

# PSYCHIATRIC NURSES' COMMUNICATION WITH PSYCHIATRIC PATIENTS

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## ABSTRACT

*The psychiatric nurse, as a member of the multi-professional mental health team, utilises a goal-directed approach to assist the psychiatric patient in mobilising resources to promote, restore and maintain his mental health as an integral part of his quest for wholeness. This goal-directed approach is the nursing process which comprises assessment, planning, implementing and evaluation. All four steps of the nursing process and the nurse's interaction with the patient are dependent upon therapeutic communication. Therapeutic communication remains important as the core of all nurse-patient interactions.*

*The aim of this research was to explore and describe the viewpoints of psychiatric nurses on their communication with psychiatric patients and to formulate guidelines for psychiatric nurses. Such guidelines should assist nurses with their communication with psychiatric patients, helping in the restoration and maintenance phases of the patients' mental health.*

*Exploratory, descriptive and contextual research was done with the purpose of gaining insight into the viewpoints of psychiatric nurses on their communication with psychiatric patients.*

## OPSOMMING

*As lid van die multi-professionele geestesgesondheidspan, gebruik die psigiatriese verpleegkundige 'n doelgerigte benadering om die psigiatriese pasiënt te help om hulpbronne te mobiliseer ten einde sy geestesgesondheid te bevorder, herstel en te handhaaf as 'n integrale deel van sy strewe na heelheid. Hierdie doelgerigte benadering is die verpleegproses wat bestaan uit beraming, beplanning, implementering en evaluering.*

*Die doel van hierdie navorsing was om die standpunte van psigiatriese verpleegkundige omtrent hulle kommunikasie met psigiatriese pasiënte te verken en beskryf en riglyne te formuleer vir die psigiatriese verpleegkundiges om as hulpbron te gebruik om hulle te help om hulle kommunikasie met die psigiatriese pasiënte te verbeter in die herstel en handhawing van die pasiënt se geestesgesondheid.*

*'n Verkennende, beskrywende en kontekstuele navorsing was onderneem met die doel om insig te verkry in die standpunte van psigiatriese verpleegkundiges oor hulle kommunikasie met psigiatriese pasiënte.*

## RATIONALE AND OBJECTIVES OF RESEARCH

It is frequently acknowledged that psychiatric nurses from the professional group which has most face-to-face dealings with patients; they deal with the whole person and therefore apply models of nursing which make assessment of the patient's needs the basis of care (Cox, 1986:218). This assessment involves a wide range of psychiatric skills but the most important one, a prerequisite for every psychiatric nurse, is therapeutic communication (Beck, Rawlins and Williams, 1988:65).

Therapeutic communication is required not only for the assessment of the patient's needs but also for the entire nursing process, consisting of assessment, planning, implementing and evaluation of the overall care of the patient. All four steps of the nursing process are dependent upon open communication between the nurse and the patient (Okun, 1987:23).

The psychiatric nurse must be skilled in therapeutic communication in order to make an assessment of the patient's mental health status, to make an appropriate nursing diagnosis based on the assessment, formulate

patient outcomes and nursing actions derived from the nursing diagnosis and evaluate patient outcomes (Beck, Raulins and Williams, 1988:65). Her whole interaction with the patient is based on such communication.

As psychiatric nurses working in a psychiatric institution the authors have observed that most of the time when the patient tried to approach the psychiatric nurse, he was always turned away. This may be due to the fact that the nurse is too busy to attend to the patient, or because she does not allow herself the opportunity to interact with the patient, or she has made it a habit to turn the patient away under the pretext that she is too busy. The patient is then unable to communicate his needs and problems with regard to his internal and external environment. But a patient has a right to partake in, and make his own choices and decisions concerning his treatment procedures (Poggenpoel, 1990:9). He needs a variety of resources during hospitalisation. His deprivation of these resources could be of assistance to him as he strives for wholeness.

The psychiatric nurse also tends to concentrate on the structured hospital routine which allows very short periods for nurse-patient interactions. The poor nurse-patient ratio also poses a great problem, thus it becomes impossible for the psychiatric nurse to cope with the load of work and at the same time attend to the needs of the patient. All these factors allow very little opportunity for the psychiatric nurse to communicate therapeutically with her patient.

