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## Improving patient compliance through therapeutic communication in nursing practice

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### Abstract

Effective patient compliance remains a cornerstone of successful healthcare delivery, yet numerous patients fail to adhere to prescribed treatments, often due to poor communication between healthcare professionals and patients. Among the various strategies to bridge this gap, therapeutic communication stands out as a vital tool in nursing practice. This paper explores the significance of therapeutic communication in enhancing patient compliance, delving into its principles, techniques, barriers, and practical applications in clinical settings. Grounded in real-world observations and nursing experiences, the paper presents how empathy, active listening, nonverbal cues, cultural sensitivity, and trust-building foster an environment where patients feel heard, respected, and motivated to follow medical advice. Through analysis of patient-nurse interactions and clinical case insights, the study argues that therapeutic communication is not a soft skill but a clinical necessity that directly impacts health outcomes, particularly in chronic illness management, mental health nursing, and post-operative recovery. Ultimately, strengthening this communicative competency in nursing education and practice can significantly improve compliance rates and contribute to a more patient-centered healthcare system.

**Keywords:** Improving patient compliance, nursing practice, therapeutic communication, improve compliance rates

### Introduction

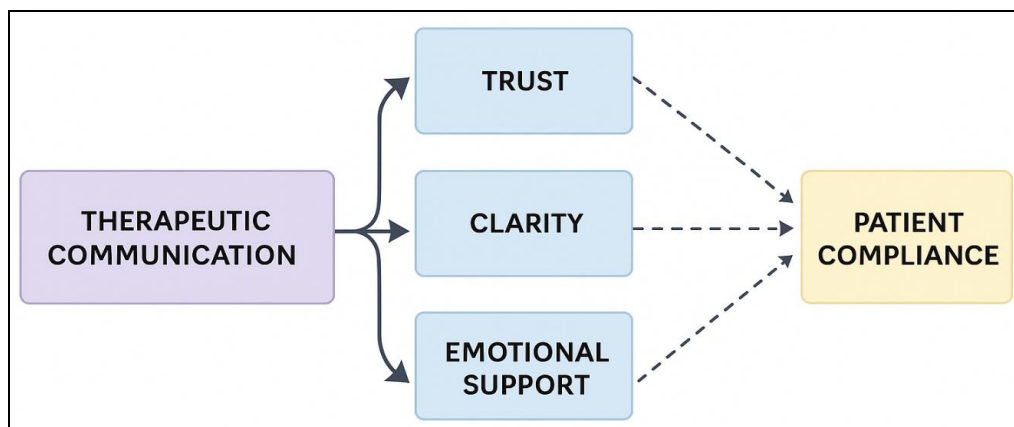
In the modern healthcare system, the delivery of medical care extends far beyond diagnostics and treatment—it encompasses a holistic approach to healing that includes behavioral, psychological, social, and communicative components. One of the most persistent and costly challenges facing healthcare providers today is patient non-compliance or non-adherence to prescribed medical regimens. Whether it pertains to medication intake, follow-up visits, lifestyle modifications, or rehabilitation activities, a significant proportion of patients do not fully adhere to the recommendations provided by their healthcare professionals. According to the World Health Organization (WHO), approximately 50% of patients in developed countries fail to adhere to long-term therapies, with even poorer adherence rates in low- and middle-income nations (WHO, 2003) <sup>[1]</sup>. This issue contributes not only to worsening health outcomes and disease progression but also to increased hospitalization rates, inflated healthcare expenditures, and diminished quality of life for patients.

In many cases, non-compliance is not a result of ignorance or unwillingness but of poor communication between the patient and the healthcare team, particularly with nurses who are often the primary and most consistent point of contact. Nurses are the frontline professionals who interact most frequently and intimately with patients across all levels of care—whether in hospital wards, outpatient clinics, community health centers, or home care settings. Their role is not limited to executing medical procedures but involves educating patients, understanding their concerns, addressing their anxieties, and encouraging positive health behaviors. This pivotal interaction creates the foundation for therapeutic communication, a vital competency in nursing that involves the deliberate use of communication techniques to build trust, establish rapport, and support the patient's physical and emotional well-being. Therapeutic communication is not merely a soft skill or a supplementary attribute; it is a clinically significant process that directly influences patient outcomes. When implemented effectively, it enhances mutual understanding, reduces patient anxiety, encourages openness, and increases the likelihood that patients will follow treatment plans.

