Interpersonal Relations Theory

"The kind of person that the nurse becomes makes a substantial difference in what a each patient will learn as he or she receives nursing care"

Hildegard E. Peplau’s
A Middle-Range Nursing Theory Analysis

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Hildegard Peplau

- Psychiatric Nurse of the Century
- Born: September 1, 1909, Reading, Pennsylvania, United States.
- Education:
  - William Alanson White Institute (1954)
  - Pottstown Hospital, School of Nursing (1931)
  - Columbia University
  - Bennington College
- Worked tirelessly to advance nursing education and practice in 1930’s.
- Neuropsychiatric hospital in London, UK.
- Member of the Army Nurse Corps
- Worked at Bellevue and Chestnut Lodge Psychiatric Facilities
- Died: March 17, 1999, Sherman Oaks, Los Angeles, California, United States  (Nursing Inquiry 2014-21-4)
The meta-paradigm of Nursing
**Person**
A man who is an organism that lives in an unstable balance of a given system.

**Nursing**
Significant, therapeutic interpersonal process. It functions cooperatively with human processes that present health as a possible goal for individuals.

**Health**
Symbolizes movement of the personality and other ongoing human processes that directs the person towards creative, constructive, productive and community living.

**Environment**
Forces outside the organism and in the context of the socially-approved way of living, from which vital human social processes are derived such as norms, customs and beliefs.
Interpersonal Relations Theory
Introduction to the Theory

Nurse
- Values
- Culture race
- Beliefs
- Past experiences
- Expectations
- Preconceived ideas

Patient
- Values
- Culture race
- Beliefs
- Past experiences
- Expectations

Nurse-patient relationship

Interpersonal Relations in Nursing
Phases of Nurse-Patient Relationship

A. Orientation Phase
- Get acquainted phase of the nurse-patient relationship.
- Preconceptions are worked through
- Parameters are established and met
- Early levels of trust are developed
- Roles begin to be understood

B. Identification Phase
- The client begins to identify problems to be worked on within relationship
- The goal of the nurse: help the patient to recognize his/her own interdependent/participation role and promote responsibility for self
C. **Exploitation Phase**
- Client’s trust of nurse reached full potential
- Client making full use of nursing services
- Solving immediate problems
- Identifying and orienting self to [discharge] goals

D. **Resolution Phase**
- Client met needs
- Mutual termination of relationship
- Sense of security is formed
- Patient is less reliant on nurse
- Increased self-reliance to deal with own problems
Interpersonal Theory and Nursing Process

- Both are sequential and focus on therapeutic relationship.
- Both use problem solving techniques for the nurse and patient to collaborate on, with the end purpose of meeting the patients needs.
- Both use observation communication and recording as basic tools utilized by nursing.

<table>
<thead>
<tr>
<th>Assessment:</th>
<th>Orientation:</th>
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<tbody>
<tr>
<td>• Data collection and analysis [continuous].</td>
<td>• Non continuous data collection.</td>
</tr>
<tr>
<td>• May not be a felt need.</td>
<td>• Felt need.</td>
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<tr>
<td>• Define needs</td>
<td>• Define needs</td>
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<tr>
<th>Nursing diagnosis Planning:</th>
<th>Identification:</th>
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<tr>
<td>• Mutually set goals.</td>
<td>• Interdependent goal setting</td>
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<tr>
<th>Implementation:</th>
<th>Exploitation:</th>
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<td>• Plans initiated towards achievement of mutually set goals.</td>
<td>• Patient actively seeking and drawing help.</td>
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<td>• May be accomplished by patient, nurse or family.</td>
<td>• Patient initiated</td>
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<th>Evaluation:</th>
<th>Resolution:</th>
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<td>• Based on mutually expected behaviors.</td>
<td>• Occurs after other phases are completed successfully.</td>
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<td>• May led to termination and initiation of new plans</td>
<td>• Leads to termination.</td>
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Interpersonal Therapeutic Process

