

Therapeutic Communication Experience of Nurses With Chemotherapy Patients in a General Hospital

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How to cite this article: Harianthy Y, Asniar A, Marthoenis M, Therapeutic Communication Experience of Nurses With Chemotherapy Patients in a General Hospital. 2023;15(1):105-110.

ABSTRACT

Cancer patients have special communication needs. Therapeutic communication can help patients, families, and care teams make decisions and improve patients' well-being and quality of life. This study aimed to understand the therapeutic communication experience of nurses with patients undergoing chemotherapy. This study employed a descriptive phenomenology design using in-depth interviews involving eight key participants and one associate participant. The key participants were nurse practitioners, and the associate participant was the vice head of the chemotherapy ward. The results of interviews and field notes were analyzed using Colaizzi's method of data analysis. Nine themes emerged from this study that is therapeutic communication is perceived as beneficial for patients, therapeutic communication is perceived as useful for nurses, patient conditions that hinder therapeutic communication, nurse conditions that interfere with therapeutic communication, personal therapeutic communication strategies, interpersonal therapeutic communication strategies, regular chemotherapy training, training for ongoing therapeutic communication, and chemotherapy-related information media to facilitate therapeutic communication. The study results suggest the need for chemotherapy training and continuous therapeutic communication for nurses in the chemotherapy ward of a general hospital.

Keywords: Therapeutic Communication, Chemotherapy Patient, Theory of Human Caring

INTRODUCTION

Communication between nurses, patients, and families is not just providing information.

Communication includes a wide range of discussions, including discussing various topics; sharing feelings and fears about illness, treatment, and prognosis; and helping patients and families find a sense of control and a way to find meaning and purpose in life. Nurses with good communication skills have shown a positive influence on the

satisfaction of patients with cancer, improving the patient's well-being and experience.¹ The quality of communication between nurses and patients affects the quality of cancer care, enabling patients to survive cancer.^{2,3}

Therapeutic communication between nurse and client is believed to be the key to successful treatment. Many benefits are obtained by implementing therapeutic communication, namely reducing/helping clients to clarify and reduce the burden of

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feelings and thoughts and being able to take action to change the existing situation if the clients believe in what is needed, reducing doubts, assisting in taking effective action and maintaining ego strength and affect other people, the physical environment, and themselves.

This study uses the conceptual framework of Watson's Human Caring theory.⁴ The main core of this theory is transpersonal relationships and moments of human concern for humans. This research is focused on exploring the therapeutic communication experience of nurses with patients undergoing chemotherapy in public hospitals.

METHOD

This study used a descriptive phenomenological design with in-depth interviews. The study was conducted at a general hospital providing chemotherapy services in Banda Aceh, Aceh province, Indonesia.

The participant criteria were (1) they were nurse practitioners and the head of the chemotherapy ward or deputy head of the chemotherapy ward (2) they had a minimum working period of 1 year (3) they were not on annual leave or gave birth or were sick (4) they were willing to become participants.

The interview questions were prepared based on the research objectives and were open-ended. Interviews lasted 20-40 minutes and were recorded and converted into verbatim transcripts. Data saturation was obtained in the 8th participant.

Ethical Clearance: This research has obtained ethical approval from the Health Research Ethics Committee (KEPK) of the Faculty of Medicine, Universitas Syiah Kuala, Regional General Hospital dr. Zainoel Abidin Banda Aceh number 382/EA/FK-RSUDZA/2021 on 13 December 2021

RESULTS

The research took place from December 2021 to April 2022 with eight key participants and

one associate participant. The data collected were analyzed thematically in accordance with the research objectives. The results capture nine themes that emerged from the research.

The nine themes are (1) therapeutic communication is perceived as beneficial to patients, (2) therapeutic communication is perceived as beneficial to nurses, (3) patient conditions that hinder therapeutic communication, (4) nurses' conditions that inhibit therapeutic communication, (5) personal therapeutic communication strategies, (6) interpersonal therapeutic communication strategy, (7) periodic chemotherapy training, (8) ongoing therapeutic communication training and (9) information media related to chemotherapy

Therapeutic Communication is perceived as beneficial to patients

This theme explains that nurses perceive therapeutic communication as psychologically beneficial for patients. Psychological benefits include making patients more confident, feeling valued, and having a more meaningful life.

