there a wide range of personal experience, delirium to paranoia, so do the inpatients backgrounds (Norman & Ryrie, 2013).

Therefore, there is a need for great communication skills in mental health service users' wards to achieve higher results of care. Peplau (1952) states that in mental health nursing communication forms the basis of good interpersonal skills and therapeutic intervention is what every quality nursing in mental health care ought to ensure. Nurse in the mental health setting, in order to communicate effectively are required to develop proficiency in communication skills and efficiency in using the basic tools of communication; (Norman & Ryrie, 2013). In addition, it is inevitable, given that different service users have different needs; nurses are well trained in using different skills with different patient in mental health settings for instance patient with

psychosis has altogether different needs than patient with personality disorder. (Muller et Al 1996).

As mentioned above, person - centred communication is fundamental in nursing generally and in mental health nursing particularly as it creates the medium for developing a positive nurse-client relationship. The assumption here is that a contextualised communication together with a positive organisation and enabling environment results in the delivery of quality nursing care. Unfortunately, most of the poor quality of care reports in mental health wards is frequently associated to poor nurse- service user relationship. Nurses, in some literatures have been blamed for the poor relationship and often described as poor communicators, though there is not much research studies and evidence to support this assertion and norm.

The aim of the project is therefore to undertake a literature review on good communication skills in the mental health care environment. Despite the fact that communication is key for establishing good therapeutic relationship and positive treatment outcomes, less time and resources has been given to training of clinicians in communication skills, and no standards or theory of what constitutes good communication in psychiatry has so far been developed. (Penders, Gestring, 2011) Justifiably, there is a need to look further into what constitute good communication skills in relation to psychiatric care delivery.

Studies that were not written in English and those that were conducted in community setting or primary healthcare were excluded. This is because I aim to relate this to my current clinical placement where communicating with people with psychosis is a challenge. Studies published outside the United Kingdom which reflect the guidelines of UK were included. This helps me in identifying the difference and similarities of communication skills used with people with psychosis here in the UK and other countries.

Chapter 2 Methodology

2.1 Introduction

This chapter of dissertation has explained the research method, approach and various steps taken to conduct this dissertation.

2.2 Research Method

This dissertation is a qualitative research. This method has as objective the description of the qualities of a phenomenon. Qualitative method seeks to explore a concept that can encompass a part of reality; this is not to prove or measure whether a certain quality is given a certain event, but to discover as many qualities as possible (Kothari, 2004). The qualitative research is a method primarily used in the social sciences based on methodological principles and theoretical cuts such as social interaction, phenomenology, using different methods of data collection that are not quantitative, with the purpose of describe reality as experienced relevant and exploring social relations (Flick, 2015).

2.2.1 Rational

Selecting one or other methodology may depend on different approaches: the size or nature of the explored phenomenon is it intended to discover laws or understand human phenomena. The rational for choosing qualitative method for this review is that keeping in view the aim, resource availability and scope of this dissertation it appeared most suitable method.

The scientific clinical-qualitative research method can be understood as the study and construction of epistemological limits of a certain qualitative method particularized in health settings and contains the discussion of a set of techniques and procedures appropriate to describe and understand the relationships of senses and meanings of human phenomena referred to in this field (Creswell, 2013).

2.3 Research Approach

The research approach in this dissertation is deductive, this approach allowed to derive from a premises to a conclusion. Deductive approach explains that science is true systems, meaning truths, propositions sufficiently justified. Although it is understood that not all sciences are completely safe and readily verifiable there are more than others. The deductive approach involves the totality of rules and processes, with whose help it is possible to deduce final conclusions from a few statements assumptions called premises if a hypothesis a consequence it follows and that hiccupped thesis is given, then, necessarily, consequence are given the highest form of deductive method is the axiomatic method (Bryman, 2012).

A deductive analysis provides a better understanding of the phenomena, but it is necessary to distinguish between the deductive method and deductivism. Deductivism is a procedure that involves developing a theory starting to formulate their starting points or basic assumptions and then deducing their consequences with the help of the underlying theories formal. The problem of deductivism for scientific philosophical task would be to believe that any truly scientific explanation will have the same structure logic thus determinism would not favour investigative processes or considerations in search of the truth do not necessarily follow the logical structure would base on a law universal, would undergo the process research the rigor of the universal law without possibility of reaching an effective conclusion and therefore disrupt the investigation and any justification for it would be insufficient, then deductivism is a deterministic method and conditioning that would not give an adequate explanation of the phenomena and attempt to explain the philosophical consideration would have little or nothing to say about it (Bryman, 2012).

2.4 Research Strategy

The research strategy chosen for this study was systematic review of review of literature. In clinical practice often generate doubts in the decision-making deal with problems by consulting patients. But given the shortage of time, the proliferation of information, lack of basic knowledge of epidemiology and biostatistics, Evidence-Based Medicine (EBM), as a methodological strategy, has developed practical aspects of finding evidence and solving our questions and one of their contributions is the ability to work with databases (LoBiondo-Wood, Haber, 2014).

