

NRS 195

Psychosocial Nursing

Assignment item 2: Essay

Part A: What are the important factors to consider in establishing a working relationship/therapeutic alliance between the nurse and client?

Part B: How should the nurse set about closing such a relationship when the working phase of the relationship has come to an end?

Importance of Therapeutic Relationship

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Part A

Globally, Mental illness and disorders are the one of the most common health problems today. World Health Organization (2004, p. 13) estimated “about 450 million people suffer from mental and behavioural disorders worldwide. One person in four will develop one or more of these disorders during their lifetime”. It was also estimated that psychiatric conditions caused five of the ten cases of disability and premature death worldwide (WHO, 2004, p. 13). People who have mental disorders or problems are common in anywhere, and there are opportunities for every nurse to care patient who have mental illnesses or disorders not only in a psychiatric ward but also in other wards such as cardiology or orthopedics. Additionally, WHO (2004, p. 13) mentioned “mental disorders represent not only an immense psychological, social and economic burden to society, but also increase the risk of physical illnesses”. Mental and physical conditions are deeply connected. Everybody could develop mental disorders, when they were distressed in any events in their life span. So, health professionals should not overlook the mental health problems and should know ways to care for the patients.

To approach to patients with mental disorders or illnesses, therapeutic relationships are the core activity (Jackson & O'Brien, 2005, p. 4). Hence, it is important for all nurses to understand what therapeutic relationship is with clients and how to establish it. To develop the relationship, the nurses have to use themselves effectively.

Part A of this essay is going to describe importance of establishing therapeutic alliance and essential keys of therapeutic communication between nurses and clients.

Firstly, people who have mental diseases or disorders might be distressed. They frequently feel anxiety during time in hospitals (Rana & Upton, 2009, p. 85). The feeling might come from uncertainty which include symptoms and medical intervention. Strong emotion often exhausts patients before they cope with other matters, such as learning new skills or planning for the future (Day & Levett-Jones 2008, p.

492). The patient might need a support to be relieved the emotion and empowered to achieve his/her goal.

Nurse can establish therapeutic alliance with the patient. It focuses on partnership between nurse and patient with mutual trust and respect, and it can enhance patient' ability to cope with problems (Day & Levett-Jones 2008, p. 497). Barry (1996. p. 18) stressed "the one of the most beneficial aspects of a good therapeutic relationship is the emotional support given to the patient" Establishing therapeutic relationship could help the patients emotionally and then enable them to cope with their problems by themselves.

Secondly, skills of communication are significantly important to establish therapeutic relationship. Day and Levett-Jones (2008, p. 483) claimed communication has two main purposes: to influence others and to obtain information. Both two purposes are really important to establish the relationship. Influence does not only mean a nurse affect the patient but also means a nurse is affected by the patient. Nurses can develop this interaction as therapeutic communication. Day and Levett-Jones (2008, p. 492) defined "therapeutic communication occurs when the nurse effectively uses communication techniques and processes with a patient in a goal-directed manner". The techniques include both telling the patient messages and receiving messages from the patient. Active listening is one of the most important communication techniques (Day & Levett-Jones, 2008, p. 492). Nurse is attending to the patient and trying to understand what the patient want to tell. If the patient felt the nurse attend to him/her, he/she could trust the nurse and could be more likely to open up with feeling of anxiety or problems which they may be face (Rana & Upton, 2009, p. 461). Then nurses can know what the patient need or how the patient understand a situation he/she in. After knowing information of the patient, nurses can make a plan how to support him/her. Thus, therapeutic communication reinforces therapeutic alliance between nurse and patient.

Furthermore, nurses should consider how to communicate by age groups of patients. For example,

children in early have limitations of understanding and communicative skill. Elderly people are likely to have physical problems which negatively affect smooth communication with others (Rana & Upton, 2009, pp. 472-474). These problems can be barrier for communication between nurses and elderly patients. Therefore, it is important for the nurse to understand that patient age is one of factors which affect what types of communication the patients need.

Thirdly, there are also some key points to develop therapeutic relationship with nurse and patient. Empathy is a representative technique which nurses need to do to establish therapeutic relationship. “Empathy is “about observing, listening, understanding and attending”. It is ‘being’ with person with physically, cognitively and emotionally. It differs from sympathy. Sympathy is about pity and compassion and means emotional involvement. It is not adequate for therapeutic relationship (Usher, Luck & Foster, 2005, pp. 360-361). Through practice of empathy, nurses understand the patient emotion and feelings but the nurses are not emotionally involved with the patient (Rana & Upton, 2009, p. 62). Then, empathy enables nurses to understand the patient situation, and his/her current and past experiences objectively, and it enhances relationship between the nurse and the patient.

Unconditional positive regard is an important concept as well. This idea requires nurses to communicate with the patient without any conditions and judgments placed on the patient. If nurses acted so, the patient would feel accepted (Rana & Upton, 2009, p. 63). Then their relationship could be strengthened. Nurse should respond to the patients respectfully to show positive regard. Also, being respected is one of basic needs for every people. This could increases self-esteem. Furthermore, people having higher level of self-esteem could have needs to grow (Rana & Upton, 2009, p. 66 as cited in Maslow, 1943). Finally, the relationship could help the patient to have skills to achieve their goals.

