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Therapeutic Discourse of Nurses and Folks to Patients in Selected Hospitals in Iloilo City, Philippines

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Abstract: *This qualitative study described the therapeutic communication techniques employed by nurses and folks from selected health centers in Iloilo City, Philippines. Specifically, this study aimed to (1) uncover the most dominant therapeutic communication techniques by nurses and folks in interacting with the patients, (2) show how these therapeutic communication techniques manifest the distinct characteristics of nurse –patient and folk-patient interaction and (3) find out therapeutic communication model revealed by the nurse-patient and folk-patient interaction. The framework of this study is based upon Peplau's Interpersonal Relation's Theory on concepts in conversation analysis, on theory of context, and contextualization cues. There are twenty-eight (28) Transcribed Audio-Recorded Conversations (TARC) and thirteen (13) of these transcribed audio-recorded conversations served as data for analysis using the Conversation Analysis (CA) Orientation by Sacks and Schegloff and Discourse Analysis linked to Interactional Sociolinguistics of John J. Gumperz to offer substantial evidence showing therapeutic communication techniques in the way nurses and folks interact with patients. The findings revealed that presenting reality, restating, verbalizing the implied and making observations are the dominant therapeutic communication techniques employed by the nurses and folks.*

Keywords: folks, nurses, patients, therapeutic discourse, selected hospitals

I. INTRODUCTION

Human beings are fundamentally linguistic beings: action happens in language, in a world constituted through language. Language is a tool to recreate the reality and to bridge understanding between human beings. Action is coordinated when people capture a similar meaning from a sequence of words. People can make decisions, work together, and pursue common goals because they have a common language to talk about those goals and to coordinate actions to reach them. Language is, therefore, not only a set of distinctions to represent the world but also a set of distinctions to re-create the word around.

The world of nursing uses language - to work with other health practitioners, with people from all walks of life, and more importantly with patients and their attending folks. The language nurses use in dealing with patients may spell a "make or break" experience among patients who need quality medical care and whose well-being is a primary concern among nurses.

Nursing is an art and science. This means that a professional nurse must learn to deliver care artfully with compassion and respect to each patient's dignity and personhood. As a science, nursing is based upon a body of knowledge that is always changing with new discoveries and innovations. When nurses integrate the science and art of nursing into their

practice the quality of care provided to patients is at the level of excellence that benefits clients in innumerable ways (Potter, Perry, Stockert, and Hall, 2016).

Therapeutic Communication is a term that is used widely in nursing and in related fields. The sole purpose of therapeutic communication in this context is to encourage and facilitate the development of communication skills and the aim of it for nurses including folks in using therapeutic communication skills is not to treat or cure a disease or disorder, rather, to provide a sense of well-being for patients by making them feel relax and secure. This helps to establish rapport and trust between the nurse and the patient or between the folk and the patient.

Therapeutic communication is an interpersonal interaction between the nurse and client during which the nurse focuses in the clients' specific needs to promote an effective exchange of information. Skilled use of therapeutic communication techniques helps the nurse understand and empathize with the client's experience. All nurses need skills in therapeutic communication to effectively apply the nursing process and to meet standards of care for their clients

Do nurses really practice therapeutic communication in dealing with their patients? If so, what kind of communication therapeutic discourses do they often employ? These questions need answers, hence this study.

Statement of the Problem

This study aimed to analyze the therapeutic discourse employed by nurses and folks to patients in selected health centers in the City of Iloilo.

Specifically, this study aims to find out:

1. The therapeutic communication techniques employed by nurses and folks to the patients in selected health centers in Iloilo City.
2. How these techniques manifest the distinct characteristics of nurse-patient interaction.
3. The therapeutic communication model revealed by the nurse-patient and folk- interaction that promotes health and wellness of the patients.

II. RELATED LITERATURE

Nursing is viewed by Travelbee (1971) as a process, an experience, or a happening between nurses, an individual, or group of individuals in need of assistance the nurse can offer. Establishment of human-to-human relationship is preceded by four phases of experience. The initial phase, the original encounter, occurs when the nurse meets the ill person for the first time. The task of the nurse in this phase is to recognize the uniqueness of the patient. When this is done, the second phase, emerging identities, is initialed. A bond between the client and nurse is established during this phase. The identities of each are seen as distinctly separate, and each appreciated the uniqueness of the other. The nursing task of this phase includes becoming aware of one's perception of the other person and distinguishing the similarities and differences between oneself and the client. Then, empathy, the third phase can occur. One's perception of the other person's thoughts and feeling are accurate when empathy is present. Empathy is followed by the fourth phase, sympathy. Sympathy is characterized by an urgent desire to respond through action to alleviate the distress perceived in the other person. The task of the nurse in this phase is to provide helpful nursing action. The outcome of these four phases is experienced as rapport and the establishment of human-to-human relationship.

Understanding the Meaning of Communication

Few messages in social and therapeutic communication have only one level of meaning; messages often contain more meaning than just the spoken words (de Vito et al., 2002). The nurse must try to discover all the meaning in the client's communication. For example, the client with depression might say, "I'm so tired that I just can't go on". If the nurse considers only the literal meaning of words, he or she might assume the client is experiencing the fatigue that often accompanies depression. However, statements such as the previous example often mean the client wishes to die. The nurse would need to further assess the client's statement to determine whether or not the client is suicidal.

It is sometimes easier for clients to act out their emotions that to recognize their thoughts and feelings into words to describe feelings and needs. For example, people who outwardly appear dominating and strong and often manipulate and criticize others in reality may have low self-esteems and feel insecure. They do not verbalize their true feelings but act them out in a behavior toward others. Insecurity and low self-esteem often translate into jealousy and mistrals of others and attempts to feel more important and strong by dominating or criticizing them.

Beginning Therapeutic Communication

Often the nurse will be able to plan the time and setting for therapeutic communication such as having in depth, one-on-one interaction with an assigned client/patient. The nurse has time to think about where to meet and what to say and will have a general idea of the topic such as finding out what the client sees as his or her major concern or following up on interaction from a previous encounter. At times, however, a client might approach the nurse saying, "Can I talk to you right now?" "Or the nurse may see a client sitting alone, crying, and decide to approach the client for an interaction. In these situations, the nurse may know that he or she will be trying to find out what is happening with the client at the moment in time.

Guiding the Client in Problem Solving and Empowering the Client to Change

Many therapeutic situations involve problem-solving. The nurse is not expected to be an expert or to tell the client what to do to fix his or her problem. Rather the nurse should help the explore possibilities and find solutions to his or her problem. Often just helping the client to discuss and explore his or her perceptions of a problem stimulates potential solutions in the client's mind. The nurse should introduce the concept of problem-solving and after himself or herself in this process.

