Applying the Theory of the Dynamic Nurse-Patient Relationship to Develop Communication Skills for Nurses

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The value of interpersonal communication and the communication skills of the nurse cannot be underestimated. While working with nursing students, this author found that the bedside computer distracted them from their patients as their attention was diverted to the computer. The purpose of Orlando’s Theory of the Dynamic Nurse-Patient Relationship was to identify the strategies for teaching nursing students how to apply effective nursing practice, including communication. There are three major concepts associated with the theory: the patient’s behavior, the nurse’s reaction to the behavior, and the nurse’s subsequent action.

To put the theory into practice, the nurse derives the patient’s need for assistance based on observation and patient behaviors, including a need for help or need for improvement. Patients who are cognitively or physically impaired are not able to express their needs. The nurse determines the need for help through observation of the patient’s behavior, such as observing restlessness or an adverse change in vital signs. Although some patients may experience little trepidation in expressing their needs, other patients may need encouragement to articulate their problem. Nurses, while performing a functional task such as a physical assessment, will initiate communication with the patient, which in turn may lead to identifying a patient’s need. The nurse’s reaction occurs internally, within the nurse. The nurse’s reaction consists of three components that occur in the sequence of perception, thought, and feeling. The reaction is generated through the nurse’s perception of the patient’s behavior.

The theory is expressed in simple language that breaks down the communication between the nurse and the patient into two primary categories, automatic and deliberative action. When a deliberative action takes place, the patient’s immediate need is met after validation and discussion between the nurse and the patient. An automatic action is explained as an action that is carried out without any discussion or input from the patient. If the nurse uses a deliberative approach and validates the patient’s distress or unmet need, a helpful, trusting relationship is established.

This work proposes a model that affords a visual demonstration of Orlando’s Theory of the Dynamic Nurse-Patient Relationship that can act as a framework to support the examination of patient interactions with both nurses and student nurses.

Title:
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Keywords:
Illustration, Nurse-Patient Communication and Theory of the Dynamic Nurse-Patient Relationship

References:


**Abstract Summary:**
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**Content Outline:**
Abstract Summary:
This presentation will focus on a proposed illustration for Orlando’s Theory of the Dynamic Nurse-Patient Relationship. The illustration can be applied to create a visual representation of the pattern of the communication between the nursing student or nurse and the patient.

**Learning Objectives:**
- The learner will be able to characterize the components of Orlando’s Theory of the Dynamic Nurse-Patient Relationship
- The learner will be able to illustrate the components of Orlando’s Theory of the Dynamic Nurse-Patient Relationship
- The learner will be able to identify applications for the proposed framework

**Expanded Content Line**

**Introduction:**

The Joint Commission for Accreditation recognizes effective communication as a “critical” component of safe health care (Joint Commission, 2011).

**Purpose:**

The purpose of the theory in 1961 was to identify the strategies for teaching nursing students how to apply effective nursing practice. To put the theory into practice, the nurse derives the patient’s need for assistance based on observation and patient behaviors. The nurse’s reaction to the patient’s behavior and the subsequent nursing action are examined, which facilitates the identification and prevention of further patient distress.

**Assumptions and Definitions:**

Although some patients may experience little trepidation in expressing their needs, other patients may need encouragement to articulate their problem. If the nurse uses a dynamic approach and validates the
patient’s distress or unmet need, a helpful, trusting relationship is established. If this validation does not occur (an automatic action as opposed to a deliberative action), the patient may be unable to state their needs or have their distress lessened or alleviated (Orlando, 1961/1990).

The actions are defined as either deliberative or automatic. When a deliberative action takes place, the patient’s immediate need is met after validation and discussion between the nurse and the patient. An automatic action is explained as an action that is carried out without any discussion or input from the patient. Patients’ acknowledgements that their needs are either still present, not improved, or resolved are limited (Orlando, 1961/1990). In addition, Orlando (1961/1990) suggested that the nurse’s failure to validate the action will erode the nurse-patient relationship and risk the development of a sense of helplessness in the patient.

Concepts:

There are three major concepts associated with the theory: the patient’s behavior, the nurse’s reaction to the behavior, and the nurse’s subsequent action.

Relationships among concepts: (diagram)

Conclusions:

According to Meleis (2007), the theory is well suited for analyzing nurse-patient interactions, including those in which patient needs are determined in a deliberative process, while nursing care is provided in a short-term situation with a hospitalized patient. Future policy in the health care setting should include effective communication techniques for nurse-patient interactions (Strauss, 2013; Tobiano et al., 2016).

This author proposes that the illustration of Orlando’s Theory of the Dynamic Nurse-Patient Relationship can act as a framework for future studies and has applications in nursing education and practice.

References:


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**Author Summary:** Cindy has been a nurse for over 35 years. Her background includes medical-surgical nursing and critical care. In 2014, she graduated from the University of Massachusetts, Worcester with a PhD in Nursing and she currently works at the University of Massachusetts, Amherst. Her work on nurse-patient interactions was published in Advances in Nursing Science, and she recently returned from Copenhagen Denmark where she was asked to present her findings at DASYS Conference on Nursing Documentation.

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**Author Summary:** Dr. Howett is a Pediatric Nurse Practitioner, Lactation Consultant, and Clinical Professor at the University of Massachusetts Amherst where she is the Assistant Dean for Undergraduate Education. Her research and clinical expertise is inter-disciplinary, focusing on breastfeeding and early childhood exposures. She is particularly interested in the at-risk mother-infant dyad made vulnerable by poverty, early childhood malnutrition, and toxicant exposures.