To start a systematic review is necessary to identify and convert the problem, uncertainty or lack of data into a question that can be answered. Formulating a question means reducing it to clear and precise terms, identifying its main components. The PICO tool helped in this dissertation to structure the four components of a clinical question. Patients or relevant population groups, intervention (exposure or diagnostic procedure) of interest, as well as against whom the appropriate intervention and outcomes (outcomes) is compared. The research question this dissertation seeks to answer was to explore the role of communication with psychosis in mental health literature, and to propose evidence based communication strategies and possible alternatives to the traditional mode currently applied in mental health care experienced in clinical practice

Indexing systems of research and bibliographic databases have enabled us to overcome the difficulties of access to literature. However, these same systems have made us the false impression that these sources contain all the evidence, when in fact it is not so: for example Medline no mention many excellent published in a language other than English works, indexing is confusing and it is estimated that an electronic search in Medline identify only get 60% -70% of clinical trials actually included in this database (Fink, 2013).

The systematic review requires a rigorous and explicit method for identification, critical evaluation and synthesis of evidence from. The Table below summarizes the differences. For example, a narrative review of psychosis, include sections on the pathophysiology, symptoms, diagnosis and treatment. A systematic review specifically raise the question whether complete management of psychosis possible, increase the severity of symptoms and frequency of relapse when compared with standard therapy: mental health intervention, counselling etc.

Fourth, systematic reviews may identify reasons for discrepancies or contradictions between the results of the various investigations, prompting redesign studies in order to improve clinical research. Moreover, by including more patients are more accurate in their estimates that primary studies (Bryman, 2012).

Table: Differences between narrative systematic review and revision

Characteristics	Fiction	Systematic
Focused	Theme	Question
Search strategy	not specified	Clearly specified
Selection criteria	not specified	Specified and implemented
Information analysis	Variable	Rigorous and critical
Synthesis	Qualitative	Qualitative or quantitative (meta-analysis)

2.4.1 Data Collection

This dissertation has used secondary data to answer the research question, secondary data in this dissertation comprises of scholarly articles related to the topic. In order to collect the secondary data, a systematic search strategy was used. This strategy and various steps taken to collect data are explained below:

2.4.1.1 Search Strategy

The collection of data should be comprehensive, both published and unpublished studies to avoid incurring selection bias (not include relevant studies leading to a systematic error in the estimate

of effect) or publication bias. (It is known that many magazines only accept studies with positive results and reject studies with negative results). Other common, besides the aforementioned biases are publication bias in English, multiple publication and non-inclusion in databases and citation. The search begins with the formulation of appropriate keywords, research in electronic databases

Hence, in order to find the appropriate articles for the review of literature a systematic online search was carried out. Systematic literature search is defined by Smith (2015) as a structured exploration for relevant, valid and reliable materials. Therefore an extensive literature searching was done through database. The following databases were searched CINAHL, Medline, BNI, PsycINFO, Science Direct and Swetswise. The rationale for selecting these databases was because these databases store extensive collections of scholarly literature very relevant and reliable to the psychosis and to nursing practice in the field of mental health services.

Database	Number of Hits	Relevant Hits	Actual
CINAHL	664	104	5
Health science and research data base	94	97	1
Medline	865	43	2
PsychoINFO	63	3	0
Cochrane	12	2	0
Science Direct	2,010	188	1
Manual Search	00	2	1

2.4.1.2 Key Words

For the systematic search on the online databases three key words were selected.

Communication, psychosis and mental health with Boolean operators of 'And' and 'Or' to find the maximum number of studies. Having used the key words enabled the author to narrow down the numbers of searches and therefore enabling the author to focus on the relevant articles. This

yielded a lot of results from UK from 1987-2015. The initial search generated a huge amount of studies and reports but many of those were either outdate or not precisely relevant to the topic of this dissertation. This demand limiting the search hence the online search was confined studies published during 2005 to 2015; as a result of this inclusion criterion various articulated were removed. To further narrow down the data all of the studies which were not in English language were also excluded

2.4.1.3 Inclusion/ Exclusion Criteria

A priori must indicate the characteristics of the studies to be included or excluded. As a basis for the inclusion criteria can be exposed the following important aspects: the type of study design methodology (e.g. include only randomized controlled trials), the sample size of each study, both experimental treatment such as control, the year of publication of the study and especially smugly describing the characteristics of the patients or observation units, as well as the results obtained with the scales and measurement units that were used. Therefore the following table illustrates the precise criteria of Exclusion or Inclusion deployed in this systematic review to develop comprehensive, evidence based understanding of the importance of therapeutic communication in the care of people with psychosis:

Inclusion	Exclusion
The studies discuss therapeutic communication, psychosis	Studies talking about other things in addition to therapeutic communication, psychosis
Studies available in English language	Studies available in other languages
Published studies only	Studies which are not published
Studies discuss patient with psychosis	Studies did not discuss psychosis
Studies conducted and published between 2000 to 2015	Studies conducted and published prior to 2000

Therefore, the author did not exclude any articles based on place of publication. Moreover, there were a number of articles that were relevant to the chosen topic but were not available in full text. To obtain these articles, the author purchased them through the university's library system.