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Studies show that patients who perceive their healthcare providers-especially nurses-as empathetic, respectful, and communicative are significantly more likely to comply with prescribed regimens. For instance, a systematic review by Zolnieriek and DiMatteo (2009) <sup>[13]</sup> found that good physician-patient communication was associated with a 19% higher rate of patient adherence to treatment recommendations (Zolnieriek & DiMatteo, 2009) <sup>[13]</sup>. While similar studies for nurses are emerging, anecdotal and practice-based evidence supports the central role of nurses' communicative behavior in shaping patient adherence patterns. The importance of therapeutic communication has gained even more relevance in the post-pandemic healthcare

landscape, which has been marked by heightened psychological distress, fragmented care delivery, and rising burdens of chronic illnesses. According to the Centers for Disease Control and Prevention (CDC), about 60% of adults in the United States live with at least one chronic condition, and about 40% live with two or more. Effective management of chronic diseases depends heavily on long-term compliance, which in turn hinges on patients' understanding of their conditions and trust in their care providers-both of which are heavily influenced by communication. In this context, therapeutic communication becomes a critical tool in navigating complex care needs and fostering sustainable behavior change.

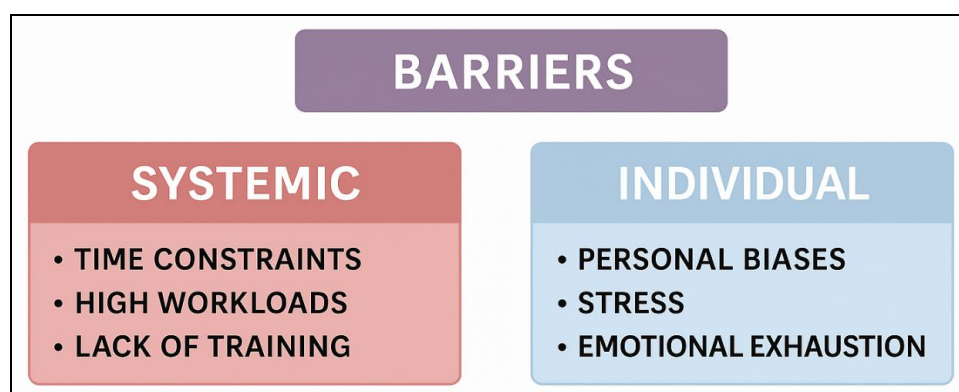


**Fig 1:** Conceptual model linking therapeutic communication to patient compliance

The mechanisms of therapeutic communication include a wide range of verbal and non-verbal strategies. These include active listening, empathy, clarity of instructions, open-ended questioning, non-judgmental responses, appropriate touch, and cultural sensitivity. Such communication is dynamic and responsive, tailored to each patient's unique emotional state, cognitive ability, cultural background, and health literacy level. For example, a nurse caring for an elderly diabetic patient may use slower speech, visual aids, and reassurance to explain insulin administration. In contrast, the same nurse might employ motivational interviewing with a young hypertensive patient resistant to lifestyle changes. This level of adaptability and engagement is what distinguishes therapeutic communication from routine or transactional dialogue. However, despite its recognized importance, therapeutic communication is frequently underutilized or inadequately practiced. Multiple barriers exist that hinder nurses from engaging in meaningful communication with patients. These

include time constraints, increased patient loads, burnout, lack of formal training, language differences, and cultural mismatches. In many institutions, nursing education still places disproportionate emphasis on technical and procedural competencies, relegating communication training to a secondary status. Furthermore, institutional performance metrics often value clinical efficiency over relational quality, inadvertently discouraging nurses from investing time in therapeutic engagement.

These gaps are concerning because the consequences of poor communication are well-documented. Misunderstandings about medication dosage, side effects, lifestyle instructions, or follow-up appointments often lead to medication errors, treatment dropouts, and patient dissatisfaction. According to the Joint Commission, ineffective communication is among the root causes of more than 70% of serious adverse health events in hospitals (Joint Commission, 2022).



**Fig 2:** Barriers to effective therapeutic communication in nursing

For vulnerable populations-such as the elderly, those with low literacy, or those from marginalized communities-the lack of effective communication can exacerbate existing health disparities. In rural and underserved communities, patients often face additional barriers such as lack of access to interpreters, low educational attainment, and fear of stigma. Here, the nurse's ability to convey empathy and ensure understanding becomes a lifeline-sometimes more powerful than the medication itself.

Thus, there is an urgent need to reframe therapeutic communication as a clinical necessity rather than a supplementary soft skill. Just as nurses are trained in administering injections or monitoring vitals, they must also be systematically trained and assessed in communication competencies. Moreover, healthcare systems must embed communication into the very fabric of patient care-allocating time, resources, and institutional support to ensure that every patient-nurse interaction is an opportunity for healing, education, and empowerment.

