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Graduate School

Thesis
1963

A STUDY OF INTERPERSONAL TECHNIQUES

IN THE EMERGENCY ROOM

by

Malcyé Wisdoma Bush

A Thesis in Partial Fulfillment

of the Requirements for the Degree

Master of Science in the Field of Nursing

60509

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CHAPTER I

INTRODUCTION

Hospital emergency rooms have been facing a crisis in providing adequate nursing care for emergency patients. This crisis has been caused by the increased services being provided nonemergency patients. Because criticism of nursing care received in the emergency room was so widespread, the American College of Surgeons has begun a nationwide study of hospital emergency rooms.¹

The nurse is one of the first hospital staff to meet emergency patients and to assess the patient's needs. The nursing care received in the emergency room and the patient's impression of the quality of the nursing service appears vital to the success of any treatment plan initiated for the patient's recovery.

One of the many facets that effects the results of treatment in the emergency room is communication between nurse and patient. The tool of communication should be consciously used and developed with clarity and continuity for effective interpersonal nurse-patient relationship.² The nurse's interest and concern for the welfare of the patient is conveyed by both verbal and nonverbal communication.³

¹Patricia D. Horgan, "The Emergency Room Crisis: How One Hospital Is Handling It," R.N., 25:47, October, 1962.

²Hildegard E. Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), p. 289.

³Joyce Samhammer Hays and Kenneth Larson, Interacting with Patients (New York: The Macmillan Company, 1963), cover page.

An effective nurse has the ability to determine what nursing actions are called for at a given moment to promote comfort, well being, and recovery of the patient.⁴ This effectiveness may be based partly on technical skill. However, a nurse should also be able to elicit subjective information about the patient. This information may be used to evaluate the patient's condition. Technical skill and effective interpersonal techniques are two necessary qualities for the nurse who functions in the emergency room. The nurse who fails to develop interpersonal techniques may limit her ability in providing nursing care.⁵

I. THE PROBLEM

Purpose of the Study

It was the purpose of this project to study nurse-patient interaction in the stress situation of a hospital emergency room. The problem was to ascertain if interpersonal techniques in the emergency room were therapeutic or nontherapeutic.

Sub-problems

(1) Does the interaction between professional nursing personnel and emergency room patients tend to be more therapeutic than the interaction between nonprofessional nursing personnel and emergency room patients?

(2) What interpersonal techniques are most used by nursing personnel in the emergency room?

⁴Sidney M. Jourard, "How Well Do You Know Your Patients," The American Journal of Nursing, 59:1571, November, 1959.

⁵Ibid., p. 1568.

(3) Does the type of patient influence the therapeutic nature of the nursing interaction in the emergency room?

Need for the Study

Nurses have been concerned with what can be done to provide adequate nursing care for the many patients who utilize the emergency room. The increasing number of complaints concerning the quality of nursing care in the emergency room warrants research to determine the basis for the criticisms. Because of the many aspects of nursing care this research could be divided into several small studies. A study to ascertain the effect of interpersonal techniques on the quality of nursing care was needed as a contribution to the larger problem related to nursing care in the emergency room.

In the emergency room, nursing the whole patient is necessary. It is indeed a challenge to remain objective and yet sensitive to the patient's needs.⁶

The nurse should use general principles to guide her verbal comments. These principles can be studied in advance so that the nurse will understand the basis for their usage. Communication is of paramount importance in the stressful situation of the emergency room as coordination of patient's care depends upon communication.

Assumptions

The following assumptions were pertinent to this study: (1) the data collecting technique would be effective for observing and recording

⁶Harriet Bell, "Nursing Service in the Emergency Department," Nursing Outlook, 10:392, June, 1962.

interpersonal techniques in the emergency room, (2) every verbal response the nurse makes to the patient (or within his hearing) can be evaluated as having therapeutic or nontherapeutic value, and (3) nonverbal responses have a significant effect on interpersonal techniques.

