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The Extent of Therapeutic Communication Skills of the Nurses of Medical and Surgical Wards of Philippine Public Hospital

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*Therapeutic Communication,
Acting-Response Technique,
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ABSTRACT

This study determined the extent of the therapeutic communication skills of the medical and surgical nurses of the Philippine Public Hospital. This study employed a descriptive and focused research design. It utilized survey and observation methods. The researcher used a researcher-made questionnaire to describe the respondent's profile and the extent of therapeutic communications skills, frequency counts, means, weighted means, and the rank was used. It reveals that the nurses are competent in therapeutic communication skills at the hospital regarding the Acting-Response Technique and Active Listening Response technique. It revealed that age, gender, ethnic group, the native language spoken, religion, and educational attainment were not significantly correlated to the acting response and acting listening-response techniques regarding the stand, open, lean forward, eye contact, and relax. However, the civil status of the nurse was significantly correlated to acting-response and listening techniques such as opening, paraphrasing, and reflecting. Based on this study's significant findings, the following recommendations are drawn: Nurses should take graduate studies that will give them in-depth knowledge and practical skills in their field. They need to improve their therapeutic communication skills, develop and maintain a healing relationship in which their patient will experience security, and be optimistic that positive change is possible. Moreover, nurses should always possess a good and caring attitude toward their patients. It must be based on mutual agreement between nurses and patients as to what constitutes nurse caring behaviors. Likewise, to further enhance the therapeutic communication skills of nurses, a monthly orientation program and conducting a series of seminars must be done. Furthermore, the educational institutions offering the nursing course should emphasize their curriculum to improve the therapeutic communication skills of a student nurse.

INTRODUCTION

According to (Riley, 2000), communication is a two-way process that people use to exchange information and express their feelings, emotions, and attitudes. Messages are sent and received on two levels. verbally through the use of words and non-verbally by behaviors and gestures that accompany the word. He further stated that how we communicate is essential in expressing our thoughts, emotions, feelings, or attitudes and helps other people form an opinion about us and our ideas.

Therapeutic communication is a form of interpersonal interaction between the nurse and the client during which the nurse focuses on the client's specific needs to promote the client's recovery from illness. It involves exchanging ideas and expressing feelings, emotions, and attitudes, focusing and following, inquiring effectively, reflecting feeling and content, and structuring dialogue for information and action. For example, a client suffering from depression might say, "I'm so tired that I can't go on." If the nurse considers only the literal meaning of the words, he/she might assume the client is experiencing the fatigue that accompanies the client's depression.

Therapeutic communication focuses on three response types: listening, acting, and sharing. Each response type consists of several verbal techniques. Within the listening-type response category, for example, nurses usually use

five of these listening techniques: paraphrasing, reflection, clarification, primary-level empathy, and summarization to help shape the dialogue in a productive way (Balzer, 2000). In the acting-type response category, nurses use the stand, open, lean forward, eye contact, and relax (SOLER) stance during therapeutic dialogues. Lastly, transference and counter-transference are used by the nurses to solicit the cooperation of the client in sharing his/her thoughts, ideas and emotions.

In therapeutic communication, nurses select and employ any number of these techniques to achieve specific ends. The researcher has observed that in the hospital, many nurses have difficulties in communication while performing their tasks and activities in the hospital during their duty such as communicating with the hospital leaders, facilitating meetings, conducting training programs, delivering quality health services, and interacting with clients and their significant others in the hospital. Most of these activities involve therapeutic communication thus they should have the appropriate techniques and the skills necessary in order for them to do their work properly and accordingly.

One concrete illustration of such a problem is when a nurse is having a hard time encouraging a mother with a malnourished child to join the feeding program to help her child gain more weight. But the mother is denying

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her child's condition and does not know anything about malnutrition, thus the mother does not want to be involved in such activity. It is hard for the nurse to encourage the mother to participate in the activity, especially in this kind of situation.

However, if the nurse has the knowledge and skills in therapeutic communication, she will be able to establish trust and rapport with the client and will become easier for the nurse to enlighten the mother on the importance of the feeding program and encourage them to join the program. Most of the activities in the hospital require therapeutic communication skills for us to do our work properly and according. For such reason, it is imperative for nurses to possess therapeutic communication skills.

