The Impact of Disruptive Innovation on Therapeutic Communication in the Healthcare Setting

Kaylee Boegel, Junior Nursing Major & Honors Minor

Introduction
The healthcare system is constantly advancing but the one constant that has laid the foundation for patient care is therapeutic touch and communication. This can apply to every aspect in our lives, but as technology is becoming more advanced, disruptive innovators are becoming the new norm, the human connection and face to face interactions are becoming more obsolete. Although the way we communicate in our everyday lives is changing, this cannot be the case in healthcare settings. The nurse-patient relationship is not something that disruptive innovation can replace. There needs to be a balance between the two in order to provide patients with the best care possible that is individualized to them.

Therapeutic Touch & Communication
Therapeutic communication is described as “the process in which the nurse consciously influences the client or helps the client to a better understanding through verbal or nonverbal communication” (Sherko, Sotiri, & Lika, 457). For example, proper communication, whether it is verbal or nonverbal, is crucial to understand the reason for your patient being in the hospital or doctor’s office. Although their chart may state why they are seeking care, it is not until the patient and nurse relationship is built and that trust is formed that you can really start to understand what the problem is and individualize a specific care plan for that patient.

Disruptive Innovator:
The disruptive innovator that I discussed in my paper was the da Vinci Robot. This robot completely changed the way surgeons performed operations. For example, rather than traditional surgeries where the doctors physically cut into their patients, with this robot they are now operating without even touching their patients. They operate the robot from the corner of the room having to rely on their sight through this machine, taking away their entire sense of touch and pressure being put onto the patient. In other words, “it lacks tactile feedback. The surgeon does not receive information on the amount of force applied to the tissue or sutures but is dependant on visual feedback only” (First Experiences with the da Vinci Operating Robot in Thoracic Surgery 850). With this in mind, although it is taking the aspect of therapeutic touch away, procedures done with this robot are less invasive than traditional surgeries but the more we incorporate these disruptive innovators, the further we steer away from the foundation of care being touch and communication.

The Take-Away:
In order to provide the best, most efficient form of patient centered care, we must be able to incorporate disruptive innovators into patient care without abandoning therapeutic touch and communication. For example, in relation to our everyday lives, we often get so wrapped up in the best and most advanced form of technology or cell phone that we neglect how crucial face to face interactions are. This same concept applies to the use of therapeutic communication in hospitals. Doctors as well as nurses, need enough time to be able to perform therapeutic communication with their patients. There has to be a balance between implementing disruptive innovators and still providing healthcare workers enough time to properly care for their patients. Social change is inevitable in our everyday lives but when it comes to patient and provider relationships, therapeutic communication should be the number one priority.

Nursing Questionnaire:
Since I am not yet a nurse, I wanted to get the opinions of registered nurses on their experience of being able to implement therapeutic communication with their patients and if not, what were some of the reasons why they were not able to implement it. I interviewed four nurses, each of them work in different hospitals and are of different ages. All of them felt that they did not have enough time to perform therapeutic communication with their patients due to the amount of time having to perform less important tasks and documentation. As well as, many of them felt overwhelmed with the amount of patients that they are assigned pershift. In other words, if our nurses are overwhelmed and feel that they are spending too much time documenting rather than spending that time with their patients.

References: