

NURSE-PATIENT INTERACTION: CONSIDERATIONS FOR CARE

ERNESTINA SAFOA DONKOR¹ & KWADWO AMEYAW KORSAH²

¹Research Scholar, Professor, School of Nursing, College of Health Sciences, University of Ghana,
Legon, Ghana, West Africa

²Research Scholar, School of Nursing, College of Health Sciences, University of Ghana,
Legon, Ghana, West Africa

ABSTRACT

This paper focuses on nurse-patient interaction which can also be referred to as therapeutic nurse-patient interaction, is a trusting relationship that the nurse establishes with the patient. It exists for the purposes of promoting clients' health and wellbeing. It enables the nurse to gain insight into the condition of the patient and thereby making the right clinical judgment and assist the patient to grow and develop emotional stability. It is the patient who benefits from the relationship. For the relationship to work, three factors that come to play are the nurse, patient or client factor, and the environmental factors which overlap with each other. There are principles that need to follow to achieve an effective nurse-patient interaction, as well as bottlenecks that need to be cleared to have the real presence of the nurse in the relationship. Without the nurse-patient relationship in place, the nurse just performs the routine task such as taking vital signs and giving of medications among others and still be distancing him / herself from the patient. It is recommended that nurses and management should strive to remove the barriers that come in the way of reaping the beneficial effects of therapeutic nurse-patient interaction. The paper identified the need for empathy and reflective nursing as well as the use of role play in student nurses' training and professional orientation to come to terms with real / perceived feelings of patients.

KEYWORDS: Empathy, Environment, Nurse-Patient, Nurse-Patient Interaction, Nurse Patient Relationship, Therapeutic Nurse-Patient Interaction

INTRODUCTION

Nursing is a caring profession where nurses spend most of their working hours with patients seeking to preserve humanity, sustain human dignity, wholeness, and ensuring that patients have good health outcomes or a peaceful death. At the core of nursing is the therapeutic nurse-patient relationship. By the nature of nursing, nurses need to interact with patients in order to gain insight into their conditions, and to be able to make appropriate clinical judgment. This suggests that there is communication or interaction between the nurse and the patient, family or significant others. The intent of communication and interaction in the health setting is to influence the patient's health status or state of well-being (Fleischer, Berg, Zimmermann, Wüste, Behrens, 2009). However, the terms interaction and communication are not clearly defined in nursing literature but they have been used interchangeably (Fleischer et al, 2009). Other terms that have been used in nursing literature are interpersonal or therapeutic relationship that is seen as continuous processes of communication. Consequently, communication can be viewed as a prerequisite for relationships (Tuckett, 2007). The aim of this paper is to examine nurse-patient interaction. It focuses on what the concept nurse-patient interaction stands for, techniques of effective nurse-patient interaction, beneficial effects and the barriers to this interaction. The paper ends with

conclusion from the discussion.

THE CONCEPT OF NURSE-PATIENT / CLIENT INTERACTION

Nurses in their normal work, collect information from patients through the following methods: observation, interview, health history, symptom analysis, physical examination, and laboratory and diagnostic data (Delaune & Ladner, 2006). The interview that the nurse conducts is a therapeutic interaction that has a specific purpose including data collection, teaching, exploration of the patient's concerns or feelings, and provision of support (Delaune & Ladner, 2006). According to Stuart (2001) it is a trusting relationship where values are respected as the nurse listens to the patient's concerns, provides information and advice, relieves distress by encouraging the expression of emotions, and practices self-help. The nurse-patient interaction is the use of oral, gestures and facial expression of the client and nurse in establishing a nurse-patient relationship (Department of Learning, 2012-2013). The nurse and the patient / client work together to assist the patient to grow and solve his / her problems. This relationship exists for the purpose of promoting clients' health and wellbeing, and not to meet the needs of the nurse. A number of phases have been identified in the nurse-patient interaction/relationship namely: pre-interaction phase, orientation / initiation, working / exploration / identification stage, and termination / resolution stage (Delaune & Ladner, 2006; Department of Learning, 2012-2013). This kind of interaction can be referred to as therapeutic nurse-patient relationship. It is a relationship that is based on mutual trust and respect.