The significance of this research was that psychiatric nurses' viewpoints on their therapeutic communication with patients were to be explored and guidelines formulated for them as a resource to enhance their communication with patients.

Based on these identified problems the objectives of this research were:

- To explore and describe the viewpoints of psychiatric nurses on their communication with psychiatric patients.
- To set guidelines for psychiatric nurses as a resource to assist them to enhance communication with their patients in the restoration and maintenance of the patients' mental health.

## PARADIGMATIC PERSPECTIVE

The theory used for this research was Nursing for the Whole Person Theory formulated by Oral Roberts University: Anna Vaughn School of Nursing (1990:136-142).

The central statements are:- The psychiatric nurse's viewpoint on her communication with psychiatric patients can be a stumbling block or a facilitative element in assisting psychiatric patients to mobilise resources to restore and maintain their mental health. Guidelines can facilitate the psychiatric nurse's therapeutic communication with psychiatric patients that will contribute to the restoration and maintenance of their mental health as an integral part of health.

## RESEARCH DESIGN

The design of this research was exploratory and descriptive in that it was aimed at gaining insight into the viewpoints of psychiatric nurses about their professional communication. It was conducted in a specific psychiatric hospital in the Transvaal which accommodates all races in each of its eighteen wards (Mouton and Marais, 1989:).

## RESEARCH METHOD

### Reliability and validity

Measures employed to ensure the reliability of the method included: clearly identifying the researcher's role as post-graduate psychiatric nursing student; describing the content and development of the researcher's role as the research evolved; describing the duty of an intermediary in the selection of the participants; describing the characteristics of the participants as reflected in the criteria for inclusion; ensuring that they understand the value of their contributions and the freedom of expressing their ideas; taping the interviews to ensure accurate recall; reporting precisely and thoroughly the strategies used to collect, analyse and code data; transcribing tape-recorded interviews verbatim; using at least two coders to perform theoretical coding and comparing findings with published studies and other investigators pursuing similar work (Woods and Catanzaro, 1988:136).

Measures employed to ensure validity of the method included: identifying those changes that were recurrent, progressive and cyclical as the source of change (distinguishing motivation from the effects of interviewing by use of constant comparative analysis and validity checks); using constant comparative analysis and validity checks by conducting a second focus group interview to control coded data with the participants (Burns and Grove, 1987:234-235) ensuring that participants recruited meet the criteria for inclusion; formulating questions with commonly assumed meaning so as to clearly understand the responses of the participants; conducting a

follow-up focus group session based on data gathered from the first focus group (Burns and Grove, 1987:234-235); keeping the participants involved and informed about the research findings and making it easy for them to notify the researcher of any change of address by providing them with particulars about where the research could be contacted.

### Sampling

The sampling population was selected from psychiatric nurses working in eighteen different wards of a psychiatric hospital in the Transvaal. This hospital has open wards and security wards with a bed capacity of forty per ward. About six registered psychiatric nurses are allocated for day duty and one for night duty in each ward. The wards accommodate patients from different cultural backgrounds and the languages commonly used are English, Afrikaans, Tswana and Zulu. The psychiatric nurses included in the research had to be:-

- Registered psychiatric nurses.
- Working in psychiatric wards with direct patient contact.
- Have at least a year's experience with psychiatric patients.
- Willing to participate in the research, elicited by written consent.
- Willing to have the group sessions taped and transcribed.
- Represent all South African cultural groups.
- Available whenever needed, especially for both focus group sessions.
- Able to participate in group discussions and communicate in English.

Purposive convenient sampling (Abdellah and Levine, 1979:333-334) was used. An intermediary conducted the selection of the participants. The size of the sample was eight psychiatric nurses as only eight wards were to be involved and only one nurse was to represent each ward.

### Data gathering

The focus group method was used to collect data. The researcher conducted the first focus group session with eight participants with the aim of generating discussion about the perceptions and viewpoints on facilitative communication. Seven semi-structured questions were formulated by the researcher based on the focus of the research. Each participant was given these written questions. The researcher read out loud all the questions and participants were then allowed to respond to any of the questions. The seven semi-structured questions were as follows:

1. What do you think is the purpose and significance of communicating with patients in psychiatric settings?
2. What role does a psychiatric nurse play with regard to communication with patients in the restoration and maintenance phases of their mental health?
3. What do you view as positive in your communication with patients?
4. What do you view as negative in your communication with patients?
5. What is your view on therapeutic communication?
6. Of what importance is therapeutic communication in the restoration and maintenance phases of a patient's mental health?
7. How do you perceive communication as part of the nurse-patient relationship?

Discussion was audiotaped and lasted about one hour and twenty minutes. Communication techniques such as minimal verbal response, asking open-ended questions, paraphrasing, clarifying, reflecting and summarizing were used including group process facilitating techniques such as encouragement or expression of different opinions, helping group members to be more specific with their responses, focusing on the "here and now", and encouraging interaction of group members by ascertaining that they were all involved. Field notes were made immediately after the focus group session to describe the direction of the discussion and the researcher's impressions of it.

The second focus group session, with the same group members, was held after an interval of eight weeks due to delay caused by the coding of data. The discussion in this session was based on the findings of the first focus group session after both the researcher and coder had had consensus discussions.

### Data analysis

The tape recordings from the first focus group session were transcribed verbatim and the data analysed using a combination of Giorgi's (in Omery, 1983) and Kerlinger's (1986) method of content analysis. The researcher first read through the entire transcription to get the sense of the whole and identify individual units. Next, the universum was identified, then units of analysis were identified from the data by underlining words and themes.

The categories and subcategories were identified and defined operationally. These categories and sub-categories defined and categorised were then listed in table form. The transcription of the tape recordings was given then to the independent coder who was a psychiatric nurse specialist, together with work protocol which contained:- a description of the steps to follow, all operational definitions, a clean copy of the transcription and field notes, and a coding page. The researcher and the psychiatric nurse specialist

**TABLE 1 Communication and the nursing process in psychiatric nursing**

1. Assessment	
- Observation - structured and non-structured settings - verbal and non-verbal	
- Detecting anything wrong - looking at him - talking - interviewing	
Internal environment	External environment
- Mental status -	- Objective data
- Aspect limiting quest for wholeness	
• Problems and grievances identified	
- Nursing diagnosis	
• Make nursing diagnosis	
2. Planning	
- Work out the nursing care plan	
- Nursing team as team work out the treatment of the patient	
• meeting needs and problems of patient	
• prepare patient to be responsible person in the community through rehabilitation and reorientation to the outside world	
• discharge planning	
3. Implementation	
- Family involvement	
- Team involvement	
• team involvement with the patient	
• give information and report to the team	
• nurse central member of team and team	
• dependent on us for communication with the patient	
• interpretation of verbal and non-verbal cues to the team	
• present patient to the team	
- Contribute towards treatment	
4. Evaluation	
Detect if patient is getting on well	

then met to compare their analyses and agreed on categories of units of analysis.

**RESULTS AND DISCUSSION OF RESULTS**

The results obtained from the focus group were presented in separate tables and each table was discussed. The main categories that emerged from the analysis were:-

- Communication and the nursing process in psychiatric nursing. (Table 1)
- Communication as the vital part of the nurse-patient relationship. (Table 2)
- Communication in psychiatric nurse-patient interaction. (Table 3)
- Stumbling blocks in communication. (Table 4)
- Communication in the process of psychiatric nursing. (Table 5)

Table 1 indicates that assessment is through verbal and non-verbal communication, involves detecting anything amiss with the patient, identifying problems and grievances, planning nursing care, and setting goals. Implementation of the plan requires family involvement, team involvement and evaluation deals with detecting if the patient is getting on well or not.

Table 2 shows that psychiatric nurses perceive communication as vital in the establishment, improvement and maintenance of the nurse-patient relationship and allows the nurse to function as an advocate for the patient and to play a referral role.

