

## NURSING THEORY OF INTERPERSONAL RELATIONS

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### Abstract

*Introduction.* The need for a partnership between nurse and client is very substantial in nursing practice. Hildegard E. Peplau (1909-1999) is often recognised as the mother of psychiatric nursing but her ideas have influenced all fields of nursing. Peplau first time described the therapeutic relationship in nursing in her book *Interpersonal Relations in Nursing*.

*Core.* According to Peplau nursing is an interpersonal process. Peplau identifies four phases in interpersonal relationship: orientation, identification, exploitation, and resolution. Each patient responds selectively to nurse. The response of the patient can be: 1 participate and interdependent with the nurse; 2 autonomous and independent from the nurse; 3 passive and dependent on the nurse. Peplau defines individual (man) as an organism that strives in its own way to reduce tension generated by needs. The client in her theory is an individual with a felt need. Health is defined as a word symbol that implies forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal, and community living. Hildegard Peplau considers nursing to be a significant, therapeutic, interpersonal process. She defines it as a “human relationship between an individual who is sick, or in need of health services, and a nurse specially educated to recognize and to respond to the need for help.” Major concepts within this process are nurse, patient, therapeutic relationship, goals, human needs, anxiety, tension and frustration.

*Conclusion.* Peplau was influenced by Sullivan’s interpersonal theory, motivation theory of Abraham Maslow and Sigmund Freud’s theory of psychodynamics. Peplau theory has contributed to the body of knowledge not only psychiatric-mental health nursing but nursing in general.

**Key words:** nursing theory, interpersonal process, psychiatric nursing

### 1 Background

The need for a partnership between nurse and client is very substantial in nursing practice. This partnership helps nurses and healthcare providers develop better therapeutic approach in the clinical setting. Hildegard Peplau in her nursing theory suggested that nurses can and do make a difference to people in the context of interpersonal relationships.

Hildegard E. Peplau (1909-1999) is often recognised as the mother of psychiatric nursing but her ideas have influenced all fields of nursing. H. Peplau was an advisor to the World Health Organization and was a visiting professor at universities in Africa, Latin America, Belgium, and throughout the United States. She served as president of the American Nurses Association from 1970 to 1972 and. After her retirement from Rutgers University, she served as a visiting professor at the Katholieke University of Leuven in Belgium in 1975 and 1976. There she helped establish the first post baccalaureate nursing program in Europe [1].

Peplau first time described the therapeutic relationship in nursing in her book *Interpersonal Relations in Nursing* [2]. Peplau described the nature of a helping relationship and the process by which the nurse can facilitate personal growth in another by helping the person to identify felt difficulties, experience emotions, and understand own behavior. She wrote that a relationship develops in predictable stages and that the patient’s behavior changes as the relationship progresses [3].

According to Peplau nursing is an interpersonal process. Each individual may be viewed as a unique biological-psychological-spiritual-sociological structure. Each individual has learned differently from distinct environment, customs, beliefs and culture. Each person comes with preconceived ideas that influence perception that are important in interpersonal process. The

relationship of the nurse to patients develops in therapeutic pattern by making judgements, using scientific knowledge, and assuming roles [4].

The trust between the nurse and the person is essential in the nurse-patient relationship. Peplau identifies four phases in interpersonal relationship: orientation, identification, exploitation, and resolution. The roles of nurse in the four phases of interpersonal relationship are changed by needs of the patient:

- *Teacher*: one who imparts knowledge in reference to a need or interest.
- *Resource person*: one who provides specific, needed information that aids in the understanding of a problem or new situation.
- *Counselor*: one who, through the use of certain skills and attitudes, aids another in recognizing, facing, accessing, and resolving problems that are interfering with the other person's ability to live happily and effectively.
- *Leader*: one who carries out the process of initiation and maintenance of group goals through interaction, encourage the patient to take on the responsibility for meeting health care needs.
- *Technical Expert*: one who provides physical care for the patient and operates equipment.
- *Surrogate*: serving as a substitute for another such as a parent or a sibling, act on the patient's behalf as an advocate, when needed [1].

In initial phase of orientation the nurse and patient meet as a strangers. The patient and family has a „felt need“ of professional assistance. The orientation phase is directly affected by the patient's and nurse's attitudes about giving and receiving aid from reciprocal person. The nurse's as well as the patient's culture, religion, educational background, past experiences, expectations play part in the reaction between patient and nurse. The nurse, the patient and the family cooperate to recognize, clarify, and identify the problem and stressful situations [2].

