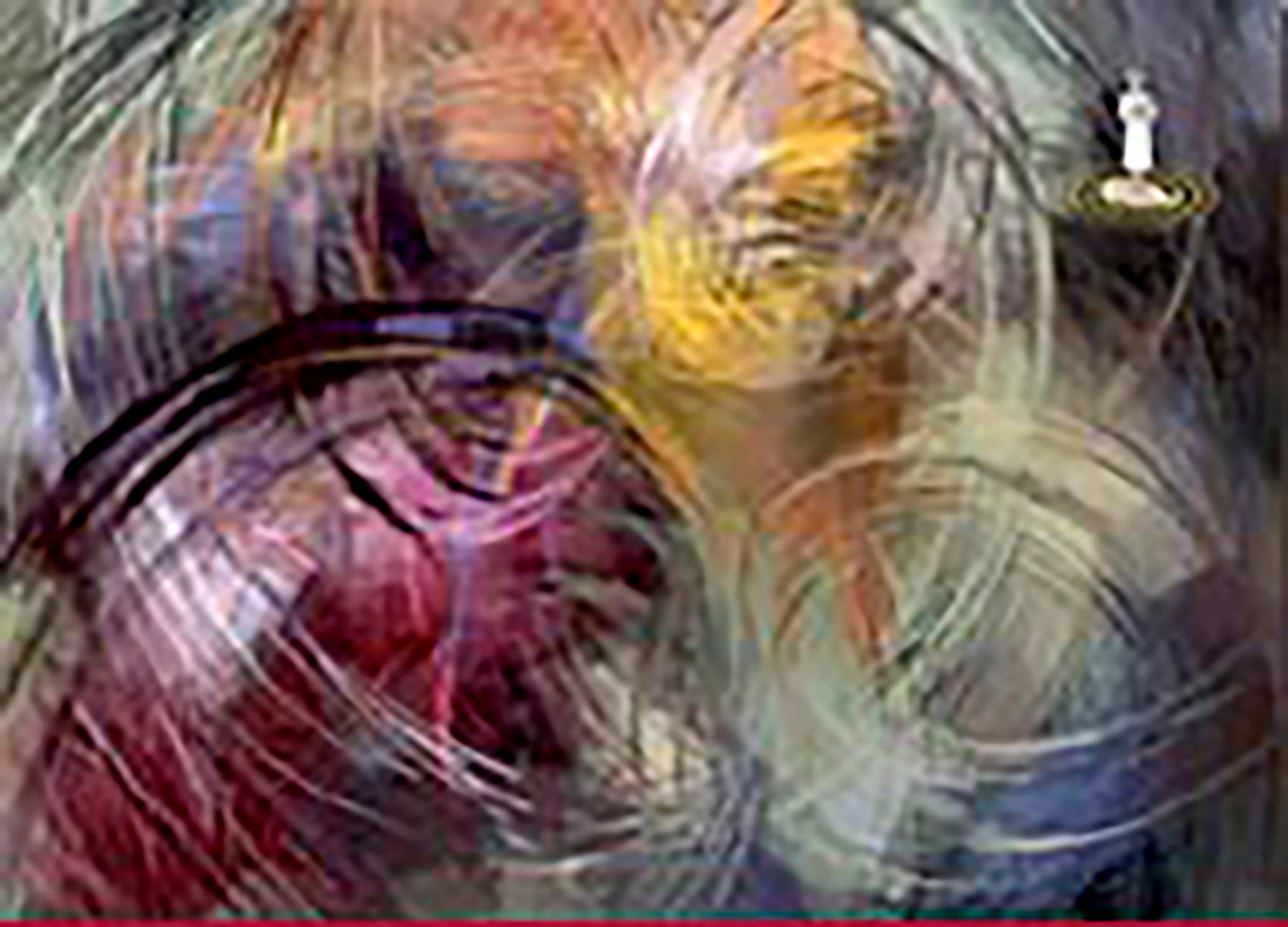

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Psychosocial Foundation of Nursing

JAYPEE

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2 Therapeutic Nurse-Patient Relationship

DEFINITIONS

1. **Communication:** Communication is a two ways or reciprocal process involving exchange of ideas, facts and opinions. The process is not complete unless the receiver has understood the message and his response is known to the sender. Communication involves both informational and understanding. It provides for a feedback mechanism. It is a meeting of minds.
2. **Attention:** The receiver of communication must be attentive and should have open mind. Adherence to the principle of attention will gradually overcome many barriers to communication.
3. **Therapeutic communication:** Therapeutic relationships are goal oriented and goal directed at learning and growth promotion in an effort to bring about some type of change in clients life.
4. **Nurse-client relationship:** Helping relationship is the foundation of clinical nursing practice, the essential element of care with every client in every situation. In such relationship, the nurse assumes the role of professional helper and comes to known the client as an individual who has unique health needs, human responses, and patterns of living. The relationship is therapeutic, promoting a psychological climate that facilitates positive change of growth.