Limitations

This study was limited to professional and auxiliary nursing personnel in one hospital emergency room. The study was further limited because: (1) the time spent observing in the emergency room was 50 hours, (2) the number of nursing interactions was limited to 35, (3) there was one observer for the entire observation period, and (4) Hays and Larson's⁷ criteria of therapeutic and nontherapeutic techniques were not specifically applicable to all emergency room situations.

Hypothesis

It was hypothesized that interpersonal techniques between nurses and patients in the emergency room were nontherapeutic.

Methodology

The descriptive survey was the method chosen for this study. Verbatim recording of nurse-patient interactions was used as a data collecting technique. Validation was confirmed by a panel of judges consisting of a psychologist and two psychiatric nurses. These data were evaluated according to Hays and Larson's⁸ criteria of therapeutic and nontherapeutic interpersonal techniques.

⁷Hays and Larson, op. cit., pp. 21-23 and 36-37.

⁸Ibid.

Literature was reviewed to define the factors relating to therapeutic and nontherapeutic interpersonal techniques in the emergency room and to define the nurse's role in the emergency room. The data were collected and summarized for analysis and interpretation. Conclusions and recommendations were presented.

II. DEFINITION OF TERMS

For the purpose of this study the following definitions were used:

Interpersonal techniques. Interpersonal techniques were defined as the ability to deal effectively with others. "It is a process that invites a patient to express himself freely and to identify problems."⁹

Therapeutic techniques. These techniques were a method of communication which contributed to the patient's growth.¹⁰

Nontherapeutic techniques. These techniques were a method of communication which reinforces the patient's illness.¹¹

Communication. Communication is defined here as the transfer or interchange of meaning or ideas between persons.¹² Communication in this study included verbal and nonverbal responses.

Professional nursing personnel. This group referred to nurses who graduated from diploma programs in nursing and were registered nurses.

Non-professional nursing personnel. This group referred to nurses who received on-the-job training only.

⁹Ibid., cover page.

¹⁰Ibid.

¹¹Ibid.

¹²Wayland J. Hays and Rena Gazaway, Human Relations in Nursing (Philadelphia: W. B. Saunders Company, 1959), p. 8.

Therapeutic interaction. A therapeutic interaction was one in which 75 per cent or more of the responses were therapeutic.

Nontherapeutic interaction. Any interaction that had less than 75 per cent therapeutic responses was nontherapeutic.

Emergency patient. This patient was an adult who entered the emergency room who received treatment other than medication.

Nonverbal communication. This type of communication involved facial expression, position and movement of the hands and posture.¹³

Verbal communication. This type of communication involved the use of words for the purpose of conveying and clarifying one's ideas, thoughts and/or opinions to others.¹⁴

Type of patient. This classification referred to the patient's sex, occupation and diagnosis.

III. SUMMARY

In this chapter the focus has been on the need for a study of interpersonal techniques in the emergency room as directly related to quality of nursing care.

A design is set forth to observe interpersonal techniques in the emergency room.

¹³Anne J. Davis, "The Skills of Communications," The American Journal of Nursing, 63:69, January, 1963.

¹⁴Martha M. Brown and Grace Fowler, Psychodynamic Nursing (Philadelphia: W. B. Saunders Company, 1954), p. 90.

It was hypothesized that the observation would reveal the interpersonal techniques in the emergency room to be nontherapeutic.

IV. ORGANIZATION OF THE REMAINDER OF THE THESIS

The remainder of this study has been organized as follows: Chapter II is a review of the existing literature in the field pertinent to the interpersonal techniques in the emergency room. Chapter III is a presentation of the methodology used in the collection of data for this thesis. Chapter IV contains the analysis of the data collected from the verbatim recordings. Chapter V is a summary of the findings, conclusions and recommendations of this study.

