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## **BOOK REVIEW: THERAPEUTIC COMMUNICATION COMPETENCIES FOR NURSES AND MIDWIVES**

N.A.A. Amfo, T. Omoniyi, N.T. Tagoe, O. Kambon and K.K. Saah, 2018, *Therapeutic Communication Competencies for Nurses and Midwives*. Tema: DigiBooks Ghana Ltd. iii-188pp, including images, a map, references and subject index (pp. 185-188). ISBN: 978-9988-8714-9-9.

The objective of the book, *Therapeutic Communication Competencies for Nurses and Midwives* is “to provide a relevant, contextually appropriate, coursebook to guide the teaching and learning of therapeutic communication in nursing and midwifery training colleges” (p. v). The book, which came out of material used to facilitate a training programme for nursing and midwifery tutors throughout Ghana, was commissioned by the Nursing and Midwifery Council of Ghana and is dedicated to the memory of the second author, the late Prof. Tope Omoniyi, whose unfortunate demise occurred in 2017, prior to the publication of the book.

In the foreword, Felix Nyante, Registrar of the Nursing and Midwifery Council, emphasizes the changing needs in the provision of quality healthcare and the attendant need to equip trainee nurses and midwives to respond to the changing needs of present-day healthcare delivery. The authors also cite (Korsah 2011:8) who submits that there is the need for the training of nurses (and midwives) to be adapted in a way that permits them to “put themselves in the client’s situation”, allowing them to “explain their professional point of view in a therapeutic manner.” (p. xii).

The authors underscore the place of communicative competence on the part of the caregiver and the importance of reaching the patient in a language which is accessible to the patient. They note that it is even more important that the rendering of any information meant for the patient is such that it promotes the healing process. They acknowledge that at the heart of all positively impactful communication between the care seeker and the caregiver is the notion *affect*, the mixture of emotions and affairs of the heart, which may be externalised in various ways and interpreted or assigned meaning (p. xiv). It is for this reason that the nurse/midwife must be taught to improve their relationship with patients and their families (p. ix). Thus, their goal was “to provide students of nursing and midwifery with the needed therapeutic communication competencies, which will enable them to function effectively in their professional roles as caregivers of vulnerable persons” (p. xii).

Given the scope of the materials covered in the book, it is clear that the book largely achieves this goal. The authors manage to pull together important research

findings from their diverse backgrounds (Language and Linguistics, Medicine, Psychiatry and Nursing) and beyond to create a piece that makes for very insightful reading. In addition to a general introduction, there are 13 Units in the book, covering the principles of communication, Ghana's language policy and practices, verbal and non-verbal communication, recognising different communication styles, managing difficult communication situations, cultivating conversational skills, communication technologies/informatics, constructive criticism, and presentational skills.

Unit 1 introduces the student to the principle of communication. It is understood that communication is both the product and enabler of healthy relationships: "if communication fails, relationships break down" (p. 1). Thus, therapeutic communication can only flow from therapeutic relationships between the healthcare seeker and the healthcare provider. Therapeutic relations between the nurse/midwife and the patient relies heavily on an effective communication process. In this Unit, the trainee nurse/midwife is taught to think of communication encounters as transactions and negotiation that are governed by principles whose contextual intricacies must be properly understood.

As part of helping the trainee appreciate the contextualization of communication and the need to reach the patient in a language that is accessible to the patient, as the Patients' Charter of the Ghana Health Service suggests, the language policy in Ghana is introduced in Unit 2. The authors clearly point out the absence of clear language policy in the healthcare system, a situation that must be looked at carefully, given the multilingual society that Ghana is. A careful look at the issue of language policy in healthcare delivery should not be a matter for the Ghana Health Service alone, but also for the Ministry of Education which is also responsible for training nurses and midwives as well as Doctors. One may suggest that it should be required of trainee doctors and nurses/midwives that they acquire basic proficiency in an indigenous language other than one's mother tongue by the time of graduation. As the authors observe, in an earlier survey, about 80% of the respondents agreed that "it is easier to trust a nurse who understands and speaks one's language" (p. xv). Thus, competence in an indigenous language, including Ghanaian Sign language, will enhance therapeutic communication.

Units 3 to 6 cover what may be considered the main concern of the book. Unit 3 makes a case for communicative encounters between patients and nurses/midwives to be therapeutic, if such encounters are to yield healthy outcomes. This requires a clear understanding of what therapeutic communication really is, the strategies of therapeutic communication and the barriers to therapeutic communication. These are all discussed in Unit 3 which is titled, "introduction to therapeutic communication". I would have done away with "introduction to" in the title of the Unit, since it gives the impression that the discussion is not complete and that the reader could look forward to a more detailed discussions of the topic elsewhere, within the present book or another source.