In the pre-interaction phase, the nurse makes preparation prior to meeting with the patient. The nurse may review available data including medical and nursing history; anticipate health concerns that may arise, talk to other health personnel who may have information about the client, and identifies a location and setting that will enhance comfortable and private interaction. The orientation / introduction phase is where the nurse meets with the client and gets to know each other. The primary goal of the assessment interview is to collect data about the client. During this phase, the client has a felt need and seeks professional assistance. The nurse sets the tone for the relationship by adopting a warm caring attitude. The roles, goals, rules and the mode of communication should be discussed and be acceptable for both the nurse and the client. Rapport is built by demonstrating acceptance and non-judgmental attitude on the part of the nurse. Assessment of client is made by obtaining data from primary and secondary sources. Adequate time should be allowed for the interview to enable the client share any information that may be relevant to better plan for his / her care. However, the approximate duration of the interview should be made known to the patient. The nurse should observe nonverbal messages that can suggest that the patient is preoccupied with other things, tired or uncomfortable. If such a situation exists, it might be proper to complete the interview at a later date. This phase progresses well when the nurse exhibits empathy and provides support to the client.

In the identification stage, the client's problems are identified and solutions are explored, applied and evaluated. Some of the questions asked include biographical information, and reasons for seeking health care. The focus of the interaction is the client's feelings. The nurse permits exploration of feelings and assists the client in undergoing illness as an experience that reorients feelings and strengthens positive forces in the personality and provide needed satisfaction. A successful identification stage leads to the resolution or closure stage. During the resolution or closure stage, the patient frees himself/herself from identification with the nurse. The nurse terminates the relationship when the mutually agreed goals are met, and the patient is discharged or transferred. The nurse should be firm in maintaining professionalism. The goal of the therapeutic relationship is met when the patient has developed emotional stability. Thus, if the nurse-patient interaction develops well, it equips the patient with capabilities to handle emotional difficulties. However, where the

relationship becomes too close and intense rather than being therapeutic the patient may become over dependent and lose self reliance (Stuart, 2001). In such a situation, the relationship is considered dysfunctional and unethical, and the patient's growth and development will be hampered (Stuart, 2001). Nurses must understand the difference between a therapeutic relationship and a personal or social relationship. Nurses must exercise professional judgment when establishing a therapeutic relationship with the patient, taking cognizance of the patient's biophysical, mental, cultural and spiritual needs (Nurses Association of New Brunswick, 2000).

TECHNIQUES OF EFFECTIVE NURSE-PATIENT INTERACTION

Good communication skills can contribute to effective nurse-patient interaction. Pullen & Mathias (2010) point out that actively listening and making sure that patient's concerns are understood by restating what was verbalised can contribute to effective interaction. Maintaining an eye contact is another technique. However, too much eye contact can be intimidating. There should be periodic smiles and nodding of head as the interaction progresses. Speak calmly and slowly in a manner that the patient would understand. In addition, professional boundaries should always be maintained. Some patients may require more therapeutic touch such as hugging and holding of hands whereas others may not. The difference in culture must be respected. The Department of Learning (2012-2013) reveals that keeping silence, seeking clarification and providing open-ended questions will contribute to effective interaction.

Nurses receiving positive feedback from patients may contribute to developing a mutual respect and this can help nurses to show dedication and feel satisfied in their role (Moyle, 2003). The next section considers principles of therapeutic interaction.

PRINCIPLES OF THERAPEUTIC INTERACTION

Irrespective of the type of interaction, there are principles of therapeutic communication that are used to direct the nurse when relating with clients. These include the following: i) Planning an interview with the client at the appropriate time ii) Ensuring privacy iii) Establishing guidelines for the therapeutic interaction - During the initial contact with the client, introduction is done, purpose of the interaction, the expected length of the contact with the client and assurance of confidentiality are discussed iv) Provision of comfort during the interaction v) Accept the client exactly as he / she is - being judgmental blocks communication vi) Focus on the clients' problems and on the leads of clues presented. Therapeutic interaction involves discussing the client's problems, needs or concerns. Attention should be paid to the verbal and nonverbal cues and signals of the client vii) Encourage the expression of feeling - Therapeutic interaction occurs when the client is permitted to voice feelings about troublesome events or interpersonal situations. This enables the nurse to identify those areas that are emotionally charged and to focus on them. viii) The nurse should be aware of his / her own feelings during the interaction as that may have influence on the interaction. Efforts should be made to prevent personal feelings from getting in the way of the client's progress (Delaune & Ladness, 2006).

BENEFICIAL EFFECTS OF NURSE-PATIENT INTERACTION

Haugan (2012) asserts that nurse-patient interaction promotes self-transcendence. There is evidence that patients had reduced pain, and increasing recovery rates when they received information or communication about their diagnosis, care and treatment (Dougherty & Lister, 2007). Nurses utilize the nursing process as a tool to gather patient data, make nursing diagnosis, plan, implement and evaluate care. It is only when meaningful data are collected that the appropriate care can be rendered to facilitate patient health outcomes. This underscores the fact that where effective nurse-patient

interaction exists, the patient will confide in the nurse, and be forthcoming with the necessary information about his condition.

