The Therapeutic Relationship: an exploration of understanding and growth in undergraduate student nurses.

Dr Ann Marie Rice, Lecturer University of Glasgow
Professor Effie Maclellan, University of Strathclyde, Glasgow
Rationale

- The therapeutic relationship is integral to the provision of good nursing care communication is fundamental to its development (Moore, 2005, NMC, 2007).
- Poor communication and lack of compassion are the commonest causes of complaint (Health Care Commission; 2007; Audit Scotland 2008).
- There was a dearth of evidence exploring how student nurses develop and engage in the therapeutic relationship.

Common themes from the literature

- Empathy
- Self awareness
- Respect.

Communication skills education need to be underpinned by these three broad concepts (Byrne et al, 2001; McCarthy et al, 2008).

Development in these areas formed the main focus of the study.
Aims of the Study

- To contextualise undergraduate student nurses’ understanding of the therapeutic relationship and their ability to develop this relationship with patients, and explore the influencing factors.

Research Question(s)

- What is student nurses’ understanding of the therapeutic relationship, and what influences the growth in their ability to develop this relationship?
  - How do student nurses reflect on (at two different time points):
    - Their experience of working with patients?
    - Their experience of working with mentors and clinical staff in the field?
    - The contribution of the academic input to their learning?
- How would students respond (at three different time points) to potentially awkward, embarrassing or sensitive patient nurse interactions?
- Are students able to identify their own feelings in relation to each of the scenarios?
The study

- **Design**
  - A qualitative case study approach with a single case holistic research design, in which the ‘case’ constituted the cohort of students (n=17), and the unit of analysis, students development over time (Yin, 2009).

- **Sampling**
  - A purposive sample of all new students commencing academic session 2009/10 (n= 48) were invited to participate in the study
  - A total of 23 (49%) students agreed to participate
  - 17 students completed the study

- **Exclusion Criteria:**
  - Students joining the class who had previously studied nursing
  - Students who had a degree in psychology or had completed a formal counselling course

- Ethical approval granted
Data collection

- Demographic questionnaire
- Self administered vignette in 2 sections
  - Section 1 - scenarios were designed to identify behaviours indicative of empathy and respect
  - Section 2 - questions designed to identify development of self awareness
  - Vignettes were completed at the beginning of year one (baseline) and repeated in years 2 and 3
- Group Interviews at the beginning of year 2 and repeated in year 3 to explore impact of
  - Theoretical teaching
  - Practice learning
  - Other influencing factors
- Data analysis – thematic analysis to identify trends and themes (Burnard, 1998, 2008; Hycner 200..)
Vignette examples

Mr. James Smith is a 75 year old gentleman who has suffered a stroke and has mild dementia. He has been in the care home for 6 years. Staff nurse has asked you to go and assist Mr. Smith with his lunch. Staff nurse has advised you that although Mr. Smith can manage a soft diet, he is unable to feed himself. After washing your hands and donning an apron you approach Mr. Smith in the dining room.

1a). How would you carry out this task, including how you would engage with Mr. Smith?

1b). While you are helping Mr. Smith eat his main course he becomes distressed and starts crying. You realise that he has been incontinent of urine. What do you do now?

1c). How do you think Mr. Smith might be feeling?

Miss. Alice Young is a 72 year old woman admitted to the medical ward with pneumonia. Miss Young lives alone and has been managing on her own until this hospital admission. You have not yet met Miss. Young but Sister has asked you to go and assist her with her personal hygiene. After washing your hands and donning an apron.

2a). How would you carry out this task, including how you would engage with Miss Young?

2b). While you are washing Miss Young she keeps apologising to you and saying that it is terrible that a young person like you should have to do this for an old woman. What might Miss Young be feeling that prompts her to say that?