   A therapeutic nurse-client relationship is established and maintained by the nurse through the use of professional nursing knowledge, skills and caring attitudes and behaviors in order to provide nursing services that contribute to the client's health and well-being.
5. **Rapport:** Getting acquainted and establishing rapport is the primary task in relationship development. Rapport implies special feeling on the part of both the client and the nurse based on acceptance, warmth, friendliness, common interest, sense of trust and non-judgmental attitude.
6. **Social relationship:** It is a most common kind of relationship; both individuals are equally involved in this relationship and are concerned with meeting their own needs through the relationship.
7. **Liaison:** Any agency official who work with individual agencies or agency official to coordinate interagency communications.
8. **Feedback:** Communication should be a two-way process. The communicator should try to know the reactions of the receiver. The use of feedback mechanism invokes effective participation of subordinates and it help to make future communications more effective. There should be continuous evaluation of the flow of communication in different directions.
9. **Perception:** When people with different perceptions communicate, they have trouble in getting the meaning across. Every one perceives the message from his own angle or viewpoint.

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Perceptions of people differ due to differences in their needs, education, social background, interest, etc. In the absence of an open mind and willingness to see things through the eyes of others; people perceive the same information differently. When the communicator does not enjoy trust and credibility, he fails to convey his ideas to others. Differences in value judgments and references frames also inhibit communication.

10. **Listening skills:** Listening skills means ability to listen others. It is an aural skill, and it requires alertness, attentiveness, inquisitiveness, etc. as essential qualities. One must listen well, what is being said to him and recognize what tone connotes, what is the meaning of accompanying gestures, movements of the body, etc. listening is not simply hearing. A good listener has to be a good observer.

INTRODUCTION

In any nurse-client relationship it is the responsibility of the nurse to establish and maintain appropriate boundaries. Maintaining professional boundaries is an essential component in the provision of safe, competent and ethical nursing care. Nurses must exercise professional judgment when establishing a therapeutic relationship with the client taking into consideration the clients cultural, spiritual, mental and biophysical needs.

The nurse-client relationship is the foundation upon which nursing is established. It is the relationship in which both the participation must recognize each other as unique and important human being.

DEFINITIONS OF NURSE-PATIENT RELATIONSHIP

1. Nurse-client relationship is a helping relationship that is therapeutic in nature, is established to meet the needs of clients and is based up on trust and respect.
2. A therapeutic nurse-client relationship is established and maintained by the nurse through the use of professional nursing knowledge, skills and caring attitudes and behaviors in order to provide nursing services that contribute to the client's health and well-being.
3. The therapeutic nurse-patient relationship is the process by which nurses provide care for clients in need psychological intervention.
4. Interpersonal communication techniques—both verbal and nonverbal are the tools of psychological intervention.
5. Therapeutic relationships are goal oriented and goal directed at learning and growth promotion in an effort to bring about some type of change in clients life.

GOALS OF A THERAPEUTIC RELATIONSHIP

1. Facilitate communication of distressing thoughts and feelings.
2. To assist client with problem solving to help daily living.
3. Help client examine self-defeating behaviors and test alternatives.
4. Promote self care and independence.

NURSES ROLE AND THERAPEUTIC COMMUNICATION

Nurse helps the client to cope-up with strategies dealing with specific situation such as:

1. Helping the client to identify what is troubling the client.
2. Encourage to discuss about the changes needed to make in the client.

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3. Explore the feeling about the aspects that cannot be charged, alternative modes of coping.
4. Discuss alternative strategies for creating changes the client desires to make.
5. Discuss the benefits and consequences of each alternative.
6. Assist the client to select an alternative.
7. Encourage the client to implement the change.
8. Provide positive feedback for the client's attempts to create change.
9. Assist the client to evaluate outcomes of the change and make modifications as required.

Conditions essential to development of therapeutic relationships:
Several theorists have identified characteristics that enhance the achievement of therapeutic relationship Roger-1967, Travelbee-1971, Peplau-1969, and Carkhuff-1968.

The above mentioned people stressed the importance of using the therapeutic use of self as a therapeutic tool in the interpersonal relationship development.

Travelbee-1971, described the instrument for delivery of the process of interpersonal.