Virginia Satir (1967) explained how important the client's participation is to finding effective and meaningful solutions to problem. If someone else tell the client how to solve his or her problems and does not allow the client to participate and develop problem-solving skills and paths for change, the client may fear growth and change. The nurse who gives advice or directions about the way to fix a problem does not allow the client to play the role in the process and implies that the client is less than competent. This process makes the client feel helpless and not in control and lowers self-esteem. The client may even resist the directives in an attempt to regain a sense of control.

When a client is more involved in the problem-solving process, he or she is more likely to follow through on the situations. The nurse who guides the client to solve his or her own problems helps the client to develop new coping strategies, maintain or increases the client's self-esteem, and demonstrates the belief that the client is capable of change. These goals encourage the client to comfortable state for any client.

Therapeutic Communication for Nurses

A large part of a nursing career involves both verbal and non-verbal transmission of information to the patient and to the medical team and vice versa. When considering this idea of nursing and communicating there is also what is called therapeutic communication in nursing. This involves the human element of appropriate emotions in the nursing arena.

Therapeutic communication in nursing reinforces the nurse-patient relationship. It makes the nurse appear more humane to a patient. Therapeutic communication in Nursing can help out through barriers of culture and gender, establish a connection if there was a breakdown in communication and help deal in a situation where empathy is needed with the patient. With therapeutic communication in nursing, the patient's emotional state is considered as well as their feelings. Being sensitive to the needs of a patient and their turmoil is very important. A lot of nurses do not understand this and do not know how to deal with a patient as a result.

For example a patient is angry because they just found out they have cancer. The nurse has to understand the person's world may have just been shattered. If the person is angry and the nurse says "don't take it out on me" and flies out of the room, why can't she say she I understand, I would be upset too. What is unprofessional in that statement? In reality nothing and it may get the patient focused to think about how he is going to help.

Therapeutic communication in Nursing allows for the patient and family to feel like someone actually cares for him or her in their time of need. This can be fundamental in the recovery of death process of a patient.

In empathetic therapeutic communication in nursing, four things have to be considered. One, the nurse needs to look out what the patient is seeing, hearing, feeling and even smelling in the facility he is in. How is all that a stimulus affecting that patient is the second consideration? The third is the patient's needs being met or not? The last is what does the patient require to have his needs met? And finally, is there anything you can do to help this patient get his needs met?

Kindness does not overstep the boundaries of professionalism. To treat someone with sensitivity that may have just lost a love one does not detract from one's personal decorum. The trick is to do it in such a way that leaves both parties intact to do what needs to be done.

Getting to Grips with Language in Nursing

Despite nursing as one of the most intensive 'people contact' jobs in existence, until recently the role of language in nursing has been curiously ignored by scholars and nurses themselves. Indeed, nurses may underestimate the role their language has in comparison to the technical aspects of their work. As Van Cott (1993) notes: Several studies have found that many nurses perceive talking with patients as less important and less effective than the technical aspects of nursing care delivery. However, the decade has seen some rapid changes in this area as nurses has begun to define their work in greater detail and have come under increasing pressure resulting from the newly restructured health service provider. On the one hand, there have been attempts to build up meticulously itemized classification of nursing while on the other hand we see nurses grappling with the languages of management, accounting and economics which are rapidly colonizing health care environments. The consideration of language issues is a vital part of ethical, reflective practice. This will safeguard patient's interest and strengthen nursing's position in an increasingly competitive political environment.

Patient-centered Approach

Since patient-centeredness was coined by Balint (1969) to express the belief that each patient "has to be understood as a unique human-being". Subsequent studies have since

provided explanations and descriptions of how "nurse and folks communicates with patients" (Saha et al., 2008).

Lipkin et al. (1984) described the patient-centered interview as one which "approaches the patient as a unique human being with his own story to tell, promotes trust and confidence, clarifies and characterizes the patient's symptoms and concerns, generates and tests many hypotheses that may include biological and psychosocial dimensions of illness, and creates the basis for an ongoing relationship". Subsequently, Levinson et al. (1987) described the patient-centered clinical method as one which aims to understand the patient and the disease through addressing both the nurse's and the patient's agendas.

According to Stewart et al. (1995), "to be patient-centered, the practitioner(the nurses and folks) must be able to empower the patient, share the power in the relationship"; that is, the nurses and folks responds to patients in such a way so to allow him/her to express all of the patient's reason for coming, including symptoms, feelings, thoughts, and expectations; and, more importantly participate in the decision-making regarding his/her own care (Henbest and Stewart, 1990). To meet such, Stewart et al. (1995) outlined six (6) dimensions of patient-centered care: (1) exploring the illness, (2) understanding the whole person, (3) finding common ground regarding management, (4) incorporating prevention and health promotion, (5) enhancing the doctor-patient relationship, and (6) being realistic about personal limitations. The first component assesses the disease including history and physical examination by exploring the patient's feelings and ideas towards his/her experience of the disease. The second one integrates the concepts of the disease and understanding the patient as a whole person with through awareness of various aspects of patient's life (personality, developmental history, etc.). Finding common ground is the third component which focuses on three key areas: defining the problem, establishing the goals of treatment and/or management, and identifying the roles assume by the nurse and patient. The fourth component emphasizes the importance of the encounter to prevent and promote health. The fifth component highlights the enhancement of nurse-patient and folk-patient relationship through comparison, trust and a sharing of power and healing. Being realistic about time is the sixth component wherein nurses and folks act as stewards in providing resources for the patient and participate in teambuilding and teamwork activities.

Mead and Bower (2000) also proposed a similar framework, however, lacks the disease prevention or health promotion component. Thus, it only focused patient centeredness as "a style of interaction and communication with patients".

Meanwhile, Saha et al. (2008) considers McWhinney's (1998) description of the patient-centered approach as "perhaps the most concise" where the "physician tries to enter the patient's world, to see the illness through the patient's eyes. "It became clear that there is far more beyond the nurse-patient and folk-patient interaction style that must be given attention to in the healthcare system.

"Patient-centered' medicine or care or patient-centeredness is somewhat a vague concept because it means differently to different people and disciplines (Wagner et al., 2005). According to the Institute of Medicine (2001), patient-centeredness is one of the six core component of high-quality health care. The report defined the patient-centered care as an approach that "establishes a partnership among practitioners, patients and their families (when appropriate) to ensure that decisions respect patients' wants, needs, and preferences and that the patients have the education and support they need to make decisions and participate in their own care."

