Faculty of Health Sciences

Annalie van den Heever

Professor M Poggenpoel
and
Professor M Myburgh

University of Johannesburg
Nurses’ perceptions of facilitating a therapeutic nurse-patient relationship in private general hospitals in South Africa
A therapeutic relationship is an active and interactive process and is crucial in nursing.

Patients expect to be treated with respect, empathy, understanding in an honest relationship.

Not how much time you spend, but how and what you say when you are with the patient.

Poor nurse-patient relationships are experienced and reported in South African media.
Most patients in a hospital are emotionally affected by their physical illness or co-morbidity.

Admission of patients with mental health challenges into private general wards is increasing.

Medical insurance, turnover, and time are financial and bureaucratic constraints.

Nursing skills shortage - tendency to use sub-professional staff.

Medical model versus therapeutic environment.
Problem

Apparent misunderstanding

A patient complains
The nurse was rude or uncaring to him

Nurse defends herself by saying
‘I did not mean to be insensitive and I was not rude’
Question

Perception: the ability to see, hear or become aware of something through the senses
(Bozarth 2001:1)

Why are nurses not aware of the apparent misunderstanding?

What is it that upsets the patient in the nurse-patient relationship?

Do other factors make a difference?
Objectives

- To explore and describe nurses’ perceptions of facilitating a therapeutic relationship when caring for patients with physical, emotional or mental health challenges.

- To examine differences in nurses’ perceptions by comparing categories:
  - gender, age, years’ experience, qualifications and interpersonal skills training.

- To propose recommendations.
Conceptual Framework: Therapeutic Relationship
(Carl Rogers, 1957; Aiken & Aiken 1973)

- **Empathetic understanding:** to put yourself in another’s shoes
- **Positive regard:** unconditional respect for one another
- **Genuineness:** honest and open to yourself and others
- **Concreteness:** compassionate feedback
- **Self-exploration:** ability to explore own worldview and accept that of another
Levels of facilitation of a nurse-patient relationship

Levels I & II

Responses on the lower levels either lack concern for the patient’s feelings or are superficial

<table>
<thead>
<tr>
<th>Not at all</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>To a large extent</th>
</tr>
</thead>
</table>

Level III

Average responses are vague and neither hindered nor facilitate a therapeutic relationship and indicate a nursing task

<table>
<thead>
<tr>
<th>Not at all</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>To a large extent</th>
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Levels IV & V

Responses on the higher levels add deeper meaning to what the patient can express, and are reflective of the patient’s deepest feelings

<table>
<thead>
<tr>
<th>Not at all</th>
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<th>2</th>
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<th>5</th>
<th>To a large extent</th>
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</table>
## Research design and method

<table>
<thead>
<tr>
<th>Design</th>
<th>Quantitative, contextual and deductive</th>
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</thead>
<tbody>
<tr>
<td>Population (N=270)</td>
<td>Nurses working in 3 private general hospitals (Gauteng, South Africa)</td>
</tr>
<tr>
<td>Sampling method (n=184)</td>
<td>Purposive</td>
</tr>
<tr>
<td>Participants</td>
<td>Registered, enrolled, auxiliary nurses and care workers from all shifts</td>
</tr>
<tr>
<td>Data gathering</td>
<td>Self-administered questionnaire</td>
</tr>
<tr>
<td>Content validity</td>
<td>Theory and experts in the field of psychiatric nursing and research education</td>
</tr>
<tr>
<td>Reliability of the instrument</td>
<td>Cronbach Alpha</td>
</tr>
<tr>
<td>Ethical measures</td>
<td>Applied and permission obtained</td>
</tr>
<tr>
<td>Statistical procedures</td>
<td>SSPS-18 (University of Johannesburg)</td>
</tr>
</tbody>
</table>
Statistical analysis

Descriptive statistics – independent variables

- Gender
- Age
- Years experience
- Qualifications
- Previous interpersonal skills training courses attended
Inferential statistics:
Dependent variables

Non-parametric tests

Specific hypotheses (\(H_0\)) – no difference in nurses’ perceptions of facilitation of therapeutic relationship when categories of nurses are compared - (\(H_a\)) there is a difference

- **Age**
  - Student’s t-test
  - \(H_{o1}\)

- **Experience**
  - Student’s t-test
  - \(H_{o2}\)

- **Qualifications**
  - Mann-Whitney U (Ranks)
  - \(H_{o3}\)

- **Interpersonal skills training**
  - Kruskal-Wallis & Mann-Whitney U - \(H_{o4}\)
### Results

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>n- 184</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td>7.6%</td>
<td>92.4%</td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>56.3%</td>
<td>43.7%</td>
<td>38.6 years</td>
</tr>
<tr>
<td>Younger than 40 years</td>
<td>40 years or older</td>
<td>Mean</td>
<td></td>
</tr>
<tr>
<td><strong>Years experience as a nurse</strong></td>
<td>52.7%</td>
<td>47.3%</td>
<td>9 years</td>
</tr>
<tr>
<td>Less than 10 years</td>
<td>44.4%</td>
<td>55.6%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Qualifications</strong></td>
<td>Professional Nurses</td>
<td>Sub-professional Nurses</td>
<td>Psychiatric Nurse</td>
</tr>
<tr>
<td></td>
<td>Basic course</td>
<td>Advanced course</td>
<td>No course</td>
</tr>
<tr>
<td></td>
<td>51.1%</td>
<td>18.3% (69.4%)</td>
<td>30.6%</td>
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Nurses’ perceptions of facilitating a therapeutic relationship (n=184)

Levels of facilitation

Expectation

Perception

Responses which should facilitate deeper respect and empathetic understanding
Discussion of results

- Nurses’ perceptions are superficial and lack concern for the patient’s feelings
- Unaware of and not reflective of what patients say
- Perceptions of emotional care are blurred with nursing tasks which neither hinder nor promote a therapeutic relationship
- Patients and nurses are not on the same level
Discussion of results

- There is no statistically significant and substantial difference between nurses’ perceptions of facilitating a therapeutic relationship when groups were compared.

- Age, qualifications, experience do not play a role in how nurses perceive a therapeutic relationship.

- Learned interpersonal skills were clearly not retained over time.

- Findings are supported by previous research and reports of poor nurse-patient relationship.
Conclusions

The more complex our technology and the more bureaucratic our hospitals have become, the less have respect and positive regard been communicated to patients (Aiken & Aiken, 1973:864)

Nurse-patient relationship tends to focus on the medical and curative model of healing

It is worrying that nurses’ perceptions today, still lack concern for the patient’s need for self-exploration and empathetic understanding
Recommendations

- Decrease levels of distress and misunderstanding
- Self-awareness and reflection of nurses’ own feelings
- Training: raise the level of facilitation from superficial to reflective understanding
- Continued experiential and interactive interpersonal skills training is vital
- Utilisation and collaboration of available capacities
- Further research on the cultural influences is advised
QUESTIONS

Acknowledgement

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