2.4.1.4 Data Extraction

In extracting data, the major goal is to gather relevant articles in high number; the application of inclusion/exclusion criteria on higher number of studies was likely to produce a sufficient number of short listed articles. As per Kothari (2004) in order to carry out a systematic review, the prime key is to explore maximum number of studies. This can be accomplished by a comprehensive and effective searching strategy which removes all the retrieval biases. Thus, integration of manual searching also became imperative in the overall data search strategy.

Data extraction for this study was conducted by researcher following the standard guidelines. The extraction was based on the PICO where 'P' stands for Population of the Study, 'I' is for Intervention, 'C' is for Comparison and 'O' is Outcome. For this study

- Target population: people with psychosis
- Intervention: - Any intervention aiming to improve therapeutic communication between psychosis patient and nurse
- Comparison: this is not the focus of this systematic review.
- Outcomes: improving care practices and enhancing therapeutic communication in people with psychosis.

2.6 Ethical Consideration

The major ethical issue arises in systematic review of contemporary evidence is the proper utilisation of scholarly text. In order to address this issue this dissertation following the standard guild line for a systematic review has dulyreferencedthe entire secondary data source (studies), in doing so this dissertation has used Harvard style of citation

2.7 Themes

After the completion of data search and application of PICO criteria three themes were generated for the critical review of literature. These themes are:

- Role of communication in psychosis
- Therapeutic relationship between service users and nurses
- Therapeutic communication strategies and barriers

The author has selected various articles to critically review in order to address the focus of the dissertation. These articles are grouped into above mentioned themes, using common concepts to systematically appraise them. These themes are discussed in details in the literature review section.

Chapter 3 Literature Review

3.1 Introduction

This chapter presents the critical review of literature to answer the research question of this review. The reviewed studies in this article comprise a range of research studies such as qualitative inquiries, meta-analysis, quantitative longitudinal studies etc.

3.2 Psychosis

Penn, et al., (2014) in a recent study has described psychosis as an abnormal condition or state of the mind where an individual "loses his or her contact with reality". Individuals with these signs and symptoms are characterised as psychotic. People experiencing psychosis as per Wicks, et al., (2014) may display some thought disorder and changes in personality. This may be supplemented, depending on severity of psychosis, by bizarre or unusual behaviour, as well as impairment in carrying out activities of daily life and difficulty in social interaction.

As per Fusar-Poli, et al., (2012) the term psychosis has been used in psychiatry with very different meanings. Sometimes it has served to bring together all those patients who at some point in their mental illness suffer serious deterioration in their connection with reality; and delirium psychosis, toxic to serious mental disorders and substance-induced spoke of manic-depressive psychosis to describe bipolar disorders were called psychosis. It did not matter that the cause of the disconnection from reality was a known disease (Alzheimer's disease), a substance (cocaine) or any alteration to characterize schizophrenia. Griffith-Lendering, et al., (2013) indicated that it has even come to call psychotic all serious patients, especially when deterioration in their performance was evidenced. It is presently preferred to use the term psychotic episode to qualify a type of symptoms (delusions and hallucinations) that can appear in

various medical conditions or psychiatric and involve a distortion of reality, either in the sphere of thought (delusions) or in the perceptual sphere (hallucinations).

The onset of a first psychotic episode can be insidious or abrupt, but most individuals have some type of prodromal phase manifested by a slow and gradual development of various signs and symptoms such as social withdrawal, loss of interest in school or work, deterioration of health and personal care, unusual behaviour, sudden bouts of anger and others; after which you may see a characteristic of the active phase, which allows the diagnosis of affective symptom first psychotic episode. This prodromal period can last several days or weeks, but can sometimes persist for several months. The characteristics of this period are repeated if a relapse occurs.

Regarding prevalence of psychosis McGrath, et al., (2014) in a comprehensive study indicated that researches of the occurrence of psychotic disorders show impressive variety in philosophy thus in results. In any case, general proof the circulation of yearly occurrence levels took after the normal slope crosswise over diagnostic limits, with significantly lower occurrence levels of the full of feeling psychoses than their non-affective partners.

McGrath, et al., (2014) showed that cross-sectional surveys of the common populace have impressive issues of measurement and definition, and those in view of administration databases (case registers) have a tendency to gather cases as there is no sign of when individuals improve. The period over which occurrence is evaluated fluctuates between researches from occurrence point to an entire lifetime. Most researches utilized stand out definition, rather than researches of occurrence where barely characterized diagnoses were regularly a subset of more extensive classifications that were additionally reported. In general, yearly occurrence levels were in the area of 0.4% for all psychotic issue and comparable for the non-affective psychoses. The

comparing lifetime occurrence level of non-affective psychosis at 43 years of age was 0.63% and this is most likely steady with the typically-reported 1% occurrence over the life course.

According to McGrath, et al., (2014) the pooled appraisal of yearly occurrence was 4 for each 1000 (95% CI: 3, 7). Populace surveys show comparable occurrence for women and men with a top somewhere around 35 and 45 years old; its demonstrated by case records expanding occurrence with age up to 65 years. There is no sign of changes in occurrence with time.

Researches fluctuate significantly more by sort and definition than by quality that, not at all like the previous, did not seem to influence the conclusions that could be drawn. These impacts were comparative for researches of non-affective psychosis for which there was some confirmation of expanded occurrence in more seasoned women, and for schizophrenia. There were excessively few researches of full of feeling psychosis, making it impossible to draw significant conclusions.