Fundamental component of this approach to care are communication skills that have positive impact on patient satisfaction which is by far the most recognized outcome measure of medical consultations. This is evidenced by improved patient health and healthcare (Stewart et al., 2000: Anderson, 2002; Little et al., 2001).

Other studies have also investigated the relationship between nurses' patient-centered behaviors and patient satisfaction (Stewart et al, 1995; Henbest and Stewart, 1990). The results in both studies show that consultations with patient-centered scores in the highest quartile had the greatest percentage of patients who are highly satisfied (Henbest and Stewart, 1990).

Patient (or clients as they are increasingly referred to in patient-centered approaches) (Woods, 2008) attain better medical outcomes if they are offered the opportunity to collaborate with their nurses in constructing a dialogue. Patients who are encourage to voice out their own ideas and concerns in consultations and more likely to be satisfied with their medical care than patients who are treated by more traditional nurse-directed methods.

Plawecki and Armhein (2010) discussed in their article, depression and suicide are two major problems among older patients. Hence, nurses must be well educated on how to assess older patients for signs and symptoms of depression and suicidal tendencies. These conditions are very difficult to detect. Therapeutic communication is a very helpful tool in determining the conditions. Moreover, open discussion of the nurses with other members of the medical team may help also.

In their case study, Stenner, Courtenay, and Carey (2009) claim that communication skills, consultation time information and follow up are central to the treatment and management of patients with dermatologic conditions Nurses believed that Holistic Approach to assessment, combined with their prescribing knowledge, improved prescribing decisions, listening and explanation of treatments were aspect of nurse communication that were rated highly by patients listening and dealing sensitively with emotions were also rated well by assessors on video-taped consultations.

Pulmridge, Goodyear-Smith, and Ross (2009) report that there is a significant role of nurse and parent collaboration during the immunization of children. If nurses and parents altogether speak to the child rather than to each other help ease the child from anxieties and worries. It helps the readers that communication is indeed a tool to comfort a child during immunization. It also suggests that small talk cues both mother and child about how immunization should be conducted.

A research conducted by Kellet, Moyle, McAllister, King, and Gallagher (2010) says that the number one stressor among patients with dementia is the conflict between nurses or staff and their family members. To avoid such conflict and stressor, the research suggests that nurses or staff must have adequate biographical knowledge on the family of their patients. This facilities good communication and empowers staff or nurses to confidently relate and collaborate with the patients family members.

The Communication Processing Nursing

Communication is an integral part of nursing and therefore, needs to be considered carefully and on a personal and professional basis by all nurses and nursing students. In order to use communication skills, they also need to have certain professional characteristics. These include genuineness warmth and the ability to be empathetic. These characteristics come mutually to some people but others have to at developing these characteristics by being non-judgemental towards patients including patients' watchers, accepting them as unique individuals and developing awareness of their own communication ability. Communication skills such as listening, questioning, touch, paraphrasing, and body language are used specifically by nurses in developing a trusting relationship or what is often referred to as rapport with patients. This is the foundation stone of a positive nurse – patient relationship and is worth spending time or when you meet a patient for the first time. First impressions count so it is important to introduce yourself, smile, lean towards the patient, look directly at

them and begin the interaction with an open ended question such as, "How are you today?" (Williams, 2001).

Appearances also matter. Patients observe the physical appearance of the nurse, for example how she wears her uniform and the expression of her face, and based on their own personal values and beliefs, they will decide if the nurse looks like a good person and therefore, trustworthy. This only takes a few seconds and influences the patients initial response; therefore; the nurse needs to be aware of the message that her appearance is sending to patients. If a nurse looks untidy she may be perceived as disinterested, lazy and even incompetent even if this is not the case. Awareness of the non – verbal messages we send to others is essential, as it will often provide an explanation as to why people response to us the way we do.

Listening is one of the most important of the non – verbal communication skills but its value is often underestimated. Hearing what another person is saying to us is just a small part of listening, remember non – verbal communication makes up most of an interaction. Furthermore, we may hear what somebody is saying to us but that doesn't mean that we are actively listening. When you actively listen to another person it means that you are demonstrating your commitment to them, as unique individual you want to help or comfort them, you want to understand them and you want to learn something or you may just want to enjoy their company. Active listening requires that you give the other person your complete attention. This is conveyed primarily through the use of body language with a minimal verbal interaction. "You must be silent if you wish to listen to another, to listen with openness. This involves silencing not only your mouth but also your mind"

Conversation Analysis: A Brief Overview

Conversation analysis combines a concern with the contextual sensitivity of language use with a focus on talk as vehicle for social action. With its grounding in the study of ordinary talk between persons in a wide variety of social relations and contexts, conversation analysis has been in a particularly strong position to develop analytic tools for the study of talk-in-context. Indeed, as Schegloff (2007) notes, conversation analysis represent a consistent effort to develop an empirical analysis of the nature of context. The decisive feature that distinguishes the conversation analysis of interaction and language use from others that are current in the field is what may be termed its activity focus. In contrast to perspectives that begin, at one pole of the analytic enterprise, with a treatment of culture or social identity or, at the other pole, with linguistic variables such as phonological variation, word selection, syntax, etc., CA begins from a consideration of the international accomplishment of particular social activities. These activities are embodied in specific social actions and sequences of social actions. Thus the initial and overriding CA focus is on the particular actions that occurs in some context, their underlying social organization, and the alternative means by which these actions and the activities they compose can be realized.

CA research has, in part, been inspired by the realization that ordinary conversion is the predominant medium of interaction in the social world. It is also the primary form of interaction to which, with whatever simplifications, the child is initially exposed and through which socializations proceeds. Thus the basic forms of more formal or institutional types of interaction are recognized and experienced. Explicit within this perspective is the view that other institutional forms of interaction will show systematic variations and restrictions on activities and their design relative to ordinary conversation (Sacks, Schegloff, and Jefferson, 1974). The study of ordinary conversation, preferably casual conversation between peers, may thus offer a principled approach to determining what is distinctive about interactions involving, for example, the status, gender, ethnicity, etc. A clear implication is that comparative analysis that treats institutional interaction in contrast to normal and/or

normative procedures of interaction in ordinary conversation will present at least one important avenue of theoretical and empirical advance.

III. METHODOLOGY

Research Method

This is a qualitative study since it basically describes, narrates, explains and analyzes the discourse of nurses and folks to patients whether they employed therapeutic communication techniques. Since Qualitative Research is defined as the "naturalistic method of inquiry of research which deals with the issue on human complexity by exploring it directly." (Polit and Beck, 2008) Moreover, it requires non-numerical data rather it uses words to express the results of the inquiry or investigation. This study however, seems to come short for a specific type of qualitative inquiry which is discourse analysis. Based on the findings, it may generate theories, proposals, recommendations as well as activities and programs.