Nursing as therapeutic use of self, Travelbee defined it as the ability to use ones personality consciously and in full awareness in an attempt to establish relatedness and to structure nursing interventions.

Use of self therapeutic manner requires that nurse have a great deal of self awareness and self understanding, nurses must understand that the ability and extent to which one can effectively help others in time of the need is strongly influenced by this internal value system.

CONDITIONS USED IN THERAPEUTIC RELATIONSHIP

Rapport

Getting acquainted and establishing rapport is the primary task in relationship development. Rapport implies special feeling on the part of both the client and the nurse based on acceptance, warmth, friendliness, common interest, sense of trust and non-judgmental attitude.

Trust

Trust is the basis of a therapeutic relationship, trust cannot be presumed, it must be earned, and trustworthiness is demonstrated through the nursing interventions that convey a sense of warmth and caring of client. Without establishing trust, helping relationship will not progress beyond; it will be a kind of mechanical relationship only to meet the superficial needs of a client.

For example, to establish trust, nurse can do:

1. Provide blanket when the client feels cold.
2. Keeping promises.
3. Provide food when the client is hungry.
4. Being honest.
5. Ensuring confidentiality.

Respect

To show respect is to believe in the dignity and worth of an individual, nurse should be able to attempt, the client and respect him and should consider him/ her worthwhile and treat as human being. The nurse can convey respect by:

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1. Calling by name.
2. Spending time with client.
3. Allowing sufficient time for the client to answer the questions.
4. Promoting an atmosphere of privacy during therapeutic interventions without client.

Genuineness

The concept of genuineness refers to the nurses ability to be open, honest and real in interactions with the client. The nurse who possesses the quality of genuineness responds to the client with truth and honesty, client feel more comfortable revealing personal information to the nurse.

Empathy

Empathy is a process where in an individual is able to see beyond outward behavior and sense accuracy another inner experience at a given time. With empathy, the nurse can accurately perceive and understand the meaning and relevance of the client's thoughts and feelings. A relationship is defined as a state of being related or state of affinity between two individuals.

Power

The power of the nurse comes from the authority of own position in the health care system, specialized knowledge, influence with other health care providers and the client's significant others, and access to privileged information.

Intimacy

Intimacy related to the kind of activities nurses perform for and with the client which create personal and private closeness on many levels. This can involve physical emotional and spiritual elements.

TYPES OF RELATIONSHIP

Social Relationship

It is a most common kind of relationship; both individuals are equally involved in this relationship and are concerned with meeting their own needs through the relationship.

Intimate Relationship

It is a relationship between two individuals committed to one another, caring for and responding each other.

Therapeutic Relationship

The nurse and client work together toward the goal of assisting the client to regain the inner resources to meet the life challenges and facilitate the growth.

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THERAPEUTIC COMMUNICATION TECHNIQUES

Sl. No.	*Technique*	*Description*
1.	Using silence	Accepting pauses or silences that may extend for several seconds or minutes without interjecting any verbal response.
2.	Proving general leads	Using statements or questions that (a) encourage the client to verbalize, (b) choose a topic of conversation, and (c) facilitate continued verbalization.
3.	Being specific and tentative	Making statements that are specific rather than general, and tentative rather than absolute.
4.	Using open-ended questions	Asking broad questions that lead or invite the client to explore (elaborative, clarify, describe, compare, or illustrate) thoughts or feeling. Open-ended questions specify only the topic to be discussed and invite answers that are longer than one or two words.
5.	Using touch	Proving appropriate forms of touch to reinforce caring feelings. Because tactile contacts vary considerably among individuals, families and cultures, the nurse must be sensitive to the differences in attitudes and practices of clients and self.
6.	Restarting or paraphrasing	Actively listening for the client's basic message and then repeating those thoughts and/or feelings in similar words. This conveys that the nurse has listened and understands the client's basic message and also offers clients a clear idea of what they have said.
7.	Seeking clarification	A method of making the client's broad overall meaning of the message more understandable. It is used when paraphrasing is difficult or when the communication is rambling or garbled. To clarify the message, the nurse can restate the basic message or conflicts confusion and ask the client to repeat or restate the message.
8.	Perception checking or seeking consensual validation	A method similar to clarifying verifies the meaning of specific words rather than overall meaning of a message.
9.	Offering self	Suggesting one's presence, interest, or wish to understand the client without making any demands or attaching conditions that the client must comply with to receive the nurse's attention.
10.	Giving information	Providing in a simple and direct manner, specific factual information the client may or may not request. When information is not known, the nurse states this and indicates who has it or when the nurse will obtain it.
11.	Acknowledging	Giving recognition, in a nonjudgmental way, of a change in behavior, an effort the client has made, or a contribution to a communication. Acknowledgment may be with or without understanding, verbal or nonverbal.
12.	Clarifying time or sequence	Helping the client clarify an event, situation, or happening in relationship to time.
13.	Presenting reality	Helping the client to differentiate the real from the unreal.