Unit 4 focuses on the distinction between verbal and non-verbal communication and how this important distinction relates to the therapeutic communication process. The bulk of this Unit is on non-verbal communication in its varied dimensions, underscoring the importance of non-verbal cues in therapeutic communication. The authors discuss components of non-verbal communication, which is also called body language, dealing with issues like *appearance*, *body movement* (head movement, hand movement, eye movement and contact, facial expression, etc.) and *paralanguage* (pitch, volume, rate, hesitation and silence). They make the point that non-verbal communication adds meaning to verbal communication. Thus, a caregiver's non-verbal communication skills aid effective therapeutic communication.

Styles of communication differ. They may be direct, indirect, circular, manipulative, etc., and they come with some behavioural patterns. These are identified and discussed in Unit 5, where the authors discuss how four different communication styles affect therapeutic communication. The admonition is for the nurse/midwife to maintain therapeutic speech and behaviour, notwithstanding the differences in style and behaviour that the patient may present with.

Unit 6, deals with how the nurse/midwife can talk with patients and caregivers in a therapeutic manner about topics and issues described as "face-threatening and emotionally challenging health concerns" (p. vi). The authors make the point that the different communication contexts in healthcare provision require different approaches, and the nurse/midwife is encouraged to find a balance between being assertive and being combative. The patient must be made to feel comfortable at all times, as the nurse/midwife shows empathy so that the patient can talk about what they think/feel about their condition. For this, the nurse/midwife must listen actively, ask appropriate questions, provide requisite information when needed and use culturally appropriate gestures. The caregiver should pay attention to the affective dimension which, on occasion, may be difficult, if not impossible, to find words to express. The nurse/midwife will benefit immensely from being aware of this affective aspect so that they can pick the appropriate cues to the benefit of patients.

Unit 7 focuses on lessons from communication in nursing/midwifery practice in other cultural environments. This Unit offers the trainee the opportunity to learn from best practices elsewhere. It is made clear that socio-cultural issues may have impact on the professional practice of nursing and midwifery. This can be seen across nations and within different communities in the same nation. Thus, the nurse/midwife must be culturally competent.

Unit 8 deals with building the skills needed for effective conversation between nurse/midwife and the patient. The authors show that conversational skills can be cultivated deliberately and so they provide tips on improving conversations. They emphasize the need to see each patient as a unique individual whose values have been

shaped within a certain socio-cultural context. This, again, calls for cultural awareness on the part of the nurse/midwife.

Unit 9 deals with technologies available for managing communication and the use of communication devices to enhance communication within the healthcare setting. Focusing on what is referred to as nursing informatics, the authors identify four primary domains and the systems/tools for managing the domains. They are engagement tools, clinical support systems, information systems and information management systems. They also deal with the security of the nursing informatics.

Unit 10 deals with giving and receiving feedback, which they characterise as *constructive criticism*. I would have avoided using the word criticism, given the negative load that it carries, for which reason it has to be modified by the word “constructive”. Just *feedback* is enough, and I use it hereafter. The main ideas are presented as instructions to the trainee on how to go about giving and receiving feedback such that it is not off-putting. They note that feedback needs to be given in a kind and considerate manner with the singular aim of getting the individual to effect a change in a particular behaviour or attitude. Kindness is key in the enterprise because we cannot even pretend to have the semblance of therapeutic communication in a context where the use of unkind words is the norm, as some care seekers report from their encounters with nurses/midwives in some health facilities in Ghana.

As the authors note, nurses/midwives are required to do presentations at various levels. Thus, in Unit 11, they treat how to skilfully package and present information in the context of therapeutic communication. They identify the characteristics of a good presentation and then discuss the needed background research, preparation, structuring and delivery of the presentation.

In Unit 12, the authors seize the opportunity to introduce a topic that may require a great deal of communication and conversational skills – counselling. It is assumed that the nurse/midwife must be able to provide basic counselling before a patient is referred to a professional counsellor. Thus, the basics of counselling is introduced. The authors discuss what counselling is, who needs counselling, the role of counselling in nursing and basic skills in counselling.

The final Unit (13) takes a look at the *Nurses' Pledge* and the *Midwives' Prayer*, in the context of therapeutic communication. In their exposition, the authors emphasize the high standards required of the nurse/midwife. They believe that knowing the history and purpose of the pledge/prayer will help the nurse/midwife to resolve to live by their high standards in the daily discharge of their duties.

Generally, the book is well written and, as observed in the forward, the authors have “covered a breath of interesting, appropriate, and equally refreshing range of critically important topics in therapeutic communication, across all fields of nursing and midwifery practice” (p. viii). Thus, the book is an example of how knowledge in

diverse fields can be harnessed in a multidisciplinary context to meet a need in society. In terms of potential impact of the book, no one captures it better than the registrar of the Nursing and Midwifery Council, Felix Nyante, when he again writes in the foreword (p. viii) that:

this book is no ordinary one; it challenges standard protocols of current nursing and midwifery practice by providing a comprehensive and practical approach to concepts in therapeutic communication that are necessary skillsets for the practitioner to competently manage the therapeutic function consequential to his/her care-relationship (with patients family, the community, and colleagues).