Research Environment

The researcher conducted the study in three randomly selected health centers in the City of Iloilo. Each health center can accommodate in as much twenty (20) to twenty-five (25) patients per day. Most of the health centers are equipped with laboratory rooms, immunization & family planning rooms, medical health officers' clinic, conference rooms and rest rooms. The services are free in all health centers including medications for immediate relief of community acquired illnesses such flu, common colds, diarrhea, fever and other viral communicable diseases.

Research Participants

The participants of this study were the nurses on duty, the patients who sought medical assistance and their respective folks who assisted them in going to the health center. (Describe further the participants- refer to the respondents' profile).

Research Instrument

The researcher employed Conversational Analysis (CA) where the actual oral conversation of the nurses and folks to patients will be recorded, transcribed and analyzed whether they employed the therapeutic communication techniques in order to promote health and wellness of the patients. The Informed Consent Form distributed to the participants (nurses, folks and patients) contained the personal data sheet as support in analyzing the data at the same time Therapeutic Communication Techniques by Hays & Larson as cited by Townsend 2000.

Research Procedure

The primary concern of this study is the ethical considerations since it involves human participants in the clinical setting. As such, researching human communication means interacting with people, and there is no escaping the fact that this has ethical implications. In this regard, the researcher meticulously focused on some of the ethical issues on human communication research so the initial step is to seek permission of the city health officer and entered into a Memorandum of Agreement ((MOA) where it stipulates the assurance that there is no mention of the district health center nor the names of the participants instead codes were used to protect their identity and after giving the approval, the selected district health centers where the medical health officers were informed and a letter was furnished including the informed consent form for the participants with the Hiligaynon translation to make them fully understand their involvement in the study.

Data Gathering Procedure

The researcher employed unstructured observation of the nurses, folks and patients in the selected health centers in Iloilo City, Philippines.

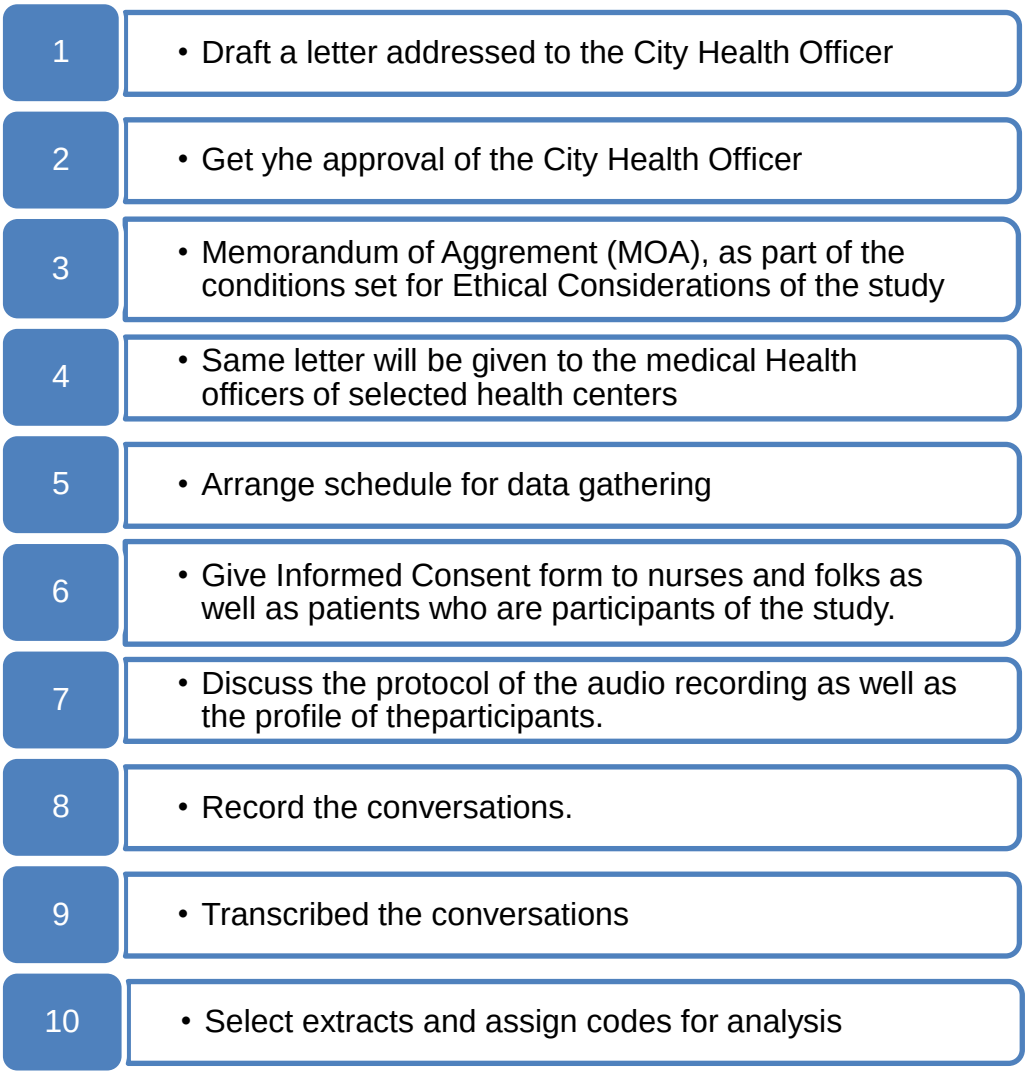

Figure 2. The data gathering procedure of the study.

Figure 2 shows the data gathering procedures of the present study. First, the researcher sent a letter a letter addressed to the City health officer together with the Memorandum of Agreement (MOA) as an assurance that the data gathered will be held with utmost confidentiality. The same letter was given to the Medical Health Officers of selected health centers in Iloilo City. After seeking the approval of the Medical Health Officers, the researcher will arrange the schedule for data gathering. Based on the schedules, the researcher will distribute the Informed Consent Form to the nurses, folks including patients who are participants of the study. The recording of the actual oral conversations of the participants would follow and eventually transcribed it for interpretation and analysis. Finally, the researcher would select extracts for analysis.

