
UNIT 1 THERAPEUTIC NURSE-PATIENT RELATIONSHIP

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1 . OBJECTIVES

After studying this unit, you should be able to:

- narrate the definition of therapeutic nurse patient relationship;
- differentiate between therapeutic relationship from social relationship;
- explain the goals of one to one relationship;
- describe the basic ingredients of therapeutic relationship;
- discuss the phases of nurse patient relationship;
- explain the tasks of each phase; and
- correlate it with difficulties encountered by a nurse in each phase and ways to overcome the difficulties.

1.2 INTRODUCTION

You have already read about interpersonal relationship in BNS-101 course on Nursing Foundation during your first year. In this unit you will read about Therapeutic Nurse-Patient Relationship.

Development of therapeutic nurse patient relationship is the basic requirement of nursing. A helping relationship in nursing may be explained as an interpersonal process in which one person, that is, a nurse facilitates the personal development or growth of another person, the patient. Therapeutic relationship is different from social relationship. In the following unit you will read about the concept of therapeutic relationship, the phase of nurse patient relationship the tasks which a nurse is expected to complete in each phase. The emphasis will be placed on difficulties encountered by the nurse during various phases of the therapeutic relationship and ways to overcome them.

1.3 DEFINITION

Kapoor, Bimla (1994) in her book on 'Psychiatric Nursing' defined nurse-patient relationship as follows:

"Nurse-patient relationship is an interaction process between two persons in which nurse fulfils her/his role by using her/his professional knowledge and skills in such a way that s/he is able to help the patient physically, socially and emotionally."

1.4 DIFFERENCE BETWEEN THERAPEUTIC AND SOCIAL RELATIONSHIP

The type of relationship can be therapeutic or social. Let us discuss the differences between these two types of relationship.

Therapeutic Relationship	Social Relationship
<ul style="list-style-type: none"> ● Therapeutic relationship is planned that means when a nurse proceeds to develop the relationship she/he has objectives of developing this relationship. ● The objective of therapeutic relationship is helping the client/patient to overcome the problem or find solution to the problem. ● In therapeutic relationship the length of relationship will depend upon the goals. However, time is limited. Even the time and place of interaction with the patient is planned. ● End or termination of relationship is considered very important in therapeutic relationship. Otherwise it may leave the patient with the same unresolved problem. 	<ul style="list-style-type: none"> ● Whereas social relationship just happens. It may be while traveling in the bus you may start talking to someone on various issues. As soon as you get down the relationship is over. ● The objective of social relationship would be being together for shopping, having fun together. ● Whereas in social relationship it may be just for a short period or may last for years. The interaction may be planned or unplanned. ● The social relationship may exist life-long.

1.5 GOALS OF NURSE-PATIENT RELATIONSHIP

Kapoor, Bimla (1994) has described the goals of one to one relationship given by Travelbee Joyce (1976) and these are listed below:

- i) The nurse helps the patient to cope with present problems
- ii) The nurse helps the patient to understand his problem
- iii) The nurse helps the patient to understand his active participation in an experience
- iv) The nurse assists the patient to identify emerging problems realistically
- v) The nurse helps the patient to find out a new alternative for his or her problem
- vi) The nurse helps the patient to try out new patterns of behaviour
- vii) The nurse helps the patient to communicate
- viii) The nurse helps the patient socialize
- ix) The nurse helps the patient to find a meaning for his illness

1.6 FACTORS AFFECTING THERAPEUTIC RELATIONSHIP

A rapport is developed between the nurse and the patient. Rapport is defined as, a relationship of mutual sympathy and understanding especially between patient and therapist. The ingredients for establishing an effective therapeutic relationship are warmth, genuineness, empathy, self-awareness, honesty, trust, confidentiality, maintenance a respect for the patient and concreteness.

1.6.1 Warmth

Refers to the act of receiving the patient by calling his/her name, accepting the patient with symptoms of mental disorders, a willingness to care for the patient even though his symptoms are severe and his language harsh (which may be due to his illness). It may be annoying at times but keeping this in mind the nurse needs to help the patient in overcoming his problems by knowing the psychodynamics of the disease.