Thus, the researcher conducted this study in the Ospital ng Palawan. Ospital ng Palawan had just marked its eleventh decade of existence serving the people of Palawan. The Palawan came into existence in 1901 through the initiative of Willsey Minik, the Military Governor of the Philippines and the District Health Officer and the first Chief of Hospital- Dr. Toribio.

The hospital started as a 20-bed capacity in a remodeled Spanish bodega in a one-fourth-hectare lot overlooking Puerto Princesa Bay. It was managed and maintained by the American military government. In 1904, the hospital administration was taken over by the provincial government. There was only five personnel that ran the hospital, one doctor, two nurses, and two attendants. Through the years until 1938, the personnel tripled, and Administration and control were transferred to the bureau of the hospital until World War II.

Immediately after the war, the hospital was transferred to Bgy. Sicsican. Then in 1945 the hospital again transferred to the town proper behind the old City Hall, behind Mendoza Park, Rizal Avenue. In 1950, the hospital transferred to its present site in an 18-hectare lot donated by the Rafols family in Malvar Street, Barangay San Miguel, Puerto Princesa City. The hospital was built out of a war damage claim Funds for its maintenance came from the Provincial Government of Palawan and financial aid from the National Government.

The hospital remained at a 25-bed capacity for so many years, and the inability of the Provincial Government to maintain the hospital financially prompted the National Government to take over. The need to increase bed capacity was evidenced by its bed occupancy rate. Thus, in 1980 the bed capacity was increased to 50 which is still inadequate to cope with the need of the province's growing population. The integration of field and hospital services were implemented in 1985 making the Provincial Hospital a District Hospital with catchment areas of Puerto Princesa City, Aborlan, Narra, Roxas, Dumarán, Araceli, San Vicente, and Cagayan Cillo.

In 1992, R.A. 7413 was signed into law by President Corazon C. Aquino upgrading the hospital into a 75-bed capacity hospital. Upgrading has never been budgeted and implementation was not undertaken until now. In 1993, R.A. 7160 or Local Government Code of 1991 was

implemented thereby developing secondary and primary hospitals of the Provincial Government of Palawan.

In 1999, R.A. 8415 was passed upgrading the provincial Hospital to a 150-bed capacity tertiary hospital which shall be known as Ospital ng Palawan, and transferring it to the National Government. The Law has never been implemented due to conflicting administrative control and maintenance provisions. In 2004 the hospital was re-nationalized and its name was changed from provincial Hospital to its present name Ospital ng Palawan.

At present, Ospital ng Palawan is still a 100-bed Secondary (Level 2) Hospital, with an actual implementation of 150-bed capacity located on 1.8 hectares compound in the northeast corner of Malvar in San Juan St in the heart of Puerto Princesa City shows that it has an actual occupancy rate of 113% based on the authorized bed for 2011. Patient admission per day averages 187 and the length of stay in the hospital is 5 days. The hospital is semi-departmentalized. As such, it has five main areas of clinical care: the Emergency room, Pediatric including the Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU), Out Patient Department, Medical, Obstetrics-Gynecology, Surgical, and Orthopedic wards.

It is manned by 343 personnel comprising 10 Doctors, 180 Nurses, 19 Nursing Attendants, one Nutritionist, one Dentist, six Medical technologists, four Pharmacists, five Radiologic Technologist, three Social Workers, one Accountant, and 112 Support and Administrative staff. At present only 23.09% or 79 out of 342 hospital staff are regulars who are receiving salaries from the National Government while 76.91% are contractual/casual employees who are being paid per Job Order by the City Government, aid from the Provincial Government to Ospital ng Palawan and from the maintenance and other operating expenses of the hospital.