Data Analysis Procedure

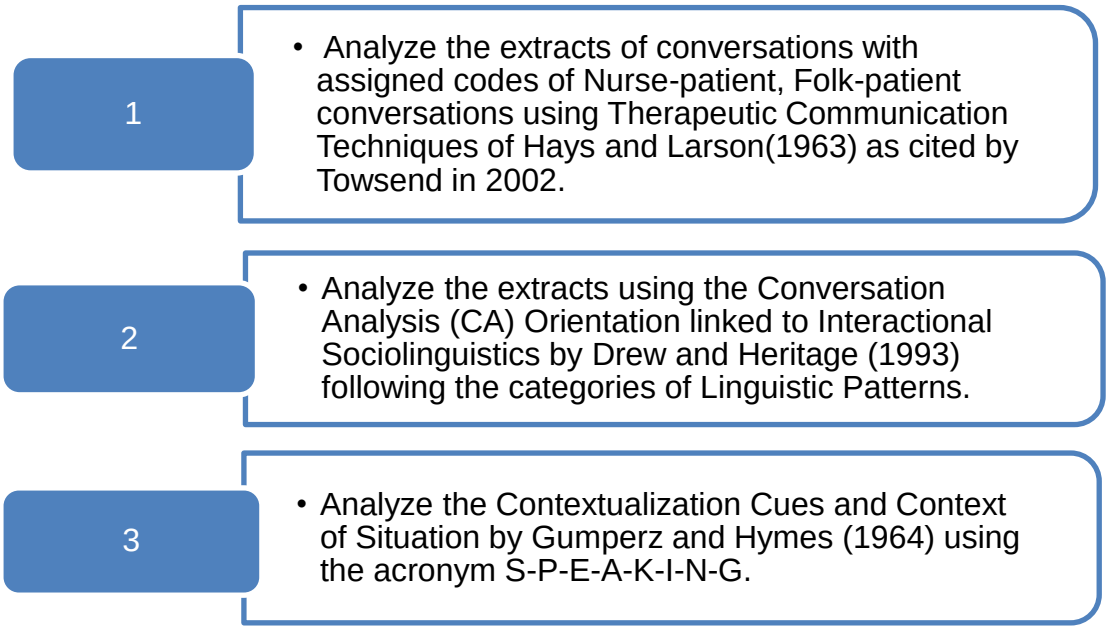

Figure 3. The data analysis procedures of the study.

Figure 3 show the data analysis procedure of the study. The first set of extracts was analyzed to determine the therapeutic communication techniques employed by nurses and folks to the patients. To simplify the data gathered, the researcher will grouped the most dominant themes and label it using the Therapeutic Communication Techniques by Hays and Larsonas cited by Towsend in 2002.

Next, would be to analyze the extracts using the Conversation Analysis (CA) Orientation linked on Interactional Sociolinguistics by Drew and Heritage (1993) following the categories of Linguistic Patterns.

The final stage is to analyze the Contextualization Cues and Context of situation Gumperz and Hymes (1964) using the acronym S-P-E-A-K-I-N-G.

Ethical Consideration

To protect the individuals who may be giving their personal information, it is customary to assure them of confidentiality. This means that the researcher will not release any information that identifies the participants. However, as a researcher, she should know what information each participant provided. To fully protect and reassure participants, the researcher needs to offer anonymity. Anonymity goes a step further in protecting people and the data collected from them absolutely do not identify them. Typically, the researcher ensures anonymity by instructing respondents not to put their name on any information they provide. Any consent forms that that they sign are turned in separately so that there is no link that between those documents that identify them and any other document.

Since this study involves human interaction and touched sensitive issues regarding therapeutic communication and patient-centered communication in nursing practice, the researcher provided the nurses, folks and patients with an Informed Consent form that discusses their rights and claims as participants of the study.

This Informed Consent stipulates the extent of their participation in the study and the researcher's assurance of their anonymity; that their identities will be held with utmost confidentiality, the name of the health centers including the district will remain unknown except the researcher and that the information contained in their audio-recorded conversations will not be distributed or used in other research studies without their permission only for the completion of the study.

IV. PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Using interactional sociolinguistics as an approach to analyzing therapeutic discourse of nurses and folks to patients in selected hospitals in Iloilo City, this chapter presents the prevalent therapeutic communication techniques and how they show distinct characteristics of interactions; that these patterns of interactions may eventually reveal a therapeutic communication model.

Analyzing sixteen (16) extracts from twenty-eight (28) transcribed interactions, this study explores the techniques by describing them through linguistic patterns of interaction and highlighting relevant facets of context orienting to the interactions.

The table below shows the therapeutic communication techniques employed by nurses and folks to the patients in selected health centers in Iloilo City, Philippines.

Table 1
Examples of Therapeutic Communication Techniques Its Explanation and Examples

Techniques	Explanation	Example
1. Focusing	Taking notice of a single idea or even a single word; works especially well with a client who is moving rapidly from one thought to another. This technique is not therapeutic with the client who is very anxious. Focusing should not be pursued until the anxiety level has subsided.	You feel angry when she doesn't help. This point seems worth looking at more closely. Perhaps you and I can discuss it together.
2. Exploring	Delving further into a subject, idea, experience, or relationship; especially helpful with clients who tend to remain on a superficial level of communication. However, if the client chooses not to disclose further information, the nurse should refrain from pushing or probing in an area that obviously creates discomfort.	Please explain that situation in more detail Tell more about that situation.
3. Seeking clarification and validation	Striving to explain that which is vague or incomprehensible and searching for mutual understanding; clarifying the meaning of what has been said facilities and increases understanding for both client and nurse.	I'm not sure that I understand. Could you explain? Tell me if my understanding agrees with yours. Do I understand correctly that you said . . .
4. Presenting reality	When a client has a misperception of the environment, the nurse defines reality or indicates his or perception of the situation for the client.	I understand that the voices seem real to you, but I do not hear any voices. There is no one else in the room but you and me.
5. Voicing doubt	Expressing uncertainty as to the reality of the client's perceptions; often used with clients experiencing delusional thinking.	I find that hard to believe. That seems rather doubtful to me.
6. Verbalizing the implied	Putting into words what the client has only implied or said	Are you feeling . . .