The objective of this study is to explore the role of therapeutic communication in improving patient compliance across different nursing contexts. By drawing on case studies, qualitative research, and real-world clinical observations, the study will identify specific communication techniques that positively influence patient behavior and outline the conditions under which such communication is most effective. The study also aims to highlight the challenges faced by nurses in implementing therapeutic communication and recommend institutional, educational, and policy-level interventions to promote its broader adoption.

In conclusion, improving patient compliance is not just about enhancing patient accountability; it is about transforming the care relationship through mutual understanding, emotional connection, and effective dialogue. Therapeutic communication lies at the heart of this transformation, empowering nurses to not only care for patients but to connect with them in meaningful ways that inspire healing and adherence. By emphasizing communication as both a science and an art, nursing practice can take a significant step toward truly patient-centered care.

## Review of Literature

Therapeutic communication has long been recognized as a cornerstone of effective nursing practice, particularly in its ability to influence patient behavior, adherence to treatment, and overall satisfaction with care. The literature on this subject spans multiple disciplines, including nursing, psychology, public health, and medicine, underscoring its interdisciplinary importance. This review synthesizes existing research findings related to therapeutic communication and its impact on patient compliance, while also examining theoretical frameworks, clinical applications, and identified gaps in practice.

A foundational text in this field is the World Health Organization's (WHO) 2003 <sup>[1]</sup> report, which stated that in developed countries, only about 50% of patients with chronic diseases adhere to prescribed treatment regimens, with adherence rates being even lower in developing regions (WHO, 2003) <sup>[1]</sup>. The report emphasized that communication between healthcare providers and patients plays a crucial role in facilitating or hindering compliance. It proposed that strengthening provider-patient relationships

should be a global healthcare priority, especially in the management of chronic illnesses, where consistent patient engagement is essential.

Research by Zolnierok and DiMatteo (2009) <sup>[13]</sup> conducted a meta-analysis of 106 studies and concluded that effective physician communication results in a 19% higher patient adherence rate, with similar implications expected in nursing interactions (Zolnierok & DiMatteo, 2009) <sup>[13]</sup>. Their work underlines that patients are more likely to follow instructions, take medications as prescribed, and return for follow-ups when they feel heard, respected, and involved in the decision-making process.

In nursing-specific contexts, McCabe (2004) <sup>[2]</sup> found that therapeutic communication significantly enhanced patients' emotional comfort and their understanding of care procedures (McCabe, 2004) <sup>[2]</sup>. Her qualitative analysis of nurse-patient interactions indicated that when nurses displayed empathy and encouraged patient expression, trust was built, and compliance improved. Conversely, patients who experienced rushed or transactional communication were more likely to withhold concerns and disengage from treatment.

Therapeutic communication's importance is especially evident in chronic disease management. A study by Parchman *et al.* (2010) explored nurse-led interventions in diabetic patients and found that therapeutic dialogue and motivational interviewing significantly improved HbA1c levels and medication adherence. Patients reported feeling empowered to manage their condition after discussions that validated their concerns and clarified expectations.

In mental health nursing, communication is often the most significant therapeutic tool available. Reported that patients with depression or anxiety showed greater adherence to medication and follow-up sessions when nurses employed reflective listening, non-judgmental questioning, and emotional validation. The study emphasized that therapeutic communication helped to reduce the stigma and distrust often associated with psychiatric care, making patients more open to engagement.

Beyond its psychological benefits, therapeutic communication also enhances practical compliance. Conducted a randomized controlled trial to evaluate discharge instructions delivered by nurses using therapeutic strategies. The study found that patients who received personalized, clear, and interactive discharge counseling had 30% fewer hospital readmissions compared to the control group. This demonstrates the direct impact that communication can have on health outcomes and system efficiency.

Further reinforcing this, O'Hagan *et al.* (2014) <sup>[3]</sup> proposed a competency framework for nurses that placed therapeutic communication alongside clinical skills and patient safety protocols. They argued that in complex care environments-especially ICUs, oncology, and palliative care units-communication could determine whether patients understood their prognosis, followed end-of-life plans, or adhered to pain management protocols (O'Hagan *et al.*, 2014) <sup>[3]</sup>.

Non-verbal communication is another frequently cited component of therapeutic interactions. Found that patients are extremely sensitive to non-verbal cues, such as eye contact, facial expression, and tone of voice. These cues can either enhance the therapeutic message or contradict it, depending on consistency and delivery. When nurses

exhibited open body language and calming voice modulation, patients reported feeling more reassured and were more likely to ask questions and express concerns, both of which are necessary for adherence.