The need to augment the required staff is evidenced by the increase in occupancy rate and average in-patient per day of 187 patients. Although the present situation is not healthy, it remains to be temporary while waiting and hoping to implement the Rationalization to open 409 plantilla positions with budget allocation from the Department of Budget Management. As far as these issues are concerned, the rationalization plan brings good news to everyone. Being the largest hospital facility in mainland Palawan, it gets referrals from all types of cases all over the province. To assist the hospital in augmenting consultants' services, it allows private practitioners to practice in the hospital through the accreditation process. At present, the hospital has grown from a humble beginning of five personnel in 1901 to 342 staff, from 20-bed capacity to 100-bed capacity, from wooden structure to permanent sophisticated three-story buildings with incoming 14 suite rooms. It is the only hospital that will have a waste treatment facility and oxygen refilling plant in the province. All of these developments are geared toward the improvement of services to the people of Palawan. It will also continue to serve the people

of Palawan with various services namely, Laboratory examinations, major and Minor surgeries, Consultations, and Medical treatment of diseases. Maternal and Child care, Orthopedic, and Rehabilitation services.

METHODOLOGY

This study is not experimental quantitative descriptive and focuses on research design utilizing survey and observation methods. This study entitled “The Extent of Therapeutic Communication Skills of the Nurses of the Medical and Surgical wards of the Philippine Government Hospital” utilized the thirty (30) nurses of the Ospital ng Palawan, Puerto Princesa City, Palawan, Philippines year 2013.

The researcher used a researcher-made questionnaire/checklist. The first part dealt with the respondents’ profiles. The second part dealt with items for therapeutic communication skills as the acting-response technique and active listening-response technique. While the respondents accomplished the questionnaire/checklist at the end of this shift the researcher encouraged them

to ask questions or clarification on the items they do not understand. They are requested to accomplish the questionnaire at the end of the shift for three days of duty. The researcher retrieved the questionnaire after each time it was completed and gave it back to them to accomplish it on the second and third day.

Further, the researcher made a 3-day observation of each respondent assigned in the Medical and Surgical Wards and documented the respondents’ usage of the therapeutic communication under study without their knowledge to prevent inhibitions. The researcher utilized the Tagalog version of the questionnaire for the patient’s respondents. The researcher made sure that the data gathered are valid and reliable by assisting the respondents who needed clarification or verification as to the right understanding of the components indicated in the checklist.

RESULTS AND DISCUSSION

It discusses the profile of the nurses and patients as well as the therapeutic communication skills of the nurses. The results are presented under specific problems and tables.

1. A. 1. Nurse-respondents’ Age N=30

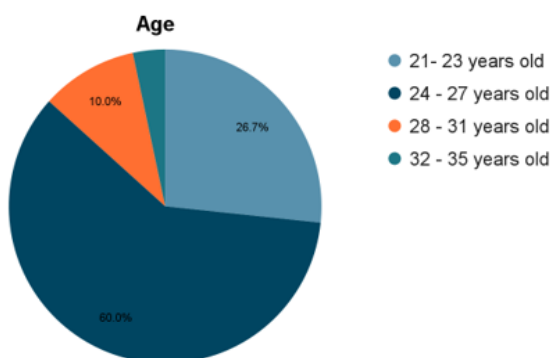


Figure. 1: Age of the Respondents

It reveals that the majority. (18 or 60%) of the nurses fall within the age bracket of 24 to 27 years old. The youngest respondents are within the age bracket of 21 to 23 years old with 8 or 26.67 percent. Three or 10 percent of the nurses have age 28 to 31 years old. The oldest

nurse respondent is 35 years old with one or 3.33 percent. It implies that the nurses’ respondents are of legal and mature age. Therefore, they are responsible enough for their respective duties.

The majority of the nurses are female, there is 23 or 76.67

1. A. 2. Nurse-respondents’ Gender N=30

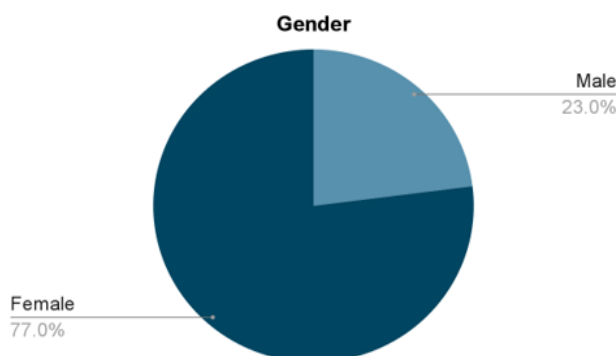


Figure 2: Gender of the Respondents

percent of them as compared to seven or 23.33 percent who are male. It implies that most women are engaged in the nursing profession as compared to men.