CHAPTER II

REVIEW OF LITERATURE AND RELATED STUDIES

The nurse-patient relationship in regards to communication in the emergency room is vital to nursing. A review of the literature showed that the field of business management has written more in the area of communications than nursing educators. There was, however, an increasing interest in communications to help improve the nurse-patient relationship.

I. FUNCTION OF THE EMERGENCY ROOM

There was an increased awareness by medical personnel of the function of the emergency room. From the review of literature it was apparent that physicians, nurses, hospital administrators, and other professional people associated with the hospital were aware of its importance. The emergency department was the avenue of admission to the hospital for approximately 10 per cent of all the patients treated in the department.¹

Flint stated, "There was a constant stream into the emergency room day and night of acutely ill and injured persons. There was more opportunity in the emergency room to salvage life and limb than any other unit in the hospital."² Brown indicated that to the acutely ill or severely injured it may be a matter of utmost necessity.³

¹Kent L. Brown, "The Changing Emergency Ward," The American Journal of Surgery, 100:339, March, 1961.

²Thomas Flint, Emergency Treatment and Management (Philadelphia: W. B. Saunders Company, 1958), p. 111.

³Brown, op. cit., p. 336.

The emergency ward has become an essential part of our community. Brown further stated that the hospital must expand, equip and staff their emergency wards to meet the demands of the community they serve.⁴ The hospital emergency room in a small community sometimes serves essentially as an extension of the family physician's office.⁵

In many parts of the country where there are few family doctors the community must rely on the hospital emergency room. In some cases a family must await the father's return from work before transporting the sick member, which is usually after the regular office hours. Shortliffe stated that it seemed evident that almost any patient may appear in the emergency room for care.⁶

An emergency can mean different things in different places. Kandel stated that the time of day or night had a great influence upon the emergency of any given situation.⁷ For example, anxieties tend to magnify medical problems at night. A child who has been ill during the day may be brought to the emergency room at night if the symptoms change significantly.

The emergency room was the most convenient place for people to come for pharmaceutical supplies and medicine when drug stores in the

⁴Ibid., p. 341.

⁵Arlene Putt, "Student Experience in the Emergency Unit," Nursing Outlook, 10:97, February, 1962.

⁶E. C. Shortliffe, "Emergency Rooms, Weakest Link in Hospital Care," Hospitals, 34:33, February 1, 1960.

⁷Robert Kandel, "Management of the Hospital Emergency Unit," Nursing Outlook, 10:393, June, 1962.

area were closed.⁸ Freilich indicated that although many patients do not require emergency service each one must be seen by a physician so that not one true emergency will be overlooked.⁹

In the large city hospital's emergency room, transient patients and victims of various kinds of trauma or violence may be treated.¹⁰

The community hospital, because of its readily available scientific equipment, had become accepted as the center for the care and treatment of various health problems.

II. ROLE OF THE EMERGENCY ROOM NURSE

The emergency room nurse must be gifted with certain qualities of personality and with an understanding of the needs of people in shock or extreme pain. Emergency patients require as much psychological aid and comfort as they do medical and surgical attention, and the need for human qualities and a calm, cheerful disposition in the emergency room is necessary.¹¹

Bell stated, "It was essential that nurses selected for the emergency room have wisdom, judgment, empathy, and understanding of medical, social and economic problems of human beings."¹²

⁸Jacob Horwith, "What it Takes to Provide Good Emergency Room Care," The Modern Hospital, 97:1109, September, 1961.

⁹Herbert Freilich, "A Guide for Doctors in the Emergency Room," Hospital Management, 93:50, February, 1962.

¹⁰Putt, op. cit., p. 97.

¹¹C. A. Linquist, "Hospital Facilities Required for Emergency Care," Bulletin American College Surgeons, 38:378, November-December, 1953.

¹²Harriet Bell, "Nursing Service in the Emergency Department," Nursing Outlook, 10:392, June, 1962.