1.6.2 Genuineness

Refers to the actual feelings or concern with which a nurse cares for the patient. In other words, the nurse is honest and sincere to herself and to the patient. For example, if patient asks, 'sister do you think I am seeing things that others cannot see (visual hallucination)'. The nurse explains by saying, "as you are unwell and your illness is of different kind that is why you have this problem. But as you are on treatment these symptoms will not be there after some time". Nurse honestly explains to the patient about his visual hallucination with genuine interest and concern.

1.6.3 Empathy

It is described as one's capacity for understanding other's feeling by placing oneself in his situation or position. It also involves projecting the feelings of an individual who is going through the problem.

As you have read in Unit 6, Block 1 of BNS-101, that empathy is of two types i.e. Basic empathy and Trained empathy. Basic empathy is a natural ability of an individual to feel for others, while, trained empathy is what an individual has learnt about helping others. Trained empathy is also considered as developing skills in professional empathy.

Empathetic ability is an ability of a person to feel the other individual's problem as his/her own. Rogers (1975) described it by calling it the "sense the client's private world as if it were your own, but without losing the 'as if' quality".

For example a mother describes a nurse about the tension she is undergoing due to sickness of her child who is suffering from leukemia. The nurse reacts by counseling the mother, sitting with her, touching her which indicates use of empathetic ability by the nurse.

1.6.4 Self-awareness

Self-awareness is another very important aspect a nurse needs to possess. Self-awareness includes self-concept, beliefs, values and life experiences. If a nurse is confident in her subject and provides care with understanding it indicates that she has a positive self-concept.

If the nurse is aware of the fact that her behaviour is affected due to past experiences, it is expected of her to try and overcome or reduce the negative feelings so that she is able to help the patient better during their therapeutic relationship.

1.6.5 Honesty

Honesty is the key ingredient in developing a therapeutic nurse patient relationship. Suppose a patient asks the nurse a question like, "do you think I will never be able to recover from schizophrenia?" The nurse needs to explain that if he continues taking treatment and following the advice of the psychiatrist he would be able to lead a fairly normal and productive life. This is an honest answer to the patient's question.

1.6.6 Trust

Honestly answering the patient's questions forms the basis of a trustworthy therapeutic relationship. If the nurse has fixed a time for interview she must maintain it. If she is not able to keep the appointment due to some pressing reason she must come in person and inform the patient so that he does not keep waiting for her.

1.6.7 Confidentiality

During the therapeutic relationship the patient develops confidence and trust in a nurse. S/he may even talk about his personal problems with the nurse. If a problem is such that it requires intervention of a psychiatrist or social worker the nurse should report it. However this should be done with the consent of the patient.

1.6.8 Respect

The warmth or regard a nurse gives to her patient contributes to respect. For example, if the mentally ill patient is crying or wanting to talk to someone the nurse may help him out. She may just hold his hand or sit next to him for sometime. These help in developing the therapeutic interpersonal relationship.

1.6.9 Concreteness

Refers to being specific about the patient's feelings, experiences and behaviour. Abstractness refers to generalized reaction or categorization of the reactions of a patient. "All the patients in the psychiatric ward keep crying like you", this is an example of abstractness. Suppose a patient is crying the nurse may say that due to "your sickness and feeling of inadequacy, you feel sad. That is why you feel like crying". This is an example of concrete reaction to patient's feelings.

Check Your Progress 1

1) Define therapeutic nurse-patient relationship.

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2) List the factors affecting therapeutic relationship.

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1.7 PHASES OF NURSE-PATIENT RELATIONSHIP

Kapoor, Bimla (1994) has listed four phases of nurse patient relationship which are explained below while describing the phases she has discussed the tasks of each phase and the difficulties encountered by the nurse and how to overcome the difficulties.

1.7.1 Pre-interaction Phase

Pre-interaction phase begins when a nurse is assigned to a patient with mental disorder till the time she goes to the patient first time. The period is known as pre-interactions phase. During this phase the nurse may avoid going to the patient because of her/his anxiety. S/he may pace in the duty room or do the other work and avoid going to the patient. Or she may plan how s/he is going to interact with the patient and provide care after going through the case sheet/ patients records.

Tasks of Pre-interaction Phase

There are various tasks which a nurse performs during pre-interaction phase. These tasks are explained in the following textual matter.

The nurse explores her fears and anxiety by finding out why s/he is not able to go to the patient. Could one of the reasons be that she is scared to go to the patient alone? If so, she can talk to one of the experienced nurses or teachers to help her out with this difficulty. This, however cannot continue for very long.