The findings reveal that the majority, (26 or 86.67%) of the nurses are still single. Meanwhile, four or 13.33 percent of them were already married. It implies that the nurses

1. A. 3. Nurse-respondents' Civil Status N=30

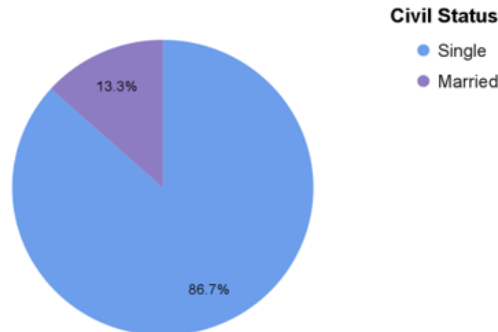


Figure 3: Civil Status of the Respondents

have enough time for their duties. Being single means that nurses devote more time to their hospital job and duties. The finding presents the ethnic affiliation of the nurses. It reveals that the majority, (20 or 66.67%) of them are

Tagalog, followed by Cuyunin with five or 16.67 percent and Bisaya with three or 10 percent. The native of Palawan is Cuyunin however, the region belongs to Southern Tagalog and it is the dominant tribe of the country.

1. A. 4. Nurse respondents' Ethnic Affiliation N=30

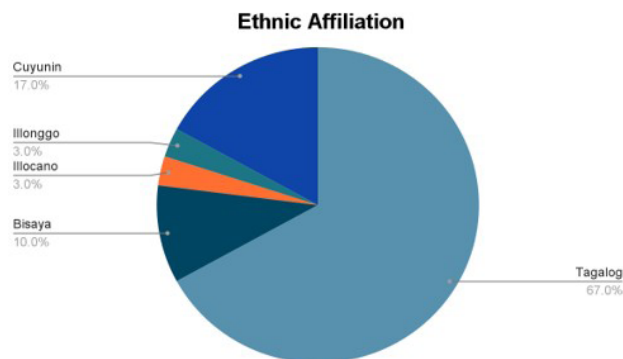


Figure 4: Ethnic Affiliation of the Respondents

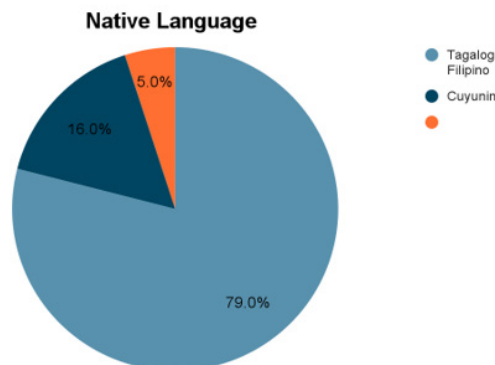


Figure 5: Native Language of the Respondents

The result also reveals that the majority of the nurses are Tagalog-speaking people. There are 20 or 66.67% of them. It implies that the nurses can communicate with

the patient effectively. It can be noted that Tagalog is the dominant tribe in the province. In terms of religion, it can be noted that the majority of

them are Roman Catholic with 26 or 86.67%. It means that they are God-fearing individuals. Further, most of them are college graduates with 27 or

90% of them, while three or 10 percent earned units in master's degree. It implies that they are well-educated and knowledgeable enough for their duties.