**TABLE 2 Communication as a vital part of nurse-patient relationship**

Establishment of the nurse-patient relationship.
- Establish the therapeutic relationship.
- Initiate communication.
- Build trusting relationship.
- Communication ties you to the patient.
- Break the ice and come together/break walls.
Improvement of the nurse-patient relationship:
- improvement of relationship.
- Promotion of communication with the patient.
Maintenance of the nurse-patient relationship.
- Always with the patient.
Value of the nurse-patient relationship
- Opening ways for closeness with the patient.
- Makes the nurse more approachable.
- Gives the nurse knowledge about the patient
- Acts as a link between patient and team
- Sharing
- Know patient's expectations through communication.
- Not too autocratic and authoritative
- Long term relationship -> living together
Functions
- Advocate for the patient
- Referral Role

Table 3 shows that communication in psychiatric nurse-patient interaction is the spine of interaction; it yields goal-directed and purposeful interaction; makes it possible for the nurse to interact with the patient and vice versa.

Table 4 identifies the stumbling blocks in communication such as a nurse's poor attitude, the nurse's negative approach; the patient's negative attitude; problems affecting the patient; problems affecting both the nurse and the patient equally and work related problems.

Concerning communication in the process of psychiatric nursing (see Table 5), the results showed that therapeutic use of communication enables the nurse to set limits, keep lines of communication open and use herself therapeutically. She uses therapeutic communication techniques such as reflecting, listening and observing; her attitude plays a major role; she is able to apply different psychiatric nursing methods through communication (for example one-to-one therapy, group work, educating the patient and family, creating a therapeutic environment and conducting psychodrama) and lastly, she is able to communicate with other services.

It was noted that these psychiatric nurses could identify facilitative as well as hampering aspects of their communication with psychiatric patients and they had insight into what communication entails. It was noted that they incorporated communication into the four phases of the nursing process, namely assessment, planning, implementing and evaluation quite well.

Regarding communication as the vital part of the nurse-patient relationship, the respondents

**TABLE 3 Communication in interaction**

- Communication ideas
• Spine of interaction.
• Goal-directed and purposeful interaction.
- Nurse interaction
• Know your patient.
• Share with your patient
• Get down to the level of the patient.
• Maintain objectivity.
• Pick up emotions
• Insight into mental condition
• Help the patient
• Help with recovery of the patient.
• Patient becomes independent.
• Check level of understanding of the patient.
- Patient interaction.
• Freedom of expression and choice.
• Allow to open up.
• Allow the patient to partake in his treatment
• Patient having a say in the running of ward programme.
- Nurse-patient interaction
• Interaction between nurse and patient
• Something to do together
• Closeness between patient and the nurse
• Means of socialising
• Giving feedback both ways.

put emphasis on the establishment of the nurse-patient relationship but had very limited views concerning the improvement and maintenance of the nurse-patient relationship.

Psychiatric nurses incorporated communication into the nurse-patient interaction quite well and indicated its necessity in nurse interaction, patient interaction and in nurse-patient interaction.

A problem identified in their views pertaining to communication was that only three communication techniques were mentioned. This could limit their ability to communicate.

## LITERATURE CONTROL

With regard to communication as a means of conducting the nursing process, Shives (1990:62-63) and Taylor (1990:111) point out that the whole process requires much nurse-patient interaction and involves a great deal of communication.

McFarland and Thomas (1990:121) believe that the initial contact which is mostly through communication with a psychiatric patient is important in developing trust and establishing a therapeutic relationship. Ramos (1992:496-506) in her research on the nurse-patient relationship believes that with further verbal interaction, the nurse-patient relationship would deepen and change as the nurse functions cognitively rather than emotionally towards helping the patient.

Reynolds and Cormack (1990:4-11), Shives (1990:49) and Taylor (1990:77-97) agree that therapeutic communication, relationship, intervention, environment and milieu are all terms that refer to nurse-patient interaction which is goal-directed and purposeful.

Shives (1990:39-40) states that communication is a learned process influenced by attitudes, socio-cultural or ethnic background, past experience, knowledge of subject matter, ability to relate to others and interpersonal perceptions. McFarland and Thomas (1990:164-165) add to Shives' list factors such as developmental stage, physical condition, stress and communication styles and skills. Shives (1990:44-45), McFarland and Thomas (1990:165), Reynolds and Cormack (1990:454-457), Dolan *et al.* (1992:1455-1459) and Porter (1993:1559-1560) give detailed lists of all the factors that contribute to ineffective communication.