Bell further indicated that many facets of nursing care are involved in nursing the patient in the emergency room.¹³ Emergency room nursing care is challenging. Ingles states that there is great satisfaction for the nurse in knowing that her personal ministrations has helped the patient.¹⁴

Technical Skills

Stress situations were regular occurrences in the emergency room. It was there that the realistic evidence and the disastrous effects of accidents confronted the nurse. The nurse's role consisted in her ability to utilize specific emergency measures which are taken in combating shock, hemorrhage, poisoning, and other conditions.¹⁵

The emergency room was in operation twenty-four hours every day. Nurses in the emergency room soon developed sensitivity in recognizing the patient's need for immediate nursing care. In addition, they become keenly aware as to when they are required to start emergency procedure.¹⁶ In the emergency room the nurse should always be alert for the unexpected. Emergencies require rapid appraisal, careful judgment, and evaluation of the situations without hesitation.¹⁷

¹³Ibid.

¹⁴Thelma Ingles, "Understanding the Nurse-Patient Relationship," Nursing Outlook, 9:698, November, 1961.

¹⁵Audrey Windemuth, The Nurse and the Out-Patient Department (New York: The Macmillan Company, 1957), p. 307.

¹⁶Bell, op. cit., p. 391.

¹⁷Sidney M. Jourard, "To Whom Can a Nurse Give Personalized Care," The American Journal of Nursing, 61:88, March, 1961.

Ancillary workers in the emergency room made it possible for the professional nurse to spend more time with patients giving direct care. It was essential for the professional nurse to be qualified to assist with aseptic procedures, administer medicines, and perform complicated treatments.

Sensitivity to Patient's Emotional Needs

The patient accepted the nurse as technically skillful but his greatest satisfaction was the relationship occurring on an emotional level. The application of the principles of the golden rule made possible peak effectiveness in the emergency room.¹⁸ Vague discomforts and psychological malaise may be relieved or counteracted by such qualities as unfailing politeness and courtesy.¹⁹ Some degree of anxiety was always present when a patient arrived at the hospital. Even the physical examination was fraught with what it might reveal. The hospital and its equipment was anxiety producing, particularly to those with limited education and medical experience.²⁰ Each nurse should feel responsible for the emotional tone in her immediate work area.²¹

In the emergency room stress situations develop. The nurse must extend every effort to allay the anxieties and fears that frequently

¹⁸Robert Lowe, "The Visitor Is Your Guest," The American Journal of Nursing, 48:8, January, 1948.

¹⁹Ilse Wolff, "The Educated Heart," The American Journal of Nursing, 63:59, April, 1963.

²⁰Esther L. Brown, Newer Dimensions of Patient Care (New York: Russell Sage Foundation, 1961), p. 11.

²¹Ball, op. cit., p. 392.

disturb the patient in the emergency room. If the patient's illness is acute his anxieties may overwhelm him. The patient should not be left alone at this time.²²

Understanding the patient's behavior, regardless of his age or ethnic group, was a crucial function in planning for and helping the patient coordinate his care.²³ Jourard stated that sincere attempts to know and to understand a patient and to help him be comfortable increased his sense of identity and integrity.²⁴ It is indeed a challenge for the nurse to be sensitive to the patient's needs. Perceptiveness of the patient's needs and the ability to help him are necessary facets of nursing.²⁵

Acute illness of the patient in the emergency room makes it necessary for the nurse to be vigilantly observant. Fischer stated, "Nurses have longer contact with patients and, therefore, more opportunities to observe behavior and to listen. The nurse was usually the first professional person to see the patient."²⁶

Sensitivity and alertness to unusual symptoms and ability to interpret what she observed were other desired characteristics of the emergency room nurse.

²²Wolff, op. cit., p. 59.

²³Kenneth Knapp, "What Is Good Patient Care," Hospital Topics, 39:45, November, 1961.

²⁴Jourard, op. cit., p. 88.

²⁵Bell, op. cit., p. 392.

²⁶Mercedes Fischer, "Outpatient Departments Have a Long Way to Go," The American Journal of Nursing, 61:58, August, 1961.

