1. **THERAPEUTIC NURSE-PATIENT RELATIONSHIP**

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1. **OBJECTIVES**

After studying this unit, you will 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. **INTRODUCTION**

 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. **DEFINITION**

"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 she is able to help the patient physically, socially and emotionally."

A therapeutic nurse-patient relationship is defined as a helping relationship that’s based on

mutual trust and respect, the nurturing of faith and hope, being sensitive to self and others,

and assisting with the gratification of your patient’s physical, emotional, and spiritual needs

through your knowledge and skill.

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* 1. **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.

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| **Therapeutic Relationship** | **Social Relationship** |
| Therapeutic relationship is planned when a nurse begins to develop the relationship with the objectives  | Social relationship just happens. It happens while travelling, etc., |
| The objective of therapeutic relationship is helping client to overcome the problem and finding solution for the same. | The objective of social relationship would be being together for having fun |
| In therapeutic relationship the length of relationship is based on the goals. Time is limited although the time and place of interaction is planned  | Social relationship is for a short period of time or it may also remain for years. It may be planned or unplanned |
| Termination of therapeutic relationship is important because it may leave the patient with the unresolved problem | Social relationship exists for life long |

* 1. **GOALS OF NURSE-PATIENT RELATIONSHIP**

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 behavior

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. **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. **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. **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. **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.

 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. **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. **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. **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. **Confidentiality**

 During the therapeutic relationship the patient develops confidence and trust in a nurse. She may 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. **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 some time. These help in developing the therapeutic interpersonal relationship.

* + 1. **Concreteness**

 Refers to being specific about the patient's feelings, experiences and behavior. 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.

* 1. **PHASES OF NURSE-PATIENT RELATIONSHIP**
		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. She may pace in the duty room or do the other work and avoid going to the patient. Or she may plan how she 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 she 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.

 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.

**The tasks of the pre interaction phase 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
	+ 1. **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.

1. **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/his 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.

1. **Barriers of Introductory/Orientation Phase**

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 refers to 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.
	+ 1. **Working Phase/Phase of Emerging Identities**

This isa phase in which the problem solving process is used. The nurse and the patient work actively to achieve the goals of recovery and be socially productive.

1. **Tasks of working phase**

Therapeutic tasks of the working phase of the nurse patient relationship are

* The nurse collects data in detail from primary patient him/herself and secondary patient’s care file sources and identifies the needs of the patient
* The nurse assists the patient identifying his or her problems
* He/she helps the patient to communicate
* He/she encourages the patient to socialize
* The nurse helps the patient to find an alternative solution to his/her problem
* He/she encourages the patient to use new patterns of behavior
* The nurse helps the patient to understand that he has a significant role in his treatment
* He/she prepares the patient for termination of relationship by reminding him of it during the interview.

During the working phase the nurse develops insight into her strength and weakness in helping patients with mental disorder. He/she 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.

1. **Barriers of Working Phase**

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

**Testing the Nurse**

The barriers in working phase come up when the patient starts testing the nurse.

**Delayed progress of Patient**

The recovery in mentally ill patient is very slow. A nurse may get frustrated that he/she had been making all the efforts with her patient but 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. **Termination Phase**

 Termination phase starts during the orientation phase itself 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

1. **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
1. **Causes of Termination phase**

The causes of termination phase are

* When a patient is ready
* Patient may be leaving back and does not come back
* Nurse has to terminate the therapeutic relationship because her/his duty is changed or clinical experience is completed
* When a patient is discharged may also be the reason for terminating the nurse patient relationship
1. **Preparation of a patient for Termination phase**

The termination of therapeutic relationship is difficult for the nurse and for the patient too. Since, they are working on the problem for a long period of time but it is necessary to prepare the patient for the termination phase

* It is important to inform the patient regarding the termination of therapeutic relationship
* Patient should also be encouraged to talk about their anxiety or fear of leaving the hospital
* The nurse needs to answer the questions and prepare the patient about medication, importance of follow up and compliance to treatment.
* In some situation the patient may become depressed when he/she is told about discharge. This may be due to insecurity feeling of the patient because the hospital provides non-threatening environment to the patient
* In the beginning patient may be asked to attend the day care center for a few days to develop confidence.

 **CONCULSION**

 In this chapter of therapeutic nurse patient relationship we have read about what is

 therapeutic relationship, how it is different from social relationship. The various phases of

 nurse-patient relationship and tasks, phases are explained in detail about nurse patient

 relationship. This chapter will also help you to apply the knowledge in developing the

 therapeutic relationship with patients.