Reynolds and Cormack (1990:4-20) state that psychiatric nursing practices are primarily verbal and consist mainly in talking with patients informally or in scheduled individual, group or family interview sessions. They also believe that the essential component of psychiatric nursing is a nurse-patient relationship, therapeutic in nature and that the process of psychiatric nursing is made up of the clear recognition and understanding of the essential elements of such a relationship.

**TABLE 4. Stumbling blocks in communication**

Nurse:

- Poor attitudes
  - Rudeness.
  - Being irritable and negative.
  - Autocratic, dominating, authoritative.
  - Dishonest.
- Negative approaches
  - Shouting
  - Poor communication.
  - Use of vulgar words.
  - Not communication. - no goal achievement.
  - Deciding for the patient.
  - Poor management support leading to poor performance.
  - Habits of ignoring and chasing patient away.
- Others
  - Limitations re the mental status of the patient.
  - Lack of dedication.
  - Stress and anxiety.
  - Domination by management.
  - Poor communication from management.
  - Management not helping with poor coping.
  - Nurse-patient ratio -> shortage.
  - Absenteeism.
  - Job dissatisfaction.
  - Staff over-conscious of their rights.
  - Conflict amongst staff.

Patient:

- Patient negative because of poor ward management (involving communication).
- Limiting freedom of choice and expression.
- Basic needs and rights disregarded.
- Lack of trust due to dishonesty.

Both the nurse and the patient:

- Language barrier.
- Age difference.
- Culture, beliefs, customs - body language misinterpreted.
- Side effects of drug therapy.
- Aggression from nurse and patient.
- Social relationship between nurse and patient.

These include appropriate thinking and problem-solving ability incorporating facts, principles and concepts, a theoretical framework to guide interventions, and the skills to use self therapeutically.

Shiver (1990:51) and McFarland and Thomas (1990:64-65) discuss therapeutic communication skills or communication techniques in length. Such communication techniques include questioning, conveying information, reflection of feelings, clarification, focusing, suggesting, feedback, silence, listening, exploring, restating, voicing doubt, accepting, giving recognition, making observations, confrontation, presenting reality and evaluating.

## LIMITATIONS OF THIS STUDY

The shortcomings identified in this research were that the psychiatric nurses doing night duty were not included in the sample. Only day nurses were selected through the purposive

convenient sampling method. The second focus group session for giving feedback to the participants regarding the results of the research, was only held after a fairly lengthy interval of eight weeks. This resulted in two group members not being able to join the group since they were allocated to night duty.

## GUIDELINES EMANATING FROM THE RESEARCH RESULTS AND LITERATURE CONTROL

**Improvement and maintenance of the nurse-patient relationship.**

For a psychiatric nurse to be able to improve and maintain her already established relationship with the patient, she has to ensure that she is always available to the patient; that adequate time is set aside for nurse-patient interaction (such as individual therapy and group therapy which are essential for the restoration and maintenance of the patient's mental health). In this way she will be able to

see the patient on a regular basis or whenever the patient feels the need to see her. Individual and group therapy will contribute to the restoration and maintenance of the patient's mental health.

#### Dealing with the stumbling blocks in communication.

The psychiatric nurse needs help to improve her problem solving abilities as this will, in turn, help her to deal successfully with her work related problems, patient related problems and problems affecting both her and the patient equally. Lectures on problem-solving techniques during in-service training by a knowledgeable person may help her in this regard.

The psychiatric nurse also needs to be helped to improve her attitude and approach towards the patient. She could be assisted through lectures or group discussions on self-awareness during in-service training. It will help the nurse to become more aware of her own attitudes, reactions, emotions, attributes and abilities as she explains her feelings, perceptions and experiences in words, as she compares herself with others, and as she gets feedback from others as to how they see her and how they react to her behaviour.

Once the nurse is able to deal with the stumbling blocks in communication, she will then contribute positively to the restoration and maintenance of the patient's mental health as there will be fewer obstacles which interfere with her communication with the patient.

