The Nurse-Patient Relationship

Lt. MOHINI CHERIAN

Man being man, says Lt. Mohini Cherian of the Air Force Hospital, Bangalore, he is a slave to his emotions. Fear, worry, anger, jealousy and such factors impede communication. So the nurse should be able to understand the emotion of the patient and her own.

In recent years, in nursing education and practice increasing emphasis has been placed on the nature of relationship the nurse has with the patient. In order to meet the patient's needs the nurse must know how to conduct effective interactions and in order to improve these contacts, she must have sufficient understanding of human behaviour in general and specifically of the patient and herself.

As we all are very much aware of the fact that the nurse is the one who spends the maximum time with the patient, it is very much important to know how a nurse should help the patient to meet his needs and how her relationship with the patient can help her to achieve the goal. Now, the vital key for social interaction is communication.

Major Barrier to Communication

Scientists have proved that the major barrier to communication is emotion. Man being man, he is a slave to his emotions, fear, worry, anger, jealousy and such factors impede communication. So the nurse should be able to understand the emotion of the patient and her own. The study of social science helps the nurse to have a better understanding and also to overcome or to control her emotions.

A study made on the actual nurse-patient relationship shows that it is a most profitable initial approach. Such a method could provide information about the kinds of psychosocial problems that patients actually encounter in the course of illness and hospitalisation, irrespective of the presenting complaint, physiological illness or the resulting care and treatment.

With these considerations in mind, an adaptation of "Flanagan's" 'critical incident technique' was chosen as the primary means of collecting source material for the original study. This method provided for the collection of discription of patient and nurse behaviour inoperationally defind critical situations. Critical incidents were defined as nurse-patient situations in which patients were either helped or harassed by some action of the nursing team member. The benefits or harm to the patient were described in terms of the patients observable reaction to the situation.

Use of Self-Understanding

One of the important tools a n' rse employs in working with the covert nursing problems is self-understanding. How a nurse feels about a patient or a situation can influence to a marked degree the quality of nursing care given.

Many situations are difficult to handle without being dominated by the nurse's own emotional response. Almost any type of patient can arouse anxiety, hostility or anger within the nurse. When negative responses are aroused, the common tendency is to reject the patient and approach him only when necessary. This limits the extent and the quality of the nursing care.

Nurses, like every one else, are human beings with goal, ambition, likes and dislikes, and individual value systems. So they cannot be expected to like everyone and there is really no need for them to feel guilty if they don't. No one can dictate how a nurse ought to feel in any given situation, and it would be useless to try. But the nurse too, can learn to identify how she feels, can ventilate her feelings to remove some of the control over her behaviour, and can learn how to give good nursing care to patients whom she does not adore. This involves expressing her feelings to the proper persons at the proper time.

Certain guidelines apply in almost any nurse-patient relationship. These are as follows :

(a) The time spent with the patients is focussed on patient.

(b) The patient is not permitted actions that endanger himself or others.

(c) This relationship is limited to 'goal-directed activity' in the patient's interests.

(d) The determination of limits is jointly reached by those concerned with the patient's therapy and consistently carried by all.

(e) Limitations are enforced, accompanied by acceptance of the patient's rejection if he feels that way.

Developing the Relationship

A relationship is something to be developed and goes through developmental stages, each with its own characteristics. The first stage of the nurse-patient relationship is the beginning period characterised by orientation, explanation, and limit setting during a period when the patient and the nurse work towards a goal of mutual trust. The nurse bears a heavy responsibility at this period, for she must, during this stage, set the atmosphere and the direction the relation will take. For example, she should approach the patient for the first time armed with all the possible knowledge she can glean that will help her to know and to understand the unique individual she will meet. Age, religion, cultural background, health problem are the samples of these kinds of information she may collect as part of her own orientation. In addition, she will encourage the patient to talk about himself to add to her information.

Also, during this phase, the nurse can observe the clues to discuss the role in which the patient places her.

When the patient and the nurse have developed a feeling of mutual trust, the working phase of the nurse-patient relationship has arrived and the patient will begin to talk more freely about himself.