Health teaching as part of the nurse's role was gaining in importance with emergent conceptions of the responsibilities of the health services.

To provide effective health teaching the nurse needed to understand the social factors affecting the patient, to know community conditions and resources. Consultations with the sick person enabled the nurse to adapt her guidance to his actual living conditions.²⁷

III. INTERPERSONAL TECHNIQUES

Nurses should acquire the techniques of constructive and therapeutic communication with patients. The nurse-patient relationship would be more beneficial if she becomes a perceptive and articulate communicator.²⁸

A primary need of every individual was to be able to communicate freely with his fellow man. This need present in daily life was increased in illness. The fear of the unknown lowered the defenses of his body and mind.²⁹

Effective communication enables one to understand others and to make himself understood. This distinctive human characteristic sets man apart from others in the animal kingdom and sets one person apart

²⁷Margaret Bridgman, Collegiate Education for Nursing (New York: Russell Sage Foundation, 1953), p. 33.

²⁸Florence Lockerby, Communication for Nurses (St. Louis: The C. V. Mosby Company, 1958), p. 8.

²⁹Theodore Cionfroni and Mary Kate Corway, "Ectopic Pregnancy," The American Journal of Nursing, 63:95, April, 1963.

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from another.³⁰ Communication was a tool which assisted the nurse to understand her patients.

Effective Communication

Effective communication stood foremost in facilitating the establishment of a positive nurse-patient relationship. Fundamental to effective communication between the nurse and her patients was her ability to recognize and to adapt constructively to people's foibles, prejudices, and other vagaries.³¹

Verbal communication involves language--a reflector of the personality.³² The nurse should maintain the communication on the level of the patient's psychological and cultural background. A vocabulary free from medical terminology was desired because communication was more effective if the language was kept simple and explicit, in terms of the patient's understanding.³³

"Using simple, understandable English was not easy. . . . It comes only from discipline and organization of thought, and intellectual courage."³⁴ Interpersonal communication through the spoken word was the highest art of communication.³⁵

³⁰Joseph Doohar and Finienne Marquis, Effective Communication on the Job (New York: American Management Association, 1956), p. 9.

³¹Lester D. Crow and Alice Crow, Understanding Interrelations in Nursing (New York: The Macmillan Company, 1961), p. 29.

³²Clora M. Siggins, "A Professor Looks at Communication Skills," Nursing Outlook, 9:666, November, 1961.

³³Widemuth, op. cit., p. 99.

³⁴Siggins, op. cit., p. 667.

³⁵Doahor, op. cit., p. 9.

Words may be a barrier between two individuals. "Nonverbal communication penetrates all language barriers."³⁶ People express and respond to each other in this universal language. "Movement, gesture, camouflage and mimicry are the oldest and deepest means of communication."³⁷ Gestures are a basic part of our personality, originating in childhood, when it was almost impossible to be understood without movement.

Nonverbal communication was a more reliable expression of true meaning than verbal expression because the person has less conscious control over his nonverbal behavior.³⁸ Nonverbal communication expressed many emotions and needs of the patient.

The face and hands are essential parts of the body for communicative value. Facial expression is capable of indicating a wide variety of emotional states which are not expressed in words.³⁹ Lockerby also stated that facial expression and gesture communicate particular qualities and traits.⁴⁰ Hays and Larson listed twenty-five interpersonal therapeutic techniques which include both verbal and nonverbal communication.⁴¹

³⁶Lockerby, op. cit., p. 87.

³⁷Joast A. Meerloo, Conversion and Communication (New York: International Universities Press, Inc., 1952), p. 11.

³⁸Anne J. Davis, "The Skills of Communication," The American Journal of Nursing, 63:66, January, 1963.

³⁹Jurgen Ruesch and Weldon Kess, Nonverbal Communication (Berkeley: University of California Press, 1956), p. 57.

⁴⁰Lockerby, op. cit., p. 101.