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Sl. No	*Technique*	*Description*
14 .	Focusing	Helping the client expand on and develop a topic of importance. It is important for the nurse to wait until the client finishes stating the main concerns before attempting to focus. The focus may be an idea or a feeling; however, the nurse often emphasizes a feeling to help the client recognize an emotion disguised behind words.
15.	Reflecting	Directing ideas, feelings, questions, or content back to clients to enable them to explore their own ideas and feelings about a situation.
16.	Summarizing and planning	Stating the main points of a discussion to clarify the relevant points discussed. This technique is useful at the end of an interview or to review a health teaching session. It often acts as an introduction to future care planning.
17.	Stereotyping	Offering generalized and oversimplified beliefs about groups of people that are based on experiences too limited to be valid. These responses categorize clients and negate their uniqueness as individuals.
18.	Agreeing and disagreeing	Akin to judgment response, agreeing and disagreeing imply that the client is either right or wrong and that the nurse is in a position to judge this. These responses deter clients from thinking through their position and may cause a client to become defensive.
19.	Being defensive	Attempting to protect a person or health care services from negative comments. These responses prevent the client from expressing the true concerns. The nurse is saying you have no right to complain. Defensive responses protect the nurse from admitting weaknesses in the health care services, including personal weaknesses.
20.	Challenging	Giving responses that make clients prove their statement or point of view. These responses indicate the nurse is failing to consider the client's feelings, making the client feel it necessary to defend a position.
21.	Probing	Asking for information chiefly out of curiosity rather than with the intent to assist the client. These responses are considered prying and violate the client's privacy. Asking why is often probing and places the client in a defensive position.
22.	Testing	Asking questions that make the client admit to something. These responses permit the client only limited answers and often meet the nurse's need rather than the client's.
23.	Rejecting	Refusing to discuss certain topics with the client. These responses often make clients feel that the nurse is rejecting not only their communication but also the clients themselves.
24.	Changing topics and subjects	Directing the communication into areas of self-interest rather than considering the client's concerns is often a self-protective response to a topic that causes anxiety. The responses imply that the nurse considers important will be discussed and that clients should not discuss certain topics.

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Sl. No	*Technique*	*Description*
25.	Unwarranted reassurance	Using clichés or comforting statements of advice as a means to reassure the client. These responses block the fear, feelings and other thoughts of the client.
26.	Passing judgments	Giving opinions and approving or disapproving responses, moralizing or implying one's own values. The responses imply that the client must think as the nurse thinks, fostering client dependence.
27.	Giving common advice	Telling the client what to do. These responses deny the client's right to be an equal partner. Note that giving expert rather than common advice is therapeutic.

TASK AND SKILLS FOR EACH PHASE OF HELPING RELATIONSHIP

Phase	*Tasks*	*Skills*
Preinteraction phase	The nurse reviews pertinent assessment data and knowledge, considers potential areas of concern and develops plan for interaction.	Organized data gathering: Limitations and seeking assistance as required.
Introductory phase 1. Opining the relationship	Both client and nurse identify each other by name. When the nurse initiates the relationship, it is important to explain the nurse's role to give the client an idea of what to expect. When the client initiates the relationship, the nurse needs to help the client express concerns and reasons for seeking help, vague, open-ended questions, such as what's on your mind today? Are helpful at this stage.	A relaxed, attending, attitude to put the client at ease. It is not easy for all clients to receive help.
2. Clarifying the problem	Because the client initially may not see the problem clearly, the nurse's major task is to help clarify the problems.	Attending listening, paraphrasing, clarifying, and other effective communication techniques discussed in this chapter. A common error at this stage is to ask too many questions of the client. Instead focus on priorities.
3. Structuring and formulating the contract (obligation to be met by both the nurse and client)	Nurse and client develop a degree of trust and verbally agree about (a) location, frequency and length of meeting, (b) overall purpose of the relationship, (c) how confidential material will be handled, (d) takes to be accomplished, and (e) duration and indications for termination of the relationship.	Communication skills listed above and ability to overcome resistive behaviors if they occur.