Cultural competency also emerged as a key theme in the literature. Highlighted that misunderstandings related to culture, language, and health beliefs often lead to mistrust and reduced compliance, especially among minority populations. They advocated for integrating cultural awareness training into nursing education as a core communication skill. This is particularly important in countries with diverse populations, where misinterpreted gestures or assumptions can quickly become barriers to care. Despite the evidence supporting its benefits, several authors have also identified barriers to implementing therapeutic communication effectively. According to Chan *et al.* (2010) <sup>[6]</sup>, nurses often cite time constraints, burnout, and emotional fatigue as major impediments. Their integrative review found that while most nurses recognize the value of therapeutic communication, high patient loads and administrative burdens limit their ability to engage in meaningful conversations (Chan *et al.*, 2010) <sup>[6]</sup>. Similar sentiments were echoed by Griffiths *et al.* (2004) <sup>[11]</sup>, who noted that in high-intensity care units, environmental noise, patient acuity, and multitasking frequently obstruct the development of therapeutic relationships (Griffiths *et al.*, 2004) <sup>[11]</sup>.

From an educational perspective, emphasized that many nursing programs do not adequately equip students with communication competencies. They argued that simulation, role-play, and real-time feedback should be integrated into curricula to foster confidence and adaptability in real-world settings. Without structured training, communication remains variable across practitioners, reducing the standardization of this crucial aspect of care.

Finally, technological developments in healthcare have influenced communication patterns. While electronic health records (EHRs) and telemedicine platforms are intended to improve efficiency, Silverman *et al.* (2013) <sup>[9]</sup> cautioned that these tools can depersonalize interactions when not used thoughtfully. Nurses focusing more on screen input than face-to-face dialogue risk undermining therapeutic rapport. However, when combined with strong interpersonal skills, digital tools can complement communication rather than replace it (Silverman *et al.*, 2013) <sup>[9]</sup>.

In summary, the literature overwhelmingly supports the conclusion that therapeutic communication is a vital skill in nursing with measurable effects on patient compliance and overall care quality. It facilitates patient understanding, reduces emotional resistance, encourages involvement in care decisions, and mitigates risks associated with non-adherence. Nevertheless, implementation barriers-ranging from system-level inefficiencies to educational gaps-must be addressed to optimize its effectiveness. Continued research, especially in diverse care settings, is necessary to refine communication models, develop evidence-based training, and adapt communication strategies for technology-integrated healthcare environments.

### **Therapeutic Communication: Core Principles and Techniques**

In healthcare, communication is more than just an exchange of information-it is a clinical intervention in itself. For nurses, who often serve as the primary point of contact

between the healthcare system and patients, the way they communicate can significantly influence patient understanding, engagement, and behavior. Therapeutic communication refers to intentional, patient-centered communication strategies used to support a patient's emotional and psychological needs while promoting adherence to care plans. Unlike casual conversation, therapeutic communication is purposeful, goal-oriented, and grounded in principles of empathy, respect, and trust-building.

At the core of therapeutic communication is empathy, which allows nurses to understand the patient's emotional state and respond appropriately without becoming personally overwhelmed. Empathy strengthens the nurse-patient relationship by validating the patient's experience. According to Mercer and Reynolds (2002), empathetic communication is consistently associated with increased patient satisfaction and emotional relief. Patients who feel emotionally understood are more likely to adhere to their treatment regimens, trust their care providers, and actively participate in their recovery.

Equally important is active listening, a communication skill that goes beyond simply hearing words. Active listening involves attentive silence, appropriate body language, verbal affirmations such as "I understand" or "Tell me more," and summarizing the patient's message to demonstrate comprehension. In a study by Sheldon (2005), it was shown that patients were more likely to express concerns and follow treatment advice when they felt their nurse was genuinely listening to them. Through this method, patients become co-participants in care, rather than passive recipients of instructions.

Another key technique is the use of open-ended questions. Instead of leading or yes/no queries, open-ended questions encourage patients to articulate their symptoms, beliefs, or fears in their own words. For instance, asking "Can you describe how your medication makes you feel?" provides more insight than "Are you taking your medication?" This approach not only uncovers unspoken concerns but also fosters dialogue that can reveal barriers to compliance, such as side effects, misconceptions, or emotional distress.