#### Therapeutic communication techniques and skills.

The psychiatric nurse should receive lectures on therapeutic communication techniques in her in-service training in order to equip her with these techniques and ensure that she has the ability

to utilise them in nursing. All therapeutic communication techniques should be included and emphasized and more attention should be paid to the following:- exploring, clarifying, reflecting, using silence, evaluating, summarising, listening, observing, validating, minimal verbal response and informing

Whenever the psychiatric nurse interacts with the patient, she has to utilise a whole spectrum of therapeutic communication techniques rather than fall back on her social communication skills. Therapeutic communication with the patient should always be goal-directed and purposeful. Both the nurse and the patient should set goals for their relationship which will be directed towards the restoration and maintenance of the patient's mental health.

The psychiatric nurse has to be sensitive to other health team members, who are also involved in the treatment and interaction with patients.

#### CONCLUSION

The central statement about this research was that the psychiatric nurse's viewpoint on her communication with the psychiatric patient can be a stumbling block or a facilitative element in assisting a psychiatric patient to restore and maintain his mental health.

The views of the psychiatric nurse as reflected in the results indicated that she can be a stumbling block in assisting a patient if she is unable to improve and maintain her relationship with the patient, unable to minimise the obstacles in her communication with him and if she is unable to communicate therapeutically because of her limited skills. On the other hand, the views of these psychiatric nurses showed that the nurse can be a facilitative element in assisting a psychiatric patient if she is able to incorporate communication into all four phases of the nursing process and establish a therapeutic nurse-patient relationship which is on-going.

The guidelines that have been compiled for the psychiatric nurse to assist her in enhancing communication with the patient, will facilitate the psychiatric nurse's therapeutic communication with the patient and thus contribute to the restoration and maintenance of his mental health.

#### REFERENCES

- Abdellah, F.G. & Levine, E. (1979): *Better patient care through nursing research*. 2nd edition. New York: Macmillan.
- Ashworth, P.D. et al. (1992): Patient participation: its meaning and significance in the context of caring. *Journal of Advanced Nursing*, 17:1430-1483.
- Beck, C.K., Rawlins, R.P. & Williams, S.R. (1988): *Mental health - psychiatric nursing: a holistic life-cycle approach*. 2nd edition. Washington DC: Mosby.
- Burns, N. & Grove, S. (1987): *The practice of nursing research: conduct, critique and utilization*. Philadelphia: W.B. Saunders.
- Cox, J.L. (1986): *Transcultural psychiatry*. New Hampshire: Croom Helm.
- Department of Nursing, Rand Afrikaans University (1991): *Concept document: Nursing for the Whole Person Theory*. Johannesburg: Rand Afrikaans University.

Dolan et al. (1992): Lack of professional latitude and role problems as correlated to propensity to quit amongst nursing staff. *Journal of Advanced Nursing*, 17:1455-1459.

McFarland, G.K. & Thomas, M.D. (1991): *Psychiatric-mental health nursing: application of the nursing process*. New York: J.B. Lippencott Company.

Mouton, J. & Marais, H. (1989): *Basic concepts in the methodology of social sciences*. Pretoria: Human Sciences Research Council.

Okun, B.F. (1987): *Effective helping, interviewing and counselling techniques*. 3rd edition. California: Brooks/Cole.

Omery, A. (1983): Phenomenology: a method for nursing research. *Advances in Nursing Science*, 5(2), 49-63.

Poggenpoel, M. (1990): *Psychiatric nursing model: An interaction approach focused on facilitating a patient's quest for wholeness*. Johannesburg: Department of Nursing, Rand Afrikaans University.

Porter, S. (1993): The determinants of psychiatric nursing practice: a comparison of sociological perspectives. *Journal of Advanced Nursing*, 18:1559-1566.

Ramos, M.C. (1992): The nurse-patient relationship: theme and variations. *Journal of Advanced Nursing*, 17:496-506.

Reid, W. & Long, A. (1993): The role of the nurse providing therapeutic care for the suicidal patient. *Journal of Advanced Nursing*, 18:1369-1376.

Shives, L.R. (1990): *Basic concepts of psychiatric-mental health nursing*. 2nd edition. New York: J.B. Lippencott.

Taylor, C.M. (1990): *Mereness' essentials of psychiatric nursing*. 13th edition. St. Louis: Mosby.

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