

Requisite Knowledge Recommendation • 1

The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationships.

Different kinds/fields of knowledge are needed for the nurse to be effective in a therapeutic relationship. There is knowledge that forms the background of all his/her relational practice, and there is knowledge necessary to the specifics of the client.

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1. Background knowledge.

This is knowledge the nurse brings with him/her before meeting the client. This includes education, the readings he/she has engaged in, and one's life experiences.

2. Knowledge of interpersonal and development theory.

This includes knowledge of theories, which provide an understanding of the development of the sense of self (who we are), and how that self influences our way of being in the world with others. There are different theoretical approaches such as:

- Interpersonal (Orlando, 1961; Peplau, 1952)
- Object relation theory (Lego, 1980; Winnicott, 1965)
- Developmental (Erickson, 1963; Freud, 1912; Stern, 1985)
- Gender/developmental (Gilligan, 1987; Miller, 1985; Stiver, 1985)

3. Knowledge of diversity influences and determinants.

Knowledge about the relationship of social justice to social, cultural and racial diversity is essential. The nurse needs to be aware of the effects of “differences” and how these influence the therapeutic relationship.



4. Knowledge of person.

Knowledge of person is critical and often neglected, due to workplace pressures. The nurse must be supported in finding the time to gain knowledge/understanding of the client in the therapeutic relationship. This knowledge refers to the particular narrative of the client which includes:

- Understanding of the client's particular world;
- Identifying and confirming what is meaningful and concerning to that client; and
- Hearing the client's life history.

5. Knowledge of health/illness.

The nurse requires specific knowledge of the client's presenting issue so that he/she can engage effectively in a therapeutic relationship. For example, if a young man presented with a diagnosis of schizophrenia, the nurse would need to know about:

- Explanatory models including multi-determinants of health/illness which would be biological, psychological and/or socio-contextual;
- Symptoms;
- Standard interventions and issues of rehabilitation;
- Pharmacology-in order to administer, monitor, and instruct; and
- Knowledge of best practices.

6. Knowledge of the broad influences on health care and health care policy.

The nurse needs to have knowledge of the forces that may influence the context of the client's care:

- Social and political forces;
- The client's expectations of the health care system;
- How the health care professional functions; and
- Changes in the health care system such as accessibility, resources, etc.

7. Knowledge of systems.

The nurse needs knowledge of the system and how it operates so that he/she can provide instrumental assistance to the client. Through the therapeutic relationship, the nurse can help the client navigate the system and obtain access to services.



Reflective Practice/Self-Awareness Recommendation • 2

Establishment of a therapeutic relationship requires reflective practice. This concept includes the required capacities of: self-awareness, self-knowledge, empathy, awareness of boundaries and limits of the professional role.

Assumptions

- It is possible for the nurse to know him/herself, albeit incompletely, through the process of self-reflection.
- Self-knowledge creates the possibility for the nurse to act purposefully, rather than automatically. Thus, a nurse with self-knowledge is able to consider a range of ways of being with the client.
- Awareness of his/her potential response options creates opportunity for the nurse to deliberately choose to express thoughts and feelings that are most congruent with the client's needs, goals and values.
- The ability of the nurse to engage genuinely and professionally in a relationship with a client helps to create the conditions in which the client's needs are understood, appropriate action is taken, meaning is created, and healing occurs.
- The client is a partner in the development of the therapeutic relationship.

Requisite capacities

1. Self-awareness. The ability to reflect on one's subjective thoughts, feelings and actions. Thus, the nurse may realize she is conveying an attitude that could impede the therapeutic process and tries to counteract any potential negative effects on the client.

Vignette: A nurse is waiting anxiously for a telephone call from her boyfriend, with whom she has quarreled. She notices that she is preoccupied, irritable and jumpy. She is also aware that her capacity to concentrate on what others are saying is greatly diminished. She resolves to concentrate to the best of her ability on the conversation with the client and allows herself to think about her concerns only when the conversation has ended.

2. Self-knowledge. With the development of self-knowledge, the nurse is able to recognize that her own experience is shaped by nationality, race, culture, health, socio-economic conditions, gender, education, early childhood experience and development as well as current

relationships, accomplishments, beliefs, issues and concerns. By gaining self-knowledge, the nurse is able to differentiate between his/her own experience and values, and those of the client. In this way, he/she is able to appreciate the unique perspective of the client, is able to avoid burdening the client with his/her issues, and can prevent superimposing his/her own beliefs and preferred solutions upon the client.

