

## Original Article

# The role of counselling and communication skills: how can they enhance a patient's 'first day' experience?

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## Abstract

A patient arriving for their first Radiotherapy appointment can exhibit an array of behaviours, such as anxiety or aggression, which are generated by intense emotions. Each patient will have their own individual concerns and their needs should be addressed, to make their first experience in the Radiotherapy Department as smooth and stress free as possible.

The radiographer's role at this point is undoubtedly to provide patients with information, whilst demonstrating a compassionate and genuine nature. This can make all the difference to the way a patient reacts and copes with the entire course of radiotherapy.

The skills that will allow a radiographer to handle these situations are, in the first instance; good communication skills, but in addition to this the development of some basic counselling skills could further enhance patient care.

The aim of this article is to discuss the benefits of utilising basic counselling skills to create the best environment possible for the patient, and possibly answer some questions about their legitimate nature.

## Keywords

Counselling; communication skills; radiotherapy; patients

## INTRODUCTION

When a patient arrives for radiotherapy for the first time he or she can be experiencing a variety of emotions as a consequence of previous information, experience and personal perception. These feelings can be portrayed through a range of behaviours such as aggression, malevolence, anxiety or depression.<sup>1</sup> Radiographers encountering anxious patients must be capable of handling this situation at least at Level 1 on the scale of psychological support, as shown in Table 1.

It is common practice, in a number of radiotherapy departments, to take new patients away privately for a 'first day chat' to provide information about the treatment and give advice on side effects and their management. When approaching this situation the radiographer must utilise good communication/counselling skills to alleviate anxiety and elicit the concerns of the patient. It is important to remember that this encounter can set the tone of the relationship for the rest of the treatment. The level of radiographers' skills is variable and often dependant on their experience and training; however it is unclear what role these skills should play in their daily practice.

Thus, the aim of this article is to identify and subsequently justify the use of counselling skills

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**Table 1.** Levels of psychological care – Shows the recommended model of professional psychological assessment and support provided by the NICE guidelines to Improving Supportive and Palliative Care for Adults with Cancer (2004)

Level	Group	Assessments	Interventions
1	All health and social care professionals	Recognition of psychological needs	Effective information giving, compassionate communication and general psychological support
2	Health and social care professionals with additional expertise	Screening for psychological distress	Psychological interventions (such as anxiety management and problem solving.
3	Trained and accredited professionals	Assessed for psychological distress and diagnosis of some psychopathology	Counselling and specific psychological therapies, such as cognitive behavioural therapy and solution-focused therapy, delivered according to an explicit theoretical framework
4	Mental health specialists – clinical psychologists and psychiatrists	Diagnosis of psychopathology	Specialist psychological and psychiatric interventions

The foundation for this model is based on patients' and carers' assessments of their personal emotional status and ability to recognise and meet their own needs for support (this is termed level 0 in the guidance document). It also recognises varying levels of psychological skills, supplied by health professionals that the patients can draw on.

**Table 2.** Summary of basic communication skills

Skill	Brief explanation	Patient benefit
Careful listening	This can involve verbal and non-verbal characteristics to show the patient that you are listening, by: <ul style="list-style-type: none"> <li>• summarising and repeating information</li> <li>• checking understanding</li> <li>• appropriate facial expression and gestures</li> </ul>	The patient will feel HEARD. This is a very important characteristic and can help to build trust and mutual respect
Verbal and non-verbal communication	<ul style="list-style-type: none"> <li>• Asking appropriate questions</li> <li>• Asking closed, open or combined questions</li> <li>• Clarity and tone of speech</li> <li>• Eye contact/open body language</li> <li>• Verbal and non-verbal communication well-matched</li> </ul>	This allows the patient to either give a free answer or a short definitive one This can also help the radiographer to judge if a topic is unwelcome for the patient This can help the patient to feel comfortable and relaxed
Empathy	Reflecting feelings verbally and non verbally	Acknowledges that the radiographer is trying to understand the patient's experience and actively listening
Self awareness	The radiographer/health professional knows what topics they are comfortable with and will acknowledge a lack of understanding and inability	This helps develop a relationship based on respect

when talking to a patient in a 'first day chat' situation. For discussion purposes communication skills are defined as those skills natural to a person's character and the basis for development of counselling skills. They can be summarised as the skills that facilitate clear expression of thought and active listening resulting in effective two-way conversation (Table 2). Whereas counselling skills are the interpersonal skills that reflect the values of counselling, and are used with intention. Counselling skills include good communication skills, but also incorporate other characteristics such as:

- Genuineness.
- The ability to be non-judgemental.
- Reflective listening, clarifying and paraphrasing.
- Supporting or challenging.