2c). How would you respond to Miss Young?
Behaviours indicating respect

- Introducing yourself and asking what the patient would like to be called
- Seek permission
- Ensuring that the patient is comfortable
- Make sure clothes are protected
- Make sure you are on the same level
- Giving the patient time to chew and swallow
- Ensuring mouth/chin are wiped clean as necessary
- Asking if he likes the taste and if the temperature is ok

- Giving the patient your full attention
- Stop feeding the patient
- Discreetly take the patient to a quiet private space
- Help him to wash and change
- Ask if he would like to go back to the dining room
- Remain calm & patient
Potential emotions/feelings experienced by the patient

- Embarrassment
- Shame
- Anger
- Frustrated
- Helpless
- Worthless
- Loss of dignity
- Humiliated

Response of the nurse

- Not being dismissive of the patients anxieties
- Reassuring the patient that it is not distasteful
- Trying to change the topic by asking the patient about family etc
- Provide reassurance
- Check for underlying problems
Vignette – part 2

1. What feelings do you think you would experience when you are feeding Mr Smith?
2. What feelings do you think you would experience when you realise Mr Smith has been incontinent?
3. What feelings do you think you would experience when you are helping Miss Young with her personal hygiene?
4. What feelings do you think you would experience when Miss Young starts to apologise to you
Results – Vignettes section 1

- Evidence of development of respect and empathy over time in all students
- Use of more sophisticated language
- Evidence of both concepts being embedded in practice
<table>
<thead>
<tr>
<th>Section</th>
<th>Time point 1</th>
<th>Time point 2</th>
<th>Time point 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Firstly I would begin by introducing myself and what task I am about to do, and ask him if he is happy for me to carry on and is in a comfortable position to enjoy his lunch. Sitting with him at his level and engaging in conversation as I feed him. It is important to ask relevant questions such as is this meal ok for you or make gestures to enable him to respond in a way that I can understand how he is feeling.</td>
<td>Approach Mr Smith and introduce myself, telling him who I am and the purpose of me being there. Although Mr Smith may not be able to communicate effectively I will still ask permission and whether he is comfortable with me feeding him and thereby look for some indication that he consents. Following this I would tell Mr Smith what there was for lunch that day and make sure he was happy with that option. As he is a stroke patient he may not be able to eat + drinks as well as other patients therefore it may be appropriate to cover him with something that keeps him clean + tidy, however if he appears uncomfortable with being covered, try to the best of my ability to keep him tidy. I would then begin by putting small or appropriate amounts that are manageable onto the fork or spoon and leave appropriate time intervals in between each mouthful and ensure he does not feel rushed. Also giving drinks in between when needed. Following this I would ensure he was at ease and that he had enough to eat + drink before I left.</td>
<td>On approach to Mr Smith I would introduce myself and ask consent in order to assist with his feeding. As well as asking if there is anything else he would like done before commencing feeding such as going to the toilet ensure also they are in an upright position for feeding. Once this was achieved I would sit at eye level with the patient at a comfortable distance that is not invasive for the patient. It may be appropriate to ask the patient if he would like an apron to prevent any spillages, however this is the patient's own decision. It is important to have the meal ready and a drink in order to aid the process. I would then begin feeding the patient altering the amount of food on the fork or spoon to meet the patient's requirements. It is also important to ensure to give adequate spacing in between spoonfuls and drinks give regularly in order to aid digestion. It is vital to go at a pace that is satisfactory for the patient they are uncomfortable and in a position to eat comfortably. Once the patients shows signs of not wanting any more it is vital not to force any more food upon him. Ensure when finished feeding that they are left in a comfortable position and are at ease. Ensure that patient is clean and remove apron if necessary.</td>
</tr>
</tbody>
</table>

Red = Respect  
Pink = empathy  
Green = communication
Example – development of empathy - Time point 1

- Some attempt to identify what patient might be feeling expressed in short phrases or single words
  - ‘Ashamed of her incapability, Aware of her incapability, Embarrassed’.

- Although there was no evidence of the student’s understanding of why the patient may be feeling that way there was an attempt to make the patient feel better.
  - ‘Is there anything she would like to do herself? State that I am more than happy to help her. Try to lighten the situation’.
Time point 2

- The student is trying to understand what the patient is feeling but appears less definite
  - ‘[…] may not like depending on other people’. She’ll be feeling like a burden, as she’s living by herself and used to doing things for herself and may not like depending on other people’.

- There is also an attempt to try and understand why the patient may be feeling that way.
  - ‘She may be feeling a lot older as she’d just been admitted to hospital – so that may be impacting on her.’

- The student attempts some action to try and lessen the patient’s embarrassment or discomfort.
  - ‘During the wash I’d chat as much as she felt comfortable with and try to get to know her, but also so she wasn’t focussed on the fact that I was washing her’.
Time point 3

- The student is attempting to understand what the patient may be feeling but now she is ‘checking out’ to see if her assumptions are correct
  - ‘Embarrassed. . .Frustrated that she is no longer able, she may recognise that she is deteriorating and is worried about the future’.