	indirectly; can also be used with the client who is mute or otherwise experiencing impaired verbal communication. This clarifies that which is implicit rather than explicit.	It must have been very difficult...
7. Attempting to translate words into feelings	When feelings are expressed indirectly, the nurse tries to "desymbolize" what has been said and to find clues to the underlying true feelings	Client: I'm way out in the ocean Nurse: you must be feeling very lonely now.
8. Formulating a plan of action	When a client has a plan in mind for dealing with what is considered to be a stressful situation, it may serve to prevent anger or anxiety from escalating to an unmanageable level	What could you do to let your anger out harmless? Next this comes up, what might you do to handle it more appropriately?
9. Using silence	Gives the client the opportunity to collect and organize thoughts, to think through a point, or to consider introducing a topic of greater concern than the one being discussed.	
10. Accepting	Conveys an attitude of receptivity and regard	Yes, I understand what you said
11. Giving recognition	Acknowledging; indicating awareness; better than complimenting, which reflects the nurse's judging	I notice that you...
12. Offering self	Making oneself available on an unconditional basis, increasing client's feelings of self-worth	I'll stay with you a while I'm interested in you
13. Giving broad opening	Allows the client to take the initiative in introducing the topic; emphasizes the importance of the client' role in the interaction	What would you like to talk about today? Tell me what you are thinking
14. Offering general lead	Offers the client encouragement to continue	Yes, I see Go on. . .
15. Placing the event in time or sequence	Clarifies the relationship of events in time so that the nurse and client can view them in perspective	And after that? What seemed to lead up to . . . Was this before or after . . . When did this happen?
16. Making observations	Verbalizing what is observed or perceived. This encourages the clients to recognize specific behaviors and compare perceptions with the nurse.	You seem tense I notice you are pacing a lot You seem uncomfortable when you
17. Encouraging description of perceptions	Asking the client to verbalize what is being perceived; often used with clients experiencing hallucinations	Tell me what is happening now Are you hearing the voices again What do the voices seem to be saying
18. Encouraging comparison	Asking the client to compare similarities and differences in ideas, experiences, or interpersonal relationship. This helps the client recognize life experiences that tend to recur as well as those aspects of life that are changeable	Was this something like . . . How does this compare with the time when... What was your response the last time this occurred?

19. Restating	The main idea of what the client has said is repeated; lets the client know whether or not an expressed statement has been understood and gives him or her the chance to continue, or to clarify if necessary	Client: I can't study. My mind keeps wandering. Nurse: You have difficulty concentrating. Client: I can't that new job. What if I can't do it? Nurse: You're afraid of you will fail in this new position
20. Reflecting	Questions and feelings are referred back to the client so that they may be recognized and accepted, and so that the client may recognize that his or her point of view has value- a good technique to use when the client asks the nurse for advice	Client: What do you think I should do about my wife's drinking problem? Nurse: What do *you* think you should do? Client: My sister won't help a bit toward my mother's care. I have to do it all! Nurse: You feel angry when she doesn't help.

To facilitate better understanding of the extracts included for the analysis, certain codes are used. The use of these codes will avoid lengthy mention of full terms, and when used with numbers, they signify the source of the extracts or parts of the extracts.

TARC 1 means the first Transcribed-Audio Recorded Conversation from among the twenty-eight recorded conversations.

In all instances of interactions, there is only one nurse (N), one patient (P), and one folk (F), so corresponding and respective letters of the alphabets are used to represent the participants in the interactions.

Prevalent Therapeutic Communication Techniques

The following are prevalent therapeutic communication techniques that nurses - patient and folk- patient employed in health centers in Iloilo City.

Presenting Reality

Extract 1:

F: Dugay ka na gin ga-an request wala mu man gin hikutar.
You were given request before yet you did not work on it.

P: The wala mu man ko gin taga-an kwarta….Anhun ko.
You did not give me money anyway, what will I do.

N: Nakakuha ka na gali request di para laboratory mu.
So you were already given request for laboratory.

P: La pa guid abi inug palaboratory ma'am.
I don't money for the laboratory tests ma'am. (TARC5)

Extract 2:

F: Tapos di malakat ta sa pharmacy. Bakal ta bulong.Importante nga makainom ka dayun.
After this, we'll go to the pharmacy to buy medicine. It's important that you have to take it immediately.

P: Sige a. Sa diin nga pharmacy?
Oh sure. Which pharmacy?

F: Sa Grace lapit lang di.

At Grace just near here. (TARC7)

TARC No. 5 and TARC No. 7, the therapeutic communication technique employed both by the nurses and folks are presenting reality **(***TCTno. 4***).** This technique was evident in the conversations such that in TARC No. 5 and TARC No. 7 the folks emphasized the importance of taking the medicines.

In the conversation, the linguistic form evident here is still preference organization but categorized as dealing with no responses by changing one's position. As discussed earlier, if a recipient is hesitant or displays a difficulty in responding to an assertion, a speaker reviews his or her assertion to find the source of the trouble. In the first conversation (TARC No. 5) when the folk said, "You were given request for laboratory, yet you did not work on it " the patient had a difficulty responding to her (Folk #5) whether to tell the truth or just think of possible reason so as not to offend the folk. He replied anyway by saying, "You did not give me money anyway, so what will I do?" When the nurse interrupted and said "So you already were given request for laboratory" (N #2 to P #5), his only choice is to respond by saying, "I don't have money for laboratory ma'am" (P #5 to N#2 – TARC No. 5).

Restating

Extract 3:

N: Kaagi ka na di pakonsulta?
Have you come here for consultation before?
P: Wala pa ma'am.
Not yet ma'am
N: Teh pakilo anay.
So let's get your weight first.
P: Teh pila ma'am?
So, what's my kilo ma'am?
N: 170 lbs.
P: Baw grabe bug at ko ba.
Wow, so heavy. (TARC16)

Restating (TCT no. 19**)**. Here the exchange of conversation is repeated thus, it allows the patient to easily answer continuously and spontaneously the questions being asked and definitely gives him the chance to classify things as necessary. The linguistic pattern evident here is adjacency pair which of course under the "question – answer" category. The conversation flow of the nurse and patient is organized that the sequence of the interaction is smooth and spontaneous thus generating interactionally and mutually on topic – talk.

Extract 4:

N: Teh natagaan ka na request haw? Teh bwas lang ma'am eh. Dapat aga pa.
So were you given request before? So tomorrow ma'am, you should come here early.
F: Teh dapat aga pa. Teh bwas na lang eh. Kauyaya!
So you should be here early. It's because you're not working on it.
P: Syempre lain matyag ko.
It's just that I don't feel well (TARC20).

Restating (TCT no. 19). In this talk – interaction, the same words in the conversations are repeated like; N #2 to P #5 "so you were given request before, Okay, so tomorrow you should come here early in the morning; F #5 to P #5 "*So you should be here early in the morning".* Here the idea allows the patient to make clarifications since it is restated. The common

ground of the conversation of the nurse-patient and folk-patient interaction reached a mutual understanding and mutual agreement as indicated by repeating the utterance as a way confirm information. N #2 to P #5 "teh nataga-an ka na request haw? Teh bwas lang ma'am eh. Aga pa dapat (*So you were given request before. So tomorrow ma'am you should come here early in the morning).* Those extracts of the communications indicate clear instructions and understanding of the speakers involved.