These skills are used with the intention of helping patients to set goals, problem solving and facilitating catharsis.

The role of counselling skills will be discussed in the context of improving standards of patient care within recognised theoretical frameworks,

policy guidance and from personal experience of working in a busy radiotherapy department.

## THE PATIENT

Cancer is a potentially life-threatening disease and even the word cancer can create a feeling of fear and much psychological distress for a patient and their family.<sup>2</sup> Indeed, cancer has been described as: 'certain death', 'the big C' and could be perceived as a patient's 'worst nightmare'.<sup>1-6</sup> Undeniably, cancer is viewed as a serious and multi-faceted disease that affects the patient not only physically, but psychologically too.<sup>6</sup> Consequently, when a patient arrives for radiotherapy they have already begun their cancer journey, but may not yet have adapted to the diagnosis, so perhaps these thoughts are ever present in their minds. With the additional effect of starting a new treatment, the experience can be extremely stressful and fear inducing.

There is a view that anxiety is an understandable response to diagnosis and treatment, therefore most patients are anxious in varying degrees.<sup>1,7</sup> The literature identifies that between 20 and 50% of cancer patients suffer from anxiety, although it is often taken for granted by radiographers that all patients are anxious to some extent.<sup>8</sup> In addition, studies have shown that depression is common with prevalence rates of 20–40 %, depending on the literature reviewed.<sup>2,7,9,10</sup> It is proposed that when patients attend on the first day of treatment the effective use of counselling skills may in some way help to alleviate this anxiety, or at least identify their concerns. The following discussion will examine this in more detail.

## THE USE OF COUNSELLING SKILLS IN THE 'FIRST DAY CHAT'

The BACP British Association for Counselling and Psychotherapy<sup>11</sup> offer a definition of counselling skills, which is provided below.

Counselling skills are being used when:

- There is an intentional use of specific interpersonal skills, which reflects the values of counselling, and the user's primary role [radiographer] is enhanced without them taking on the role of counsellor,

And:

- The recipient perceives the user as acting within their primary care role [radiographer] not that of a counsellor.

It is important to highlight the distinction between using counselling skills in everyday practice and counselling as the primary function of a practitioner's role. To clarify this further, Bayliss presents a simple framework that helps to characterise when counselling skills are being used:<sup>12</sup>

1. Counselling skills are specific.
2. They should be used with intention.
3. They are interpersonal skills.
4. They are underpinned by values emphasised by three core conditions: empathy, genuineness and respect.
5. They enhance the primary role of the user.
6. Counselling and counselling skills are different.

This is reflected in the definition of supportive care by Cancerlink (2000), which states that the patient should be treated as an individual: with respect and dignity, and receive support from professionals prepared to listen to both the patient and family. It is often suggested that this should be evident throughout treatment, but on the first day it is of the utmost importance.<sup>13</sup>

A cancer journey can be described, by patients, as a series of peaks and troughs (levels of stress), the most elevated being at the beginning of each type of treatment.<sup>14</sup> Many patients will be experiencing high levels of stress when starting radiotherapy and perhaps at this point they may feel the need to develop a relationship with a key individual.<sup>15,16</sup> The radiographer is ideally placed to fulfil this role and by utilising basic counselling skills can help to alleviate anxiety whilst developing a co-operative relationship.<sup>1</sup> These specific skills and their uses will now be discussed further.

## COMMUNICATION SKILLS

Fundamental to the use of effective counselling skills are good communication skills, as shown in Table 2, which are at present receiving increasing attention in psycho-oncological care.<sup>6,16</sup> If a radiographer is not able to communicate with a patient, how can they assess their situation; provide information and

offer support? Some authors<sup>8</sup> refer to the views of the NICE Guidelines<sup>17</sup> and suggest that for successful face-to-face consultation all staff should receive training in communication skills to an appropriate level, be an effective communicator or at least be able to refer the patient to staff that are. This is a valid recommendation as it proposes at least a minimum level of competence that is acceptable.