Clarity of communication is particularly vital in ensuring adherence. Health literacy varies greatly among patient populations. According to the U.S. Department of Health and Human Services, nearly 36% of American adults have basic or below-basic health literacy, which hinders their ability to understand medical information and instructions. Nurses who translate complex medical terms into simple, relatable language enable patients to make informed decisions. Providing written instructions, visual aids, and repeating information as needed are proven strategies for enhancing clarity.

Nonverbal communication is another critical element. Eye contact, tone of voice, body posture, facial expressions, and gestures often convey more meaning than verbal statements. Research by Hall *et al.* (2009) highlights that nonverbal behaviors significantly affect patients' perceptions of care quality and can either reinforce or contradict spoken words. For example, a nurse who maintains gentle eye contact and sits beside a bedridden patient conveys attentiveness and presence, reducing patient anxiety and fostering trust.

In a multicultural society, cultural competence in communication becomes indispensable. Therapeutic communication must be adaptable to the patient's cultural,



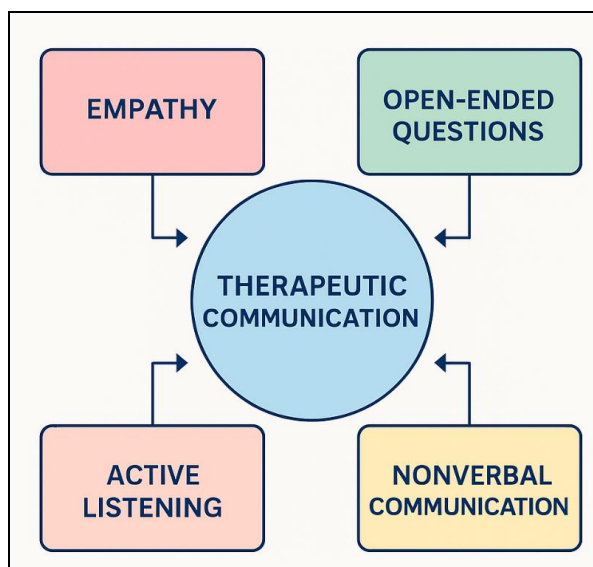
linguistic, and spiritual background. For instance, patients from collectivist cultures may defer decision-making to family members, while others may prefer direct, autonomous dialogue. Understanding these preferences can prevent misunderstandings and ensure culturally safe care. A report by Betancourt *et al.* (2005) emphasizes that culturally responsive communication improves compliance, especially in minority populations who often experience disparities in care.

Nurses must also develop self-awareness as part of therapeutic communication. Reflecting on their own biases, emotional states, and triggers helps nurses maintain professionalism and respond to patients without projecting their own stress or judgments. Emotional intelligence—a concept popularized by Daniel Goleman—supports the notion that self-awareness, self-regulation, and social skills are essential for meaningful interpersonal relationships in healthcare.

Timing and situational appropriateness further influence the success of therapeutic interactions. Nurses must assess when the patient is mentally and emotionally receptive to receiving information. Delivering complex care instructions immediately post-surgery, for example, may result in poor recall. Instead, staggering information delivery over multiple sessions or engaging caregivers can enhance patient comprehension and retention.

The implementation of therapeutic touch, when culturally and ethically appropriate, is also part of nonverbal therapeutic communication. A simple touch on the shoulder, a handshake, or assisting with mobility while maintaining eye contact can convey reassurance and compassion, particularly in palliative care and geriatric settings.

The cumulative impact of these principles results in more effective nurse-patient partnerships, reduced patient anxiety, greater satisfaction with care, and improved adherence to medical plans. Therapeutic communication becomes a tool not just for information delivery, but for behavioral change and empowerment.



**Fig 3:** Core elements of therapeutic communication in nursing

Despite the proven benefits, therapeutic communication is not always implemented effectively in clinical settings. Barriers such as time constraints, high patient loads, and institutional pressures can reduce the quality and frequency

of meaningful interactions. A survey by the National Council of State Boards of Nursing (NCSBN) found that nurses often struggle to prioritize therapeutic communication in fast-paced environments where procedural efficiency is emphasized over relational quality. Moreover, burnout and compassion fatigue can diminish a nurse's ability to engage empathetically. Support systems, adequate staffing, and wellness programs are thus essential to sustaining communication competencies over time.

Training also plays a vital role. Many nursing curricula still allocate insufficient hours to communication skills development, focusing heavily on technical procedures and clinical protocols. However, simulation-based learning, standardized patient interactions, and reflective writing have shown promise in preparing nurses for real-life scenarios. As the healthcare industry moves toward patient-centered models, integrating communication as a core competency is both timely and necessary.