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Phase	*Tasks*	*Skills*
Working phase	Nurse and client accomplish the tasks outlined in the introductory phase, enhance trust and rapport, and develop caring.	Listening and attending skills, empathy, respect, genuineness, concreteness, self-disclosure, and confrontation. Skills acquired by the client are non-defensive listening and self-understanding.
1. Exploring and understanding thoughts and feelings	The nurse assisting the client to explore thoughts and feelings and acquires and understanding of the client. The client explores thoughts and feelings associated with problems, develop the skill of listening and gains insight into personal behavior.	
2. Facilitating and taking action	The nurse plans programs within the client's capabilities are considers long- and short-term goals. The client needs to learn to take risks (i.e. accept that either failure or success may be the outcome). The nurse needs to reinforce successes and help the client recognize failures realistically.	Decision-making and goal setting skills. Also, for the nurse: reinforcement skills; for the client: risk taking.
Terminal phase	Nurse and client accept feedings of loss. The client accepts the end of the relationship without feelings of anxiety or dependence.	For the nurse: Summarizing skills; for the client: Ability to handle problems independently.

THE IMPACT OF PRE-EXISTING CONDITIONS

1. **Values attitudes and beliefs:** They are learned way of thinking. Value system may be communicated with behaviors that are more symbolic in nature.
2. **Culture or religion:** They are learned and differ from society to society. Religion can influence communication as well.
3. **Social status:** Studies reported that high-status persons are associated with gestures that communicate their higher-power position.
4. **Gender:** It influences the manner in which individuals communicate. Each culture has gender signals that are recognized as either masculine or feminine and provide a basis for distinguishing between members of each sex.
5. **Age or development level:** Age influences communication and this is never more evident than during adolescence. Developmental influences on communication may relate to physiological alterations.
6. **Environment:** Environment in which the transaction takes place. The place where the communication occurs influences the outcomes of the interaction. Some individuals who feel uncomfortable and refuse to speak during group therapy session may be open and willing to discuss problems privately on a one-to-one basis with the nurse.

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NONVERBAL COMMUNICATION

1. **Physical appearance and dress:** Physical appearance and dress are of the total nonverbal stimuli that influence interpersonal responses and under some conditions; they are the primary determinants of such responses.
2. **Body movements and posture:** The way in which and individual positions his or her body communicates messages regarding self-esteem, gender identity, status and interpersonal warmth or coldness.
3. **Touch:** Touch is a powerful communication tool. It is a very basic and primitive form of communication and the appropriateness of its use is culturally determined.
4. **Facial expressions:** Facial expressions primarily reveal an individual's emotional state, such as happiness, sadness, anger, surprise or fear.
5. **Eye behavior:** Eyes have been called the window of the soul. Eye contact conveys a personal interest in the other person. Eye contact indicates that the communication channel is open, and it is often the initiating factor in verbal interaction between two people.
6. **Vocal cues or paralanguage:** Paralanguage is the gesture component of the spoken word. It consists of pitch, tone and loudness of spoken messages, the rate of speaking, expressively placed pauses and emphasis assigned to certain words.

INTERPERSONAL RELATIONSHIP IN NURSING

1. The patient in the hospital experience new and unfamiliar surroundings. It is uptown the nurse to see that the patient feels at ease and adjusts to the hospital routine and the new environment, to help, to cooperate and accept treatment necessary for regaining health.
2. The patient is an important person in the hospital. Treat him as an individual, call him by his name. Help him to overcome fear and anxiety. The nurse should be dignified, cheerful and courteous. Be pleasant with patients but not too familiar. Treat them with sympathy and firmness to gain respect and admiration. Personal appearance is very important in establishing a good nurse-patient relationship. The nurse should not talk or discuss personal affairs or about other patients or hospitals. The nurse-patient relationship must be professional and one of absolute trust, irrespective of caste, creed, or social status. She should not accept any personal gift from patients.
3. The nurse is an important member of a team that must work in cooperation and harmony for the care of patients. She should be familiar with the plan of organization of the hospital and of the nursing department.
4. The nurse must feel accountable to the organization should be honest, dependable and willing to carry out the prescribed treatment and care for the patient. She should maintain her position and dignity. She should not accept verbal orders from the physician (medical personnel). There should be a team spirit.
5. The nurse should have respect for the senior and concern and caring attitude towards fellow nurses, juniors and other supporting staff. She should maintain a healthy and good relationship with various departments.

INTERPERSONAL RELATIONSHIP SYSTEM IN NURSING

Interpersonal relationship is the main concept in professional field. In nursing interpersonal relationship system is explained by many theorists. Imogene King explains the interpersonal relationship system in detail. Interpersonal relationship system is enhancing the nurses to promote herself and clients well-being.