In summary, establishing therapeutic alliance between nurse and the patient, therapeutic communication with appropriate techniques is absolutely essential. The communication requires some

important factors such as positive attitude for listening and empathy. These are really important to let communication be therapeutic. Therapeutic relationship finally encourages patients having possibilities to solve their problems. Thus, it is necessary for all nurses to understand how to create the relationship and how to communicate with the patients.

Part B

According to Jackson and O'Brien (2005, p. 3), patients and clients who have mental disorders may have complex and long-term need. Therapeutic relationship can last for long period, if the patients and clients suffered from chronic or cyclic mental disorders. Intensity of mental illnesses or disorders can vary from phases which the patients are in. For example, patients who have acute mental illnesses may experience severe symptoms and need intensive intervention from health professionals. In contrast, when the symptoms become less troublesome or the mental illnesses are resolved, the patients will be more independent. Thus, it is important nurse to intervene effectively by the phases.

As mentioned, therapeutic alliance is important, especially when relationship between nurse and patients lasts for long time. One aspect of therapeutic relationship would focus on promotion of the patient self-care and independence (Day & Levett-Jones, 2008, p. 497). The nurse and patient finally have to focus on how the patients live after leaving the hospital. Thus, it is a final destination for nurse-patient relationship to be closed at the end. The nurse should know how to end the relationship as the final part of nursing intervention for the patient.

To close the relationship between nurses and the patient, there are important aspects the nurse should know; understanding of importance of termination phase, relieving the patient from anxiety and ensuring the patient's self-care.

It is described therapeutic relationship has four phases; preinteraction phase, introductory phase and working phase and termination phase (Day & Levett-Jones, 2008, pp. 497-501). Termination phase is the final stage of the phases. It might be expected that the nurse have done reinforcement of patient's abilities of coping with matters which they might be face. Then, nurse summarises the skills which patients learned in order that they may return society with confidence.

Day and Levett-Jones (2008, p. 493) described tasks of the termination phase. They claimed three tasks; nurse and patient accept feeling of loss, the patient accepts the end of the relationship without feeling of anxiety or dependence, responsibility for care is handed to the patient or the support person, and smooth transition is achieved.

Patient may be anxious when they are discharged from the hospital. It is needed for nurse to relieve the patient's feeling of anxiety.

Counselling can help the patient to have future vision and encourage them having skills to solve problems. Day and Levett-Jones (2008, p. 493 as cited in Egan, 1990/1994) referred Egan's helper model. This follows three steps; present, future and strategies. In the practice of this counselling, the nurse helps the patients to clarify the current problems or situation, then the possibilities and goals were set. Finally, the nurse supports the patients to have strategies how to achieve the goals. Ways of the support provided by the nurse could be informational, educational and behavioural. This practice may help the patient to have confidence, and it can relieve anxiety from the patient.

It has already described that communication is important. In addition, communication between health professionals is also important. Effective communication can strengthens cooperation between colleagues. Individual workers can realise independent roles and functions in health care team through the communication. In some situations referrals are necessary (Day & Levett-Jones, 2008, pp. 492, 501). Cooperation between professionals can create better environment for patient care

It may be appropriate to offer a follow up meeting to give support and monitor independence

Follow-up phone calls or emails are other interventions that ease the patient's transition to independence (Day & Levett-Jones, 2008, p. 501). These follow-ups should be informed before the patient leaves the hospitals, because the information might ease the feeling of anxiety.

Before closing the relationship, nurse needs ensure the patient (or perhaps the patient's family) have enough abilities of self-care. According to Rana & Upton (2009, p. 85), the average rate of non-compliance among patients who have schizophrenia and bipolar disorder is higher than patients who receive other medication. It could increase risks of deterioration of the patient's condition. This might result re-hospitalisation or possibility death of the patient. Rana & Upton (2009, p. 85) also mentioned some drug-related factors which trouble the patients were addressed, non-compliance would be less likely to occur. This is an example, appropriate intervention should be done before the patient is discharged from the hospital and he/she needs self-care. It is important for the nurses and the patient to realise what problems may occur and to learn how to cope with the problems.

Establishing therapeutic relationship between the nurse and the patient might play an important role to enhance independence of the patient. The positive relationship would strengthen the patient's self-esteem. As described, counselling could provide the patient to learn skills how to cope the problems. Counselling helps the patient to understand his/her self as well. These techniques are essential to encourage the patients developing higher skills of self-care. It is claimed "self-awareness and self esteem are intimately connected to self-care" (Bourgeois and Van der Reit, 2008, p. 437). If the nurse and the patient had effective relationship, finally the nurse could use summarising skills. This gives the nurse and the patients to share the reminiscences of how they accomplished the problems (Day & Levett-Jones, 2008, pp. 500-501). This experience may strengthen further independence of the patient, therefore, the patient could have confidence to handle problems he/she might face.

In conclusion, to close relationship between nurse and patient, therapeutic alliance which they have established could work for patient's self-care and independence. Hence, therapeutic relationship can be effective, when the nurse need to develop interaction with the patient and to close relationship with the patient. If therapeutic communication did not be operated effectively, the nurse and the patient may face trouble at the end of the relationship.

Therapeutic alliance should be aiming for the end which means that patient live independently with minimum medical interventions. If this presupposition was understood, there might be few troubles to close the relationship. Final phase of the relationship, the nurse should summarise how the patient's have grown through experience in the hospital in order to ensure that the patient can live independently and confidently after leaving the hospital. It is also important to tell the patient they can receive supports after leaving the hospital. If the patient feels they can do at the end of the phase, this may mean the therapeutic relationship is successfully established.

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