Digital tools can complement, but not replace, human-centered communication. Electronic health records, telemedicine platforms, and AI chatbots should be designed to support—not hinder—face-to-face nurse-patient interactions. When used thoughtfully, digital aids can reinforce therapeutic messages, offer translated materials, or provide reminders that support patient compliance post-discharge.

In conclusion, therapeutic communication is the emotional and relational glue that holds effective nursing practice together. It is through these intentional, compassionate, and context-aware conversations that nurses foster understanding, alleviate distress, and encourage compliance. As health systems confront growing demands, resource constraints, and increasing patient diversity, investing in the art and science of therapeutic communication is no longer optional—it is essential for safe, effective, and ethical patient care.

### **Impact of therapeutic communication on patient compliance**

Patient compliance—or adherence to prescribed treatments, lifestyle modifications, and follow-up care—is critical for successful health outcomes across all clinical settings. However, non-compliance remains a pervasive problem globally. The World Health Organization (WHO) estimates that only about 50% of patients with chronic diseases adhere to long-term therapy regimens in developed countries, and the rate is even lower in low-income regions (WHO, 2003) <sup>[1]</sup>. While multiple factors contribute to non-compliance—including socioeconomic constraints, health literacy, and psychological resistance—numerous studies have shown that one of the most modifiable and influential variables is the quality of communication between healthcare providers and patients. In this context, therapeutic communication, especially as practiced by nurses, plays a decisive role. Unlike standard clinical communication, therapeutic communication goes beyond the transmission of information; it aims to build trust, reduce anxiety, clarify doubts, and empower patients to participate actively in their care. Patients who feel genuinely heard, respected, and emotionally supported are significantly more likely to adhere to treatment instructions and return for follow-ups. A meta-analysis by Zolnieriek and DiMatteo (2009) <sup>[13]</sup> found that patients were 19% more likely to comply with treatment when their healthcare provider communicated effectively (Zolnieriek & DiMatteo, 2009) <sup>[13]</sup>. This study, while focused

on physicians, has implications for nursing as well, given that nurses spend more continuous time with patients and often interpret or reinforce medical instructions. In many cases, it is the nurse's interaction-rather than the physician's directive-that determines whether a patient will follow through on medical advice. The influence of therapeutic communication is particularly evident in chronic disease management, where ongoing patient behavior plays a major role in disease progression or control. For example, in patients with type 2 diabetes, those who receive nurse-led education embedded with motivational interviewing and empathetic dialogue show significantly better glycemic control and are more likely to adhere to lifestyle modifications such as dietary changes and regular exercise. Nurses who engage patients through therapeutic communication can explore underlying fears, cultural beliefs, or misconceptions that may hinder self-management-such as concerns about insulin use or misunderstandings about dietary restrictions. Therapeutic communication also contributes to better compliance in mental health nursing, where trust and rapport are central to treatment success. Patients with depression, anxiety disorders, or schizophrenia are often hesitant to take medications due to side effects or stigma. A study by Miller *et al.* (2016) found that therapeutic communication, particularly in the form of regular verbal reinforcement and emotional validation, improved medication adherence by up to 30% in psychiatric settings. In these cases, therapeutic techniques such as reflective listening and open-ended questioning help uncover the patient's reasoning for non-adherence, enabling tailored interventions. In postoperative care, compliance with discharge instructions-ranging from medication to wound care to physiotherapy-is essential for recovery. Patients often report feeling overwhelmed or confused at discharge, leading to errors or omissions in home care. Nurses who take the time to explain instructions clearly, repeat key points, use written checklists, and assess the patient's understanding through therapeutic dialogue reduce this risk. A randomized controlled trial by Weiss *et al.* (2007) showed that patients who received enhanced discharge communication by nurses had 30% fewer hospital readmissions compared to those who received standard instructions. The value of therapeutic communication extends into pediatric and geriatric care, where patients may depend on caregivers or have difficulty expressing themselves. In pediatric settings, therapeutic communication involves engaging both the child and the parents, using age-appropriate language, and offering emotional reassurance. In geriatric care, addressing cognitive decline or sensory deficits requires tailored approaches such as speaking slowly, using visual aids, and confirming understanding-strategies that improve treatment adherence and reduce confusion or misuse of medications. Furthermore, in community health nursing, where education and preventive care dominate, therapeutic communication is critical in behavioral change interventions, such as smoking cessation, vaccination compliance, and prenatal care. Nurses trained in communication strategies such as the Stages of Change Model or motivational interviewing have been more successful in facilitating patient commitment to long-term goals.