"In my opinion, the advantage of doing therapeutic communication is that the patients are more confident, they don't have a low self-esteem with the way we communicate, so they feel appreciated" (P1)

Therapeutic Communication is perceived as beneficial to nurses

This theme describes that therapeutic communication provides benefits to nurses, namely providing self-awareness and job satisfaction

"We who may not be too close to God learn to be closer to God" (P2)

"We also have more to be grateful for. The point is that it is like self-introspection" (P2)

Patient Conditions That Hinder Therapeutic Communication

This theme explains the obstacles related to the patient's condition. These obstacles

are different patient companions, patients' difficulty understanding (misperceptions), and the negative behavior of patients.

This is as stated by the participants

"They look down on nurses. Or maybe we can say that if it takes a bit long for us to provide care, the patient or family will be angry" (P2)

Conditions of Nurses that Hamper Therapeutic Communication

This theme explains the barriers to therapeutic communication related to nurses, namely not completely listening to patients' complaints, limited knowledge of nurses about chemotherapy, short contact of nurses with patients, and limited information media.

The results of the interviews with the participants identified the main obstacle, namely the short contact time between nurses and patients.

"What is meant by the limited time of nurses here is that nurses should provide education and information starting from when patients enter and are treated until they can go home. However, we have a limited workforce and time. We could provide detailed education until the patient returns home, but we will not be able to accept up to 20 patients" (P3).

Personal Therapeutic Communication Strategies

This theme explains the things or ways of communication used by nurses so that therapeutic communication goes well, namely maintaining emotions and building a relationship of mutual trust.

"The important thing is that we also keep our emotions in check. Regardless of the condition, we should not be emotionally provoked to the point of being angry with the patient" (P1)

The associate participant also expressed the same thing:

"If, for example, a patient is angry, how will we react? What will we do? We should not get emotional. We, as the room management, always remind them."

Another communication strategy undertaken is to build a relationship of mutual trust. As stated by the following participants:

"We approach, build mutual trust, for example, with a mother...we hold or touch her shoulder." (P2)

Interpersonal Therapeutic Communication Strategies

This theme explains things or communication techniques nurses use that involve other people so that therapeutic communication goes well. Three sub-themes emerge in this theme: involving patients, families, and colleagues.

"In communicating with patients, the first thing we have to involve is the patient and the family" (P1)

Increased knowledge about chemotherapy

This theme illustrates the need for nurses regarding the importance of chemotherapy training for those who have never attended it or those who have attended it.

"When we educate patients, we have clear sources. We are not confused about explaining the meaning of chemotherapy, what are dietary restrictions, and other things related to chemotherapy to patients" (P5)

Ongoing therapeutic communication training

This theme explains that nurses need therapeutic communication training to improve communication skills, and there are still nurses who have never received therapeutic communication training. As stated by one of the participants:

"Because I'm new, I've never been involved in training on therapeutic communication" (P2)

The associate participant confirmed that in the past three years, there had been no therapeutic communication training:

"In terms of training in 2022, 2021, and 2020 it looks like there was no training on therapeutic communication from the hospital. This may be

due to the COVID pandemic, but previously Therapeutic communication training was always carried out regularly. "

Information media related to chemotherapy to facilitate communication

This theme describes the need for information media related to chemotherapy that can support therapeutic communication.

"At least the health promotion department should provide leaflets or maybe brochures because many patients also ask about diet. At least they should provide leaflets about the diet of cancer patients" (P1)

"There is a television in one room, so patients and their families while waiting can watch things related to chemotherapy" (P6)

DISCUSSION

This study identified that therapeutic communication is perceived as beneficial for both patients and nurses. This is in line with research on communication and quality of care in palliative care units, which concludes that therapeutic communication increases patient and family satisfaction and measures the quality-of-care provided⁵.

The results of this study indicate that therapeutic communication carried out by nurses has a psychological impact on patients; namely, patients are more confident and feel that their lives are more meaningful. This is in accordance with one of the *carative* factors put forward by Watson, namely instilling faith-hope, where nurses are fully present in providing nursing care to foster patient trust and hope for health⁴.

Communication barriers that emerged in this study consisted of patient conditions and nurse conditions that hindered therapeutic communication. The sub-themes that emerged were different patient companions, patients with misperceptions, and negative patient behavior. The companion who accompanies the patient has a very big role. All treatment information and actions for patients are usually with the knowledge of the companion. If the

companion changes, it will make the nurse have to educate again and again. This study found that the role of the companion is very large in supporting the success of the treatment and care program for chemotherapy patients. Even one of the participants suggested that the companion is the same person and so on when accompanying patients undergoing chemotherapy. This is different from research that has been done which states that family involvement or intervention in palliative care can interfere with patient treatment processes and procedures. Family intervention reduces the quality of communication between nurses and patients.^{6,7}