⁴¹Joyce Samhammer Hays and Kenneth Larson, Interacting with Patients (New York: The Macmillan Company, 1963), p. 21.

Barriers to Effective Communication

Anxiety is usually present in the stress-producing situation of the emergency room. Gregg stated that anxiety is a basic problem in nursing care. The experience of illness involves many anxiety creating situations.⁴²

May defined anxiety as apprehension heightened by a threat to some value which the individual holds essential to his existence as a personality.⁴³ The threat may be to physical or psychological life. In the emergency room, threat to physical health and life is usually present. This does not negate the fact that psychological life may also be threatened.

Anxiety may be a barrier in establishing effective communication. The anxiety may be present in the patient and/or the nurse. The behavior of patients may indicate underlying anxiety. Burd described such clinical manifestations as: increased heart rate, increased rate and depth of respiration, rapid extreme shifts in body pressure, changes in menstrual flow, urinary urgency, dryness of mouth, loss of appetite, and cold sweat.⁴⁴ Burd further stated that resentment may be used as a covert sign of anxiety.⁴⁵ Anxiety is always communicated between

⁴²Dorothy E. Gregg, "Anxiety a Factor in Nursing Care," The American Journal of Nursing, 52:1363, November, 1952.

⁴³Rollo May, The Meaning of Anxiety (New York: The Ronald Press Company, 1950), p. 191.

⁴⁴Shirley F. Burd and Margaret A. Marshall, Some Clinical Approaches to Psychiatric Nursing (New York: The Macmillan Company, 1963), p. 325.

⁴⁵Ibid., p. 327.

persons. This anxiety must be observed by the non-anxious person.⁴⁶

Gregg stated that normal anxiety, with its feelings of helplessness, vulnerability, and anger, is common to all patients as they experience new threats to their existence as persons.⁴⁷ Janis indicated that a person's capacity to assimilate a stress-producing event without developing residual emotional disturbances depends upon the degree to which he has mentally rehearsed the danger situation in advance and has worked out reassuring concepts which can function effectively to counteract feelings of helplessness.⁴⁸

According to this assumption any given set of frightening events such as those encountered in the emergency room by many patients may give rise to emotional disturbances.

One study by Bethers identified problems sophomore students of nursing had in establishing initial patient communication. The students reported experiencing negative feelings in 150 of the 361 initial contacts. Negative feelings retained by the students immediately after making the initial contact were similar during the initial contact.⁴⁹

Twelve main problems which the students encountered or experienced when making the initial contact were when the student: (1) was afraid of irritating the patient who was uncomfortable, (2) did not want

⁴⁶Ibid., p. 325.

⁴⁷Gregg, op. cit., p. 1363.

⁴⁸Irving L. Janis, Psychological Stress (New York: John Wiley and Sons Incorporated, 1958), p. 348.

⁴⁹Constance J. Bethers, "A Study to Help Identify Problems Sophomore Students of Nursing Have in Establishing Initial Patient Communication" (unpublished Master's thesis, Loma Linda University, Loma Linda, 1962), p. 50.

to disturb an acutely ill patient, (3) did not desire to communicate with a demanding patient, (4) was uncomfortable and reluctant to be with a complaining patient, (5) felt inadequate and resentful when the patient was unappreciative, (6) was unable to relax because of the patient's age, (7) was uncomfortable and afraid because the patient was unpleasant, (8) could not handle the situation or say the correct thing when the patient felt sorry for himself, (9) was embarrassed because the patient discussed his personal problems, (10) did not wish to appear inadequate or uninformed, (11) did not like the patient, and (12) concentrated on procedures because of insecurity in nursing knowledge skills.⁵⁰

Fawkes' study examined existing methods of communication for the purpose of setting criteria which nurses could use in improving their communication skills and thus improve the care they give patients. Her three major categories for nurse communication were: encouraging verbalization, rejecting the patients' feelings, and encouraging socialization.

