Nursing Problems

The Nurse-Patient Relationship

by S. Raine

Nursing care and the very function of nursing is the more susceptible to change today that the concept of health and the medical needs of the individual and of society have considerably altered. As the Director of the French Red Cross Ecole des Cadres *has pointed out,*[1] *the duties of the nurse are no longer merely the technical aspects of care, such as bandaging, administration of injections, and so forth, but include responding to all human health needs. Hence, one of the major problems is still the relationship between the nurse and the patient. When this is realized, one better understands the original nature of nursing, for a question underlying the nursing vocation is : " is that relationship an end or a means to an end? ".*

The problem was recently studied in an article which we are pleased to be able to quote.[2] *(Ed.)*

The word " relationship " has for some time now become, in the nursing profession at least, one of those terms which, due to its indiscriminate use, has lost any specific meaning and has come to be just another colourless expression endowed with whatever meaning the user may choose to give it. It may be bandied about as a weapon or as a form of justification, and the emotional content with which it is loaded simply helps to aggravate mutual misunderstanding and to stress ideological differences.

[1] See Marie-Louise Badouaille, *Vie et Bonté*, the French Red Cross review, Paris, December 1970.

[2] Our thanks go to the editor of the *Revue de l'infirmière*, Paris, who has permitted us to quote this study which appeared in the January 1971 issue.

This word is, therefore, a problem. I intend, in this article, to begin with a brief review of the reasons which may have given rise to its rather unusual popularity, paying particular attention to relationship problems in hospitals. I shall tackle the subject of the pedagogical consequences suggested to me by the consideration of the meaning of the words " technique " or " technology " and " relationship ".

I think that it might be as well if I were to destroy some of the myths that surround the word " relationship " for, regardless of the meaning that various people may give it, it is significant that in most countries the nursing profession has always had to consider how to give a number of acts, aimed at meeting the needs of the sick, some kind of sense. These acts have lost some of their meaning because of a number of factors that we shall quickly consider.

Various studies of communication have shown that when two persons happen to be together, they cannot fail to communicate. Not only does everything boil down to communication, e.g. words, gestures, silence, but we even communicate about the communications that pass between us, a process which some authors have called metacommunication.[1] Hence, the same reproach made with a frown or with a smile would mean two entirely different things. Animals, too, make metacommunication. Cats, for example, can give out any number of battle signs while keeping their claws sheathed. By such metacommunication, the cat informs other cats, and humans too, that it is not really fighting but just pretending to fight.

What, therefore, are we communicating to the patients in our care that makes them voice so much dissatisfaction, while the technical side of the care we give is constantly improving? To listen to the complaints that are made, it would seem that the main point is that the patient does not feel that he exists as far as the nursing staff is concerned and that he rarely feels that he is in the presence of a real person. This mutual feeling of depersonalization, of being a thing manhandled by another thing, is most unpleasant. This

[1] Metacommunication: a commentary on the literal content and on the nature of the relationships between the persons involved. This is a message within a message. SATIR (Virginia). Conjoint Family Therapy, Science and Behavior Books, 1964, p. 76.

phenomenon is not, however, limited to nurse-patient relationships, but can frequently be found in everyday life.

The fear of becoming involved, of discovering oneself, of allowing one's emotions to sympathize with those of another as well as the unwillingness to force oneself on another, to appear indiscreet by showing interest in events concerning the personal life of another, are all very general. Moreover, the erection of walls of insulation even between close relatives is becoming increasingly frequent, and it goes without saying that this process of mutual reserve leads to ever more summary relationships in all circumstances. Nowadays, if we enter into relationship with another person, it is only for a precise reason which, in a way, explains and excuses our audacity in penetrating his private life. As counterpart, the rules of the game demand that we should not overstep the limits that this summary encounter may authorize and that we should not stray from the purpose for which the encounter was made. It is but à short step from this to a confusion between man and thing. " You have come to me to have your broken foot cared for, so I am caring for your broken foot (and not you)."

Why is it becoming increasingly difficult to communicate and to become involved? The answer to this question would be outside the scope of this article. In his book " Le Petit Prince ", St-Exupéry may have touched on one of the obstacles to the establishment of " links " from which we may suffer. The question is, can nurses, who live in constant contact with suffering and death be humanly expected to strike up relationships demanding their own personal involvement? Such relationships will always be broken by either separation or death. A sociologist would no doubt suggest some other origin to this difficulty. But let us see what other factors, in hospitals at least, might further accentuate this feeling of depersonalization in personal relationships—and especially in those developing between nurses and patients, as that is the subject which concerns us here.