1. A. 6. Nurse-respondents' Religion N=30

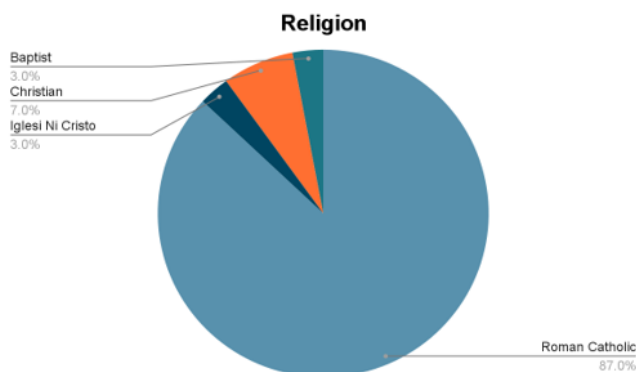


Figure 6: Religion of the Respondents

1. A. 7. Nurse respondents' Educational Attainment N=30

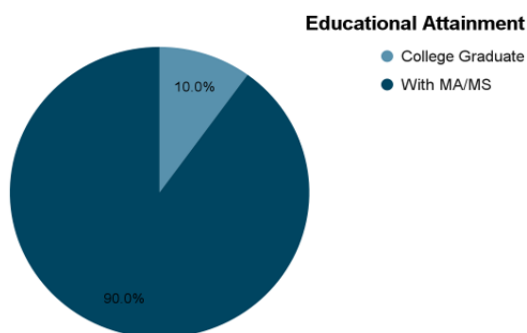


Figure 7: Educational Attainment of the Respondents

1. B. 1. Patient-Respondents' Age N=30

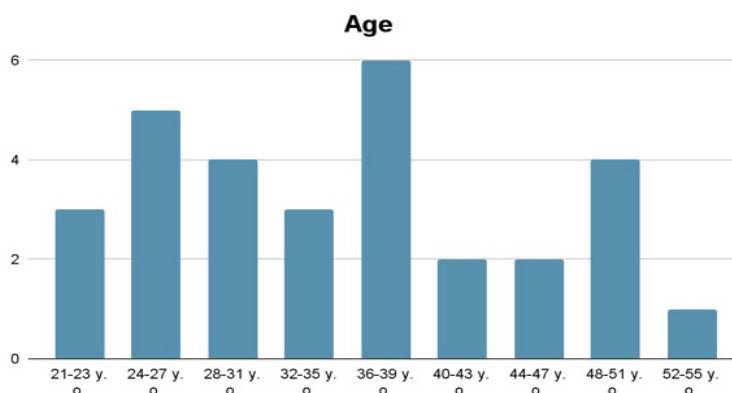


Figure 8: Age of the Respondents

Chart 1b presents the profile of the patient respondents. In terms of age, most (6 or 20%) of the patients belong to the age bracket of 36 to 39 years old, five or 16.67

percent are 24 to 27 years old, four or 13.33 percent are 28 to 31 years old, and 48 to 51 years old. The youngest respondents belong to 21 to 23 years old, with three or 10

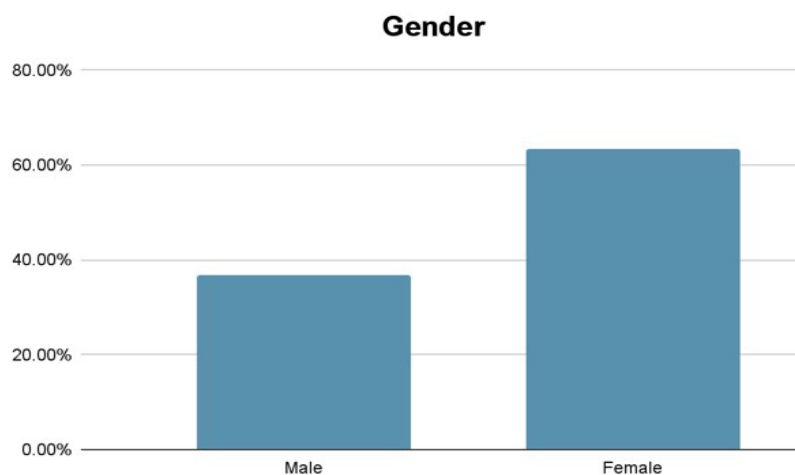


Figure 9: Gender of the Respondents

percent, while the oldest is 52 to 55 years old with only one or 3.33 percent. In implies that the respondents are mature and need hospital care and services.

With regards to gender, the majority of them are female with 19 or 63.33% as compared to 11 or 36.67% who are male. It implies that most of the patients admitted were female.