During this phase, certain "Don'ts" become important. They are:

(a) Don't interpret the patient.
(b) Don't deny the patient's feelings.
(c) Don't make assumption.
(d) Don't use approval or disapproval.
(e) Don't threaten.
(f) Don't advise.
(g) Don't take-over responsibility of the patient.
(h) Don't demand. The patient gets better as a result of your help.

The goals of the working phase of the nurse–patient relationship on patient grow in self-understanding and self-responsiblity.

The last phase is the termination of the nurse-patient relationship. The nurse should prepare the patient for this and it may present some difficulties, depending on the individual patient. In any case, a relationship in a working phase that must terminate, should not come to an abrupt end without some explanation.

Limitations

As health services and their multiple categories of personnel become increasingly interdependent, the differentiation of functions and responsibilities among the groups involved become more difficult. And in the complex setting of medical care, there are certain limits in the role of the nurse that one mostly accepted.

A nurse cannot, by law, diagnose or prescribe. She cannot substitute through her own work, for what she considers to be incompetent on the part of physician.

Another problem in limitation that is often difficult is the short stay of patients and the limited time that a nurse may be in contact with a particular patient.

Nurses are often caught in situations in which although attempting to provide therapeutic interaction with patients, they receive little support from others in the working situation including nurses and doctors. Although this may constrict the scope of her effectiveness she is under obligation to continue her efforts. The quality of individual nursing care should not be sacrificed to the mediocrity of other personnel.

Another limitation placed on nurses is by the patient who rejects help or who denies any difficulty. Patients cannot be forced to help themselves and there is only acceptance to be offered to the rejecting patient. Hopefully, at some later day, repeated experiences of acceptance will help the patient to know himself better.

So, now, we can come to the conclusion that with the study of social sciences, which will help for a better understanding, the nurse can have a better working situation with the patient and this will help her to achieve her goals in treating the patient, in teaching the patient and above all this will create a peaceful and happy working field.

Further Reading:

1. *Fundamentals of Patient-Centered Nursing* by R.N. Mathney, chapter 7, page nos. 84 to 91.
2. *Behavioural Concepts and Nursing Intervention* by E. Cartson, chapter 18, page nos. 331 to 339.
3. *Scientific Foundation of Nursing* by T.N. Mark, chapter 1, pages 6 to 8.
4. *The Nursing Journal of India*, Aug. 1974, page Nos. 209 to 211.

IN THE REALM OF HEALTH EDUCATION

Miss A. CHACKO

In this paper presented at the International Conference on Health Education at Ottawa, Canada, on September 2, 1976, Miss A. Chacko, Principal, School of Nursing, Church of South India Hospital, Bangalore, describes the role of nurses in health education.

It gives me great pleasure to talk of our experiences at the Church of South India Hospital at Bangalore. I would like to present some of our new thoughts put into practice in Health Education.

A nurse's role in Health Education especially in a developing country is a difficult one. Her aim should be to impart Health Education that would result in : 1. Change of knowledge ; 2. A change in attitude; 3. A change in behaviour that would lead ; 4. To a change in habit and, ultimately ; 5. A change in custom.

If she can achieve this, she would have fulfilled her role fully.

Not in Isolation

Health Education cannot be viewed in isolation. It must be considered only in the context of an effective health delivery system if the nurse is to achieve; any success in her role as an educator. In India 80 percent of her people are in the rural situation while 20 percent are placed in the urban area. When we planned our health care system two decades back we established Primary Health Centres to cater to a large rural population of 100,000 people.

This type of health delivery system did not prove successful for two obvious reasons :

1. The resources in personnel and money were unevenly distributed resulting in 80 percent of the rural people obtaining 20 percent of these resources while 20 percent of the people in the urban situation shared 80 percent of the country's resources.

2. The second important factor was the distance prevailing in the rural situation which we call as the walking distance. It is quite clear that for every mile away from the Health Centre the attendance drops twice in number so that beyond 7 miles the people hardly ever use the facilities of the Health Centre.

Fifth Plan Target

In order to rectify these drawbacks in our health delivery system we have in the Fifth National plan reduced the serving population to 10,000. This reduced population is being served through sub-health centres. However, we, from the Church of South India Hospital, Bangalore, believe that the ideal population coverage should not be more than 5,000.