# Communication Development in Psychiatric Nursing:
# Literature Review

Helander, Mari

Laurea University of Applied Sciences
Otaniemi


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Mari Helander
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The aim of this thesis is to examine the communication competence development in the context of psychiatric nursing. The research question was; how is communication competence developed in psychiatric nursing?

The method of data collection was the traditional literature review. The literature was searched by using Laurea University of Applied science's electronic database Laurea Finna. The inclusion criteria were English language; research conducted between the years 2000-2015 and the subject was psychiatric nursing.

The theoretical framework of this thesis is composed from the related literature and studies, which deal with the similar subject. An inductive analysis method was used to analyse the data.

The findings of this thesis demonstrated that nursing communication competence is considered a crucial skill in the nursing field especially when the need for therapeutic nurse-patient relationship is considered. However the method to achieving good communication competence is lacking widely used measuring tools in order to evaluate the communication competence skills. Communication development challenges are reluctance of nurses to self-explore and defence mechanisms, which are formed while practising nursing as a professional.

This thesis can be used as an introduction to nursing students who are interested psychiatric nursing.

Mari Helander

Vuorovaikutuksen Kehitys Psykiatrisessa Hoitotyössä: Kirjallisuuskatsaus

| Vuosi | 2016 | Sivumäärä | 28 |
|-------|------|-----------|-----|

Opinnäytetyön tarkoitus on tutkia miten vuorovaikutustaitoja kehitetään psykiatrian hoitotyössä. Tutkimuskysymys oli: miten ammatillisia vuorovaikutustaitoja kehitetään psykiatrisessa hoitotyössä?

Tutkimus menetelmänä oli perinteinen kirjallisuuskatsaus. Aineiston haku toteutettiin käyttämällä Laurea-ammattikorkeakoulun sähköistä tietokantaa Laurea Finna. Hakukriteereinä olivat englanninkieli; tutkimukset tehty vuosina 2000-2015 ja aihealue oli psykiatrinen hoitotyö.

Teoriakehys kasattiin aiheeseen liittyvistä kirjallisuuksista ja tutkimuksista. Aineistoanalyysista metodina käytettiin induktiivista analyysia.

Opinnäytetyön tutkimustulosten mukaan sairaanhoitajan vuorovaikutustaitoja pidetään keskeisinä erityisesti terapeuttisen hoitosuhteen luomisessa. Vuorovaikutustaitojen arviointi koetaan puutteelliseksi. Vuorovaikutustaitojen kehittämisen haasteina koetaan haluttomuus reflektoida ja hoitajien puolustusmekanismit hoitotyössä.

Tätä opinnäytetyötä voi käyttää esittelynä sairaanhoitajaopiskelijoille, jotka ovat kiinnostuneet psykiatrisesta hoitotyöstä

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1    Introduction

The aim of this thesis is to examine the communication competence development in the context of psychiatric nursing. Communication can be social communication or professional communication.

The effect of nursing communication training programmes was called into question at the beginning of this century. The recent research showed a moderate effect of communication skills training on communication behaviour, however the patients might benefit from specifically educated health care professionals, but strong studies are needed of the subject. (Wloszcczak-Szubzda & Jarosz 2012, 601-602.)

Mental health nursing books offer a wide range of terminology to describe the phenomenon. All systematically raise the importance of dialogue and empathy when forming a therapeutic nurse-patient relationship. The literature found addresses the importance of the communication abilities, however the way of becoming a professional communicator is less consistent.

The idea originated from working life when the gap between a nursing student's communication skills is compared with a professional nurse's skills. This thesis can be used as an introduction to nursing students who are interested in psychiatric nursing.

2    Communication

Communication plays an important role in human interaction. Communication is the transmission of knowledge, social expressions of belonging, and the sharing of feelings and emotions. Communication can be verbal or nonverbal. (Virta 1996.)

2.1    The Transmission Model of Communication

Communication refers to any means of exchanging of information or feelings between two or more people. It is a basic component of human relationships and especially important in nursing. (Berman & Snyder & Kozier & Erb 2008, 460).

A sender, a message, a receiver and response or feedback are involved in face-to face communication. The source-encoder is considered to be the sender that is the person or group who wishes to convey a message to another. Encoding means transmitting specific signs or symbols, which is in the mind of the sender for instance language or merely the tone of voice and gestures. The message is the second component of the communication process. Message itself can be spoken or written. The body language that accompanies the words factors in how

the message is transmitted. The third component of the communication process is the receiver, the listener, who must listen, observe and attend. The receiver is also the decoder. Decoding means sorting out the meaning of the message, by the receiver, whose interpretation is based on his past knowledge and experiences. The last component of the communication process is the response, where the message returns to the sender as feedback. Feedback can be verbal, or non-verbal for instance a nod of the head or a yawn. (Berman et al. 2008, 461.)

