

Objectives

- Compare/contrast social and therapeutic relationships
- Importance of self-awareness for therapeutic use of self
- Appreciate the potential influence of transference and counter-transference on nurse patient relationships
- Phases of the therapeutic relationship
- Identify nurse behaviours that facilitate the development of therapeutic relationships
- Effective and ineffective therapeutic communication
- How body language influences communication
- Written word and patient documentation as an important form of communication

Introduction

- Nursing involves *knowing how, doing that* accompanied by being *with* patients in ways that are helpful and healthful
- When interacting with people, nurses need to demonstrate sensitivity to patients' vulnerabilities
- In reducing these vulnerabilities, needs to operate as a useful recourse, of *being for* the patient

What is a Therapeutic Relationship?

1. Directed towards helping a patient heal, both physically and emotionally
2. Aids the patient to solve problems
3. Needs mutually agreed upon problems
4. Empowers the patient
5. Optimal health status – is the goal

Therapeutic use to self

- Words and interactions designed to help the patient heal – both Physically and emotionally
- Interpersonal communication can increase the therapeutic effectiveness
- Skills are learned
- Self-awareness is vital
- Helping relationships are the foundation of health professional practice

Social versus therapeutic relationships

- Professional does not mean distant or impersonal
- Friend or friendly?
- Usually initiated by nurse
- Time and space limits
 - Often for duration of a single care encounter
 - Interactions confined to a particular setting
- A helping relationship is established *for the clients benefit*

Development of therapeutic relationship

- Boundary development and maintenance (self and other/responsibilities)
- Safety development (security/ grows from boundaries)
- Trust development (grows from boundaries and safety/ consistency is critical component)

Communication Filters

→ **Transference**

Feelings the client has towards the nurse which truly belong to significant people in the client's life are transferred to the therapeutic relationship

→ **Counter-transference**

Feelings the nurse has towards the client

→ **Rationalization**

Defending behaviour with reason that may be illegitimate

→ **Regression**

Reverting to behaviour associated with childhood

→ **Repression**

Suppressing emotions

→ **Denial**

Refusing to accept events

→ **Identification**

Taking of characteristics of another

→ **Projection**

Projecting one's own undesirable traits on another

→ **Lying**

One doesn't tell the truth for either self-gain or to spare feeling ridicule, rejection of punishment.

Defense Mechanisms

A mental maneuver that one consciously or unconsciously chooses to use to distort or falsify the truth of one's experience in order to protect oneself from feeling painful emotions like shame, guilt or anxiety.

Non-verbal communication

- Words used
- Rate of speech
- Tone of voice
- Facial expression
- Posture
- Gestures
- How person is sitting/standing

Space Communication (Proxemics)

- Intimate distance
- Personal distance
- Social distance
- Public distance

Cultural differences and Body language

- Americans (0.6 – 1.0 metre)
- Germans (1.2 metres plus)
- Mediterranean culture – smaller – closer
- Arabian cultures – paradoxical
- Japan

Touch

- Integral to nursing care
- Nurse as nurturer
- Caring touch
- Functional touch
- Protective touch
- Skin hunger

Phases of the helping relationship

1. Pre-interaction phase
2. Orientation Phase
3. Working Phase
4. Termination Phase

Warning signs of when the helping relationship is not healthy

- Thinking of the patient outside of working hours
- After hour appointments
- Planning the care of other around the patient
- Self-disclosure
- Inappropriate discussions
- Undue concern about meeting expectations
- Inability to accept alternate opinions
- Feelings of personal responsibility for progress
- More physical contact than with other patients
- Flirtatious or overt sexual content in interactions
- Patient demonstrates preference for nurse
- Touching patients other than in a therapeutic context

Written communication

- Handover sheet/shift report
- Nursing care plan
- Assessment
- Progress notes/patient record
- Referral

Documentation

1. You will hear about this CONSTANTLY
2. You will find that it is, at times, POORLY DONE
3. Make it ONE OF YOUR PRIORITIES