I shall certainly not be the first to recall the different aspects which have already had, and which in future will probably continue increasingly to have, a depersonalizing influence on the quality of the relationships likely to develop between patients and nurses in hospitals. Upon writing the words " patients " and " nurses ",

I realize how difficult it is for me to put them in the singular as though the very thought that a patient might consider a nurse as being " his " particular nurse were already inconceivable in the existing hospital system.

This dehumanization is, in fact, an inescapable trend which, if we are not careful, may well have an irreversible influence on the quality of human contact in our hospitals and in the various organizations responsible for improving the health of our communities.

This trend is the result of many factors and I shall mention here only those which strike me as being the most powerful:

— the increasing use of various techniques calling for the manipulation of large numbers of objects and complex machines;

— the progressive industrialization of administrative and organizational working methods which break down the tasks in such a way that the nurse is simply left with the job of " caring for " the patient. Besides, this function of " caring for " is restricted to those tasks which call for a high level of qualification, and the tasks requiring a lower degree of qualification are left to less skilled persons;

— specialization, which is so characteristic of our age, is not the prerogative of the doctors; nurses working with them are also prone to certain professional deformations leading to a fragmentary perception of patients; this, in turn, means that instead of seeing a patient they only see a bit of him, such as a hip, a breast, an eye, a lung, a heart, or even just the illness with which that part of the patient is affected;

— different therapeutic concepts and the high cost of hospitalization have resulted in ever shorter stays in hospital which considerably reduce the possibility of patients and nurses getting to know more of each other;

— likewise, with similar consequences, the decrease in working hours, also, is a cause of difficulties in the establishment of personal relationships between nurses and patients;

— another factor is the relatively more serious nature of the diseases from which hospitalized patients are suffering. In fact,

persons with the milder sort of ailments do not ask to be admitted to hospital as frequently as was the case in the past, for home care is now better organized. The result of this development is that there is a proportionately higher death rate than there used to be. So nurses, being more frequently confronted with the spectacle of death, may tend to nurture a more defensive attitude which manifests itself in a less personal relationship.

Why, under such conditions, should we persist in our efforts to persuade nurses to make greater contact with their patients? We may well ask. Is it a realistic attitude to hope to find once again in the technical and ever more anonymous environment of the hospital world, the warmth that we are told was so characteristic of nursing relationships of old? If we are satisfied to consider this relationship as the fruit of the nurse's innate qualities, then it should suffice to remind her, on her arrival at nursing school, that the patient must be heard and helped, and, as a result, she would spontaneously be able to strike up and maintain a relationship with all her patients. Such a view is obviously pure utopia. A river does not flow uphill. In the same way as we would advise a person, swept along by the current and in danger of drowning, to allow himself to be carried downstream by the current and to apply his efforts to reaching the shore, albeit far downstream, so it is essential that we should not struggle against the progress of technology. In this matter of relationships, as in others, let us use first principles. Let us study the basic aspects of these relationships in order to understand how they work and then let us apply them in practice for the greater satisfaction of both the nurse and the patient.

As with a pendulum at the start of its swing, we seem to be oscillating between extremes. One is that nursing consists basically of a number of precise techniques that the nurse must learn to carry out while understanding why she is doing them. The other aims at reducing as far as possible the practical in-hospital training part of nursing courses, in order to concentrate more on the theories underlying the tasks that the nurse will be called on to carry out. For some of us, the word " technology " [1] has almost become dis-

[1] Translator's note: the French word used here is " technique".

reputable. Technology is held responsible for all the ills of which the modern world is accused, and the hospital situation is naturally just one aspect of this. For some years now, many efforts have been made to reject the modern world and to return to a way of life more directly in contact with nature, thereby avoiding the use of machines (Fouriéristes, Gandhi, Laza del Vasto, Hippies).

What, then, is the meaning of the word " technology " so highly praised by some, yet so decried by others? This is what Littré's Dictionary of the French Language has to say: " Relating to an art; belonging to an art. Technical terms (*termes techniques*): terms specific to a given science or to a given art. Technical rhymes (*vers techniques*): rhymes containing the expression of some rule. Technology, the material part of an art. The totality of processes which together make an art." [1]

If nursing uses techniques, it is an art with rules and processes which are specific to it and it has its own vocabulary. Do we, in this case, need to compare " relationship " and " technology " in this art — nursing? Could we not consider that the professional relationship is nothing but one of those techniques proper to the art of nursing, a technique which is not an end in itself but one which enhances the quality of nursing care in its entirety as it is lavished on the patient? Taken from this point of view, the nurse-patient relationship could become the centre point of that collection of rules and processes proper to the art of nursing for it could be considered as the very axle around which this art revolves.