1. B. 3. Patient-Respondents' Civil Status N=30

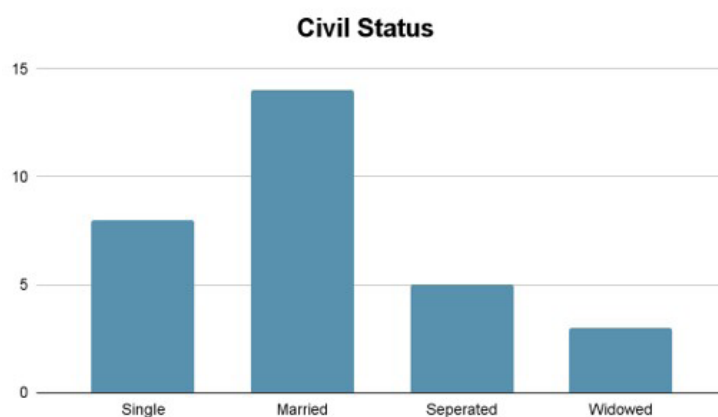


Figure 10: Civil Status of the Respondents

Most of them were already married. There is 14 or 46.67 percent, followed by single with eight or 26.67 percent.

There is five or 16.67 percent are separated and three or 10 percent are widowed.

1. B. 4. Patient-Respondents' Ethnic Affiliation N=30

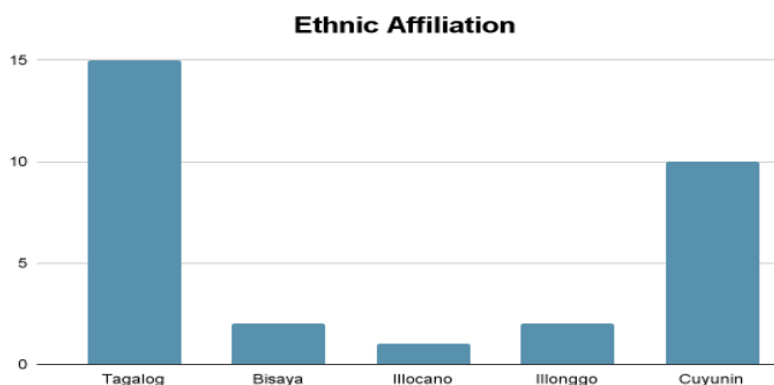


Figure 11: Ethnic Affiliation of the Respondents

Half or 50 percent of the patients are Tagalog. Next on that is Cuyunin with ten or 33.33 percent. Two or 6.67 percent of them are Bisaya and Illonggo while only one or 3.33 percent of the patient is Illocano.

1. B. 5. Patient-Respondents' Native Language N=30

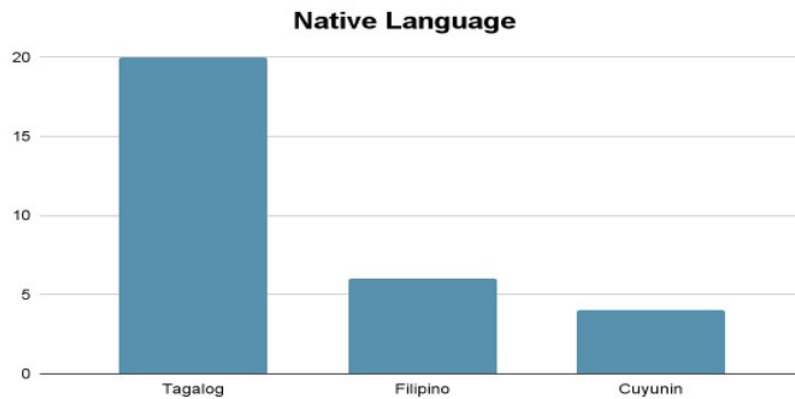


Figure 12: Native Language of the Respondents

The majority, (20 or 66.67%) of the patients are Tagalog-speaking people. Six or 20 percent of them are Cuyunin and four or 13.33 percent are Bisaya.