Vignette: The nurse reflects upon the evident tension in her relationship with a client. The client is a young woman who dyes her hair green, has numerous body piercings, is the youngest of three children, comes from an affluent family and occasionally uses foul language. The nurse recognizes that as the eldest of seven children, raised in a devoutly religious family of very modest means, the nurse has developed a characteristic pattern of “being responsible” and setting “a good moral example.” Moreover, the nurse suspects that at a deeper level, she may envy the client’s free-spirited non-conformity, and resents the fact that her client is unencumbered with financial concerns and family responsibilities.

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3. Empathy. Empathy is the ability of the nurse to enter into the client’s relational world, to see and feel the world as the client sees and feels it, and to explore the meaning it has for the client. Empathy involves the nurse being able to attend to the subjective experience of the client and validate that his/her understanding is an accurate reflection of the client’s experience.

The nurse develops empathy by accessing or imaging within him/herself, certain feelings that are known intuitively to resonate with the client’s experience. *Note: The nurse does not need to have an identical experience to intuit the feelings and thoughts of the client, nor does he/she have to be in agreement with the client’s behaviour to understand the feelings and yearnings that lie below the behaviour.* The quality and nature of this feeling is then expressed to the client with the objective of developing and conveying a deep and non-judgmental understanding of the client’s experience. In this way, the nurse uses empathy to gain entrance to the client’s inner world and to obtain clarity about the client’s experience. Moreover, empathy strengthens the human bond between the nurse and the client as the client comes to feel the comfort of being understood.

Vignette: A nurse has been providing home-care to a hard-driving, successful business executive following a severe myocardial infarction. All attempts to engage him in dialogue about exercise, diet and life-style have failed. His wife is distraught and she tells the nurse that her husband has expressed the fear that he will never work again. She reflects how awful it might feel if her

own career and life activities were experienced as being unavailable to her. She considers how important being a successful businessman might be to the client's sense of self. She is aware that when she is with him she experiences a sense of desolation and emptiness. The nurse says, "I have been talking to you about life-style and that isn't of much interest to you right now, is it?" He nods his head in agreement. "I'm wondering if you are worrying about whether you'll ever go back to work again?" The man nods his head and begins to weep.

4. Awareness of boundaries and limits of the professional role. Boundaries define the limits of the professional role. A nurse is obligated to place the client's needs before his/her own needs. Through self-awareness, the nurse reflects on whether or not his/her actions are in the client's best interest. Sometimes, our own conscious or unconscious wishes make it hard to recognize boundary violations. Indications that boundaries may have been crossed include having special clients, spending extra time with clients, keeping secrets with clients, doing activities with clients that you do not share with colleagues. Nurses should seek to understand his/her own strengths and limitations when confronting client dynamics. It also involves seeking professional assistance when necessary and appropriate.

Vignette: A male nurse on an orthopedic unit is caring for a young woman who has sustained multiple injuries in a motor vehicle accident. The nurse notes that he enjoys providing nursing care for this young woman and that he is particularly gratified when she tells him that he is able to make her more comfortable than the other nurses. He notices that he has begun to "push" to receive this young woman as his "client assignment" and that he feels disappointed when she is assigned to other nurses. Moreover, he has begun to fantasize about her, imagining a situation in which she rejects her boyfriend in favour of him. When providing nursing care for the client, the nurse notices that the client's boyfriend is often "in the way" and that he has resorted to sending him to the waiting room, an intervention he has not seen as being so necessary with other badly injured patients.

Reflecting on his feelings and behaviour towards the young woman and her boyfriend, the nurse realizes that the client makes him feel strong, competent and caring, and that he feels competitive in relation to her boyfriend. Courageously and with integrity, the nurse faces the truth that he is in danger of exploiting the client's vulnerability and placing his personal desires and needs ahead of professional standards and the client's best interests. Accordingly, he requests assignment to a different client and offers to show another nurse how to provide the comfort measures.

The process of developing a therapeutic relationship Recommendation • 3

The nurse needs to understand the process of a therapeutic relationship and be able to recognize the current phase of his/her relationship with the client.

Phases of the therapeutic relationship

Each relationship, although not linear, has a beginning, middle and end. All phases may occur in a single nurse-client encounter or may take place over a number of encounters. Nursing theorist Peplau (1973abcd) refers to these phases as orientation, working and resolution.

Orientation: In the beginning of the therapeutic relationship, the nurse and client are strangers to each other, yet each individual has preconceptions of what to expect – based on previous relationships, experiences, attitudes and beliefs (Peplau, 1952). The parameters of the relationship are established (e.g., place of meeting, length, frequency, role or service offered, confidentiality, duration of relationship). The client and nurse begin to learn to trust and know each other as partners in the relationship. Trust, respect, honesty and effective communication are key principles in establishing a relationship.