There are more formal methods of individual psychological support<sup>7,9</sup> that suggest ways to develop a co-operative relationship, which empower the patient to become more active in their own care, e.g. gaining support and employing adaptive coping mechanisms. This attaches importance to the role of the health care professional<sup>18,19</sup> suggesting that the way a practitioner communicates can create degrees of hopefulness and reduce psychological distress. When considering the first day chat, it is evident that good communication skills are invaluable and some specific skills such as listening, clarification and empathy are key.

The following discussion identifies key skills, which focuses on how these can be developed further to meet the requirements of basic counselling skills.

## LISTENING

A patient is more likely to go to a radiographer who has actively listened and understood a previous problem. For instance, something that arose in a first day chat that the radiographer helped with, will facilitate communication further down the line in their radiotherapy journey.<sup>20</sup> The first level of counselling skills can be described as 'active listening',<sup>12</sup> when radiographers can observe, be attentive and respond to the patient and their communication. Although the term 'listening' seems to be overused in the literature on communication and counselling skills, it is undoubtedly the most important. Listening allows us to understand the patient; what they have said; recall it, and hear the feelings accompanying the dialogue whilst learning to feel comfortable with silence.

Listening and reflective listening are invaluable counselling skills and rely on the link between verbal and non-verbal communication<sup>21,12</sup> and can commonly convey a feeling of respect. The patient's

feelings are important to them, and if they feel they are being heard they will disclose more information to a radiographer that is actually listening and responding to them. There is often not much time involved in a first day chat, but the goal of making the patient feel heard and understood can be achieved in a short exchange when effectively using skills such as listening and observing.<sup>6</sup>

Through listening, a radiographer is able to respond by paraphrasing (showing the patient that they have been heard correctly) and reflecting (demonstrating that the radiographer is being empathetic). This allows the patient to hear what they have said and to correct or connect feelings to events.<sup>16</sup> Thus, the radiographer is able to elicit feelings and concerns from the patient's verbal or non-verbal cues, e.g. if a patient is describing an event that they are verbally communicating they were happy with, but whilst doing this start wringing their hands and averting their eyes, a radiographer can respond by paraphrasing the content: *'you said that you were ok, but when you were talking you seemed quite anxious, is there something else you would like to ask?'* By the radiographer exhibiting a genuine care for their well-being this can lead the patient into greater disclosure. Often physicians and clinicians, who perhaps have not developed the same relationship with the patient, can miss these cues leading to greater psychological distress.<sup>20,22</sup>

## PRECISION AND CLARIFICATION

It is important to encourage the patient to be exact about particular events and feelings<sup>23</sup> especially at the beginning of treatment as this enables them to approach treatment with a clearer mind. When patients can do this, it allows them and the radiographer to connect associated emotions with events that may arise again during treatment. For example, a patient may describe an event in which someone mentioned something that made them angry or upset; this allows the radiographer to use this information to ensure that particular event does not repeat itself within the confines of the treatment area.

Reflective listening is a useful counselling skill as it allows the radiographer to listen and then ask questions or mirror the situation through paraphrasing. This helps to clarify feelings and may give

the patient a chance to view their statements from a different perspective. This in itself can be helpful to a patient who is unsure about how they feel.

## SELF-AWARENESS

When patients are starting radiotherapy, they are beginning a new chapter of care and may have been through a series of difficulties; therefore requiring support to 'jump the next hurdle'. Remaining genuine and congruent in the 'first day' situation is extremely important and requires the radiographer to be self-aware and recognise his or her own limitations.<sup>21</sup> Self-awareness allows one to realise the restrictions within the situation and requires one to remain non-judgemental. Patients would rather hear the honesty of *'I don't know, but I will find out for you'*, than for someone to provide incorrect information [that if discovered by the patient] would lead to loss of trust.

Self-awareness can also allow the radiographer to demonstrate empathy – *the ability to sense another's world of felt meanings as if they are their own* – which is very important.<sup>6</sup> Empathy is only effective when it is communicated to the patient by the radiographer and this can then help establish a good relationship in the short time offered in a first day chat situation.