This type of process is based on the theory proposed by Peplau and particularly useful in helping psychiatric patients become receptive for therapy. Often referred as "Psychological Mothering," it includes the following steps:

• The patient is accepted unconditionally as a participant in a relationship that satisfies his needs;
• There is recognition of and response to the patient’s readiness for growth, as his initiative; and
• Power in the relationships shifts to the patient, as the patient is able to delay gratification and to invest in goal achievement.
NURSING ROLES
• **Stranger role**
  ➢ Receives the client the same way one meets a stranger in other life situations; provides an accepting climate that builds trust.

• **Resource role**
  ➢ Answers questions, interprets clinical treatment data, gives information.

• **Teaching role**
  ➢ Gives instructions and provides training; involves analysis and synthesis of the learner's experience.
• **Counseling role**
  - Helps client understand and integrate the meaning of current life circumstances; provides guidance and encouragement to make changes.

• **Surrogate role**
  - Helps client clarify domains of dependence, interdependence, and independence and acts on clients behalf as advocate.

• **Active leadership role**
  - Helps client assume maximum responsibility for meeting treatment goals in a mutually satisfying way.

• **Technical expert role**
  - Provides physical care by displaying clinical skills; Operates equipment
Additional Roles:

1. Technical expert
2. Consultant
3. Health teacher
4. Tutor
5. Socializing agent
6. Safety agent
7. Manager of environment
8. Mediator
9. Administrator
10. Recorder observer
11. Researcher
Major Concepts:
- Person
- Health
- Environment
- Nursing
- Therapeutic Nurse-Client Relationship

Sub- Concepts:
- Roles of the nurse in the Therapeutic Relationship
- Anxiety
  a. Mild
  b. Moderate
  c. Severe
  d. Panic
visual MODEL OF MAJOR CONCEPTS

Peplau’s framework: Major Concepts and their Interrelationships
(Forchuk, 1993, p. 8)
Peplau’s work and characteristics of a theory

Interrelation of concepts
- Four phases interrelate the different components of each phase.

Applicability
- The nurse patient interaction can apply to the concepts of human being, health, environment and nursing.

Theories must be logical in nature -
- This theory provides a logical systematic way of viewing nursing situations
- Key concepts such as anxiety, tension, goals, and frustration are indicated with explicit relationships among them and progressive phases
Generalizability

- This theory provides simplicity in regard to the natural progression of the NP relationship. Theories can be the bases for hypothesis that can be tested.
- Peplau’s theory has generated testable hypotheses.

Theories can be utilized by practitioners to guide and improve their practice.
- Peplau’s anxiety continuum is still used in anxiety patients.

Theories must be consistent with other validated theories, laws, and principles but will leave open unanswered questions that need to be investigated.
- Peplau’s theory is consistent with various theories.
Limitations

- Personal space considerations and community social service resources are considered less.
- Health promotion and maintenance were less emphasized
- Cannot be used in a patient who doesn’t have a felt need eg. With drawn patients, unconscious patients
- Some areas are not specific enough to generate hypothesis
Assumptions:

- Nurse and patient can interact.
- Both the patient and nurse mature as the result of the therapeutic interaction.
- Communication and interviewing skills remain fundamental nursing tools.
- Nurses must clearly understand themselves to promote their client’s growth and to avoid limiting client’s choices to those that nurses value.
Strengths:

- The phases provide simplicity regarding the natural progression of the nurse-patient relationship.
- This simplicity leads to adaptability in any nurse-patient interaction, thus providing generalizability.
Weaknesses:

- Health promotion and maintenance were less emphasized.
- The theory cannot be used in a patient who doesn’t have a felt need such as with withdrawn patients.
CASE STUDY

TOPIC. The use of Peplau's interpersonal nursing theory with people suffering from serious mental disorder.

PURPOSE. To describe Peplau's theory and its application using a case study.