## 2.2    Verbal and Non-verbal Communication

Verbal communication is largely conscious because people can choose the words they use. A wide variety of feelings can be expressed through verbal communication. (Harviainen & Marila & Mikkola & Pörhölä & Valkonen & Valo & Ylinen 2002.) People describe the things they want to express with words, concepts, and symbols. However, the meanings of words are not the same for everyone, and they vary even within the same language and culture. Various dialects and styles provide the same concepts with different names. Thus the speaker's background, age, education will affect how they use language and how the speaker expresses him/herself. (Virta 1996.)

The following factors need to be considered when using verbal communication, be it written or spoken: Pace and intonation, simplicity, clarity and brevity, timing and relevance, adaptability, credibility and humour. The manner of speech impacts the message and for instance the intonation can express anger or amusement. (Berman et al. 2008, 461.)

Nonverbal communication means, in other words body language (Berman et al. 2008, 461-462). Nonverbal or non-verbal expression complements the speech and sometimes replaces it altogether. The majority of everyday communication is non-verbal (Virta 1996).

Nonverbal communication occurs through personal appearance, posture, gait, facial expressions and gestures. Non-verbal behaviour is controlled less consciously than verbal behaviour, thus it can tell more about the patient's feelings than what is said. Observing and interpreting non-verbal behaviour is a crucial skill to develop. (Berman et al. 2008, 461-462; Kuhanen & Oittinen & Kanerva & Seuri & Schubert 2010, 160.)

## 2.3    Listening and Observing

Listening is a fundamental process of nurse-patient relationship. Active listening helps the nurse to hear what the patient is truly trying to communicate. This requires time and being in the moment. The nurse must listen to what the patient is saying and communicating with his bodily presence. It is also important to notice what the patient leaves unsaid or tries to dis-

guise with their words. Most of the time, the mere act of active listening alleviates patient's symptoms. (Kuhanen et al. 2010, 159-160.)

The goal of active listening is to help clarify the patient's thoughts and feelings as well as obtain information about the patient, in order to increase mutual understanding of the situation. In addition, it gives the patient new perspectives on their situation and ways to cope, which allows the patient to expand their own way of thinking. Patients have described the importance, or the need, of being heard. In order for the nurse to show the patient that he is being heard, the nurse has to communicate his own understanding of what is being said and empathize with the patient. The nurse can convey his active listening with the use of particular expressions and words, for instance by using the patient's own words to repeat what is being said in order to clarify that the nurse has heard and understood correctly. (Kuhanen et al. 2010, 159-160.)

Observing and listening to the patient occurs simultaneously. It is useful to pay attention to patient's body language when observing the patient. Patient's movement, eye contact, rhythm of speech, tone of voice, manner of speaking or the silence gives clues about the patients' mental state. The consistency of these verbal and non-verbal signs, will give the nurse insight into the patient's physical and mental state. (Kuhanen et al. 2010, 159-160.)

2.4    Barriers to Communication

Stereotyping patients based on their perceived qualities or activities can hinder efficient communication. Nurses should avoid making assumptions or passing judgement about the patient's situation or behaviour. "Listening is proactive, lack of listening prevents a therapeutic nurse-patient relationship from forming." (Berman et al. 2008, 469; Webb 2011, 259; Kuhanen et al. 2010, 159.)

External factors, for instance, outwardly appearance, clothing, hairstyle, and gender, factor in communication as individuals evaluate their counterparts (Kuhanen et al. 2010, 139).

Other barriers to communication are taking communication for granted and assuming that the counterpart understands instantly what is being said, which causes delays in understanding. Poor investment in the communication process slows down the actual communication.  Personality and the different communication styles can cause unnecessary barriers when communicating. (Suomen virtuaaliammattikorkeakoulu, 2006.)

2.5    Professional Communication in Psychiatric Nursing

Communication in nursing is a dynamic process used to gather information, to teach and per-suade the patient to adopt certain behaviours and to express caring and comfort. Nurses with effective communication skills are better acquiring information, initiating innervations and evaluating the outcomes of interventions. They are also better suited to initiating change that promotes patient's health and preventing legal problems associated with nursing practise. Effective communication is crucial for the establishment of a trusting nurse patient relation-ship. (Berman et al. 2008, 460.)

Professional communication is more than merely listening and talking. Professional communi-cation methods include being present, showing empathy and providing the patient or situation with space when necessary. At the same time, however, professional must know how to be assertive and be able to lead the situation. (Helsingin Diakoniopisto)

2.6    Dialogue

The term dialogue comes from a Greek word that means to slide, pass thought which signifies meaning. Meaning flows through words. The experts who have developed the dialogue meth-od, define dialogue as an open and direct discussion, which aims to create a common under-standing. During the dialogue a joint space is created, in which the situation will be examined together. The best solutions can be found by listening to the patient and accepting that peo-ple have different views and that no one's approach can be the ultimate truth. The best and most creative solutions to different situations can be found in the different viewpoints of both participants. (Terveyden ja hyvinvoinnin laitos 2015.)

In the context of nursing care, the first objective is to create a dialogue between the patient and the patient's internal voices. Understanding the problem in a new way requires dialogic reflection instead of monologue. Professional people should have skills for creating discus-sion. Other expertise gets better importance in a dialogical process. The change in the pa-tient's symptoms, behaviour and the patient's family takes place during this process. Dialogi-cal work does not attempt to interpret the patients' or the families' behaviour, instead the phenomenon's aim is to listen and to follow the language as such. (Seikkula & Alakare 2004, 294.)