- Student’s response
  - Ask ‘what makes you say that?’ to see if she does have any further anxieties or other issues she would like to address. I would then hope to relieve any anxieties – highlight there will always be help if she requires it.

- The student now takes action to lessen patient’s anxieties and aims to empower the patient in the situation.
  - ‘Encourage her to do as much as possible, to give her feeling of independence, capability and if I am doing too much, to let her do it”’
Empathic Process

- Identifying with patient
  - Attempts to make patient feel better
- Seeking understanding
  - Actions to reduce embarrassment or discomfort
- Developing insight
  - Actions to reduce embarrassment + empower patient
- Checking
Vignette section 2 – time point 1 (3 themes)

- **Anxiety**
  
  “Worry, in case I do something wrong.’
  ‘Worried that I’m doing it wrong and concentrating on feeding him too much, drawing attention to the fact that I am feeding him. Oh no… what do I do!’

- **Embarrassment**
  
  ‘Uncomfortable/slightly embarrassed as she may not want me to do it.’
  ‘I may feel slightly embarrassed myself when he urinates.’

- **Sympathy**
  
  ‘I may feel a bit sorry for him, but want to help him eat as much and as carefully as possible. I’d want to make him feel a bit brighter.’
  ‘Pity – feel sorry that he is unable to do it himself - but cannot let it show! Relieved that he is accepting help.’
Vignette section 2 – time point 2 (3 themes)

- **Anxiety**
  
  ‘Anxious in case he chokes or I am feeding him too fast.’
  
  ‘Concerned at her feelings, anxious that I was making her more embarrassed.’

- **Developing awareness**
  
  ‘I would want to make her feel as in control and capable as possible as I would worry about taking that away from her.’
  
  ‘That it must be difficult for someone else to feed you, so you must try your best to make the patient feel independent and comfortable.’

- **Frustration**
  
  ‘Slightly annoyed, Upset that I never asked him before lunch if he needed’.
  
  ‘Frustrated, not at Mr Smith, but at the time it takes. Would try not to let this show.’
Vignette section 2 – time point 3 (2 themes)

- Professional Role
  ‘Initially I think I would feel a little embarrassed on his behalf, however that would quickly disappear as I would want to concentrate on moving him and maintaining his privacy and dignity as much as I could.’

  ‘I would feel confident that it is a situation I can handle.’

- Empathy
  ‘I would also put myself in his position and think how isolated I could feel and how vulnerable if I had to rely on other people for basic things such as eating.’

  ‘I would think of a member of my family who is very much like Miss Young and try to care for her in the way that I know that person would want to be treated. I would want her to feel as in control as possible.’
Group Interviews (1) 4 themes

- **Trust**
  “I think one of the most fundamental things, is trust”
  “They have to have confidence in you, and they really need to believe that you know what you are doing so they can trust your judgement as well as having an input into it themselves”

- **Effective communication**
  “No communication, no relationship”
  “She took plenty of time to talk things through and asked about understanding.”

- **The nature of the relationship**
  “extra kind of relationship
  “It’s so complex. There are so many things you can integrate into delivering a therapeutic relationship. It’s just getting that mix to put everything together […]”

- **Benefits to patient & practitioner**
  “they get better quicker”
  “It’s how we interact with our patients and how they interact with us, with the end goal, aiming to improve the condition that they are in hospital with.”
Group Interviews (1) – Role of mentors

- Mentors and other clinical staff were closely observed and students were able to identify good practice but could recognise when nurses did not engage with patients.

“It’s like having a role model, you want to be just like them when you qualify, because you can see what good they do to the patients, and you try harder and one day you will be able to achieve that after practice.”

“A lot of the patients didn’t really like her or trust her which was unfair in a way, because she was such a good nurse, but it was just that rapport, added so much to the role.”
Group Interviews (1) communication skills

- Students found communication skills education prior to placement very helpful. Active listening and the use of silence were particularly important.

“[…]“it’s important now that you have the communication knowledge before you go into the clinical placement, […] you can think about what you’re doing, apply it, and see how it works, […] evaluate how you communicate with people, and what you can improve on.”