Extract 5:

N: Bwas ma'am kadto kamu di alas 8:00 sang aga. Indi magkadto alas 10:00 ha.
Tomorrow you should come here at eight in the morning. Don't come here at 10:00am.

P: Sige ma'am a. Thank guid.
Okay ma'am. Thank you. (TARC27)

The therapeutic communication technique employed here is the same as that in TARC No. 16 and TARC No. 20 which is restating **(TCTno. 19).** In the same manner, the exchange of conversations is repeated such as the time indicated to come for consultation. In this conversation it is noted that the nurse is the authority figure here when she said, "Bwas ma'am kadto kamu di alas 8:00 sang aga. Indi magkadto alas 10:00 ha" (*Tomorrow you should come here at 8:00 in the morning. Don't come here 10:00 a.m).* She seemed to be in control of the flow of the conversation. When the patient answered, "Sige ma'am.Thank you guid", the idea of such response showed obedience that the nurse is really in control of the conversation. The evident linguistic feature in this talk – interaction is under "preference organization, a command or an offer is expected to be an acceptance (Seedhouse, 2004).

Making Observations

Extract 6:

N: Tatay dal a na sa ospital kay kinanlan gd na sang Ortho.
Tatay, you have to bring him to the hospital. He needs an Ortho.

P: Indyeksyunan mo ya ko?
You will inject me?

F: Wala gapahimuyong mu.
You're not behaving well.(TARC13)

Making Observations **(TCT no. 16).** When the nurse observed the patient being restless and she suggested to the grandfather to bring his grandson to the hospital. This clearly shows the nurse was very much concerned on the condition of the patient. Moreover, the linguistic pattern evident here is adjacency pair that is question-answer category.

Extract 7

N: Kaagi ka na di pacheck up haw?
Have you had your consultation here before?

F: Nugay hibi. Kay man uyaya ka. Hambalan kana guid nga mafollow-up ka sang 27 wala ka nagkadto.
Don't cry.It is because you're not doing it. I've told you to do it yet you don't come here for follow up last 27. (TARC 14)

Placing the event in time or sequence **(TCT no. 15)**. Here the folk specified that the time his patient would supposed to come for a follow up. In this context, the folk employed the importance of time. More so he was given ample time to come back for a follow up.

Extract 8:
N: *Dali di. Pungko di.*
Come here. Sit here.
(Patient approaches the nurse for BP check since he is from an adjacent room and sits down.)
N: *100/60 ah.*
100/60 (TARC 15)

Encouraging comparison **(TCTno. 18)**. The nurse- patient interaction here expressed the importance of following the prescribed activities and of course taking medications which is very necessary in order to promote health and wellness of the patient. When the nurse cited the difference of the decreased in the patients BP at the same time the affirmation from the patient that indeed there is a difference especially in his BP at present and the previous consultation.

Offering General Lead
Extract 9:
N: Na indi naman paglipatan ang inug tumar mu nga bulong ha.
Don't you ever forget to take the medicine, okay?
P: ok ma'am a, nagmulumayo man pamatyag ko.
Okay ma'am, I feel good now (TARC22)

This particular conversation seemed to employ offering general lead **(TCT no. 14)** since it offers encouragement to the patient to really take his medicines. N #1 to P #7 "Na indi naman paglipatan ang nug tumar mu nga bulong ha. *(Don't you ever forget to take your medicine, okay?)* P #7 to N #1 "okay ma'am a, nagmulumayo man pamatyag ko" *(Okay ma'am, I feel good now).* These exchange of conversations carried out a successful interaction practically because the health care provider (the nurse) offered encouragement and kept on reminding the patient to really take his medicines. The use of "okay" by the nurse as well as by the patient in both their responses in the "turn – taking" is very evident. Suggesting their active participation in the interaction, signifying that the patient really put by heart the reminder.

Verbalizing the Implied
Extract 10:
N: Sin o pa da wala ka pa BP?
Who among you have not taken their BP yet?
P: Maravilla, pa BP anay.O, dali lang pa kilo pa.
Maravilla please let me check your BP first and wait we'll get your weight too.
F: Daw sa nabudlayan ka...anu matyag mu haw?
It seems like you find it difficult. What do you feel now?
P: Daw lain lang guid matyag ko.
I'm not feeling well. (TARC 1)

Verbalizing the implied **(therapeutic communication technique no. 6)** Extract No. 1 which is between the nurse and the patient as well as the folk and the patient. Falls into sequential organization which is turn within sequence when nurse said to the patient to take his BP first and as the patients turn he had his BP taken when the folk said to the patient that he seems to find difficulty and how he felt then he answered that he just felt he's not feeling well. In this conversation, it is evident that the speakers (the nurse, folk and patient) understood the utterance by reference to its turn – within – sequence. This generally, is a

turn's – talk as directed to a prior turn – talk (Sachs, Schegloff, and Jefferson, 1974.) When the nurse said, BP first then automatically the patient had his BP taken.

The extract showed "patient centeredness" considering that both the nurse and folk showed concern to the patient by telling him to have his BP taken first, maybe because the nurse observed how the patients' looked that's why he had the initial greeting of "let's have your BP taken first" and when the folk said "It seems like you find difficulty, What do you feel right now?". Here, both the nurse and the folk showed concern to the patient by verbalizing that he was not feeling well and that he seemed to have difficulty. (Gumperz, 1982) Contextualization cues states it is any verbal sign which then processed in "co-occurrence" with symbolic signs which serves to construct the contextual ground for situated interpretation.

Distinctive Characteristics of Nurse-Patient Communication

Asymmetry in interaction

The one in interaction is in control of the conversation**.** In this study, the nurse is in control of the conversation and considered as an authority figure as dictated by his or her "institutional role" who is a government paid professional.

Patient-centered communication- this is defined as 'communication that invites and encourages the patient to participate and negotiate in decision- making regarding their own care' (Langewitz, Eich, Kiss, and Wossmer, 1998). While participation and negotiation are regarded as key elements in patient centered communication, it could be argued that the term implies that the balance of power and control in this relationship lies with the nurse. However, for communication to be patient –centered, power and control need to be shared equally between the nurse and the patient.

Extract 16:

N: Na indi naman paglipatan ang inug tumar mu nga bulong ha!
Don't you ever forget to take the medicine, okay?