However, there are a few blind spots that bear pointing out for the attention of users of the book and for the authors to take note of for future revision of the book. First, the title of Unit 1 is also the title of Section 1.3 of the same Unit. This is pretty odd, as it masks the other issues discussed in the Unit. For example, in addition to the principles of communication, the Unit also deals with “the process of communication” (1.4) and “the social dimension of communication” (1.5). I suggest that “the fundamentals of communication”, which is found in the first line of the summary (1.6) would be a better title for the Unit.

Second, there are very interesting images in the book which are meant to reinforce what the text conveys. Unfortunately, some of them are rather blurry and not completely well worked into the discourse. For example, it is not clear why the authors chose the image on page 8, given that it is blurred and there is no direct discussion of immunization which would have made the choice of that particular image compelling. Another example is on page 4. In the text, the supposed patient is said to be made to sit, but the image has the patient lying on a bed. The inconsistency in the multimodal context is not the best. Sharper images which exemplify exactly what is being discussed, will better serve the purpose of reinforcing what is expressed verbally.

Third, at the end of each Unit, except Unit 13, are exercises meant to help the learner test how much they have achieved from the lesson. The exercises take various forms, including comprehension, discussions and case studies, which, I believe, actually works better for the target readership of the book. The exercise at the end of Unit 3 is a very good example of this. However, for some Units, the exercises did not quite test the achievement of the student on all the learning objectives spelt out at the beginning of the unit. A significant omission regarding exercises is the complete absence of model answers to the questions. I believe that the authors, in revising the book, may request model answers from instructors in the various training colleges.

Fourth, in terms of the style of writing, it would have been better to use an interactive approach, with some in-text exercises that are meant to help the student discover some of the ideas contained in the material for themselves. This style keeps the student engaged better, as they interact with the text.

Fifth, an issue that suggests itself for discussion as one goes through the book is *power relations* and how to manage it in the context of the nurse/midwife–patient relation. It shows up in passing on page 5 in the context of developing practical ways of getting feedback, and on page 9 where it is pointed out that “society still assigns a lot of power and authority to healthcare professionals rather than their patients”. The attendant obligation on the nurse/midwife to keep the communication functional is also mentioned. Again, it shows up in Unit three, on p. 36, where it is noted that a good nurse/midwife often plays down the hierarchical structure of the larger community which reinforces the unequal power roles. However, I believe that the idea of power relations is so important that the authors should consider a more extensive discussion of it in a revised version of the book.

Sixth, an important shortcoming of the book is the fact that sign language receives no more than passing mention. Even when the authors point out the potential “multimodal nature of communication and the importance of exploring the linguistic options available within a particular communicative encounter, as a means to maximize the communicative outcomes” (p. 10), the tone of the discussion betrays a complete neglect of sign language and those for whom that is the only means of communication. In the few places in Unit 2, where sign language is mentioned, it is usually to say that the languages in Ghana include Ghanaian Sign Language (p. 15), “some churches employ the services of sign language interpreters for those of their members who suffer from hearing impairment” (p. 23) or that some organisations have advocated for the teaching of Ghanaian Sign Language in nursing and midwifery colleges to help bridge the communication gap for the hearing impaired (pp. 24-25). So, while the authors advocate for local language, with the strong belief “that the local languages need to be given prominence in the healthcare domain to ensure therapeutic communication” (p. 24), it would be quite a stretch to imagine that they intended to include sign language. On page 45, the authors quote Lucas (2017) who observes that verbal communication can be spoken, written or signed. However, the authors fail to pick the cue, as they completely ignore signing in their commentary on the quote. On the same page, the authors state that “the intended receiver of the message hears it simultaneously as the sender” (p. 45). Again, when they list features of verbal communication on page 46, the authors only mention “spoken or written” words. This is a significant weakness, given that in the couple of years preceding the publication of the book, the leadership of the deaf community in Ghana had complained about the absence of sign language competence among health workers, sometimes leading to misinterpretation of what the

hearing-impaired intended to convey to healthcare providers, with attendant misdiagnoses and some deaf people allegedly dying because care providers do not understand them. A revision of the book should definitely benefit from the inclusion of material on sign language and signing.

Finally, I would like to highlight a few of the editorial issues that have to be noted. One, although the table of contents indicates that there is a “preface”, yet there is no preface in the book. Two, there is a typo in the Copyright Notice, where instead of “All rights reserved”, they have “All parts reserved”. Three, the authors add the text “and goes on to state that” to the quotation from Yankah (2014) on page 20. However, it is not properly set apart from the quoted text from Yankah. Four, the antepenultimate bullet on page 22 has an “of” missing. The authors need to take note of these and other minor editorial weaknesses for future revision.

To end the discussion, I must point out that the criticisms I have offered here do not detract at all from what the authors have accomplished in the book. As noted above, the book is an example of how knowledge in diverse fields can be harnessed in a multidisciplinary context to meet a need in society. Aside from the purpose for which the book was commissioned (i.e., training nurses/midwives), the book will be a useful addition to the reading list for a course on Health Communication in many fields, including Communication, Journalism and Health Services Management.

## References

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