“[…] I find that silence isn’t a big problem, and you can sit there for a second and just let there be a silence. Sometimes it’s really beneficial to the patient, although it can feel like a lifetime that you’re sitting there, but it’s not actually, and sometimes it’s needed for people to think about things.”
Group Interviews (2) 4 themes

- **Trust**
  “The patient feels they’ve got some trust [...] they can maybe ask you some things. It’s only certain nurses they feel they can ask, that they feel it would be ok, that it’s not an effort to do something.”

- **Effective communication**
  “It’s probably the most important thing.”

- **The nature of the relationship**
  I think [...] because you’ve had a bit more experience, you know kinda how to better communicate things to patients and how to handle things. And not be as [...] frightened to like talk about some things and ask more questions [...] to build that better relationship.”

- **Professionalism**
  “I think it’s important that it’s kept professional. Sometimes you can feel emotionally attached to your patient [...] more than you should do so it’s kind of important to remind yourself that you’re looking after them [...].”
Group Interviews (2) role of the mentor

- Students were more discerning and better able to identify poor practice, although they still identified good role models.

  “Another thing that really bugs is that nurses will like to talk to each other when they’re washing the patient, they’re changing the bed and they talk about their holiday’s or their man or their kids [exasperated sigh].”

  “There was a bank auxiliary nurse and a new patient had come and instead of saying ‘oh hello I’m blah, blah’, she just looked at the bed number and then looked at the patient and said ‘oh your number 4’.”

  [gasps of incredulity and horror all round]

  “[...] her confidence and reassuring [...] they had a problem with the medication as well and she was really efficient at getting it altered, she was able to get them medication within half an hour. I just thought it was just kinda fantastic nursing that she was doing [...]”
“We did a breaking bad news. I was in ward and we had a patient with dementia but she had a terminal diagnosis and she kept forgetting she had a terminal diagnosis. So you’d have to tell her, and it was very difficult, but it was good that we kinda got the theory behind it, breaking bad news, I can’t remember but there was a model [Researcher: SPIKE] mhm. it kinda helped with that [...].”

“You’re out their thinking frantically what were we doing that day, what was on the slide [laughter from the group and nods of agreement] there was a procedure for that [more laughter]

“But after a while you stop thinking about the slides and it gets easier, but the first time you need to learn what to do.”

“But then you realise, I don’t just logically understand the lectures you’ve received on communication now, you’ve got the knowledge to back that up, I’ve been there, I’ve seen that.”
Barriers and facilitators to the therapeutic relationship

Barriers
- Staff attitudes
- Preconceptions about the patient
- Ward culture
- Time

Facilitators
- Reflection
- Mentor feedback
- Respect
- Empathy

Attributes of the nurse
- Patience
- Trustworthy
- Professional
- Respectful
- Openness
Conclusion

- Student nurses have a good understanding and demonstrate a willingness to engage in the therapeutic relationship.
- Student nurses can recognise key components of the relationship and were able to identify barriers and facilitators to the therapeutic relationship.
- An incremental approach to the communications skills teaching gave the students a base from which they could further develop their skills and enabled them to identify poor practice.
- Developing confidence and competence was gained from positive interactions with patients, feedback from mentors and observing good practice.
- Students engaged in reflective practice but found this most helpful with peers and discussion.
- Students demonstrated growth in both empathy and respect over time and were able to identify their own feelings, however students reported feelings of anxiety and guilt if they perceived these feelings to be inappropriate.
Recommendations

- Post placement experiences should be explored in structured reflective practice sessions to allow students to explore feelings and emotions. These should be facilitated by an experienced clinician or member of staff with clear ground rules to ensure safety.

- Empathy respect and self awareness as concepts should be incorporated into the nursing curricula at an early stage.

- Communication skills training must include teaching rehearsal of, communication skills e.g. such as active listening, questioning, use of silence, reflection, non verbal communication and summarising.

- Assessment methods should include assessment of the theoretical component, which could be achieved either by a reflective essay, or carefully crafted exam questions.

- There should be more robust evaluation of approaches to communication skills training in undergraduate curricula in order to determine the best approach.

- Clinical mentors should be facilitated to continue to maintain and develop their own communication skills.

- Clinical staff need to be more aware of the impact their attitudes, behaviour, and the ward culture have on student nurses and should be incorporated into mentor preparation.

- New ways must be explored to engage students in portfolio activity and reflection.

- Nurse educators need to identify mechanisms for enabling students to develop strategies for managing their emotions and developing professional boundaries.