P: Ok ma'am a, nagmulumayo man pamatyag ko.
Okay ma'am, I feel good now. (TARC22)

In this extract, when the nurse told the patient not to forget to take his medicines and the patient responded by saying okay ma'am, this out rightly goes to show that the nurse is the person in control of the conversation and authority figure. However, since this study calls for therapeutic communication technique that should be employed by the nurse and therefore should be patient-centered, then the key element in this conversation should be a mutual relationship between the nurse and the patient.

Warmth, genuineness, and empathy

These characteristics are prerequisites for communication to be patient- centered. This implies that it is not enough to invite or encourage a patient to participate and negotiate in planning their own care, as this will only be successful if it is done within the context of warmth, genuineness and empathy.

Warmth

Extract 11:

N: Kaagi ka na di pacheck up haw?
Have you had your consultation here before?

F: Nugay hibi. Kay man uyaya ka. Hambalan kana guid nga mafollow-up ka sang 27 wala ka nagkadto.
Don't cry.It is because you're not doing it. I've told you to do it yet you don't come here for follow up last 27. (TARC14)

Extract 12:
N: Dali di. Pungko di.
Come here. Sit here.
N: 100/60 ah.
100/60 (TARC15)

Genuineness
Extract 13:
F: Imnun mu ang bulong mu dayun kay para dasig mag ayo.
You have to take your medicine immediately so you will get well soon.
P: Nainum ko man.
Yes.I'm taking it.
N: Ay teh. Wala mu man dayun giniainum haw/ Paanu ka na dasig mag ayu?
Then so, why are you not taking it? How will you recover fast? (TARC 10)

Extract 14:
F: Naligo ka pa kagina? Bal an mu lain matyag mu naligo ka pa imu ya.
You know that you were not feeling well yet still you took a bath.
P: Laba-ab man ang tubig.
The water is lukewarm.
F: Bisan pa
Even then. (TARC11)

Empathy
Extract 15:
N: Teh okay na? Baklon mu na dayun ang bulong ha kay dapat makainomka dayun para ndi kana magbalik…bawal magkasakit.
Is it okay now? You have to buy your medicines immediately so you can take it and won't come back anymore. Getting sick is not allowed.
P: Sige ma'am a. Salamat guid.
Okay ma'am. Thank you. (TARC12)

Extract 16:
N: Na indi naman paglipatan ang inug tumar mu nga bulong ha!
Don't you ever forget to take the medicine, okay?
P: Ok ma'am a, nagmulumayo man pamatyag ko.
Okay ma'am, I feel good now. (TARC22)

Communication is a universal of man that is not tied to any particular place, time or context. However, this particular model introduces a notion that communication requires certain skills especially by health care professionals and or health care givers that include in this study nurses, folks including individuals who are the health care givers concerned with individuals who are in taking care of sick and unwell members of the family or anybody seeking medical attention. In this study therefore, the researcher identified the therapeutic communication model which will eventually serve as a framework in order to promote health

and wellness of individuals seeking medical attention, I would say, that these underprivileged should be given more concerned by health care professionals and or health care givers simply because they can't afford to go to barangay or district health centers for medical assistance considering that these health centers provide free services. Meanwhile, patients as the center in this therapeutic communication model should therefore be mindful of their share in the process like seeking clarification and validation that will facilitate mutual understanding.

Finally, the findings of the study revealed that in order to promote health and wellness especially of financially – challenge individuals seeking medical attention, health care professionals including folks or family members should be properly – oriented as to the proper and therapeutic communication skills.

V. SUMMARY of FINDINGS, CONCLUSION and RECOMMENDATIONS

Summary of Findings

In the analysis of the study, the findings showed that the dominant Therapeutic Communication Techniques employed both by the nurses and folks to the patients: These are: (1) Presenting reality where out of the sixteen(16) extracts analyzed five (5) of these were dominant; offering general lead three (3) Restating and Encouraging description of perception. However, the rest of the other therapeutic communication techniques got at least one or others were not even employed.

These dominant therapeutic communication techniques employed both by the nurse and folk is patient-centered communication where it is considered as an integral aspect of nursing practice although it could be argued that it is not exclusive to nurses alone because even folks would also manifest the techniques as part of how they would communicate to the patients. The only unique function of the nurse therefore considering that they are considered health care professionals is that they are well trained in this context while folks practically manifest it by their affiliation to the patients.

Conclusions

With the most dominant therapeutic communication techniques employed both by the nurses and folks which is presenting reality the researcher therefore arrived at a conclusion that this technique surfaced among the other techniques simply because we always make sure that as much as possible "we should not get sick" or in our local parlance we make it a point to say "Bawal magkasakit". Indeed, above the other basic needs of man; medicine, consultations, check-ups, laboratory tests, especially hospitalization is the most expensive at hand and with this technique employed, nurses as well as folks really make it a point that they should define reality or indicate the situation of the patient so as to avoid getting sick or at least give precautionary measures. In grounding patient-centered communication, the role of language and the therapeutic communication techniques employed both by the nurses and folks is of immense importance because it is a crucial component in understanding the anxiety of the patients especially when they go for check-up or consultation. Restating on the other hand is the next therapeutic communication technique employed by the nurses and folks when interacting with the patients (TCT No. 19). This clearly shows that they both (nurses and folks) want the patient to understand, clarify and confirm everything that is being said so that the specific needs will be addressed.

The researcher, therefore conclude that "patient-centeredness" is at work considering these dominant therapeutic communication techniques. Repeating the instructions as well as prescriptions at the same time presenting reality, verbalizing the implied and making observations are the most common therapeutic communication techniques employed by the nurses and folks and this clearly shows that these techniques and the emphasis on the crucial

role of language use play an important part in medical consultations. It is vital that both the nurses and folks should learn how to use the language and employ appropriate therapeutic communication skills to be able to promote health and wellness of the patients.

Recommendations

The future researchers can analyze similar data using other linguistic, pragmatic, psycholinguistic or sociolinguistic approaches that may uncover other therapeutic communication techniques evident in the nurse-patient, health care givers or even folk-patient interactions in a wider scope or setting such as hospitals or other medical institutions.

For school administrators or health care giving institutions that through this study, as revealed by the findings they will create a program or come up with a curriculum that will serve as a basis in strengthening or enhancing the communication skills including individuals who are in-charged of looking after the health and wellness of persons seeking medical attention.

To students nurses, health care providers and others involved in giving care especially in the rural health centers, community or district health centers especially in the remote areas of the region that through this study, it will in a way serve as a basis in order to strengthen their programs especially the proper orientation of community, community or even professional care givers that employing therapeutic communication techniques in the way we communicate with individuals seeking medical attention helps promote health and wellness.

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