BARRIERS TO NURSE-PATIENT INTERACTION

The nurse-patient relationship is supposed to be a supportive therapy that brings about insight into patients' condition and behaviour change. The question is, does this relationship exist in every nurse-patient encounter in order to reap the required benefits? In a study carried out by Moyle (2003), participants perceived that nurses soon after admission distanced themselves from their presence; thus denying them the possibility of the development of a therapeutic relationship. Even though nurses were carrying out nursing tasks to fulfil patients' physical needs, distancing themselves from the patients did not create the opportunity to understand the patients. So distancing is not therapeutic. Even this caused the patients to perceive themselves as objects rather than persons who needed comforting and relief from their distress. The author mentioned that it was not clear whether the distancing behaviour was due to participants' depressive illness, a normal part of nursing practice, or nurses' work load.

A study conducted by Korsah (2011), revealed that the amount of time available for nursing impacted on the kind of interaction and nature of care. The nurses in the study assigned various reasons affecting availability of time including the number of nurses on duty, and workload. Not having sufficient time to meet clients' needs was considered a major factor. Stress, tiredness, frustration and long working hours without a break affected nurses' attitude. Nurses noted that stress and overwork led to frustration and anger in the work place.

In a study conducted to ascertain the extent to which community nurses incorporate patient involvement in decision-making into everyday clinical practice revealed that, this was partially dependent on the attitudes and behaviours of nurses within individual nurse-patient dyads (Millard, Hallett & Luker, 2006). The authors concluded that nurses should pay attention to the quality and nature of the relationships they have with their patients as that influence the level of patient participation. A study by Armstrong-Esther & Brown (2006) revealed that nurses interact less significantly with confused than lucid patients. This suggests that certain categories of patients cannot benefit from nurse-patient interaction. According to Delaune & Ladner (2006), communication barriers pose real challenges to nurses but they need to work around it. Language and cultural differences, developmental level, use of health care jargons and knowledge differences could present problems in communication. Further, a client who is oriented will communicate more reliably than the one who is delirious, confused or disoriented. Emotions and emotional distance can serve as barrier to nurse-patient interaction.

It is known that some patients' behaviour may be abusive to nurses. However, it is the responsibility of the nurse to understand the meaning behind the abusive behaviour and work with the health team to develop strategies to meet the client's needs (Nurses Association of New Brunswick, 2000). It is important to seek assistance when the nurse is faced with challenging clients. In no circumstances is nurse abuse a justification for abuse of clients (Nurses Association of New Brunswick, 2000). Now let us centre on the key elements of nurse-patient interaction.

KEY ELEMENTS OF NURSE-PATIENT INTERACTION

The ongoing discussion directs us towards three key elements of interaction between the nurse and the patient. These are the patient, nurse and the environment. These elements interact to define nurse-patient relationship. In other words, the type of interaction is shaped by the nurse factor, patient factor and the environment. These concepts are central to nursing and provide the basis upon which nurses as human beings interact with patients who are also human beings.

Each is viewed as an “open system” who continually interact with the environment (Meleis, 2011). Therefore, the “personal system” (the nurse, and patient/client) interact with each other in an “interpersonal system” and the environment as the “social system” (Meleis, 2011). Within this environment, the nurse provides patients’ needs in both wellness and illness situations. The duty of the nurse in such an instance is to act and also to empower the patient/client to overcome the problem (Newman, 2005). One important factor for consideration in this environment is the need for nurses to uphold the supremacy and primacy of patients as key customers (Korsah, 2011).

To this end it may be imperative for us to note some few tenets or components of the key elements in the nurse-patient-environment interaction. According to the Practice Standard of the College of Nurses of Ontario (2006), nurse-patient interaction is driven by “trust, respect, professional intimacy, empathy and power”. These are enveloped by the immediate and distant environments (Korsah, 2011), as these qualities are either exhibited by the nurse or the patient within the environment. In a sense, the environment has an expanded effect on the two entities, the nurse and the patient/client. Irrespective of the circumstances, perspectives and duration of nurses’ interactions with patients, these components are always important. For instance, due to patients’ vulnerability as a result of ill health, trusting relationship with the nurse is significant, in which case nurses need to offer reassurance and to render support to patients (Practice Standard, College of Nurses of Ontario, 2006), as well as to accord the patient the necessary respect and recognition, irrespective of the patient’s attributes and the calibre of patient’s disease condition and social meanings attached to the condition in question (American Nurses Association, 2001).