Regarding religion, it reveals that the majority (23 or 76.67%) of them are Roman Catholic. Three or 10 percent are Muslim, two or 6.67 percent are Iglesia Ni

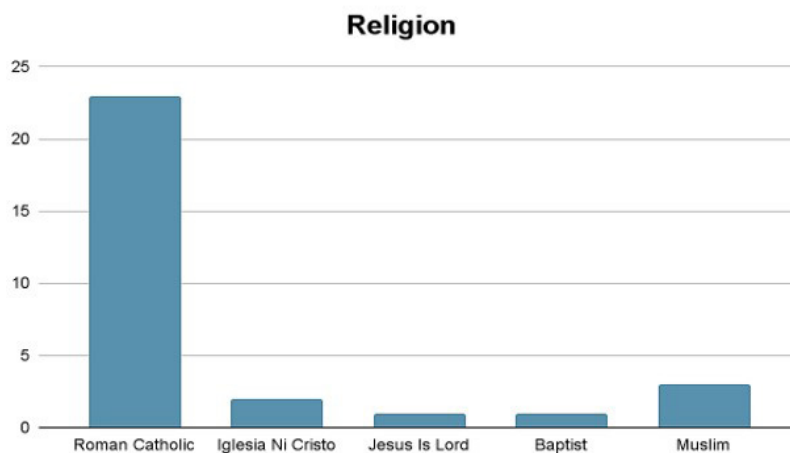


Figure 13: Religion of the Respondents

Cristo the others are Baptist and Jesus is Lord. It implies that Roman Catholic is the dominant religion in the

province. Further, the result reveals that the majority of the patients earned a college education. There is 16

1. B. 7. Patient-Respondents' Educational Attainment N=30

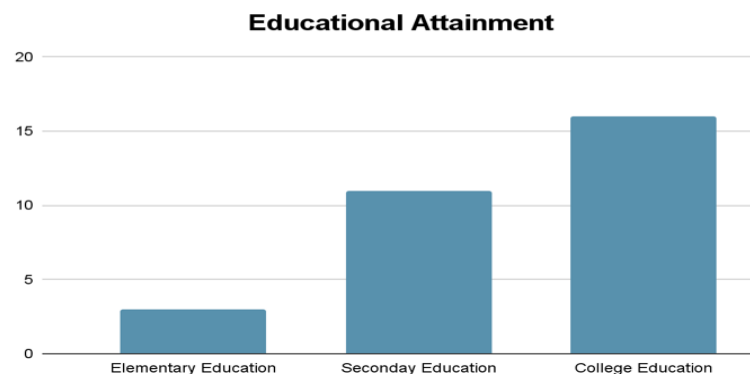


Figure 14: Educational Attainment of the Respondents

or 53.33 percent of them, Next on that are high school graduate with 11 or 36.67%. Three or 10 percent of the patients are in elementary education. It implies that the patients are educated and can understand the situation that concerns health care.

Table 1 presents the therapeutic communication skills of nurses at the hospital in terms of the Acting - Response Technique and Active Listening Response technique as rated by the nurse themselves, Researcher, and the patients. The nurses rated themselves as competent in

Acting Response Techniques as to Stand (94.10%), Open (92.90), Lean Forward (93.78%), Eye contact (95.02%), and Relax (93.97).

Similarly, the medical and surgical patients rated the nurses as competent in Acting Response Technique in terms of Stand (95.18%), Open (94.89%), Lean Forward (95.17%), Eye Contact (94.90%), and Relax (95.29%). However, the researcher gives a rating of 94.99 % describe as competent in the therapeutic communication skills of nurses at the hospital in terms of Acting- Response Technique.

Table 1: The Extent of Therapeutic Communication Skills of Nurses at the Hospital in terms of Acting- Response Technique and Active Listening Response Technique as Rated by Nurses Themselves, Researcher, and Patients

Therapeutic Communication Skills	Nurses	Medical/ Surgical Patients	Researcher	Average	Description
Acting- Response Technique					
Stand	94.10%	95.18%	94.77%	94.68%	Competent
Open	92.90%	94.89%	94.67%	94.15%	Competent
Lean Forward	93.78%	95.17%	94.99%	94.64%	Competent
Eye Contact	95.02%	94.90%	95.66%	95.19%	Competent
Relax	93.97%	95.29%	94.89%	94.71%	Competent
Total	93.95%	95.08%	94.99%	94.68%	Competent
Acting Listening - Response Technique					
Paraphrasing	86.16%	95.28%	93.32%	91.59%	Competent
Reflecting	87.93%	94.94%	93.93%	92.27%	Competent
Clarification	93.48%	94.98%	93.83%	94.10%	Competent
Summarization	93.33%	95.33%	94.12%	94.26%	Competent
Total	90.23%	95.13%	93.80%	93.05%	Competent
Over All Total	92.30%	95.11%	94.46%	93.96%	Competent

