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The therapeutic relationship between a nurse and a patient in the therapy of haemodialysis

SUMMARY

Cooperation with the patient to a certain or even large extent depends on establishing an appropriate therapeutic relationship, i.e., a positive emotional relationship with the patient, subordinated to set therapeutic goals. The therapeutic relationship includes communication between the donor and the recipi-

ent of care. In the case of haemodialysis patients, this seems to be of particular importance due to the presence of chronic disease, repeated sessions, and frequent contact with the nurse.

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INTRODUCTION

The subject of a therapeutic relationship has gained more focus in clinical medicine over the past years. This term has been borrowed from psychotherapy and can be applied in every field of medicine. It refers to a non-specific psychological influence that accompanies therapy [1, 2]. Good cooperation with a patient strongly depends on a proper therapeutic relationship, i.e., a positive emotional relation aimed at achieving set therapeutic goals. Establishing a therapeutic relationship with a patient, the goal is to achieve expected changes in life relating to healthy behaviours, fighting a disease or complying with therapy. The therapeutic relationship is based on communication between the giver and the receiver of care. Communication is a process of giving and receiving information by direct contact between two or more individuals [3].

PHASES OF ESTABLISHING THE NURSE-PATIENT RELATIONSHIP

The development of modern nursing resulted in a shift in tasks, functions, and responsibilities of a nurse as well as the patient's role, who has become an active part of the therapeutic and nursing process. Those changes also lead to the need to set an appropriate

therapeutic environment in the nurse-patient relationship [4].

According to Poznańska [5], the correct development of a relationship between a nurse and a patient has four phases shown in Figure 1.

Despite identifying each phase, they do not necessarily need to be introduced in the presented order. Rather they should be perceived as fundamental elements of a therapeutic relationship and should be implemented freely and tailored to a specific situation.

The early orientation phase shows that a nurse must prepare before contacting the patient, e.g., by collecting information about the patient, which can be beneficial in directing the communication. In the identification phase, both parties have time to get to know each other. It should be kept in mind that every single person needs time to break the barriers of the unknown [5]. It is therefore important for a nurse to respect a patient's rights and their autonomy in making decisions considering their care. Collaborative solving of nursing problems leads to solutions that are better and more satisfying for both parties [6]. The active intervention phase allows developing cooperation with the patient based on discovering and understanding the patient through observation of his or her behaviour, emotional reactions and appearance. In this phase, the nurse should

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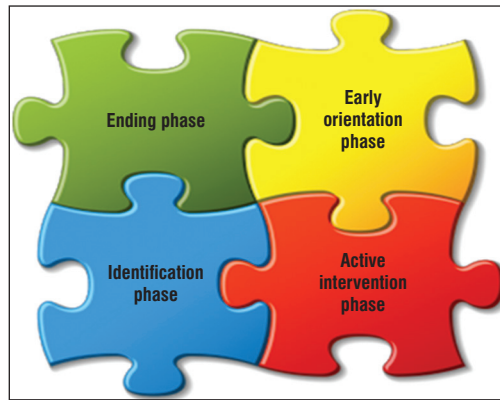


Figure 1. Diagram showing important phases in the development of the therapeutic relationship between the patient and the nurse

Source: Own materials based on: Poznańska S. *Komunikowanie się w relacjach pielęgniarka — pacjent oraz we współpracy zespołowej.* [w:] *Pielęgniarstwo.* Red. K Zahradniczek. Wydawnictwo Lekarskie PZWL, Warsaw 2010, pp 94–96.

be aware that the patient can withdraw from cooperation and decline some activities, which he or she can and should be doing. The distinct ending phase highlights the fact that the patient must be aware that their relationship with the nurse will come to an end and they should be prepared for it. The main goal here is that the patient can get independent as soon as possible and they get all the necessary information about their health and self-care [5].

POSITION OF THE NURSE AND THE PATIENT IN A THERAPEUTIC RELATIONSHIP

Modern healthcare systems tend to define a certain model of interactions between a nurse and a patient. Contact with a sick person requires many skills and predispositions from the nurse. It is the nurse that interacts the most with the patient, not only performing nursing procedures but also bringing an atmosphere that promotes contact with patients.

So far, a couple of models have been developed describing the relationship between a nurse and a patient. The first model is the so-called autocratic-paternalistic model, where only tasks that the nurse should do to the patient are defined and implemented. The patient is subordinate and not as important, because the only concern is what, when and how certain tasks are performed. The nurse dominates the patient, being informative and distant. The patient's needs are of secondary interest.