Similarly, professional intimacy in terms of provision of care under various categories such as spiritual, psychological, social and physical are paramount in the nurse patient relationship. Additionally, empathy on the part of the nurse as a person and as a professional explains the “emotions” and “compassion” as well as kindness on the side of the nurse to ensure impartiality and suitable professional reaction and response to patients’/clients’ needs (Korsah, 2011; Kunyk & Olson, 2001). There is also unequal power relationship between the nurse and the patient which Johnson and Webb (1995) noted as a recipe for “conflict and struggling” between the nurse and the patient. However, in the therapeutic interaction it should not be taken for granted and should not be used by nurses to coerce and abuse the patient in the therapeutic arena, but the nurse should rather utilize it to promote patient wellbeing as well as welfare. For instance, the nurse has lot of influence in the health care arena, to look for health information for patients and to serve as the patient’s advocate as well as mediator for patients’ relatives and significant others (Newman, 2005). The proper use of power by nurses in the nurse-patient-environment interaction helps the nurse to collaborate with the patient to identify and meet his healthcare needs.

As much as we have noted how these factors influence the nurse-patient-environment interaction, the physical as well as managerial environments also go a long way to influence nurse-patient relationship. The extent to which physical as well as managerial environment affect the interaction between the nurse and patient is dependent on the healthcare/nurse manager’s characteristics and actions (Korsah, 2011). Korsah (2011), noted that nurses working in conducive physical environments, where health managers were caring, and provided logistics for care of patients, motivated the nurses to maximize productivity in terms of patient care. The nurses became happy which was translated into patients’ satisfaction (Korsah, 2011) and positive patient outcomes. However, barriers to care such as misunderstanding of patients, insults to patients as well as delays in care for patients and differences in beliefs and perceptions between nurses and patients resulted in negative interactions (Korsah, 2011). These inform us about the need to consider these key elements in patient.

The discussion so far articulates the overlapping relationship between the key elements of interaction, a framework showing the interconnectedness between the patient, the nurse and the environment. The most important aspect of patient care is for nurses as well as healthcare providers in general to create enabling environment which support patient care and empowerment. This kind of environment is likely to provide safe, effective and ethically oriented care for patients (Practice Standard, College of Nurses of Ontario, 2006). Similarly, in such a positive environment, patient-centered care may be outstanding in addition to a reflective oriented care and practice (Practice Standard, College of Nurses of Ontario, 2006).

As human beings, patients also have lots of characteristics which are brought to bare - some positive and others negative during interaction with nurses. As we know illness situation comes along with interruptions which affects the patient in many ways. These interruptions are what Bury (1982) termed as “biographical interruptions” which are taken for granted by healthcare providers such as nurses during their interaction with patients. These interruptions include physical, psychological, socio-economical and even spiritual, which affect patients in diverse ways due to illness situations (Korsah, 2015). As human beings, these interruptions could affect patients’ behaviour negatively which nurses take for granted, which in many cases results in poor interactions. Nurses as health professionals who have undergone training should be in a best position to manage patients irrespective of undesirable or poor behaviours which are put up by these patients. Graphically, the links between the key elements of interaction is depicted in figure 1 as proposed.

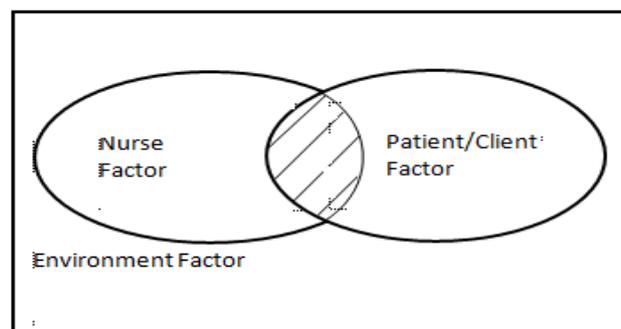


Figure 1: Key Elements of Nurse-Patient Interaction

RECOMMENDATIONS

It is recommended that nurses should put themselves in client situations in order to understand them better; this will enable them practice nurse-patient interaction. Any environmental factors that can hinder nurse-patient relationship should be removed. In addition, reflective practice may be employed by nurses in their interaction with patients / clients. In this way, nurses may examine their own professional as well as personal interactions with patients / clients and do amendments in behaviour in order to offer best of care to their clients on routine basis. Similarly, from the onset of their training, role play may be a sensitizing tool to orientate nursing students in the nurse-patient interaction. This strategy could inculcate into them good habits of empathy and sense of “love and kindness” for patients of all categories.