The communication between the patient and the nurse is called quality dialogue, where the reciprocity is emphasized. The practise of quality dialogue requires the nurse to be sincerely interested and accepting of the patient. It also requires the nurse to being sympathetic in order to understand the patient thoroughly. The nurse does not have to be omniscient in the

dialogue, however. The nurse has theoretical and empirical expertise, but the nurse can rely on the patient's own expertise on their own illness. This practice generates a shared expertise between nurse and the patient that emphasises equality. (Kuhanen et al. 2010, 153.)

## 2.7    Holistic Encountering

Holistic encountering takes place when the nurse becomes aware of what the patient needs and how the patient can be helped.  Genuine and an open-minded approach towards the patient enables the patient to be heard and understood. The patient has the experience of their own importance as a human being, which is also important, because patients often face problems in the society due to prejudice. Open and genuine encounter with the patient allows for growth, change and development. Holistic encountering requires the nurse to place oneself in the patient's position and look at the world from the perspective of the patient. Holistic approach promotes individualised care. (Kuhanen et al. 2010, 154.)

Holistic encountering has changed the focus of care. The nurse has to be a member of a multi-professional team, which can be challenging. Different professionals have different roles and responsibilities during the patient's care and they also have different ways to exercise their power. (Webb 2011, 15-16) Understanding how groups work and being able to work with others are vital skills in nursing. It is important that nurses learn the skills of teamwork because it is a key feature of the nurse's clinical role. Nurses must work effectively as a part of a team and share information with colleagues in order to protect and promote the health and well-being of those in their care.  The principle of holistic and person-centred care means that care is delivered as an integrated package, recognizing that aspects of health, social functioning and environmental factors all impact on the person's well-being. (Webb 2011, 72-73.)

## 2.8    Empowerment Approach

Empowerment is a strategy or philosophy in which the therapeutic goals are set to facilitate patient's self-care and self-determination (Webb, 2011, 314). Finding the patient's own strengths and ways to use their strength are a prerequisite for the patient's individual survival in everyday life. The identification of the patient's own strength, i.e. empowerment has been described as a process. The first phase of the process is the patient becoming active and participating equally in his own strength, which are discussed with the nurse. In the second phase, the patient becomes more able to control his own personal qualities. During the third phase, the patient becomes more aware of his surroundings and commits to a specific social context. The fourth phase is the final phase where the patients are able to be themselves, which means their own strengths and limitations area being realized. The nurse is a supporter

of the patient and helps to interpret the patient's physical environment. (Kuhanen et al. 2010, 154.)

## 2.9 Confidentiality

The nurse must convey confidentiality in order to create a confidential nurse-patient relationship. Factors concerning the development of a confidential relationship between the nurse and the patient are influenced by personal elements, for example, one's personality and past experiences. Confidentiality is fragile in psychiatric nursing. The building of a confidential relationship can be prohibited by the patient's illness and/or the limiting of the patient's autonomy during his care. Nurses' duty is to create confidence and to convince the patient that this will be taken care of. If patient's autonomy needs to be limited, it is important to always justify clearly and why it has to be done. The nurse can inspire confidence with genuine, honest and open behaviour, as well as being presence and listening to the patient. (Kuhanen et al. 2010, 155.)

## 2.10 Empathy

Empathy, the ability to place oneself in the situation of the patient is an important skill for a nurse to have. It is easy for a new student nurse to confuse sympathy with empathy, but the difference is fundamental. Sympathy is relating to another as though they were us and we were experiencing their situation. Empathy can be differentiated as being able to relate to another directly and understand how they experience their situation. (Webb 2011, 23; Kuhanen et al. 2010, 155-156.)

The patient's personal experiences always deserve recognition. The nurse can understand the patient's situation better by empathizing with him, and with sharing the experience with the patient by being compassionate, even when the patient is not able to verbally express it. Nurse's genuineness is to engage his full humanity when communicating with the patient. Genuineness is the ability to use your own personal resources and personality as a communication tool. In order for the nurse to empathize with the patient's situation, the nurse will have to silence own thoughts to hear the patient. Nurse's professionalism helps to separate his own thoughts and experiences from the patient's. Being empathetic to the patient's situation requires a nurse to use the sensitivity of one's self as a tool to develop and personality by means of reflection. The nurse is a human being, who feels and thinks. The nurse can demonstrate these human feelings towards patients professionally and it can best strengthen the cooperative relationship between the patient and the caregiver. Nurse's empathy controls the nurse's words, facial expressions, gestures and feelings. (Kuhanen et al. 2010, 155-156.)

3    The Aim of the Thesis and Research Question

The aim of this thesis is to examine the communication competence development in the context of psychiatric nursing. This thesis can be used as an introduction to nursing students who are interested in psychiatric nursing.

The research question:

How is communication competence developed in psychiatric nursing?

4    Methodology

The appropriate research method is a requirement for a reliable and a fruitful research.