3.3 Therapeutic Communication

Therapeutic communication is defined by According to Wachtel (2011) as a process of face-to-face interaction between care provider and service user which concentrates on stimulating and prompting the emotional and physical well-being of a patient. Various therapeutic communication techniques are utilised by nurses in hospitalised care. Therapeutic communication is considered even more critical in setting where patients are reluctant or unable to freely communicate due to their ailment, such as mental health care. In these settings nurses uses different strategies to provide information and support to patients.

This definition can be completed with that given by Damasceno, et al., (2011) explanation of therapeutic communication as a process in which care professionals (nurses) must engage patient in dialogue, making patient talk and listen carefully so as to understand patient's narrative about his perception of disease, feelings and experience during hospitalisation. As per Webster (2013)

one of the most important advances in the science of communication is to have overcome the notion that communication is effective because it "transmits" something to the receiver. Rather, effective therapeutic communication is one that is "internalized" in the skills, attitudes and abilities of this. The effective therapeutic communication in the field of mental health is to make nursing staff to adopt their communication according to patient's behaviours to positively influence the overall treatment outcomes in hospitalised care.

3.3.1 Impacts of Poor Communication

Rosenberg and Gallo-Silver (2011) indicated that in the area of health services, many problems arise when communication is poor. One is the lack of communication with health professionals, which is the major cause of dissatisfaction of hospitalized patients. Between 30 and 10% of patients do not show adherence to treatment as a result of poor communication with staff. The lack of information on disease processes causes a delay in seeking treatment and a worsening of these processes. As per Candlin (2008) poor professional-user communication often results in the latter forget the instructions first, hurting its recovery. Finally, it is shown that the establishment of proper interaction between professionals and users of health services guarantee measures and prevention strategies by the user.

As per Townsend (2014) in any communication process personal factors influence each by both the sender and receiver, each of which brings its own values, qualities and personal biography. Keep in mind that the nurse not only has a personal history, but also part of a cultural system that has been socialized. According to Wachtel (2011) the main elements of personal factors are: the theoretical orientation, which refers to the particular approach of the observer, the use of language, socio-cultural variables, such as age, gender and ethnic and individual variables, which are the characteristics of personality expressed through behaviour and appearance.

3.2.2 Role of Therapeutic communication in psychosis

Bearden et al., (2011) in a study sought to examine the contribution of thought and communication disturbance to the prediction of outcome in adolescents identified as putatively prodromal for psychosis. However, the abstract has briefly conveyed all important aspect of the study. In the introduction section Bearden et al., (2011), while briefly explain the key concepts has explicitly provided the philosophical background of this research. Overall, the structure of this article is somewhat unconventional; there is no literature review section. However, the brief background discussion in the introduction section provides a good look in the context of the study. Bearden et al., (2011), has argued that “quantitative measures of psychosis may provide a means of characterizing subtle deficits of cognition and communication in individuals at-risk”. On the methodology front, this study however appears weak in the absence of any identification of research design and it’s rationale. This appears as a major flaw of the article because as per Maxwell (2013), research design is one of the major tool for a researcher to explain and rationalise the procedures of a research, this enhance credibility and overall rigour of research.

Another structural flaw of this study is that it has not identified the method section with a particular heading and Bearden et al., (2011), after the introduction quickly jumps to procedures. In this section however, the article has clearly explained the sampling process, as per researchers, 1 typically developing control subjects and Fifty-nine CHR participants were enrolled in this longitudinal study at the University of California. In this section Bearden et al., (2011) has briefly described the sampling criteria and base line measures. Furthermore, Subjects in this research were followed for up to two years, and follow-up assessments of functional and clinical outcome were completed at intervening time points. Keeping in view the sample size and criteria,

the sample can be rated as representative of population. However, because while explaining the collection of data Bearden et al., (2011) has indicated that recruitment of subject was made via web-based and newspaper advertisements, this show the high level of endeavor to reach out the maximum population.

As a major strength of the study, this article has adequately explained the data analysis, Bearden et al., (2011) points that using the Story Game FTD was assessed to elicit speech samples which were scored and transcribed with the Caplan and colleague's 36 modification of Halliday, Kiddie Formal Thought Disorder Rating Scale (K-FTDS 17) and Hassan's 37 cohesion analyses. The description of these measures certainly has contributed to the overall reliability and validity of analysis.

This study is also very important because notwithstanding the way that communication about symptoms and effects of psychotic is a regular test and viewed as intriguing by junior nurses, there is minimal efficient, hypothetically educated coaching or education on how nurses ought to react. The highly recommended methodology is not to 'encourage' the patient to discuss their side effects in light of the fact that it adds up to unintentional intrigue about the ailment. Since the patient is dubious about reality, nurses may feel that they ought to be solidly established as a general rule and react to the inquiry with 'because it is not correct. Bearden et al., (2011) in this article have now divulged that signs of communication disturbance are indicator of psychosis, this establishes a relationship between communication barriers and psychosis.