Table 2: Significant Relationship between Nurse-Respondents' Extent of Therapeutic Communication Skill in Terms of Acting Listening-Response Technique and Their Profile

Profile	Acting Listening - Response Technique									
	Paraphrasing		Reflecting		Clarification		Summarization		Mean	
	R	t-value	r	t-value	r	t-value	r	t-value	r	t-value
Age	-0.188	0.319	-0.035	0.854	0.059	0.758	0.201	0.287	-0.113	0.552
Gender	-0.11	0.563	-0.126	0.508	-0.116	0.541	-0.079	0.068	-0.004	0.984
Civil Status	-0.361	0.5	-0.555**	0.001	0.01	0.96	0.752	0.752	0.475**	0.008
Ethnic Group	-0.047	0.805	0.109	0.571	0.009	0.961	0.76	0.76	0.025	0.895
Native Language	0.086	0.65	0.043	0.82	0.016	0.935	0.876	0.876	0.077	0.684
Religion	0.108	0.57	0.112	0.554	0.087	0.648	0.417	0.417	0.138	0.466
Educational Attainment	0.055	0.772	0.076	0.691	0.185	0.327	0.41	0.41	0.096	0.615

Table 2 also presents the therapeutic communication skills of nurses at the hospital in terms of the Active Listening Response technique as rated by nurses themselves, researchers, and patients. According to nurses themselves, researchers, and patients, the nurses are competent in Acting Listening Response Techniques in terms of Para-phrasing (91.59%), Reflecting (92.27%), Clarification (94.10%), Summarization (94.26%). The result implies that the nurses are competent in

therapeutic communication skills at the hospital in terms of the Acting- Response Technique and Active Listening Response technique.

Table 2b shows a significant relationship between nurse-respondents' extent of therapeutic communication skills in terms of acting listening-response technique and their profile. It revealed that age, gender, ethnic group, native language spoken, religion, and educational attainment are not significantly correlated to the acting listening-

response technique in terms of the stand, open, lean forward, eye contact, and relax. However, the civil status of the nurse is significantly correlated to acting listening-response technique as to paraphrasing (-0.361) and reflecting (-0.557**). It means that the civil status of the nurses affects the paraphrasing and reflecting techniques of the acting listening-response technique of the nurses as the mode of therapeutic communication skills

CONCLUSION

Based on the significant findings of this study the following conclusions were drawn. Respondents are of legal and mature age. Therefore; they are responsible enough for their respective duties. In addition, most women engaged in the nursing profession as compared to men. Nurses devote more time to their hospital job and duties. They can communicate with the patient effectively and are God-fearing individuals. They are well educated and knowledgeable enough for their duties and matured and need hospital care and services. Most of the patients admitted were females. Roman Catholic is the dominant religion in the province. They are educated and they can understand the situation that concerns health care. The nurses are competent in therapeutic communication skills at the hospital in terms of the Acting- Response Technique and Active Listening Response technique. The civil status of the nurses affects the open techniques of the acting response of the nurses as one mode of therapeutic communication skills, while paraphrasing and reflecting techniques of the acting listening-response technique of the nurses as the mode of therapeutic communication skills.

RECOMMENDATIONS

Based on this study's significant findings, the following recommendations are drawn: Nurses should take graduate studies that will give them in-depth knowledge and practical skills in their field. They should improve their therapeutic communication skills, develop and maintain a healing relationship in which their patient will experience security, and be optimistic that positive change is possible. Moreover, nurses should always possess a good and caring attitude toward their patients. It must be based on mutual agreement between nurses and patients as to what constitutes nurse caring behaviors.

Likewise, to further enhance the communication skills and caring attitude of nurses, a monthly orientation program and conducting a series of seminars must be done by the training division in coordination with the different services of the hospital to meet customer service excellence as the primary objective of the Department of Health under the ISO quality management program.

Furthermore, the educational institutions offering the nursing course should emphasize their curriculum to improve the therapeutic communication skills of a student nurse. The journey to becoming a nurse requires students to demonstrate effective communication skills with patients, careers, and other healthcare professionals,

based on sound evidence and apply these in a variety of care settings.

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