4.1    Literature Review as a Research Method

Literature review is a method and a research technique that examines current knowledge or research. It is used to make "research out of research", i.e. a summary of the results of studies, which are based on new research results. (Salminen 2011, 4.)

There are three basic types of literature review methods: narrative literature review, systematic literature review and meta-analysis. Traditional or narrative literature review is one of the most commonly used literature reviews methods. It can be described as an overview without strict rules and regulations. (Salminen 2011, 6.)

Cornwell & Daly (2001, 57-58) states that a high quality review of the literature is a well-planned search and has a selection strategy. It is recommended to establish a clear purpose of a study and investigate some literature before writing a research plan and starting data gathering, in order to same time and effort. This is a way to make it obvious to the researcher and the reader how the search is done and certain items of literature over others have been selected. This strategy is particularly important for systematic reviews. (Cornwell & Daly 2001, 57-58.)

4.2    Narrative or Traditional Literature Review

Narrative literature review is sometimes also called as a traditional literature review. Narrative literature review functions as an independent method, but it can also provide new research ideas or phenomena for systematic literature review method. (Salminen 2011, 6.)

Narrative literature review is based on research questions and produced based on the selected material. The answer is formed in the qualitative and descriptive manner. (Kangasniemi 2013, 291.) However the research questions in narrative literature review are less strict than in systematic research or meta-analysis (Salminen 2011, 6).

Its first phase is forming the research question or questions; then carrying out the literature research and selection; describing the selected material; and finally discussing the main results of the material. Even though there are different phase to this method, the selection of the material and the data analysis of are done partially simultaneously in the narrative literature review and are subject focused. The depth of the research question defines the adequacy of the material. (Kangasniemi 2013, 291, 294-295.)

4.3    Literature Search and Selection

The literature material is composed of international scientific research and articles. The search was done in December 2015. The timeframe used in the literature review was 2000-2015 for finding the most recent information available. The original idea was to search for Finnish articles, but it was necessary to broaden the search to include English language material as well. To be included in this thesis, the literature had to discuss nurses' professional development and examination of communication abilities in the nursing environment.

Computer databases offer access to vast quantities of information, which can be retried more easily and quickly than using a manual search (Younger 2004). The author relied on the expertise of the Laurea University of applied sciences informationist during the literature search. The informationist gave the author an introduction of the databases, and information about the available search-engines and the services the library offers. Primarily the manual search was done with a computer.

One of the most effective ways to begin a search for published information is by using Google Scholar. Like Google, it is simple search engine. It differs from the main search engine by searching across articles, theses, books, abstracts and other academic texts only from 'scholarly' publications. A Google Scholar search will retreat mainly peer-reviewed and academic information. (Younger 2010.)

In the beginning, the author used Google search to investigate what type of literature is available by using the word combination "professional," "communication," "competence" and "nurses". The first search returned over a million hits. On the first page the author noticed two articles, with potential titles. After reading the articles, the topic selection was confirmed. The author used the new Laurea Finna search interface to find more articles and

books. Using Finnish word combination "vuorovaikutus", psyk* and, "hoitaja" did not accumulate any results, nor did the English equivalent "psych," "nurse" and "communication. Originally the author intended to use Google scholar search interface just as an assisting search interface to widen the search area and making the research more reliable. However, as Google Scholar provided results without access to the full text, the only interface that the author used was the Laurea Finna.

The main premise on psychiatric nursing is communication with the patient. The literature search was done by using the words "psych," "nurse" and *develop*. Using the words psychiatric nurse would automatically bring results about communication. The term develop was selected to get hits on professional development in the psychiatric field. Other Inclusion criteria for the search were English language, full text-availability, and the subject was psychiatric nursing. The search returned 127 hits. The articles search produced seven relevant articles. The articles that were excluded involved the nurse's role and, nursing education development without a direct connection to communication. The selected literature is listed below in the Table 1.

Table 1 Literature Material.

| Author(s), Year, Country | Title | Purpose |
|---|---|---|
| Anna Wloszcczak-Szubzda and Miroslaw Jerzy Jarosz 2012 Poland | Professional communication competences of nurses | Dissonance between high technical professionalism of nurses and low patient satisfaction |
| Andrew Scanlon Ireland 2006 | Psychiatric nurses perceptions of the constituents of the therapeutic relationship: a grounded theory of study | To ascertain the nature and comprehension psychiatric nurses assigned to the development of this therapeutic relationship |
| Yolanda Wasylko and Theodore Stickley, UK 2003 | Theatre and pedagogy: using drama in mental health nurse education | To demonstrate theatre as educational tool for mental health nurses |
| Zahra Ghazavi, Fatemeh Lohrasbi and Sayebeh Mehrabi, Iran 2010 | Effect of communication skill training using group psycho-education method on the stress level of psychiatry ward nurses | To investigate the concerns and importance of quality communication skills of nurses |