3.4 Therapeutic Relationship between Service User and Nurse

According to Peplau, et al., (2015) since the beginning of the Nightingale nursing, the importance and necessity of communication in the relationship with the patient it is raised. Long ago H. Peplau considered personal communication as the basis of nursing model, describing the

role of nursing as an ability to know and understand the behaviour and feelings of patients from knowledge of their own behaviour, to establish thus helping relationship. As per Arnold and Boggs (2015) all major nursing theorist in some way or another relate with the psychosocial part of being and proposing the establishment of a relationship (helpful, substitution, support, etc.) between nurse and patient.

This as per Varcarolis and Halter (2012) implies the communicative influence, interpersonal relationships and moral and ethical values of nurses and patient. With the emergence of bioethics and moral needs and ethical knowledge in clinical work, comes true meaning all interpersonal relationships, highlighting the unique value of each -the dignity, and others such as justice, privacy, truth, or affection. The manipulation of the system, limits the patient's dignity.

As per Ignataviciu and Workman (2015) nurse-patient interaction and the therapeutic relationship starts from the first contact between patient and nurse in the initial assessment or interview, where both usually communicate with each other. However, this interaction on the nursing part if carried out unsystematically, ignoring the purpose of developing relationship with service user, loses its real value.

Cleary, et al., (2012) in their qualitative inquiry has indicated that the relationship between a nurse and service user is understood as the therapeutic encounter between nurse-service users guided towards a common goal which is the experience of health experiences. In this regard there are elements that can change it, affect it or promote it which contains the elements of the relationship. According to Peplau et al., (2015) the nursing interventions are therapeutic and meaningful interpersonal processes for the person. Care must be individualized with special emphasis on the human relationship between nurse and the person in need of

help. Most articles reviewed for this study; show that there is a lack of technique in the relationship.

Interpersonal relationships between nurse-service users hospitalized do not receive a proper care. Antolin, Fernández and Rodríguez (2007) conducted a descriptive study using randomly distributed surveys to nurses from two public hospitals in Vigo. Through this study was to determine the level of communication that nurses have with patients, if they knew the techniques of communication and if this knowledge were acquired in the basic nursing curriculum. The results obtained in this study reveal that nurses know communication techniques for use with patients, however, these techniques were acquired outside the base nursing Curriculum. Although it is recognized that improves patient comfort and especially the psychological side thereof in most cases professionals say not use the techniques.

In the same vein Wrigt (2013) provides that the nurse-service user in psychosis should not rely solely on intuition of each professional, but should be done consistently and with good scientific training.

Priebe et al. (2011) in a study on the effect of therapeutic relation in treatment of patients with psychosis has indicated that this work sought to explore the association between the therapeutic relationship and subsequent outcomes of psychiatric treatments for patients with psychosis.

Unlike usual qualitative inquiries, Priebe et al. (2011) in this review of literature created a hypothesis that with better treatment outcomes, a more positive therapeutic relationship would be associated. The instruction section also provides a brief philosophical background and outlined context of this review. This article unfortunately has not made any discussion regarding the research design, Priebe et al. (2011) has failed to explain the concept and rational of why they

chose to conduct this literature review and why did not they picked any other research method or design.

This flaw of the study which weakens the rigour of a scholarly article is somewhat compensated by an explicit explanation of data collection. Priebe et al. (2011) has briefly explained their search of secondary data with the identification of databases, key words and criteria of inclusion or exclusion applied on the searched studies. Priebe et al. (2011) selected only those studies which were published during 1990 to 2009, and were published in English. The final sample size or the number of studies analysed in this article were 9.

Explaining the data analysis, Priebe et al. (2011) has indicated that they used a vote counting method was to establish the number of statistically significant effect size estimates in the hypothesised direction. Rationalising their choice of data analysis, they have argued that due to heterogeneity of methods a meta-analysis could not be performed. To compare hypothesised they used 2 tests against frequencies. Explanation of these measures and involved variable influence the reliability and validity of data analysis positively. On the basis of their findings Priebe et al. (2011) derived a conclusion that there is some, but not overwhelming, evidence that the therapeutic relationship predicts outcomes of complex psychiatric treatment programmes in patients with psychosis, and that methodologically more rigorous research is required.

Priebe et al. (2011) has indicated in this study that performing a therapeutic quality communication, has been associated with greater satisfaction and adherence to treatment and nursing professionals given the type of relationships, accessibility, the character of care offered to patients, in a privileged position to get it. Moreover, for professional nurses possessing an ability to effectively solve the problems presented by patient's results in benefits to both the personal level, as social and employment; on a personal level increases safety, enhances self-

control, self-concept and self-esteem; in professional and social environment more satisfying interpersonal relationships and increased competition in these areas are achieved.

In context of this dissertation these findings are important as it has suggested that the therapeutic relationship requires the conscious use of communication techniques and lines of action.

Therapeutic communication techniques are guidelines, strategies or main lines of action that can be used in the interaction with the patient, not just rote memorization. When used, the nurse considered in every action the knowledge and creativity required for each situation. The verbal and non-verbal nature of these techniques requires the development of skills to create a therapeutic climate.