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Interpersonal Relationship System (Imogene King)

King (1981) stated human being is the focus for nursing. The primary concerns of nursing are human behavior, social interaction, and social movements (1976), thus, within the context of the paradigm concept of person.

King (1981) included three dynamic interacting open systems:
1. Personal system.
2. Interpersonal system.
3. Social system.

The interpersonal system is composed of two, three or more individuals interacting in a given situation. King (1996) explained that, at the interpersonal system level, individuals increase consciousness and are open to interpersonal perceptions in communication and interactions with persons and things in the environment.

The interpersonal system moves the focus from the individual alone to individuals interacting in dyads, triads, small and large groups. The major concept of the interpersonal system is interaction; subconcepts are communication, role, stress and coping.

King noted that interaction is comprehensive concept in interpersonal systems and that knowledge of interaction is essential for nurses to understand a fundamental process for gathering in formation about human being.

King pointed out the perception, judgments, actions and reactions of the individuals cannot directly observed but must be inferred from the directly observable interaction. Elaborating, she stated, first, the informational component of interactions can be observed as communication. Second, the valuation component of interactions can be observed as transaction because one obviously values a goal, identifies means to achieve it, and takes action to attain it.

King viewed communication as the vehicle by which human relations are developed and maintained, she went to say that all behavior is communication. The general systems framework focuses on intrapersonal and interpersonal communication as well as verbal and nonverbal communication.

Communication is involved in transaction, which is defined as a process of interactions in which human being communicate with environment to achieve goals that are valued. Transactions are goal-directed human behaviors. In general systems frameworks, the concepts of roles was derived from the work of Bennis and Bennis. Three elements of role are intersected.
1. Role is a set of behaviors expected when occupying a position in a social system.
2. Rules or procedures define rights and obligations in a position in an organization.
3. Role is a relationship with one or more individuals interacting in specific situations for a purpose.

King developed her definitions of stress from the writing of Jamis, Monat and Lazarus and Selye. She stated stress is a dynamic state whereby a human being interacts with the environment to maintain balance. For growth, development and performance, this involves an exchange of energy and information between the person and the environment for regulation and control of stressors. Stress is viewed as negative and positive as well as constructive and destructive. King (1981) explained that stress is reduced when transaction are made.

Interpersonal relationship system in nursing, the nurse is an important member of the health care team that must work in cooperation and harmony for the care of the patient. This cooperation and harmony depends upon the interpersonal relationship that is maintained among the members of the health team.

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PRINCIPLES OF INTERPERSONAL RELATIONSHIP

1. Learn everyone's name and never address anyone by any nick name.
2. Respect everyone's individuality. Each member of a team is as important as the other.
3. Do not impose anything on anybody.
4. Keep emotion under control.
5. Do not be afraid to admit ignorance.
6. Do not give and take any personal favor.
7. The team leader should not make any excuse regarding his or her responsibility.
8. Develop habits of listening and focus attention on the problems.
9. Do not do or say anything that will disturb other's faith.
10. Be impartial to others and practice justice.
11. The members of team should be loyal, honest, dependable and willing to carry out the directions of the team leader.
12. There should be team spirit or we feeling among the members. The members should work for the interest of the group.
13. There should be mutual understanding between the members; they should be willing to give and take corrections.

PROFESSIONAL NURSING RELATIONSHIPS

It is created through the nurse's application of knowledge, understanding of human behavior and communication, and commitment to ethical behavior. Having a philosophy based on caring and respect for other will help the nurse be more successful in establishing relationships of this nature.

NURSE-CLIENT HELPING RELATIONSHIP

Helping relationship is the foundation of clinical nursing practice, the essential element of care with every client in every situation. In such relationship, the nurse assumes the role of professional helper and comes to known the client as an individual who has unique health needs, human responses, and patterns of living. The relationship is therapeutic, promoting a psychological climate that facilitates positive change of growth.

The nurse establishes, directs and takes responsibility for the interaction and the clients need take priority over the nurse's needs. A helping relationship between nurse and client does not just happen; it is created with care and skill and is built on the clients trust in the nurse. Nursing theorist Imogene King (1971) calls the nurse-client relationship, learning experiences whereby two people interact to face immediate health problems, to share, if possible, in resolving it, and to discover ways to adapt to the situation.

Clients are helped to clarify needs and goals, problem solve, cope with situational or maturational crises, clarify, clarify and strengthen valves, reduce stress and anxiety and gain insight and self-understanding. The nurse-client relationship is character used by a natural progression of four goal-directed phases that often began before the nurse meets the client and continue until the care giving relationship ends.

