3.13: Guidelines for Successful Therapeutic Interactions

After the purpose of the therapeutic interaction has been established, the following guidelines assist in conducting a successful interaction:

Maintaining a Low-Authority Profile

The nurse must strive to maintain a low-authority profile at the beginning of the conversation. As the conversation progresses, the nurse can use more directive techniques to find out specific information. There are usually differences in age, sex, occupation, cultural background, moral and religious convictions between the nurse and the patient. These differences make it impossible for the nurse to fully understand the patient’s behavior and reactions. It is therefore, important for the nurse to understand and accept differences in patients' cultures and beliefs. When in doubt, check with the patient. If trust is established, patient will be willing to teach the nurse.

Understandable Language

The nurse should determine the patient’s level of understanding and if necessary change the use of language, comments and questions. Using the terminology which the patient does not understand can also frighten the patient and make him/her think that he/she has a more serious problem than he/she originally wanted help for. At the same time, the patient could give incorrect information because due to confusion, he/she may give affirmative answers to questions about symptoms that he/she has not actually experienced [18]. Nurses should share their aims with patients before expecting them to participate in the interaction. They should understand that there is a mutual understanding of each other’s point of departure. In an assessment interview, the nurse can, for instance, say: “Mr Jones, I would like to give you information on how to lose weight so as to bring down you high blood pressure, but I first need to find out what you already know about the condition”. It is not only important that the patients understand what nurses expect from the
conversation; it is also essential that nurses understand the patients and convey this understanding before they participate in the conversation. When providing emotional support, this understanding is often all that is necessary. For nurses to understand patients, they must encourage them to talk – not just about facts, but also about their feelings. The nurse must listen more than speak, both to what the patient is saying verbally and what is being said non-verbally. Having listened carefully, the nurse then concentrates and responds empathetically to the patients’ feelings. Only when the nurse has a reasonably complete understanding of the patient’s situation and has communicated this understanding, can she proceed to interventions, such as giving information or solving a problem.

Tailor the Message to the Totality of the Person

Saying something does not necessarily mean that the message has been received and understood. It is the responsibility of the nurse to ensure that the person with whom he/she is conversing understands the message. To ensure this, the message has to be adapted to the language, culture and socio-economic status of the patient. The emotional or physical condition of patients may also make it difficult for them to receive long or complicated messages or even any message. There may also be other disturbances in the immediate environment for example, noise that can make the patient not to hear or understand the message. The message must also be adapted to the age of the patient [10].

Validate the Interpretation With the Patient

Validation means that you ask the patient whether your interpretation is correct or not. You therefore, ask him/her to confirm your understanding of what he/she said. Many misunderstandings arise because people interpret other people’s words without checking their interpretation. The nurse should try to eliminate misunderstandings in the conversations by checking meaning with the patient.

Active Listening

Active listening means concentrating all your senses and thoughts on the speaker. One can usually deduce whether a person is listening actively by looking at the following non-verbal indicators:

- Is the eye contact maintained with the person who is speaking?
- Are the body and face turned towards the speaker?

It is, of course, also clear from the verbal responses:

- Are there regular verbal responses, even if these consist only of encouraging sounds?
- Does the response indicate understanding, not only of the facts, but also of the feelings and the implications of the facts?

It is much easier to speak than to listen. Nurses are, in general, very active people, who want help by acting quickly. To ‘just listen’ without expressing opinions or offering advice is therefore, often not in their nature. Active listening is a valuable skill to acquire [10, 17, 18].
Evaluate Own Communication

In the interest of nurse–patient relationship, it is essential that they ascertain whether their communication has been successful. The following criteria can be used:

- **Simplicity**: Say what you want to say concisely and without using difficult or unfamiliar terms.
- **Clarity**: Say precisely what you want to say without digressing, and support your verbal message with non-verbal indicators.
- **Relevance**: Make sure that your message suits the situation, the time and the person you are speaking to.
- **Adaptability**: Adapt your response to the clues the patient gives you.
- **Respect**: Always show respect for the individuality and dignity of the person you are speaking to [17].