3.4.2 Communication interventions to improve therapeutic relationship

Linszen et al (2011) has given weight to conviction of Birchwood that in treating patient with psychosis specialized therapeutic intervention ought to be delivered throughout the critical hospitalisation period. The researchers followed enrolled psychotic patient who were for fifteen months given an early therapeutic intervention program, and then shifted to routine care, patients during the specialized therapeutic intervention experienced good levels of psychosocial functioning, low levels of symptomatology, and a relapse rate of about 15%. These findings in context of this literature review are critical as establishing the high significance of specialised (communication) therapeutic intervention in the hospital care of people with psychotic disorders.

In the nursing context, Wright (2013) described that an original way for a nurse in mental health care (such as psychosis care), is to create a therapeutic environment to accept the patient as an individual with needs, with its own characteristics and must be accepted before his right to respect their dignity. In this sense, as per Tay, et al., (2012) the acceptance means recognizing

the individuality of people, who have their identity, principles, values and norms that govern its existence; the disease is only an experience for the patient, and traumatic moments as the postoperative immediate or where patient can feel helpless and unprotected which leads to nervousness, whining, and crying, hence nurses should understand and accept, to show tolerance to its effects.

Priebe et al., (2007) in comprehensive study tried to explore the impact of patient clinician dialogue on the overall treatment in patients with psychosis. Priebe et al., (2007), has rarely referred to contemporary literature to support this inquiry. As per Maxwell (2013), discussion or explanation of each and every step in an academic inquiry with the reference of contemporary literature enhances the depth and credibility of a study. The aim of study to highlighted explicitly stating that this article sought to test a new computer-mediated intervention structuring patient dialogue focusing on quality of life of patients and needs for care.

Priebe et al., (2007), in the quantitative inquiry has explicitly explained the research design and also gave brief arguments to justify their choice of design, Cluster randomisation was used to avoid potential contamination between the inter- potential contamination between the interventions in the two groups.

The sample population in this research comprised on 07 related disorder and 134 keyworkers. Primary data in this study was conducted through interview, explain the data collection this article has explicitly identified the recruitment criteria, i.e. participant's (clinicians) eligibility was a minimum, 1 year professional experience in outpatient setting and relevant professional qualification in the mental health qualification along with experience of case lad as active keyworker. Since all of the interviews were video-taped hence overall this data collection is clearly auditable.

As per Priebe et al., (2007) data in this study was analysed by using R version 2.2.0 to compare control groups and the intervention, Descriptive statistics are presented, with percentage and frequency distributions for categorical data and means and continuous data, standard deviations.

As per Maxwell descriptive analysis is a frequently used strategy in RCTs hence the statistical analysis of this article can be rated as confirmable and reliable.

This study has briefly highlighted the ethical consideration as Priebe et al., (2007) indicates that a proposal approval for this research was obtained by the relevant ethics committees in the six countries, besides, written informed consent was also obtained from all patients including clinicians. As per Maxwell (2013), due consideration of ethical aspects and obtaining consents from participants not only makes the research ethical but it also enhance the overall rigour of the study. The major limitation of this study was that Participating clinicians and teams might not have been representative of the given mental healthcare systems.

On the basis of results, Priebe et al., (2007) drive a conclusion that structuring patient clinician dialogue to focus on patients' views positively influenced quality of life; views positively influenced quality of life, needs for care and treatment satisfaction. These findings are very relevant in context of this literature review as

In another study Tay, et al., (2012) sought to determine the existence of elements and linguistic factors that interfere with communication of the nurse practitioner, causing breaks or blockages in the process of transmitting messages. The population consisted of 20 nurse practitioners, which they formed the total sample, plus 60 patients hospitalized for the treatment of different psychotic disorders. The results showed the lack of linguistic elements that facilitate communication between them; work overload interferes in communication links, there was a lack of non-verbal expressions of which blocked communication and ignorance on the part of

nurse's therapeutic language. This situation led to recommending the design of strategies that foster a better therapeutic communication.

As can be seen, the contribution of this research is important because it is directly related to the object of study; it shows the existence of the relationship between two variables, thus considering the form of verbal and nonverbal language within the dimensions of the investigation.

For the therapeutic communication in order to develop good nurse-service user relationship in hospital setting for the care of psychotic disorders, McCabe and Timmins (2013) has rated , the art of listening carefully as major factor, for the nurse it crucial to pay attention to the messages sent by the a patient with psychosis or other mental illness. Active listening to what service user expresses, manifest a caring attitude, helpfulness and friendliness and appreciation reflecting what manifests in order to contribute to the restoration of patient health.Active listening enhances patients trust and confidence on nurse and makes him comfortable to communicate regarding his needs.

In this sense, As per Varcarolis and Halter (2012) the role of nurse,on the patient with psychotic disorder ought not only to focus on disease but also on the unmet needs of patients, this therapeutic relationship strategy influence the overall treatment outcomes in psychosis care, The application of therapeutic communication skills in the nursing care process, coupled with technological advances that can help overcome the disease, are also subject to the relationship established between the patient and the nurse, where therapeutic communication plays a key role, since it is what allows not only the needs but qualify care, that is, allows the patient to form a value judgment to the care provided.

Extending the evidence on the effectiveness of therapeutic interventions Maguire, et al., (2014) has indicated that it's highly important to ensure proper communication with patients and their families? Today, all international and national health organizations the world highlight the need to continue developing this important and necessary aspect of the nurse-patient relationship, not only because it derives the highest percentage of dissatisfaction and complaints in health institutions, but something even more important: much success in the diagnosis of psychotic disorder seems to depend on the correct practice of this important medical tool.