The nurse sets objectives for the interaction phase.

You have read the various goals of a therapeutic nurse-patient relationship in Section 1.5 of this unit. The nurse sets the goals as per the needs and conditions of patient. She takes help from the clinical supervisor or co-workers to overcome fears.

Let us sum up the tasks of the **pre-interaction** phase. These are:

- Nurse explores her fears and anxiety
- Sets the objectives for the interaction phase
- Takes the help of clinical supervisor to overcome her fears and anxiety

Barriers or difficulties faced during pre-interaction phase are the same as the ones listed in sub-section 1.7.2(b).

1.7.2 Introductory/Orientation Phase

This phase begins the moment a nurse goes to the patient. It is called an introduction or orientation phase because the nurse introduces **herself/himself** and gets acquainted with the patient as an individual, along with the reason for **his/her** admission. Kapoor, Bimla (1994) has described the tasks of introductory/ orientation phase as follows:

a) Tasks of Orientation Phase

- Establishing contact with the patient
- Developing the pact/contract
- Talking to the patient

Establishing Contact with the Patient

Once the nurse is assigned the patient, she locates him, makes **an** overall assessment of the patient and introduces herself to the patient.

Developing the Pact/Contract

Contract or pact is an agreement which a nurse develops with the patient to help **her/him** towards recovery.

The basic objective of developing pact/contract is to establish a climate of trust, understanding, acceptance and open communication.

Talking with the Patient

The nurse talks with the patient having clear goal in mind. Many a times the moment a nurse asks the question. The nurse takes the history of patient and helps him to talk about his sickness.

During this phase the nurse discusses about confidentiality of the information shared by the patient with the nurse during the therapeutic relationship. If the information does not harm the patient or others she will not share the information with anybody. Otherwise it needs to be informed to the **psychiatrist/social** worker. Trusting relationship is also maintained by keeping up to the time of **interview/interaction**.

b) Barriers of Introductory/Orientation Phase

There may be some difficulties encountered by the nurse during the introductory phase:

- The nurse assists the patient identifying his or her problems
- S/he helps the patient to communicate
- S/he encourages the patient to socialize
- The nurse helps the patient to find an alternative solution to his or her problem
- S/he encourages the patient to use new patterns of behaviour
- The nurse helps the patient to understand that he has a significant role in his treatment
- S/he prepares the patient for termination of relationship by reminding him of it during the interviews. (Refer to goals of therapeutic nurse patient relationship listed under section 1.5 of this unit.)

During the working phase the nurse develops insight into her strength and weakness in helping patients with mental disorder. S/he also uses this experience in helping the other patients. This is the phase where maximum goals of the therapeutic nurse patient relationship can be achieved.

b) Barriers of Working Phase

Some of the common difficulties or barriers faced during working phase are described below:

Testing the Nurse

The barriers in working phase come up when the patient starts testing the nurse. For example, asking a question like, "Sister do you think I will be completely all right though I have schizophrenia."

Delayed Progress of Patient

The recovery in mentally ill patient is very slow. A nurse may get frustrated that S/he had been making all the efforts with her patient but he does not respond. She thinks that all her efforts are a waste.

Difficulty in Collecting and Interpreting Data

Sometimes the nurse finds it very difficult to collect the data, write and interpret it; due to these reasons she may not like to interact with the patient.

1.7.4 Termination Phase

Termination phase starts during the orientation phase when the nurse develops the 'pact' or contract with the patient. The termination of therapeutic relationship depends upon the readiness of patient. The factors which attribute to readiness of a patient for termination of therapeutic relationship are explained in the following text:

a) Factors of Readiness of Patient for Termination Phase

- Patient's signs and symptoms are reduced
- Socialization of patient is as per his/her intelligence, background knowledge and culture
- Increased communication ability
- Able to manage activities of daily living (ADL)

b) The Causes of Termination

The causes of termination can be:

- When patient is ready as mentioned in sub-section 1.7.4(a)
- The patient may be leaving on 'parole' and does not come back
- The nurse has to terminate the therapeutic relationship because her/his duty is changed or clinical experience in that ward is completed
- The therapeutic nurse patient relationship is terminated as patient is discharged from the hospital.

c) Preparation of a Patient for Termination

The termination of therapeutic relationship is difficult for the nurse as well as the patient. Since, they had been working on the problems for such a long time, it is necessary for the nurse to prepare the patient.