Empathy also involves non-verbal expression from the radiographer, and is something that patients value. Demonstration of empathy or compassion can make a difference to patient care, which has been shown in a study by Fogarty.<sup>24</sup> Although this research was carried out with physicians, it demonstrated that the expression of compassion, albeit short, had a great effect on reducing anxiety. This finding is significant when related to a 'first day chat' situation as there is limited time for the radiographer to convey a feeling of caring. However, if the patient can experience a feeling of compassion, empathy and genuineness regarding their well being, their anxiety can be reduced before starting treatment.

This facilitation of catharsis can again lead to greater disclosure of information from both parties<sup>18</sup> and allows the patient to know that the radiographer has an interest in not only their physical well-being, but as a person too.

This approach is important on a first visit, as it sets the tone for the entire treatment relationship that ensues.<sup>20</sup> This relationship can then provide a great deal of support for a patient throughout treatment. Thus, the effect of using basic counselling skills in this way in a 'first day chat' can have an enormous impact on a patient's radiotherapy experience.

Although the counselling skills described above are basic they can be used with great success in the first day chat situation, however there are too many situations where patients relay negative experiences. These generally involve staff using poor communication skills by demonstrating classic barriers to listening such as: use of leading questions, not actively listening or not acting on the information supplied.<sup>8,13</sup>

## BARRIERS TO EFFECTIVE USE OF COUNSELLING SKILLS

The difficulties of using counselling skills in practice are often related to lack of facilities.<sup>10,18</sup> Whether this facility is environment, training, staffing or time, there seems to be a dearth of it in current radiotherapy services. Although studies<sup>24</sup> have shown that so little is required – *40s of compassion can make a difference* – it is often a case of being too busy to apply the skills necessary to relieve anxiety, or not having somewhere private to talk.

Another problem discussed by Faulkner and Maguire<sup>23</sup> is that professionals within the cancer arena often feel that their patients will disclose information and problems spontaneously and therefore there is no need to search for them. From a radiographer perspective it may be there is a fear of getting too close, hence compromising their professional survival? When the radiographer is competent with their use of counselling skills a balance between professionalism and good support can be reached.

Radiographers working in treatment delivery often feel a great deal of pressure due to the volume of tasks, numbers of patients and general stress and therefore may not be able to develop their skills to the required level in the short period allowed for a first day chat. However, the NICE guidelines and the Statements for Professional

**Table 3.** Schools of thought involved in counselling

School of thought or counselling approach	Emphasis in use	Beliefs
The Psychodynamic	This tends to focus on the link between past experiences and the present situation, whilst acknowledging the unconscious forces affecting the client's behaviour. It encourages emotional Expression	The beliefs revolve around the effect of unconscious motives and drives that have developed through experiences in the past that the person has been unable to deal with. It acknowledges the therapist as expert
The Humanistic	Practitioners tend to avoid interpretation when using this model, and seek the use of the client's identification of his problems and their solutions	The belief revolves around the thought that people are essentially free and responsible for their own condition, and stresses the individuality and differences in the human condition. It views the client as expert
The Cognitive Behaviour	The emphasis is on confrontation rather than warmth in the counselling relationship, with the use of logical and rational approaches to problems	The beliefs emphasis that persons are complex and respond to learning and reinforcement. It encourages the link between what we think of ourselves, our behaviour and how we feel about ourselves

Conduct for Radiographers (2001) require us to have these skills and improve patient care whilst maintaining a smooth and effective system of practice. This requires commitment from a number of actors: firstly, the radiographer who by extending their skills demonstrates that continuous professional development in this area is as important as their technical role. Secondly, service leads should recognise that current practices and staff shortages are not conducive to good patient care. Finally, although the NICE guidance advocates improvements in staff training in communication, there is little funding for courses.

At this point a word of caution is necessary: a health care professional using counselling skills in practice is not a counsellor, unless they have undergone specific training and accreditation, assuming then a formal counselling role.<sup>25</sup> Unfortunately, this has been a common misunderstanding, thus the difference between counselling and the utilisation of counselling skills will be discussed in more detail.

## FROM COUNSELLING SKILLS TO COUNSELLING

The levels of psychological intervention, shown in table 1, can illustrate the transition from the use of counselling skills in a health care setting to formal counselling. We are moving from Levels 1/2 (good communication skills/basic counselling skills) to Level 3 of the psychological

support structure. This then becomes a formally arranged aspect of care that would not involve radiographers in their day-to-day practice, except perhaps to signpost or refer patients to a recognised counselling service.