CONCLUSIONS

The therapeutic nurse-patient interaction is an important component of nursing. It is purposed to have positive influence on the well-being of the patients. It can assist patients to achieve harmony in mind, body and spirit based on

effective communication that incorporate caring, trusting, and respectful behaviours. However, in the face of all of these, the nurse should maintain professional boundaries. In view of the beneficial effects of nurse-patient relationship, conscious efforts should be made to enable patients experience it. Therapeutic relationship does not come instinctively to nurses and that greater attention to establish the relationship is required. Recommendations have been made, stressing the need for nurses to place themselves in the place of patients and employ reflective practice.

REFERENCE

1. American Nurses Association (2001). *Code of ethics for nurses with interpretive statements*. Washington DC.
2. Armstrong-Esther, C.A. & Brown, K.D. (2006). The influence of elderly patients' mental impairment on nurse-patient interaction. *Journal of Advanced Nursing*, 11(4): 379-387.
3. Bury, M. (1982). Chronic illness: a biographical disruption. *Sociology of Health and Illness*, 4: 167-82.
4. Delaune, S.C. & Ladner, P.K. (2006). *Fundamentals of nursing: standards & practice*. 3rd edn. United States: Thomson Delmar Learning.
5. Department of Learning (2012-2013). Patient rights & interaction. *Broward health orientation and regulatory requirement*. http://exams.browardhealth.org/Broward_Health_Orientation_2012-20... (Accessed on 02/12/2014).
6. Dougherty, L. & Lister, S. (2007). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. London: Blackwell Publishing.
7. Fleischer, S., Berg, A., Zimmermann, M., Wüste, K. & Behrens, J. (2009). Nurse-patient interaction and communication: A systematic literature review. *Journal of Public Health*, 17(5): 339-353.
8. Haugan, G. (2012). Nurse-patient-interaction positively affects self-transcendence in cognitively intact nursing home patients. *Health Promotion Research - An International Forum*, 6-9 August 2012, Trondheim, Norway.
9. Johnson, M. & Webb, C. (1995). The power struggle of social judgement: struggle and negotiation in the nursing process. *Nurse Education Today*, 15: 83-89.
10. Korsah, K.A. (2011). Nurses' stories about their interactions with patients at the Holy Family Hospital, Techiman, Ghana. *Open Journal of Nursing*, 1: 1-9. Retrieved from <http://www.SciRP.org/journal/OJN/>
11. Korsah, K.A. (2015). *Coping strategies of newly diagnosed patients with type 2 diabetes mellitus at a Hospital in Ghana*. Published PhD Thesis, De Montfort University, Leicester, UK.
12. Kunky, D. and Olson, J.K. (2001). Clarification of the conceptualization of empathy. *Journal of Advanced Nursing*, 35(3), 317-325.
13. Meleis, A.I. (2011). *Theoretical Nursing: Development and progress*. London: Lippincott, Williams and Wilkins.
14. Millard, L., Hallett, C. & Luker, K. (2006). Nurse-patient interaction and decision-making in care: patient involvement in community nursing. *Journal of Advanced Nursing*, 55(2), 142-150.
15. 15 Moyle, W. (2003). Nurse-patient relationship: A dichotomy of expectations. *International Journal of Mental Health Nursing*, 12: 103-109.

16. Newman, C. (2005). Too close from comfort: Defining boundary issues in the profession-client relationship. *Rehabilitation and Community Care Medicine*, 7-9.
17. Nurses Association of New Brunswick (2000). Standard for the therapeutic nurse-client relationship. Retrieved from: http://www.nanb.nb.ca/PDF/practice/Standards_for_the_therapeutic_Nurse-client_Relationship_English.pdf.
18. Practice Standard, College of Nurses of Ontario (2006): *Therapeutic Nurse-Client Relationship*. Retrieved from: http://www.cno.org/Global/docs/prac/41033_Therapeutic.pdf?epslanguage=en
19. Pullen, R.L. & Mathias, T. (2010). Fostering therapeutic nurse-patient relationships. Nursing made incredibly easy! www.NursingMadeIncrediblyEasy.com.
20. Stuart, G. (2001). Therapeutic nurse-patient relationship. In G.W. Stuart & M.T. Laraia (Edn). *Principles and practice of psychiatric nursing*, 7th edn. (pp. 15-48). St Louis: Mosby.
21. Tuckett, A.G. (2007). The encounter: pondering caring, honest communication and control. *International Journal of Nursing Practice*, 11: 77-84.