Another often underappreciated aspect of therapeutic communication is its role in identifying silent barriers to compliance. Patients may not volunteer reasons for non-

adherence-such as financial difficulty, lack of transportation, illiteracy, or fear of judgment-unless they feel safe. A compassionate and non-judgmental communication style encourages disclosure of these barriers, which nurses can then address through referrals, patient navigation services, or alternative treatment plans. For example, a hypertensive patient who skips follow-up visits due to travel cost might benefit from telephonic check-ins or community health outreach.

The relationship between therapeutic communication and compliance is also mediated by patient empowerment. Patients who understand their condition and feel involved in decision-making are more likely to take ownership of their health. According to Anderson and Funnell (2010), patient empowerment is a predictor of adherence and is most effectively fostered through open, respectful, and informative communication. Nurses, by encouraging questions and supporting self-care goals, serve as catalysts in this empowerment process.

However, it is important to acknowledge that therapeutic communication alone cannot guarantee compliance. Socioeconomic determinants, mental health status, and structural barriers like healthcare access and medication affordability still play significant roles. Nonetheless, communication remains one of the most modifiable, low-cost, and high-impact strategies in improving adherence. It is a skill that can be taught, measured, and improved with practice and institutional support.

Healthcare systems that prioritize therapeutic communication-by offering training, ensuring time allocation, and valuing patient feedback-often see broader improvements in quality metrics, including readmission rates, medication adherence, and patient satisfaction scores. As we move toward more value-based care models, where outcomes and patient experience are central to reimbursement and accreditation, the emphasis on communication as a clinical competency will only grow.

In summary, therapeutic communication is not just an interpersonal skill-it is a clinical intervention with measurable impacts on patient compliance. Nurses who practice this form of communication help patients navigate the emotional, cognitive, and practical challenges of managing their health. By fostering trust, reducing uncertainty, and encouraging engagement, therapeutic communication becomes a bridge between diagnosis and healing, between prescription and action.

### **Barriers to effective therapeutic communication**

While therapeutic communication is widely acknowledged as a vital component of nursing care, its consistent practice in clinical environments is frequently hindered by a range of obstacles. These barriers may be systemic, individual, or situational in nature, often overlapping to disrupt the flow of meaningful interaction between nurses and patients. Understanding these barriers is crucial not only for recognizing communication breakdowns but also for developing strategies to overcome them and enhance the overall quality of care.

One of the most prevalent barriers is the lack of time. In busy hospital settings, nurses are often assigned high patient loads and expected to complete numerous technical tasks within limited timeframes. Under such pressure, communication becomes rushed, task-focused, and impersonal. Essential elements of therapeutic

communication-such as active listening, empathy, and patient education-are sacrificed in favor of clinical efficiency. Patients may leave interactions feeling unheard or confused, which can lead to non-compliance or emotional distress. This time constraint is further compounded during shift changes, emergencies, and in understaffed facilities where nurses are stretched thin across multiple roles.

Another significant barrier stems from burnout and emotional fatigue. Nurses working in high-stress environments-such as intensive care units, oncology wards, or emergency departments-frequently experience compassion fatigue, a condition characterized by emotional exhaustion and reduced capacity for empathy. When overwhelmed, nurses may unintentionally disengage from patients, delivering care in a mechanical or detached manner. Over time, this emotional distancing can erode trust and hinder the development of therapeutic relationships, particularly in cases where patients are already anxious or vulnerable. Inadequate communication training also contributes to the problem. While nursing education emphasizes anatomy, pharmacology, and procedural skills, communication is often treated as a secondary competency. Many nurses enter clinical practice without a robust understanding of therapeutic communication techniques or the psychological underpinnings that inform patient behavior. This lack of formal training results in variability in communication style, with some nurses struggling to navigate difficult conversations, address sensitive topics, or tailor their communication to patients with cognitive or emotional impairments. Cultural and linguistic differences present another layer of complexity. In multicultural healthcare settings, nurses may encounter patients who speak different languages, follow different health belief systems, or exhibit communication styles that conflict with their own. For instance, some cultures view direct eye contact as confrontational, while others see it as a sign of respect. Failure to recognize and adapt to these nuances can result in misunderstandings, discomfort, and ultimately, reduced compliance. Language barriers, in particular, limit the exchange of critical information and increase the risk of medical errors. While interpreter services are increasingly available, they are not always used effectively or consistently, further complicating patient-nurse interactions. Hierarchical dynamics within the healthcare system can also inhibit therapeutic communication. In environments where rigid authority structures dominate, nurses may feel undervalued or discouraged from voicing concerns, advocating for patients, or spending time on relational aspects of care. When communication is framed primarily as the responsibility of physicians or administrative staff, the nurse's role as a therapeutic communicator is diminished. Additionally, patients may also contribute to communication breakdowns by withholding information due to fear, mistrust, or feelings of helplessness-especially in environments that feel rushed or impersonal. Environmental factors such as noise, lack of privacy, and frequent interruptions also interfere with communication. In open wards or overcrowded emergency rooms, nurses may struggle to establish confidential, focused dialogue. Patients who are in pain, disoriented, or under sedation may not be in a state to comprehend instructions or engage in meaningful conversation, requiring nurses to make clinical judgments about timing and appropriateness of communication. Technology, while offering tools for documentation and