Accepting the client is important for the evolvement of the nurse-client relationship (McKlindon & Barnsteiner, 1999; Thomas, 1970). The expectations the nurse and the client have of each other and of their relationship are discussed and clarified (Peplau, 1952). The nurse gathers information and ensures that priority issues are appropriately addressed.

Consistency and listening are considered by clients to be critical at the beginning of the relationship (Forchuk et al., 1998abcd; Sundeen et al., 1989). The nurse assists in promoting client comfort that may include reducing anxiety or tension.

Vignette: A 13-year-old female comes to the nurse's office in the public school. The nurse has never met the student before. The student is quiet, withdrawn and appears on the verge of crying. She tells the nurse she wants some information on how not to get pregnant. The nurse responds by:

- Conveying an open and non-judgmental attitude;
- Introducing him/herself by name and designation;
- Explaining his/her role and the services he/she can offer;

- *Addressing the issue of confidentiality;*
- *Encouraging the client to talk and ask questions;*
- *Listening attentively so that he/she can offer comfort and support, and reduce the client's anxiety and tension;*
- *Assisting the client to identify concerns/needs; and*
- *Being aware of his/her own feelings, values related to sexuality, early sexual experimentation and how this may affect the relationship*

Working Phase: The working or middle phase of the relationship is where nursing interventions frequently take place. Problems and issues are identified and plans to address these are put into action. Positive changes may alternate with resistance and/or lack of change (Sundeen et al., 1989).

It is important for the nurse to validate thoughts, feelings and behaviours (Orlando, 1961). The nurse assists the client to explore thoughts (e.g. views of self, others, environment, and problem solving), feelings (e.g. grief, anger, mistrust, sadness), and behaviours (e.g. promiscuity, aggression, withdrawal, hyperactivity). The content to be explored is chosen by the client (Parse, 1981; Peplau, 1989) although the nurse facilitates the process. The nurse continues his/her assessment throughout all phases of the relationship. New problems and needs may emerge as the nurse-client relationship develops and as earlier identified issues are addressed. The nurse advocates for the client to ensure that the client's perspectives and priorities are reflected in the plan of care.

Vignette: *The psychiatric nurse care-manager has been seeing a 32-year old male client for the past two years. The client was diagnosed with schizophrenia and has experienced a reduction in symptoms over the past year. The nurse and the client are working on the goal of greater independence. The client's priority is to move from the group home to an apartment. The nurse responds by:*

- *Supporting the client's problem solving by examining with the client, alternatives and criteria for the new accommodation;*
- *Discussing the skills required for independent living and how these skills may be enhanced/developed;*
- *Encouraging the client to do "homework" by seeking out information and then discussing this with the nurse;*
- *Being aware of his/her own desire to be a "helper" and the potential conflict with the client's need to help himself.*

Resolution phase: The resolution or ending phase is the final stage of the nurse-client relationship. After the client's problems or issues are addressed, the relationship needs to be completed before it can be terminated. The ending of the nurse-client relationship is based on mutual understanding and a celebration of goals that have been met (Hall, 1993; Hall, 1997). Both the nurse and the client experience growth (Peplau, 1989; Sundeen et al., 1989). Termination may be met with ambivalence. The nurse and the client must recognize that loss may accompany the ending of a relationship (Sundeen et al., 1989). Both should share feelings related to the ending of the therapeutic relationship. Validating plans for the future may be a useful strategy (Hall, 1997; Sundeen et al., 1989). Increased autonomy of both the client and the nurse is observed in this phase (Sundeen et al., 1989).

Vignette: A 72-year-old male client is being discharged from a stroke rehabilitation in-patient program. The nurse has worked with the client and his family over the past couple of months. A pressing concern is planning for in-house supports and discussing community resources that have now been accessed. The final meeting is planned between the nurse and client to review the progress that has been made and the future plans. Both use this opportunity to say their good-byes. They are both aware of ambivalent feelings-happiness at the progress made and return to home, yet some sadness at the loss of a comfortable and familiar relationship.

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Responding to difficulties in the relationship

The nurse and the client need to be able to respond to concerns at any phase in the relationship. Boundaries are maintained with the understanding that the purpose of the relationship is to meet the therapeutic needs of the client. If the relationship does not develop therapeutically, the nurse needs to seek information from the client and consultation from others. A change in the nurse-client relationship assignment may be necessary.

Interactions

The nurse needs to be aware of and use patterns of interaction and relation that promote client growth and health. Communication techniques between nurse and client can include: listening, silence, open-ended questions and statements, restating, reflecting, seeking clarification and validation, focusing, summarizing, awareness of verbal and non-verbal communication, and awareness of cultural differences related to communication.