In next phase identification the nurse determines the appropriate professional assistance to provide to the patient. The patient decreased feelings of helplessness and hopelessness. Each patient responds selectively to nurse. The response of the patient can be:

- participate and interdependent with the nurse,
- autonomous and independent from the nurse,
- passive and dependent on the nurse [1].

The patient is responding to nurse selectively and requires a more intense therapeutic relationship.

In phase exploitation the patient realistically exploits all of the services available to them on the basis of self-interest and need [2]. The patient begins to feel an integral part of the helping environment. The nurse assists the patient in their efforts to strike a balance between the needs for dependence and independence. The nurse must encourage the patient to recognize and explore feelings, thoughts, emotions, and behaviours by providing a non-judgmental atmosphere and a therapeutic emotional climate. Some patients may become involved in self-care and they become more self-sufficient. Through self-determination, the patient develops responsibility for self. These patients realistically begin to establish their own goals toward improved health status.

Last phase of Peplau interpersonal process is resolution. The patient's needs have been met by the collaborative efforts of the nurse and patient. This final phase the patient leaves the relationship in a healthier emotional balance. The patient and nurse need now to terminate their therapeutic relationship and dissolve the links between them. Resolution includes planning for alternative sources of support, problem prevention, and the patient's integration of the illness experience.

Peplau [5] defines individual (man) as an organism that strives in its own way to reduce tension generated by needs. The client in her theory is an individual with a felt need.

Health is defined as a word symbol that implies forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal, and community living.

Although Peplau does not directly address society/environment, but she does encourage the nurse to consider the patient's culture. Environment is physiological, psychological and social fluidity that may be illness-maintaining or health-promoting [2, 6].

Hildegard Peplau considers nursing to be a significant, therapeutic, interpersonal process. She defines it as a "human relationship between an individual who is sick, or in need of health services, and a nurse specially educated to recognize and to respond to the need for help." Major concepts within this process are nurse, patient, therapeutic relationship, goals, human needs, anxiety, tension and frustration [5]. Peplau identifies variables in nursing situations as needs, frustrations, conflict and anxiety. Peplau was influenced by Sullivan's interpersonal theory, motivation theory of Abraham Maslow and Sigmund Freud's theory of psychodynamics [1].

Quality of life is embedded in Peplau's nursing theory as an intangible, all-encompassing phenomenon, it is the subjective perception of the condition of a person's life [5]. Quality of life is synonymous with well-being or psychological wellness and it is often associated with health. While relationship is central to Peplau's theory, quality of life is a by-product of the relationship and it is significant to her theory. Peplau contends that quality of life is primarily a subjective perception. It varies with changing circumstances, it is time and situation-dependent. She states, quality of life is not a static state, nor is it a firm goal, but rather it is more like a moving target – about the condition of a person's life varying with changing circumstances. Consistent with the assumptions underpinning Peplau's theory, quality of life is primarily influenced by health, personal relationships and context [5]. Peplau theory has contributed to the body of knowledge not only psychiatric-mental health nursing but nursing in general.

## REFERENCES

- [1] GEORGE, J.B. 2011. *Nursing theories. The Base for Professional Nursing Practice*. 6th ed. New Jersey: Pearson Education, 2011. 685 pp. ISBN 0135135834.
- [2] PEPLAU, H.E. 1991. *Interpersonal relations in nursing*. New York: Springer Comp., 1991. 360 pp. ISBN 082617910X.
- [3] WILLIAMS, CH.L. – TAPPTEN, R.M. 1999. Can We Create a Therapeutic Relationship with Nursing Home Residents in the Later Stages of Alzheimer's Disease? In *Journal of Psychosocial Nursing in Mental Health Services*. ISSN 1938-2413, 1999; vol.37, no.3, p. 28–35.
- [4] FAWCETT, J. 2000. *Analysis and Evaluation of Contemporary Nursing Knowledge: Nursing Models and Theories*. Philadelphia: F.A. Davies, 2000. 425 pp. ISBN 0803605927.
- [5] PEPLAU, H.E. 1994. Quality of life: An interpersonal perspective. In *Nursing Science Quarterly*. ISSN 1552-7409, 1994, vol.7, no.1, p.10-15.
- [6] FORCHUK, C. 1991. Peplau's Theory: Concepts and their Relationship. In *Nursing Science Quarterly*. ISSN 1552-7409, 1991, vol.4, no.2, p. 254-260.