Furthermore, misperceptions from patients are obstacles encountered in conducting therapeutic communication. This is in line with previous research, which stated that misperceptions or misunderstandings could interfere with therapeutic communication, so it is not effective⁸. Similar findings were also found in patients facing the end of life with challenges in changing situations. These challenges are patients/families who are angry, patients/families who disrespect the nurses, patients/families who cannot accept the reality of the end of life and are very depressed, and families who struggle alone with their problems without wanting to open communication with nurses.⁹

This study found that the limited knowledge of nurses became an obstacle in conducting therapeutic communication. If the nurse's knowledge is insufficient, it will be difficult when explaining or educating patients. This is in line with previous research, which states that in providing information to patients, nurses need to prepare themselves beforehand both in their mental and knowledge.¹⁰

This study also identified the limited time nurses spend with patients and the high workload that causes the scarcity of time with patients to become a barrier to therapeutic communication. Similar findings also appeared in other studies, which stated that the lack of time to sit with patients made nurses unable to show empathy.⁹

Caring is a form of carrying out the nursing practice. Watson defines caring as an approach to how to behave, think and feel of an individual towards another individual. Caring aims to provide care physically and pay attention to the patient's emotions. Caring facilitates nurses to be able to identify patients, find patient problems, and find solutions. The study results show that limited knowledge, workforce/ time, and communication media can hinder nurses from performing therapeutic communication to care for patients.⁴

This study identified personal strategies of nurses in conducting therapeutic communication, namely by maintaining emotions and empathy and fostering a relationship of mutual trust.¹¹

This study further finds interpersonal strategies nurses use in therapeutic communication: involving patients, families, and colleagues. As in the previous discussion, family involvement is very influential in the success of therapeutic communication in chemotherapy patients.

Furthermore, involving colleagues or interprofessional is also a strategy for implementing therapeutic communication. This is in line with a study that identified methods used by nurses to improve therapeutic communication skills, namely through direct learning with experts and more experienced nurses.¹²

This study identified the need for therapeutic communication, namely increasing knowledge about chemotherapy, therapeutic communication skills, and information media related to therapeutic communication. Based on the results of interviews with participants, it was found that nurses still need therapeutic communication training, both for those who have never participated in it and those who have to be able to do it regularly. This is in line with research that examined the effect of nursing laboratory simulations used to increase the self-efficacy of 32 nursing students on their ability to utilize communication skills. The study concluded

that laboratory simulations are very helpful in increasing students' self-efficacy regarding their therapeutic communication skills.¹³

Furthermore, other studies suggest that nurses need training to show their empathy for patients, namely learning how to know the communication needs of patients and families. Nurses need to take part in communication skills training so that they can hone skills such as encouraging them to express feelings, admitting and overcoming problems when they don't know "what to say," practicing difficult and challenging communication skills when dealing with angry and frustrated patients or families and even those who do not respect nurses.⁹

Periodic repetition or refreshing is also required. Therapeutic communication education and training must be continued for nurses who have graduated to improve and update their knowledge of theory and practice. This also applies to nurses who have worked in an institution.¹²

Therapeutic communication training is also the institution's responsibility as a commitment to encourage and support therapeutic communication between nurses and patients that focuses on patient-centred care. This theme is in line with Watson's theory of transpersonal teaching and learning, where nurses who want to learn to improve their knowledge and skills are involved in teaching-learning experiences, follow sincerely, attend to the unity of existence and meaning, and try to stay within the set frame of reference.^{4,14}

CONCLUSION

1. This study identified that nurses have a positive perception of therapeutic communication because it is beneficial for both patients and nurses. This is the reason that therapeutic communication skills must be continuously improved and studied by nurses to improve the quality of nursing care and increase patient and nurse satisfaction.
2. Communication between nurses and patients is an important part of every

health and nursing service. From this study, there were still obstacles originating from patients and nurses that hindered effective therapeutic communication. The authorities in the hospital must ensure that all obstacles can be removed or minimized.

3. This study describes several personal and interpersonal strategies nurses use in therapeutic communication. It is expected that nurses use various therapeutic communication strategies for the effective therapeutic communication.
4. Increasing the capacity of nurses, both in terms of knowledge and skills, is necessary to support therapeutic communication's success. Therefore, training and updating of knowledge must continue to be carried out.

LIMITATION

The limitations of this study were the prolonged engagement carried out by the researchers for only one day, considering the time the research was taking place was still in the conditions of the COVID-19 pandemic. Another limitation is that researchers have not used their time optimally to do in-depth and not triangulate sources, in this case, the Hospital Research and Development section.

Funding: This study was independently funded by researchers

Conflict of interest: The authors declare no conflict of interest.

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