CONCLUSION. Peplau's theory can be used to help patients resolve symptoms by guiding them through the steps of observation, description, analysis, formulation, validation, testing, integration, utilization.

Key words: Nurse-patient relationship, Peplau's interpersonal nursing theory, psychotherapy, schizophrenia, serious mental illness
CASE STUDY

• In the age of managed care, we hear little about long-term psychotherapy with people experiencing serious mental illness (SMI). This is unfortunate, because despite the biopsychopharmacological movement, the number of those diagnosed with SMI has not decreased. While it is an accepted fact today that people who are depressed recover best with a combination of psychotherapy and medication, the same has not been documented for those suffering from schizophrenia. Many believe these people cannot be helped by psychotherapy. While many of us know anecdotally of patients who have recovered, we seldom read of these in the psychiatric nursing literature.
• A person with serious mental illness suffers from symptoms over an extended period of time that constantly or intermittently remit and relapse. These symptoms seriously interfere with function and quality of life in such areas as
CASE STUDY

- work, social interaction, recreation, intimate relationships, and meeting community standards.
- Dr. Hildegard Peplau introduced an interpersonal relations paradigm for the study and practice of nursing in the late 1940s and early 1950s (Peplau, 1995). The paradigm evolved from her work with H. Sullivan, E. Fromm, F. Fromm-Reichmann, other eminent clinicians, and her experience working with seriously mentally ill patients in public and private psychiatric hospitals (O'Toole & Welt, 1989). Her Interpersonal Relations Theory has had particular relevance and usefulness in understanding and intervening to reduce symptoms, re-establish relatedness, restore a sense of self-identity, improve function, and promote health.
CASE STUDY

- Practicing psychotherapy at a public psychiatric hospital, I have found interpersonal theory and interventions useful for patients with a wide variety of diagnostic labels, including schizophrenia, depression, mood disorders, borderline personality disorders, and mild mental retardation. These interventions are useful both in one-to-one therapeutic relationships and milieu interventions. The theory and interventions provide an effective adjunct for psychopharmacology and psychiatric rehabilitation, particularly with people who have complex behavioral problems refractory to psychopharmacological intervention. My anecdotal clinical experience is not consistent with Beeber's (1995) contention that the Peplau model does not fit psychiatric nursing practice in inpatient settings. Employed as a certified specialist/nurse psychotherapist with an assigned caseload of patients with complex behavior problems and as Assistant Director of Nursing responsible for milieu intervention, I sought to answer Beeber's questions:
CASE STUDY

• I discovered that patients are able to identify patterns and contextual variables through my use of the interpersonal paradigm and psychotherapeutic interventions suggested by Peplau (1989a, b; 1995, 1996b). This presentation will briefly discuss concepts and definitions of Peplau's paradigm that help explain the reasons for the seriously mentally ill person's problems, and it concludes with a case presentation.
Research Based on Peplau’s Theory

• **Hays .D. (1961)**. Phases and steps of experimental teaching to patients of a concept of anxiety: Findings revealed that when taught by the experimental method, the patients were able to apply the concept of anxiety after the group was terminated.

• **Burd .S.F.**. Develop and test a nursing intervention framework for working with anxious patients: Students developed competency in beginning interpersonal relationship.
Conclusion

- Peplau conceptualized clear sets of nurse’s roles that can be used by each and every nurse with their practice. It implies that a nurse’s duty is not just to care but the profession encompasses every activity that may affect the care of the patient.
- The idea of a nurse-client interaction is limited with those individuals incapable of conversing, specifically those who are unconscious.
- The concepts are highly applicable with the care of psychiatric patients considering Peplau’s background. But it is not limited in those set of individuals. It can be applied to any person capable and has the will to communicate.
- The phases of the therapeutic nurse-client are highly comparable to the nursing process making it vastly applicable. Assessment coincides with the orientation phase; nursing diagnosis and planning with the identification phase; implementation as to the exploitation phase; and lastly, evaluation with the resolution phase.
References