| | | |
|---|---|---|
| Barbara A. Mullan and Emily J. Kothe, Australia,2010 | Evaluation a nursing communication skills training course: The relationships between self-rated ability, satisfaction and actual performance | To evaluate the relationship between the student self-rating of their own ability and the satisfaction as nurse training course |
| Theresa M. Fay-Hillier and Roseann V. Regan and Mary Gallagher Gordon, USA 2012 | Communication and patient safety in simulation for mental health nursing education | To examine the implementation of a simulation experience of nursing students |
| Karen S. Dearing and Sheryl Steadman, USA 2009 | Enhancing Intellectual Empathy: The Lived Experience of voice Simulation | Understand the lived experience of voice simulation with the novice nurse |
| Karen S Dearing and Sheryl Steadman, USA 2008 | Challenging Stereotyping and Bias: A voice simulation study | Demonstrate success of a voice simulation experience |
| Fiona Orr and Kevin Kellehear and Elizabeth Armari and Arana Pearson and Douglas Holmes Australia 2013 | The distress of voice-hearing: the use of simulation for awareness, understanding and communication skill development in undergraduate nursing education | Develop and assess simulated voice hearing as an alternative learning tool |

## 4.4    Data Analysis

Data analysis is an analysis method where the content is analysed systematically and objectively. Content can be a book, article, journal, letters, interview, speech, conversation, dialogue or report. Data analysis can be used for unstructured analysis of content. Using this analysis method the aim is to obtain a condensed description of the phenomenon under analysis and a general form. Content analysis can be gathered from the data, sometimes only arranged to help make conclusions. (Tuomi & Sarajärvi 2013, 103.)

## 4.5    Inductive Data Analysis

Qualitative content analysis can be either inductive or deductive analysis. Inductive and deductive content analysis processes involve three phases: preparation, organization, and reporting of results. The preparation phase consists of gathering appropriate data for content analysis, making sense of the data, and selecting the unit of analysis. In the inductive approach, the organization phase includes open coding, creating categories, and abstraction. (Elo & Kääriainen & Kanste & Pölkki & Utriainen & Kyngäs, 2014, 1; Tuomi & Sarajärvi 2013, 108.)

Reduction of the material or the analysed information or data can be written, open interview material, or a document, which is then reduced in such a way that the material is being cut out of the research and only the relevant material remains. Reducing can mean cutting material in parts or summarizing the material. The material clustering or grouping the material means going thought the material and finding similarities or contradictories in the material. Materials with the similarities are clustered together to a category with descriptive label. The material is summarized through the clustering, because multiple features are included into more common concepts. (Tuomi & Sarajärvi 2013, 108-110.) The table below shows the clustering of the raw material in Table 2.

Table 2 Clustering of the Material.

| Reduced Material | Sub Category | Main Category |
|---|---|---|
| The use of modern medical technologies as medical interventions dehumanize the patient. This dehumanization causes negative affect in the patient and generates challenges to the communication process. | Communication challenge to overcome | Social Nursing Environment |
| The communication competence learned during undergraduate nursing, deteriorates while practising nursing as a profession and as time passes, communication competence is replaced by defence mechanism. | | |
| In the mental health nurse education, the professional training usually strives to suppress and hide psychological wounds, and discourage self-explore. | | |
| The main source of stress for the nurse comes from communicating with the patients. | Psychoeducation to Improve Communication | Educational Nursing Environment |
| The research introduces the Empathic Communication Skill Scale and the Empathic Tendency Scale as measures to evaluate the nursing students' empathetic skills and tendencies. | Measuring Tools for Communication | |
| The positive therapeutic relationship is a necessary prerequisite for a successful | | |

| | | |
|---|---|---|
| therapeutic outcome, but the nurse-patient relationship is still a largely unmeasured phenomenon | | |
| The practise can improve conflict management and communication skills and teach about empathy as it can increase the student's non-verbal "reading" of others. | Communication Learning Methods | |
| The simulation participants related to experience and helped them to understand mental illness better and motivate to improve their communication skills. | | |
| The intuitive learning is formed from life experiences with combination of experiences collected from exposure to the professional role. The nurses have difficulty explaining what dictates their decision making and behaviour. | | |

5    Findings

The main categories found were social nursing environment and educational nursing environment presented in the Table 2 above. The findings were subcategorised by inductive data analysis to four sub categories: communication challenges to overcome, psychoeducation to improve communication, measuring tools for communication and communication learning methods.

5.1    The Communication Challenges to Overcome

Nurses often face the problem of helping patients and, respecting their dignity and rights, while simultaneously using modern medical technologies and, performing medical interven-

tions that often dehumanize the patient. This medical dehumanization causes negative affect in the patient and generates challenges to the communication process. (Wloszcczak-Szubzda & Jarosz 2012, 601.)

Wloszcczak-Szubzda and Jarosz's recent research found that communication competence, which is learned during undergraduate nursing, deteriorates while practising nursing as a profession. Furthermore as time passes, communication competence is replaced by defence mechanism for instance psychological resistance or withdrawal (Wloszcczak-Szubzda & Jarosz 2012, 605.)