How can we give the relationship this central function? To start with, let us return once again to our study of the true meaning of the word for it has been given such emotional undertones that it is impossible to use it without qualifying it with a mass of unvoiced adjectives such as full, good, deep, warm, excellent, positive, and so forth, and this means that any relationships which cannot match up to these qualities bestow a feeling of guilt for they are tantamount to failure.

Now if we consider the definition of the word " relationship " as given in Littré, we find: " the state existing between one thing and another. In philosophy, it is the situation existing between

[1] Dictionnaire de la langue française, abrégé du dictionnaire Littré par A. Beaujan, Gallimard et Hachette, 1959.

two persons or between two things considered in respect of each other. Liaison, commerce, correspondence. Or the persons themselves with whom one has a bond. In anatomy: the respective position of the parts as regards other parts (and finally, account, narration of an occurrence or of an event) ".[1]

Let us take a close look at the key words and ideas in these definitions. These are: the state existing between one thing and another, the situation existing between two things considered in respect of each other and finally (the additional French meaning of) the accounting or narration of an occurrence. These are the terms that we should bear in mind in order to be able to divest from the word " relationship " its qualitative shades of meaning and to restore to it those characteristics, most appropriate to the role as a sustaining element in nursing, which we should like to give it.

The relationship will therefore have to be formed to allow each of the two persons brought together—the nurse and the patient—to envisage each other in respect of their mutual rapport. The nurse does not, in fact, seek, as a person of good will concerned with the state of isolation and suffering of another, to form a relationship, but rather as a person whose function it is to care for another. To attain this, the nurse holds that it is necessary to know the needs of the patient, needs which are best expressed by the patient himself as it is he who is most directly concerned. For greater apparent efficiency, the nurse can no doubt deduce some of the patient's needs and gather a number of items of information without having to strike up a relationship, e.g. she will have a general idea about the patient's illness, she will have his case file and be able to make her own observations, etc. In this case it would, however, be more exact to say that it is from the disease that the nurse has identified the needs. For no one else can express the needs of a particular patient as a " person " with his own past, present and future, unless it is the patient himself who experiences such needs.

Consequently, in our concern for technical efficiency, we feel it necessary to prepare student nurses to establish and use their relationships with the patients, for it is this that will allow the nurse

[1] Translator's note: the French use the same word " relation " where in English we use " relation ", " relationship " and " relating ".

to play her role to the full, and that will enable her to develop and to find satisfaction in her chosen career. Nursing cannot remain a mere collection of " material components " of the art of caring for the sick, divided into a number of tasks such as inoculating, dressing wounds, making beds, washing the patient, administering medicaments, and so forth. This is but mass production as conjured up by the title of the book by Georges Friedman " Le Travail en Miettes " (Piecemeal work). A friend of mine who was recently admitted to a hospital told me that he had counted the number of people who had come into his room between the time he woke up and 8 a.m. There had been 18. One opened the shutters, another came to say " good morning " and to glance at his temperature graph, another took his pulse; then came others to take his; temperature, give him his washing things, distribute the bed-pans, empty them, wash the bed-ridden patients, make the beds of those who are mobile while others again make the beds of those who cannot move; and then followed others distributing medicaments, drinks and so forth.

This example shows clearly how great is the need for nurses to rethink their nursing methods. Should we continue viewing the problem through the wrong end of the telescope and try to perfect each act, whilst admitting that such acts are fleeting moments of contact between the nurse and the patient? To make a relationship depend on an act which has to be performed when, in fact, such acts are executed by so many different people and when they are scattered over so many isolated seconds and minutes which are so parsimoniously distributed among the patients, is neither conducive nor encouraging to speaking or listening; it is simply deluding ourselves on what to expect from this relationship. Is this the act of charity proferred to the patient, the smile or friendly word which clears the conscience and, at best, helps a little to break the anonymity of hospital life, or, on the other hand, is it the very core, the axis around which the many tasks of nursing revolve and on to which each individual nursing plan can be built? Such a plan could be built up from the sum of the information about the patient, gleaned from various sources. In such a case, the patient plays an active role as a participant in the nursing plan. He will no longer be a dependent and subjected individual, knowing nothing of the treat-

ment of which he is the object and to which he delivers himself with that agonizing and humiliating feeling that, from the moment he enters a hospital, he loses the right to speak, that he is no longer considered as an adult, or even as a person pure and simple, but as nothing more than an object, a patient who is troublesome and demanding as soon as he opens his mouth, as opposed to the " good " patient who never says a word.

If we are to take this point of view of the relationship, considering it to be a basic element of nursing, the element which gives nursing its meaning and its oneness, then a large part of nursing training syllabi must be devoted to studying and learning the techniques involved. Let us remember that there are no techniques without art, but that there is no art without technology.

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