Another model which will be highlighted here is the partnership model, which focuses

on the patient seen as an individual who also needs an individual approach to their therapy, care and needs. In this model, the nurse has a distinct role. They are the middleman between the physician and the patient. While implementing the therapeutic process set by the physician as well as individual nursing process, they can have an open approach to the patient's needs, keep track of them and meet them. This model assumes nursing-therapeutic-treatment activities; the activities in those three dimensions lead to a better quality of life, have a positive effect on the treatment itself and accelerate healing. In the partnership model, the patient's role is crucial, and he or she is the key link between the physician and the nurse.

The patient expects that the nurse will not only fulfil their nursing tasks but also that the nurse will be able to read his or her psychological and spiritual state. The nurse's attitude is important so that the patient decides to initiate the contact. However, this open approach is not sufficient for the nurse. The nurse should be able to step up to the patient's-initiated contact and direct it so that it flourishes and results in the patient's positive attitude towards the disease, or to overcome the hardships the patient may encounter during the therapeutic and diagnostic process.

The nurse's communication skills are the cornerstone of care marked with positive therapeutic outcomes. The nurse needs to accurately evaluate the patient's psychological condition, carefully but at the same time tactfully observe his or her behaviour, speech, emotions, and even interpret silence, which surprisingly can tell a lot. To sum up, the nurse-patient position in a therapeutic relationship must be characterized by equality but also openness to another human being [7].

HAEMODIALYZED PATIENT AND THE THERAPEUTIC RELATIONSHIP

The role of emotional support in caring for a patient receiving renal replacement therapy is crucial at each stage of the disease and therapy. The demand for such help applies to both dialyzed patients and transplant recipients. The support of the medical personnel helps the patient find new energy and define his or her plans. Dependence on dialysis machines, forced regular sessions, limitations of everyday activities due to the chronic illness and complicated treatment often lead to a de-

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pressive vision of the patient's future health and bio-psycho-social functioning. A supportive, patient and understanding attitude of the medical staff and patient's relatives is a form of help, which results in a positive approach to the disease and treatment as well as overcoming patient's problems and hardships [8].

In the study conducted in 2020 in a single haemodialysis unit in Warsaw, Poland, 75% of patient knew and correctly identified what is a therapeutic relationship. They listed the following parts of a therapeutic relationship: empathy (81.8%), mutual trust (67.5%) and respect (59.7%), openness of both parties (55.8%), verbal communication (54.5%), cordiality (46.8%), non-verbal communication (44.2%), safety (44.2%), and lastly understanding (39%) and acceptance (33.8%). Males significantly more often highlighted empathy ($p < 0.04$), similarly to patients with higher education ($p < 0.02$) and patients who did not accept renal replacement therapy ($p < 0.03$). The understanding was statistically more important in a therapeutic relationship for patients living in rural areas ($p < 0.03$). Respect was particularly important for patients with secondary education ($p < 0.03$). Most patients (85.7%) shared the opinion that the nurse-patient therapeutic relationship in renal replacement therapy is vital. The least importance for the therapeutic relationship was given by patients aged 70 and over ($p < 0.03$). The patients expressed the significance of the therapeutic relationship, in particular: feeling of being understood, strength to fight the disease, and less commonly: it helped restore hope, practice understanding one's problems by viewing at them from another person's perspective, cope with hopelessness, strengthen positive pro-health activities. However, when the patients were asked about the impact of their current nurse-patient therapeutic relationship on their treatment, they indicated safety, coping with difficult times, increased quality of care, and less often they said it

helped accept their disease and therapy and it increased the effectiveness of treatment. Female significantly more often than males pointed out that the nurse-patient therapeutic relationship helped them accept the disease and therapy ($p < 0.05$) [9].

CONCLUSIONS

According to the data collected in the Polish Nephrology Registry, at the end of 2018 there were 21.328 dialyzed patients, including 20.418 treated with haemodialysis and 917 with peritoneal dialysis. In 2015, there were 284 dialysis units in Poland. The highest number of dialysis units were in Silesian Voivodeship — 37, followed by Masovian — 34 and Greater Poland — 28. The lowest number was in Lubusz Voivodeship — 8, and in Opole and Podlaskie — 9 units in each voivodeship. Those numbers show how many patients receive renal replacement therapy in Poland. For economic reasons, despite many substantive claims, patients in Polish dialysis units rarely receive psychological support. Chronic kidney disease is a strong source of stress for the patients. The problems primarily arise from a sudden confrontation with the diagnosis and a vision of an incurable disease, and secondly — from consequences of therapy on everyday life and experience of side effects and comorbidities. Another issue is the experience of real-life changes resulting from limitations or resignation from previous social roles [11]. Haemodialysis patients tend to withdraw from life, their interests shrink, they experience anxiety, are more sensitive and their mood changes swiftly [12]. Both the chronic disease itself and the chronic therapy with regularly repeated haemodialysis sessions are an important issue in medical staff-patient and nurse-patient therapeutic relationships. The cited study indicates the need for establishing a nurse-patient therapeutic relationship, which is vital for therapy according to patients themselves.

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