Psychologist Daniel Goleman argues in Wasylko & Stickley's article that emotional intelligence is essential for mental health nurses for personal development. The willingness for self-disclosure is essential in personal growth. However mental health nursing culture may prohibit the expression of practitioner's vulnerability. In mental health nurse education, the professional training usually strives to suppress and hide psychological wounds, and discourage self-revelation. In reality, nurses are human beings and it would be unnatural for nurses not to be personally moved by the impact of people with mental health problems. It should be natural for mental health nurses to feel vulnerable and express their feelings and receive appropriate support from their peers or supervisor. (Wasylko & Stickley 2003, 446-447.)

Forming therapeutic nurse-patient relationships require interpersonal skills, that can be learned, but the learning tends to require learning about oneself. Counsellors and psycho-therapists have embraced this principle. However, the psychiatric nurses are more reluctant and describe this as "detracting emphasis from the needs of the patient". (Scanlon 2006, 324-325.)

5.2    Psychoeducation to Improve Communication

Wloszcczak-Szubzda and Jarosz's research specified that the psychoeducation method can decrease the occupational stress of psychiatric, oncologic and terminal care nurses, and increase nurse's confidence when dealing with depressed patients. (Wloszcczak-Szubzda & Jarosz 2012, 605.)

Ghazavi, Lohrasbi and Mehrabi's research also specified that psychiatric nurses experience high levels of stress. The main source of stress for the nurse comes from communicating with the patients. The working environment of the nurses is potentially stressful, which can lead to emotional desensitization to the deterioration of the nurse-patient relationships. The nurse's lack of communication skills causes misunderstandings and extra stress. Psychoeducation can have positive effects on reducing occupational stress by enhancing communication

skills and increasing satisfaction and self-actualization. The researchers noted that the intervention based on the study did not generate significant different of nurses working in oncology wards, however nurses working in the psychiatric wards had improved their communication skills and noticed that their stress levels had decreases after one month of training. (Ghazavi, Lohrasbi & Mehrabi 2010, 398-399.)

5.3    Measuring Tools for Communication

Scanlon discovered that the positive therapeutic relationship is a necessary prerequisite for a successful therapeutic outcome, but the nurse-patient relationship is still a largely unmeasured phenomenon, and it is not well understood (Scanlon 2006, 319).

Communication skills have been a part of the nursing education for ages and many argue that the efficient communication is vital in quality nursing practice. Skilful communication is crucial for nurses in maintaining effective and sensitive relationships with their patients. This is revealed in studies, which have made a connection between the communication skills and the practices of nurses and patient satisfaction, adherence and even recovery. The research suggests that nurses' poor communication skills are the result of insufficient training. Sometimes nurses themselves have an under appreciation of the significance of patient centred communication. Evidence suggests that learning communication skills 'on the job' is not adequate to for mastering the required skills. Correspondingly, communication training has been found to lead to skill acquisition and improved patient outcome. Mullan and Kothe discovered when researching nursing students' course satisfaction that while neither self-rated ability nor satisfaction was significantly connected with the objective measure of performance, but self-rated ability and satisfaction highly connected with one another. The lack of a strong association between student evaluation and performance is particularly troubling, given that the student evaluations using standardized tools remain the most widely used measure of course success. "A confounding factor in evaluating the efficacy of such programs is that of outcome measurement. As has been argued, communication skills training will not realize its full potential until systematic, rigorous and suitable assessment procedures are introduced." (Mullan & Kothe 2010, 374-375, 378.)

Wloszcczak-Szubzda & Jarosz also comment on how patient satisfaction is difficult to define. Their research introduces the Empathic Communication Skill Scale and the Empathic Tendency Scale as measures to evaluate, the nursing students' empathetic skills and the empathetic tendencies. Measuring the patient-centred communication is extremely challenging. The ideal method would also involve real patients and assessing their satisfaction with communication. The research instruments mentioned above provide an opportunity for identifying educational needs in professional interpersonal communication. (Wloszcczak-Szubzda & Jarosz 2012, 605.)

## 5.4 Communication Learning Methods

The communication skills in nursing are "neither innate nor automatic". The research results based on general psychology confirm that communication competences are not acquired "spontaneously" during occupational activity. Wloszcczak-Szubzda & Jarosz's research suggests that communication skills are attained and developed only through practise. Research also suggests that the communication skills training could be valuable for strengthening the basic or intuitive communication strategies, supporting in the gaining of new skills and "ensuring communication supply availability". (Wloszcczak-Szubzda & Jarosz 2012, 605.)

### 5.4.1 Experimental Learning

Wasylko and Stickley write, that mental disorder theories can be adequately taught via didactic teaching method, and cognitive development can be achieved by enquiry-based learning. Wasylko and Stickley believe that the affective development of the humanistic skills and attitudes essential for mental health nursing, which contain respect and empathy, can be best facilitated through an experiential methodology. Using drama in mental health nurse education is one way to allow the student to feel valued and at the centre of his own learning. Students become active participants rather than passive observers. "Drama is an empowering instrument in nurse education, as it promotes personal growth and development, self-awareness and potentially professional efficacy. The practise of drama in the classroom can improve conflict management and communication skills and teach about empathy as it can increase the student's non-verbal "reading" of others" (Wasylko & Stickley 2003, 443,444-445.)