Socializing is often an important initial component of interpersonal communication. It helps people get to know one another and relax. It is easy, superficial and not deeply personal, whereas therapeutic interactions are often more intense, difficult and uncomfortable. A nurse often uses social conversations to help the client feel comfortable and lay foundation for a closer relationship. During

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social conversation, clients may ask personal questions about the nurse's family, place of residence and so fourth. The skillful nurse uses judgment about what to share and provides minimal information or deflects such questions with gentle. Humor and refocuses conversation back to the client.

Creating a therapeutic environment depends on the nurse's ability to communicate, and to help clients meet their needs. The nurse provided information, supported client's active decision making, and offered opportunities for clients to engage in social exchange. Nurses often encourage clients to share personal stories, which are called narrative interaction. Through narrative interactions, nurses may begin to understand the context of others lives and learn what is meaningful for them from their perspectives.

Nurses also provide information and use strategies that help clients understanding and change behavior. The nurse uses contracts with clients to establish mutually agreed upon health goals and expectations for behavioral change. The nurse and client work as a team. The nurse offers others the opportunity to make choices, even as simple as choosing a bath time or which time medication to take.

A good way to encourage autonomy is to collaborate with others. Research has show that successful collaboration requires an active and committed involvement by both client and nurse and a joint effort to ward problem solving. Such a relationship will enhance the clients well-being and the nurse's feeling of success.

NURSE-FAMILY RELATIONSHIP

Many situations, especially those in community and home health settings, require the nurse to form helping relationships with entire families. The same principles that guide one to one helping relationship also apply when the client is a family unit, although communication within families requires additional understanding of the complexities of family dynamics, needs and relationships. Collaboration among nurse, client and family care givers is especially important.

NURSE-HEALTH TEAM RELATIONSHIP

Nurses are members of a larger health care community and often function in roles the require interaction with multiple health team members. Many elements of the nurse-client helping relationship are also applied in these collegial relationships, which are focused on accompling the work and goals of clinical setting communication in such relationships may be geared toward team building, facilitating group process collaboration, delegation, supervision, leadership and management.

Both social and therapeutic interactions are needed between the nurse and health team members to build morale and strengthen relationships within the work setting. Every one has interpersonal needs for acceptance inclusion, identity, privacy, power and control and affection.

NURSE-COMMUNITY RELATIONSHIP

Many nurses form relationships with community groups by participating in local organizations, volunteering for community services or becoming politically active. Nurses in a community based practice must be able to establish relationships with their community to be effective change agents. Communication within the community occurs through channels such as neighborhood newsletters, public bulletin boards, newspapers, radio, television and electronic information sites.

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ELEMENTS OF PROFESSIONAL COMMUNICATION

Professional appearance, demeanor and behavior are important in establishing the nurse's trust worthiness and competence. They communicate that the nurse has assumed the professional helping role, is clinically skilled and is focused on the client.

1. Being on time.
2. Organized, well-prepared and equipped for the responsibilities of the nursing role also communicate one's professionalism.
3. Courtesy.
4. Use of names.
5. Privacy and confidentiality.
6. Trust worthiness.
7. Autonomy and responsibility.
8. Assertiveness.

COMMUNICATION WITHIN NURSING PROCESS

Nursing Assessment

Assessment of client's ability to communicate includes gathering data about the many contextual factors that influence communication. The context refers to all the parts of something that help determine its meaning. Situations have several aspects that influence the nature of communication, interpersonal relationships and client needs. These include that participant's internal factors and characteristics, the nature of their relationship, the situation prompting communication, the environment and sociocultural elements present.

Nursing Diagnosis

Most individuals experience difficulty with some aspect of communication, most often, the nurse care is directed toward those individuals who experience more serious impairments in communication. The primary nursing diagnostic label used to describe the client who has limited or no ability to communicate verbally is impaired verbal communication.

The related factor for impaired verbal communication focus on the causes of communication disorder. These can be physiological, mechanical, anatomical, psychological, cultural or developmental in nature. For example, deaf older adult with untreated cataracts who has the following nursing diagnosis: Impaired verbal communication related to limited vision, absent hearing and inability to articulate works.

Planning

Once the nurse has identified the nature of the clients communication dysfunction, several factors must be considered is the care plan is designed. Motivation is a factor in improving communication, and clients often require encouragement to try different approaches that involve significant change.

Expected outcomes for the client with impaired communication are important to identify. In general, effective nursing interventions will result in the client experiencing a sense of trust in the nurse and health team.