In this regard, Browne et al., (2012) emphasizes the need rescue adequate nurse-patient relationship from the perspective of communication and excellence in health care, in addition to noting that this is essential for communication to occur in two directions;but if there is no proper communication, dissimilar irregularities will occur, the patient will not feel cared for, will lose confidence in the physician and therefore not collaborate enough attention in the affected and the treatment of their disease.

3.5 Nursing Barriersto Therapeutic Communication

As per Perry, et al., (2015) among the various factors that determine the nurse-service relationship in psychosis, lack of time is the most verbalized among professionals. It is believed that the lack of technical and training on the therapeutic relationship is the determining factor. According to Varcarolis and Halter (2012) several nurses are alsostruck by the lack of demand from the user of the health system. Instead, it begins to have a claim for personal attention in their health care, invoking the political discourse and obtain greater satisfaction of the same, but unlike the citizen does not require a therapeutic relationship with the nurse are not aware of their participation to address their health experiences.

Rosenberg and Gallo-Silver (2011) concluded in their study in therapeutic communication skills for nurses that one of the most stressful factors for hospital nurses are difficulties in interpersonal communication with people with psychosis, because therapeutic communication is difficult to perform because they have developed protective stereotyped behaviours trying to avoid the menacing opening to the other. Radtke (2013) reinforces the idea of the importance for nurses training program helping relationship because their benefits are not only for the nurse-patient relationship, but also for the personal development of the nurse.

According to Lindquist, et al., (2013) lack of monitoring and objective evaluation of the quality of the relationship and technique, due to the lack of data necessary for its establishment in the host protocols of different hospitals. There is also a lack of understanding and acceptance of the patient and how to express their needs and their understanding of the disease, especially when the person comes from a different cultural background to the ruling.

As per Arnold and Boggs (2015) a nurse must have a good level of adaptability to new contexts in mental health setting, but in many cases the inability to be sociable deprive them to develop good communication and therapeutic relationship with services users. For caring psychotic patient another barrier for nurses is lack of empathy towards patient and his medical conditions.

3.5.1 Strategies to Overcome Communication Barriers

According to McAndrew, et al., (2014) the barriers in communication between nurse and service users arises because nurses do not search for mechanisms or alternative solutions or correcting serious problems for patients - family. Beside nurses in mental health care also lacks comprehensive multilateral technical and logistical assurance that meets the demands and needs of consumers of the service support.

3.5.1.1 *Attentive listening*

As per Webster (2014) for clinical nurses providing full attention to a psychosis patient when speaking is very imperative. By listening carefully to what he says and be kind and encouraging through body language and eye contact helps. Patient ought to get a feel his or her career want to listen, understand and really trying to solve their problems. These nonverbal cues are crucial in the initial phase of therapy for the creation of an enabling environment.

3.5.1.2 *Reflective Thoughts*

As per Jootun and McGhee (2011) in nursing care of patient with mental health disease a more subtle way is a reflection strategy. The declaration of a patient is redirected to him through a similar text that makes you think back from another perspective.

3.5.1.3 *Share and encourage interaction*

For Webster (2014) one effective strategy for nurses in mental health care setting at early stages of mental health problem in order to connect with a patient and help them is to share their own good experiences of past patients. This will encourage patient to share their own problems and expectation and more easily and their confidence would be enhanced as well.

3.5.1.4 *Direct and troubleshooting questions*

As per Miles, et al., (2014) it's a simple therapeutic strategy based on the facts and information obtained through questions about the patient's problems, the therapist makes concrete suggestions on possible suggestions. This strategy can work when specific mental health problem is explicitly diagnosed.

3.5.1.5 *Identification of inconsistencies and contradictions*

Jootun and McGhee (2011) have also indicated that through verbal conversation, the therapist must identify the inconsistencies and contradictions in the thinking of the patient. It should also

be noted subtle patterns of behaviour and habits that are bad and cause damage. One has to go quietly on the importance of behavioural change and take the patient to the point that recognizes that he has to change for the better.

As per Webster (2014) there is no perfect communication strategy, each person is different and demands a nurse to explore various ways to reach the person. Patient with dementia or end stage psychosis are among the most difficult to reach. Nurses in these clinical settings are required to deal with empathy and a caring attitude that does not judge, backed by sincere concern.

The work published by Pytel, et al., (2009) also offers an interesting contribution in the design and implementation of an instrument related to the nurse-patient interaction. They assessed the patient's perception about their communication needs, comparing the perception of the nurse with the patient, noting important skills such as eye contact, tone of voice, the right language to the patient, information on treatment, attitude listening, respect, and compassion, both perceptions coincide with priority indicators observed: provides confidence to their fears, it offers comfort and keeps you informed about tests and treatments; and less similarity between the importance of eye contact and the use of warm voice, the latter two most recognized by the nurse.

In an attempt to minimize the influence of barriers to effective therapeutic relationship between nurse and service user Stifter, et al., and (2015) have articulated specific control methods. Some possible to overcome these barriers are: training and counselling, teamwork and management supervision, but personally of an individual nurse in the therapeutic relationship does not go away or is put aside, hence it ought to be transformed and controlled.