Experimental learning is according to Scanlon informal learning, where the "process of learning experimentally is driven by a natural curiosity of the person leaning". It is as comprehensive as the formal curriculum. "Experimental learning stems from the motivating factors intrinsic to each individual learner. These motivating factors are described in the codes and relate to practical, social, personal and research problems of interest to the psychiatric nurse. In relation to learning about the therapeutic relationship and how this is located in the role of a psychiatric nurse, this process is socialization proves that involves all learning, both formal and informal. This process of leaning from an experimental point of view is displayed by participants in the study constantly referring to learning their role by watching; absorbing and adopting aspects of how senior colleagues perform their duties." (Scanlon 2006, 323-324.)

The skills gained to develop a therapeutic relationship with patients are not learned through formal education. Individual temperament is a heavy influence in establishing the necessary

skills to help when a patient becomes agitated. "Humanistic principles that influence nursing curricula emphasize that interpersonal skills can be learned. Participant in this study identify intervention skills and personal and professional development as key components to competently form therapeutic relationships." (Scanlon 2006, 327.)

### 5.4.2  Simulation-based Learning

Dearing & Steadman examined the simulation experience's impact on nursing students. Through the lived experience of the simulation program, the participants described experiencing heightened emotions. As the simulation continued, feelings of anger, vulnerability and fear become more overwhelming. The participants stated that the ability to maintain focus regarding cognitive processes began to deteriorate with the constant hearing of noise, whispers and voices which can be summarized as incoherent thinking. And finally, the participants described experiencing the feeling of exhaustion and being physically drained. (Dearing & Steadman 2009, 180.) Participants related that the experience, helped them to understand better how it felt to experience a mental illness. They expressed a desire to improve their ability to interact with patients. The importance of good communication skills was most gravely felt in caring for patients who experience auditory hallucinations (Dearing & Steadman 2008, 64.)

The voice simulation is an educational tool that can be used to reduce stigmatizing perceptions of the nursing students. The simulation experience enhances students' empathy and insight, and it improves the development of the nurse-patient relationship (Dearing & Steadman 2008, 65). The students acknowledged that the two most important things that they learnt form the experience, were the impact the simulation had on daily activities and the ability to concentrate and think. One nursing student commented how he learnt "how distressing hearing voices can be and that it is important to consider when for instance assessing clients. The client's evasiveness, irritability and distraction are really appropriate responses when considering how distressing voice hearing can be." (Orr & Kellehear & Armari & Pearson & Holmes 2013, 532.)

Challenges arise when developing a therapeutic relationship with a health care client when nurses encounter those who hear voices, which often is beyond their own personal experiences. In other words, the lack of awareness of voice-hearing, inhibits the development of therapeutic relationship. Final year nursing students who participated in "voice-hearing workshops" gained empathy and communication approaches. They were able to increase an understanding of what voice-hearing patients experience. Valuable insight was gained by voice-hearing exercise, creating an empathic understanding and identify communication strategies when talking with those who hear voices. One participant stated that be more patient and

really try to engage in the situation. (Orr & Kellehear & Armari & Pearson & Holmes 2013, 533-534.)

"The Institute of Medicine in America, in their Core Competencies for health care professional education, recommend improvement in professional communication, collaboration, and a patient-centred approach to provide safety"(Fay-Hillier & Regan & Gallagher Gordon 2012, 718). Inconsistencies in the student's ability to further improve their clinical skills may be due to the lack of clinical opportunities. These inconsistencies could be addressed through the use of clinical simulations, where students can give structured patient reports and receive peer and patient reviews. (Fay-Hillier & Regan & Gallagher Gordon 2012, 718.) These settings will provide teachers with a better insight into their student's communication skills while allowing students to further improve their talents" (Fay-Fay-Hillier & Regan & Gordon 2012, 720.)

Efficient communication is paramount for nurses and other health care workers when providing safe patient care. Nurses need to be trained in high-level of communication competence in order to collaborate with patients and their families and other health care workers to promote patient safety. (Fay-Hillier & Regan & Gallagher Gordon 2012, 719.)

## 5.4.3   Intuitive Learning

Scanlon's research describes intuitive learning, where psychiatric nurses sometimes act on their gut instinct, as opposed to any learned methods. The intuitive learning is formed from life experiences with combination of experiences collected from exposure to the professional role. Psychiatric nurses know that they must behave within well-known standards, but they have some difficulty explaining how decisions are reached dictating this behaviour. The intuition described by the participants as an application of human skills by a knowledgeable professional. (Scanlon 2006, 323-324, 326.)

## 6   Discussion of the Findings

Nursing communication development is formed of the social and educational environment. The availability of training in nursing communication has rarely successful results unless the appropriate approach is found to fit the current social environment.

## 6.1   Social Nursing Environment

Nurses mostly encounter their patients at an inopportune time in their lives. Additional nursing interventions, which are rarely pleasant, it seems self-evident that communication demand is high in the nursing profession and in any nursing specialties. The articles where the

nurses reject the idea of self-disclosure or self-reflection seems unusual to the author. Knowing oneself is one of the most important tools to have in the diverse nursing field.