- It is very important that the patient should be informed about the termination of therapeutic relationship
- Patient should be encouraged to talk about his/her anxiety or fear of leaving the hospital.

“Sister, will I come back again to the hospital?” “What, if I miss a dose of medicine one day?”

“Is it necessary for me to come back to hospital for follow up or my relatives can come and take my medicines”.

“How do you think my relatives or friends will treat me, now that they know I am suffering from mental illness?”

“Sister, do you think I will be able to carry on my work properly both at home and office”?

- The nurse needs to answer the questions and prepare the patient about medication, importance of follow up and compliance to treatment.
- Sometimes the patient becomes depressed when s/he is told about discharge. This is because the patient has insecurities. The hospital provides non-threatening environment to him. Such a patient may be sent on 'parole' before discharge so that s/he gets accustomed to changes at home.
- In the beginning patient may be asked to attend the day care centre for few days to develop confidence.

d) Tasks of Termination Phase

- Ensuring proper termination of therapeutic relationship
- Introspecting feelings about therapeutic relationship
- Evaluating the achievement of goals of therapeutic relationship
- Utilizing the experience of therapeutic relationship in helping other patients

Check Your Progress 3

- 1) List the factors which attribute to patient's readiness for termination of therapeutic relationship.

- 2) Enumerate the major tasks of therapeutic nurse-patient relationship.

1.8 LET US SUM UP

In this unit of therapeutic nurse patient relationship you have read about what is therapeutic relationship, how it is different from social relationship. The various phases of nurse-patient relationship and tasks and barriers in each phase are explained in detail, as you have read in BNS-101 about nurse-patient relationship. This unit will help you to apply the knowledge in developing the therapeutic relationship with patients having mental disorders and terminate the relationship successfully.

1.9 ANSWERS TO CHECK YOUR PROGRESS

Check Your Progress 1

- 1) Nurse-patient relationship is an interaction process between two persons in which nurse fulfils her/his role by using her/his professional knowledge and skills in such a way that s/he is able to help the patient physically, socially and emotionally.
- 2) The factors affecting therapeutic relationship:
 - i) Warmth
 - ii) Genuineness
 - iii) Empathy
 - a) Empathetic ability
 - iv) Self-awareness
 - v) Honesty
 - vi) Trust
 - vii) Confidentiality
 - viii) Respect
 - ix) Concreteness

Check Your Progress 2

- 1)
 - i) The moment nurse goes to the patient.
 - ii) Agreement which a nurse develops with the patient to help her/him towards recovery.

- iii) When a patient starts seeing the nurse as one of her close relatives
 - iv) When the nurse starts seeing/behaving with the patient as one of her/his close relative.
- 2) ● Establishing contact with the patient
- Developing the pact/contract
 - Talking to the patient
- 3) There may be some difficulties encountered by the nurse during the introductory phase:
- Nurse may feel that establishing a contract/pact with the patient may indicate to the patient that this nurse is not going to stay here for a long time, so he may not discuss the problem with her.
 - Social class may also become a barrier.
 - Anxiety level of the patient and the nurse is also a barrier. If the nurse is anxious to only collect the history and do her assignment and does not care for the patient's needs it will become a barrier in developing the therapeutic relationship.
 - Transference and counter transference also becomes a barrier during the orientation phase. A patient sees the nurse first time and tells her that she looks like his sister and expects that kind of relationship from the nurse. This is transference. Counter transference occurs when the nurse thinks that an old patient is like her father and restrains herself from ordering or giving command to the patient.

Check Your Progress 3

- 1) i) Patient's signs and symptoms are reduced
- ii) Socialisation of patient is as per his/her intelligence, background knowledge and culture
 - iii) Increased communication ability
 - iv) Able to manage activities of daily living (ADL)
- 2) i) Ensuring proper termination of therapeutic relationship
- ii) Introspecting feelings about therapeutic relationship
 - iii) Evaluating the achievement of goals of therapeutic relationship
 - iv) Utilizing the experience of therapeutic relationship for helping the other patients

1.10 FURTHER READINGS

Kapoor, Bimla (1994), *Text Book of Psychiatric Nursing*, Volume II, Delhi, Kumar Publishing House.

Travelbee, Joyce (1976), *Intervention in Psychiatric Nursing Process in the One-to-one Relationship*, 9th edition, Philadelphia, F.A. Davis Company.