At times nurses care for well-clients whose difficulty in sending, receiving and interpreting messages interferes with healthy interpersonal relationships. Nurses can plan interventions to help such clients improve their communication skills.

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Implementation

It carry out plan of care, nurses need to use communication techniques that are appropriate for the client's individual needs. The most basic nursing interventions used in communication are therapeutic communication techniques. Therapeutic communication techniques are specific responses that encourage the expression of feelings and ideas and convey the nurse's acceptance and respect.

Evaluation

The nurse and client determine whether the plan of care has been successful by evaluating the client communication outcomes established during planning. Nurses can evaluate the effectiveness of their own communication by making process recording, written records of their verbal and nonverbal interactions with clients.

Unacceptable Behavior in the Nurse-client Relationship

According to standard for therapeutic nurse and client relationship Nurses Association of New Brunswick, 2000.

I	Emotion/verbal abuse	1. Sarcasm 2. Intimidation 3. Teasing or taunting 4. Manipulation
II	Physical abuse	1. Using forces 2. Hitting 3. Pushing 4. Slapping 5. Shaking
III	Sexual abuse	1. Sexual intercourse or others forms of physical sexual relations between nurse and the client. 2. Touching of an abusive nature, etc. 3. Touching of a sexual nature. 4. Neglect: Occurs when nurse fail to meet the basic needs of clients who are unable to meet them themselves.
IV	Financial abuse	1. Borrowing money or property from a client. 2. Soliciting gift from a client. 3. Withholding of finances through theft. 4. Influence or pressure to obtain the client's money. 5. Insensitivity to religious and cultural beliefs and values.

MAJOR RECOMMENDATION FOR ESTABLISHING THERAPEUTIC RELATIONSHIP

1. The nurse must acquire the necessary knowledge to participate effectively in therapeutic relationship.
2. Establishment of a therapeutic relationship requires reflective practice. The concept includes the required capacities of: Self-awareness, self-knowledge, and empathy, awareness of ethics, boundaries and limits of the professional role.
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.

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4. The entry-level nursing programs must including both theoretical content and supervised practice.
5. Organizations will consider the therapeutic relationship as the basis of nursing practice and overtime will integrate a variety of professional development opportunities to support nurses in effectively developing these relationships. Opportunities must include nursing consultation, clinical supervision and coaching.
6. Health care agencies will implement a model of care that promotes consistency of the nurse-client assignment, such as primary nursing.
7. Agencies will ensure that at minimum, 70% of their nurses are working on a permanent full-time basis.
8. Agencies will ensure that nurses worked are maintained at levels conductive to developing therapeutic relationship.
9. Staff decisions must consider client acuity, complexity level, complexity of work environment, and availability of expert resources.
10. Organizations will consider the nurse's well-being as vital to the development of therapeutic nurse-client relationship and support the nurse as necessary.
11. Organization will assist in advancing knowledge about therapeutic relationship by disseminating nursing research supporting the nurse in using these findings, and supporting his/her participation in the research process.
12. Agencies will have a highly visible nursing leadership and establishes and maintains mechanisms to promote open conversation between nurse and all levels of management, including senior management.
13. Resources must be allocated to support clinical supervision and coaching processes to ensure that all nurses have clinical supervision and coaching on a regular basis.
14. Organization are encouraged to include the development of nursing best practice guidelines in their annual review of performance indicators/ quality improvement, and accreditation bodies are also encouraged to incorporate nursing best practice guidelines into their standards.

INTERPERSONAL RELATIONSHIP IN NURSING

The relationship that is established between nurse and patient is of great help and is the basis of nursing practice. The relationship has to be established between the nurse, the patient, his family and other members of health team.

Helping relationship is the foundation of clinical nursing practice, the essential element of care with every client in every situation. In such relationship, the nurse assumes the role of professional helper and comes to known the client as an individual who has unique health needs, human responses, and patterns of living. The relationship is therapeutic, promoting a psychological climate that facilitates positive change of growth. A therapeutic nurse-client relationship is established and maintained by the nurse through the use of professional nursing knowledge, skills and caring attitudes and behaviors in order to provide nursing services that contribute to the client's health and well-being.

The six qualities of a nurse, which help her in making good interpersonal relationship, are:

1. Behaving sincerely towards people.
2. Allowing people to express their thoughts and feeling.
3. Having adequate verbal expressions.
4. Attending to understand what people are really communicating (accurate empathy).

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5. Attending to interpersonal process occurring whining the therapeutic relationship.
6. Pointing out discrepancies in behavior.

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