The nursing student experience a number of emotions at the beginning of their studies, and by the time they graduate. The number of negative emotions can be vast. The new nurse's actions and the relationship with the patient are evaluated in hospital environment publically by other nurses. On the other hand a person also evaluates his performance in relation to his own objectives. The students also described the experience of not belonging to the group until the middle or end of the studies. (Ora-Hyytiäinen 2004, 85-86.) Belonging to a group a wanting to belong to a group in the author's opinion is one of the disadvantages of introducing new ways to develop communication in nursing. This might be one of the factors, which was discussed earlier, why communication skills deteriorate in nursing after graduation. Luckily the nursing culture is changing which eventually have an impact on the nursing social environment.

6.2    Educational Nursing Environment

Ora-Hyytiäinen argues in her academic thesis that mere learning experience does not harvest learning. The knowledge can be contained after reflecting, identified and consciously constructed. (Ora-Hyytiäinen 2004, 27.) People give meanings to their experiences, which produces learning. Experiences are created, perceived and acknowledged by the people themselves. Many experiences are overlooked, however the most significant ones people seek to understand, interpret therefore to give them meaning. Experience constitutes important only when a people become aware of it. Awareness of the experience strengthens people with their identity and to promote their ability to reflect and help to develop. (Ora-Hyytiäinen 2004, 84) When a nursing student gains knowledge to understanding of his own actions in nursing, there is a change in his action. The actions will change as knowledge increases both consciously and unconsciously. (Ora Hyytiäinen 2004, 30.) Strong knowledge and expertise of nurse's own work also reduces the uncertainty of communication outcome, which affect the stress-levels of one. Nursing can be stressful at times, however the work can be professionally rewarding for instance resolving a difficult situation with excellent communication and getting recognition for it. The benefits of psychoeducation have been proven useful by multiple researches, yet psychoeducation mostly is offered to patients. Adding some form on psychoeducation to the nursing degree would also benefit the learning process of a nurse. Emotional work is part of the nursing care. The nurse's role is to gain the patient's confidence in them and their abilities in order for the patient to feel safe and secure. Despite nurse's own feelings, a nurse must be friendly and calm. The nurse must be able to manage his own feelings and hide them from the patient. Ora-Hyytiäinen describes the nursing student's iden-

tity development starting from a helper, transitioning to being a reflective nurse and finally becoming an effective nurse. (Ora-hyytiäinen 2004, 85.)

Nurses ought to be emotionally sensitive, however a nurse should be a respectable professional. The variety of demand of a new nurse can be overwhelming. New nurses rely heavily on the experienced nurses' expertise. There are multiple communication approaches and different personalities respond in a different way to different ways of communicating. The ability to empathise to the patient and approaching the patient in an individual way might have a better impact for instance when dealing with patient with chronic illnesses. Nurse being a genuinely and respectfully will have a better influence on the patient than the traditional communication method where the nurse dictates as an authority how to proceed. Standardized current communication measuring which is in the head of development curve of communication should be recommended instead of using old techniques that have been used for ages without the evidence of their effectiveness.

People are different type of learners that is why the variety of teaching methods should be used for nursing education. Some people learn by doing, others need theory information to back up their practice and simulation can reinforce the theory learning. The research also brought up nurse's intuitive learning, which many experienced nurses defend. The gut feeling can be a mixture of theory learning and experience combined, which makes it difficult for the experienced nurse to explain the factors behind the decision making or nursing action.

6.3   Trustworthiness

In order to conduct trustworthy research the researcher must follow the guidelines that are endorsed by the research community which are honesty, thoroughness and accurateness. The Guidelines must be obeyed when recording and presenting results, and when evaluating the research and its results. The researcher is obligated to account for the other researchers' work and achievements and cites their work correctly. The researcher is required to comply with the standards set for scientific knowledge when planning, conducting and reporting the research. (University of Helsinki 2016.)

The author followed the guidelines given by the school to plan, execute and document the activities in the making of the thesis to ensure reliability. Also by giving credit for other researcher's accomplishments by referencing accurately. The quality of the research may have been affected by the unsuccessful completion of the time management plan, which was originally formed for the thesis process. The material collected for this thesis are from various countries. The cultural variations and different practises of psychiatric nursing and education worldwide cannot be avoided when discussing communication.

Mullan & Kothe (2010, 378) brought up their researcher's reliability in their discussion about the sample size and the homogenous of the sample. The small sample size used may cause issues in the reliability and limited the ability to detect measurability of the findings. The research material used for this thesis also includes a small material amount which undermines the reliability. It is hard to draw conclusions of a small sample size, because the result can be a random outcome instead of a trend or a phenomenon. The author of this thesis had no conflict of interest in production this thesis.

## 6.4    Recommendation

The recommendation for future research involves communication competence explored in a homogenous environment for instance Finnish or Nordic nursing, as social context is a critical factor in communication. Psychiatric care differs from country to country. Legislation and culture affects the way psychiatric nursing is perceived. Another recommendation for future research is the development of communication skills among the professional nurses. The author encountered mainly researches for nursing student's communication skill development which leaves the professional nurses' communication competence an unexplored subject.

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