Farnia, et al., (2013) has argued that the nurse must be able to use their own personality as a fundamental care instrument, due to the high importance of the therapeutic relationship and

nurses as a part of their professional responsibility must positively establish a good relationship with the patient and obtain data in a structured and focused manner for solving the health problems of the patient. It is therefore very important that the nurse aware of this role right before starting their careers.

Overall from the review of literature on communication strategies to improve nurse –patient relationship it is evident that in order to enable nursing professional to overcome the barriers in therapeutic communication process with service user, it's essential to establish the significance of therapeutic relationship with patient and high utility of effective interactive communication among nurses. The best strategy to accomplish this goal is to teach and train nurses in this regard, right from the first day at nursing school to throughout their career.

Chapter 4

Conclusion and Recommendations

Communication as a tool for nursing professionals is highly established in the care of mental health patient. However, the role of therapeutic communication and nurse-patient relationship in psychosis demanded a compressive inquiry into contemporary literature to explore the effective therapeutic relationship strategies and way to overcome nursing barriers in therapeutic communication.

This review of literature has divulged that the goal of communication is the transmission of a message between sender and receiver and they both share the same meaning. It is impossible not to communicate, so we must pay attention to two aspects, the verbal and non-verbal communication, which plays important role observation skills. Nursing is characterized by the establishment of a helping relationship that involves interaction with the individual and mutual influence. This ability sometimes not related to the implementation, which involves factors such as personal characteristics, predisposition or sociocultural variables. In society in general and in the health sector in particular communicative act, despite being such an affordable tool, it can become precarious if there is a tendency to "the exploitation of the people." The current culture of care and integration of user satisfaction in the health system affects our responsibility as professionals to improve quality. This implies a real change in the meaning of care and quality of care. To achieve an effective therapeutic relationship takes effort and dedication to our profession and to the person entitled to care. Both the nurse-patient relationship as the interdisciplinary relationship can become utopian if not value the importance of the communicative act giving it its true meaning.

In light of this literature review it can be said that most of the items shown little consensus on the preparation that nurses have about nurse-patient relationship. This situation leads to the

professional encounter difficulties to meet the therapeutic relationship with the patients with psychosis. In this vein, this review of literature has divulged that that the nurse must have skills and abilities to establish therapeutic communication, since it affects the quality of care; especially in post-operative patients in immediate and mediate, which is often traumatic situation in their recovery process, leading to experiencing anxiety, fear and distress; therefore, it requires the support of the nurse through therapeutic communication, and therefore influences the quality of care in order to contribute to a speedy recovery.

This review of literature has divulged the three main strategies of therapeutic communication which includes strategy that help describing the experience and expression of thoughts and feelings, widely used at the start of the relationship and useful to create a climate of trust; strategy help to clarify the verbal communication useful when greater clarity on what the patient is talking is required; and the strategy which help validate verbal communication, which allow the clear understanding of what a patient with psychosis is expressing or seeks to express. The clear communication strengthens the nurse-patient therapeutic relationship as a result of which the overall outcomes of treatment or intervention improves for the ultimate benefit of service user.

Overall, the studies reviewed on therapeutic relationship involving nurse-patient communication show how nursing professionals have been concerned for a long time and in different geographical areas, in interpersonal relationships for the performance of their practice.

It was found that there is a predominance of research with qualitative approach, in which brief physical contact were observed with the patient, use of technical language when talking to him, abrupt, rude or negative attitudes in caring; other authors analysed the benefits of interaction nurse regarding improvement of clinical data and increased patient satisfaction, with impact on

the recovery or decrease in hospitalization days; but these latest results are not consistent. At the quantitative level the main contribution focuses on the design and validation of instruments that measure nurse patient interaction, few studies were dedicated to the perception of the patient and the nurse in the use of skills for communication, noting that the patient's perception has a strong component for the construction of the meaning of nursing care.

It's also evident from this review of literature that the current culture of care and integration of user satisfaction in the health system reshapes nursing responsibility as professionals to improve service quality. This implies a real change in the meaning of care and quality of care. To achieve an effective therapeutic relationship takes effort and dedication to nursing profession and healthcare institution. The nurse-patient relationship as the interdisciplinary relationship can become utopian if not value the importance of the communicative act giving it its true meaning.

Hence, this literature review recommends

Establish a program of Education in service aimed at nurses to emphasize the therapeutic management of communication in order to improve their intervention applying the principles thereof and their influence on meeting the needs of patients in the treatment of psychosis.

A nursing professionals deepen knowledge of therapeutic communication and relationship with the satisfaction of the needs of patients in the immediate postoperative seen from the humanistic perspective through specific workshops on this, to contribute to a speedy recovery.

The nursing management and nurse practitioners should implement work plans or workshops where it's possible to develop abilities and skills of therapeutic communication as critical to ensuring optimal care to the patient in the recovery unit tool.

By and large all authors agree that the nurse-service user therapeutic relationship as the basis of all nursing care, which continues to be an ontological and epistemological and practical-practical

contradiction. This apparent game of contrasting realities, a battery of questions that should guide the interest of future lines of research in nursing arise that should be answered in future reviews.

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