patient education, can also become a barrier. Overreliance on electronic health records (EHRs) has, in some settings, led to nurses spending more time inputting data into computers than engaging with patients. When screens become the focal point of the interaction, the human element of care can suffer. Patients may perceive the nurse as distracted or inattentive, which undermines rapport and diminishes the impact of any communication that does occur. Finally, emotional and psychological factors within patients themselves can block effective communication. Anxiety, fear, denial, or confusion can make patients less receptive to information. In such cases, therapeutic communication is more important than ever, *yet al.so* more challenging to implement. It requires sensitivity, patience, and a personalized approach that considers the patient's emotional readiness and preferred communication style. In sum, the practice of therapeutic communication is influenced by a matrix of internal and external factors. From workload pressures and emotional fatigue to cultural barriers and systemic limitations, nurses operate within environments that can restrict their ability to communicate effectively. Addressing these barriers requires a multifaceted approach-one that includes institutional support, continued professional development, structural changes in workflow, and a renewed emphasis on the value of human connection in healing. Only by recognizing and confronting these challenges can healthcare systems hope to empower nurses to practice the level of communication that modern, patient-centered care demands.

### Strategies for Enhancing Therapeutic Communication in Practice

1. **Simulation-based training:** Incorporating role-play and patient-actor scenarios into nursing education allows students to practice communication in a controlled, feedback-rich environment.
2. **Mindfulness and emotional resilience programs:** Encouraging nurses to engage in reflective practice and stress management can prevent burnout and preserve their capacity for empathy.
3. **Interdisciplinary collaboration:** Engaging social workers, interpreters, and cultural mediators in care planning enhances communication with patients from diverse backgrounds.
4. **Feedback systems:** Collecting regular patient feedback on communication experiences can guide improvements and recognize best practices.
5. **Technology use:** While human contact remains central, digital tools like patient education videos, SMS reminders, and translation apps can support communication efforts, especially for reinforcing treatment instructions.

### Conclusion

Patient compliance is a foundational element of effective healthcare delivery, directly influencing recovery outcomes, chronic disease management, and overall patient well-being. Despite the best clinical interventions and advanced treatments, non-compliance remains a widespread issue, often resulting not from medical complexity but from a breakdown in the communication process. This study has demonstrated that therapeutic communication-characterized by empathy, clarity, active listening, and trust-serves as a powerful intervention in improving patient adherence across

diverse clinical settings.

Nurses, by virtue of their proximity to patients, play a critical role in bridging the gap between medical advice and patient behavior. Through therapeutic communication, nurses are not only able to deliver care instructions but also uncover emotional, psychological, and social barriers to compliance. Whether dealing with a patient newly diagnosed with a chronic condition, a post-operative elderly individual, or someone facing mental health challenges, therapeutic communication humanizes the care process, creating space for patients to be heard and understood. This sense of connection and validation increases their willingness to follow medical recommendations.

However, the practice of therapeutic communication is not without its challenges. Barriers such as time constraints, emotional fatigue, inadequate training, cultural differences, and system-level inefficiencies can significantly hinder meaningful interaction. These limitations highlight the need for institutional reforms and educational investments that treat communication as a core clinical skill rather than an auxiliary one. Incorporating therapeutic communication into nursing curricula, providing simulation-based training, and fostering a culture that prioritizes relationship-centered care can lead to measurable improvements in compliance and satisfaction.

Moreover, this study reinforces that therapeutic communication is not a soft skill but a measurable, evidence-based intervention with clinical outcomes. When nurses engage with patients in a manner that promotes understanding, trust, and emotional support, the results go beyond compliance—they lead to safer, more efficient, and more compassionate care. As healthcare systems move toward models that emphasize value, outcomes, and patient engagement, the importance of communication will only continue to grow.

In essence, therapeutic communication transforms routine care into a healing relationship. By empowering nurses to connect with patients meaningfully, it fosters not only better adherence but also a more humane and responsive healthcare system.

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