The purpose of counselling is to offer time, respect and attention to help a person find ways of living more resourcefully or finding ways of coping with problems being experienced.<sup>7</sup> Counselling is a specific psychological intervention that is provided by qualified professionals utilising counselling skills to develop a purposeful relationship with the patient in order to help them help themselves. It involves a greater exploration of thoughts, feelings and behaviour than can be achieved in a short period, such as a first day chat.

There are several schools of counselling theory, as described in Table 3. It is the belief of the author that during a first day encounter, although not a formal arena for counselling, a combination of humanistic and cognitive behavioural approaches are appropriate. There are specific differences between the two; however they both apply to Egan's role of 'helper' in its generic term, as all those using counselling and helping skills.

Both the humanistic and behavioural schools of counselling fundamentally believe that people are individual and complex and that they can learn how to determine their own course of action, ultimately that they know what is best for them.

The humanistic approach focuses more on the relationship between counsellor and client in that it is in itself therapeutic. The counsellor uses the core conditions of genuineness, respect and empathy to convey unconditional positive regard to facilitate catharsis and hopefully self-determination in the patient. Behavioural approaches tend to be more structured and are usually appropriate to specific psychological problems that patients may have.<sup>26</sup> When talking to a patient on the first day it is often apparent that they are anxious or have concerns so by using a humanistic approach this should help to establish a caring relationship, which has the added benefit of helping the patient identify any specific problems. Some problems can be addressed through providing information and other helping actions such as simple goal setting, however where the radiographer feels that this exceeds the limitations of their skills it is important that referral to a more skilled professional is discussed with the patient. One must never assume that referral is necessary or that a patient would wish to be referred, indeed having the opportunity to talk may have been all that was necessary.

Although formal counselling is distinct from the use of counselling skills by a health care professional, both practices require ethical consideration and prompt further discussion.

### **ETHICAL IMPLICATIONS IN THE USE OF COUNSELLING SKILLS**

At the heart of using counselling skills is the sense of conveying positive regard for the patient's feelings, values, experiences and self-determination and as the NICE guidelines<sup>17</sup> indicate: the aim is to serve the interests of the cancer patient. The Ethical Framework for Good Practice in Counselling and Psychotherapy<sup>11</sup> supports this. The radiographer must remain in the supportive rather than judgemental and decision-making role when talking to a patient so that the patient can reap the benefit of feeling a part of their own care pathway.<sup>21</sup>

There are certain ethical principles that must be applied as suggested by BACP (2004) such as fidelity, autonomy, beneficence, non-malevolence, justice and self-respect. When these are applied to the use of counselling skills it can create a cooperative condition for both the patient and radiographer,

which is built on respect. The key issue in the application of ethical principles to this situation is that a trusting relationship should exist between the patient and the radiographer. The radiographer must be able to maintain and honour that relationship whilst showing commitment to the promotion of wellbeing and the fair treatment of all patients. The issues surrounding autonomy can be difficult, but the radiographer must demonstrate respect for the patient and their right to choice whilst maintaining their own self-knowledge and personal care.

As radiographers, there is an obligation to provide a spectrum of psychological care, but self-awareness is essential to realise their limitations in practice. The aim of the radiographer is to relieve patients' anxiety rather than magnifying or causing greater psychological distress. When boundaries are recognised by the radiographer; formal referral with the patient's permission would be the next step.

### **CONCLUSION**

Caring for patients with cancer is not easy; it is often emotionally charged and involves difficult questions and situations.<sup>23</sup> Through the effective use of counselling skills on the first day, the patient's situation can be assessed and the radiographer can respond appropriately to alleviate some of the distress and anxiety that the patient is experiencing. Skills such as open questioning, listening, empathy, genuineness and clarification, previously described<sup>12,23,25</sup> can be utilised by a radiographer in a 'first day chat' to provide information and elicit any concerns. These skills can be learned and training is essential for health professionals, including radiographers, to fulfil professional obligations. In addition, radiographers should develop their self-awareness and recognise their own limitations so that no harm comes to the patient. Furthermore, knowledge of referral pathways within their organisation can contribute greatly to improved patient care.

Finally, there is limited literature on the use of counselling skills in 'the first day chat' situation and most studies are based on more formal psychological interventions. However, it is hoped that this review has supported the argument in favour of developing their use in radiotherapy practice.

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