The conversations were examined for specific examples within these three categories to illustrate the kind of communication occurring.

Analysis of the data supported the premise that nurses' communication with patients can be grouped in the three major categories. The nurse encouraged verbalization when she reflected significant words which the patient had just used and when she asked questions which stimulated thinking and were related to his problem. The nurse rejected the patient's feelings when she changed the focus of the conversation

⁵⁰Ibid., p. 51.

or when she used a conversation to meet her own needs. Frequently the nurse, rather than the patient, initiated socialization which resulted in conversation that did not relate to the patient's problem.⁵¹

IV. SUMMARY

In reviewing the literature it was apparent that the field of business management has written more concerning communications than other fields. Nursing educators were increasing their interest in communications.

The function of the hospital emergency room included servicing patients desiring prescriptions, treating minor illnesses, as well as the care of acutely ill patients.

The technical responsibility of the nurse in the emergency room involves quick and decisive action combined with good judgment. It is essential that the nurse exercise empathy with the patient to fully communicate meaning and meet his emotional needs.

⁵¹Barbara Fawkes and others, "How Skillful Is Our Communication?" The American Journal of Nursing, 55:448-450, April, 1955.

CHAPTER III

METHODOLOGY OF THE STUDY

The method of study chosen was the descriptive survey. Meyer and Heidgerken stated, "The survey approach represents a means to discovery. It is an exploration of the world at large."¹ Observing an ongoing situation can determine whether or not the observation fits the requirements of the particular problem.²

I. SETTING FOR THE STUDY

The hospital selected for this study was a 175-bed private hospital in a suburban community. An average of 40 patients, with varied diagnoses, were admitted daily to the emergency room.

The emergency room personnel consisted of professional and non-professional nurses. There were an adequate number of staff available for all type of emergencies seen. The facilities, also, appeared adequate to cope with the variety of emergency situations.

Admitting Procedure

Any patient who entered the emergency room for treatment was accepted and given emergency care. The nurse was assigned to the procedure of obtaining information from the patient and formulating his emergency admittance record. The procedure provided the opportunity for the nurse to utilize interpersonal techniques.

¹Burton Meyer and Loretta E. Heidgerken, Introduction to Research in Nursing (Philadelphia: J. B. Lippincott Company, 1962), p. 374.

²Ibid., p. 376.

After the patient was formally admitted to the emergency room a physician was called who provided emergency care. The nurse assisted in providing emergency care. She was the first nurse in the hospital who had contact with the patient. She admitted the patient by obtaining specific information for the patient's chart. She performed emergency nursing procedures and prepared the patient for treatment by the physician. When the service was completed the nurse billed the patient or responsible relative for the services rendered.

Permission for Observations

To obtain data for this study, a letter was sent to the director of nursing service and to the hospital administrator requesting permission to observe interpersonal techniques in the emergency room. An appointment was made with the director of nursing service to give her further details of the study. The director of nurses expressed interest in the study and provided complete cooperation. The emergency room staff was completely unaware of the nature of the study, but all relationships were amicable and without conflict. The writer observed and functioned as part of the emergency room team prior to beginning this study.

Arrangement was made with the director of nursing service for orientation to the emergency room prior to beginning actual observation.

II. DATA COLLECTION

Adult patients who required specific treatment other than medication were selected to provide sufficient opportunity for observation of interpersonal techniques.

Procedure for Observing and Recording Interactions

Fifty hours were spent in the emergency room observing and recording interactions between nursing personnel and patients. During the observations a laboratory coat was worn by the observer. The procedure included observing the nursing personnel and the patient from initial contact through the entire treatment process until the time of discharge. During this time every verbal comment made by the patient or the nurse was recorded verbatim in a stenographic notebook. Every comment, irrespective of its apparent relevancy to the situation, was included in the verbatim records. In addition, observed overt interaction and action between patient and nursing personnel was noted. The data recorded included all observed verbal and nonverbal communication. At no time was the observer involved in the treatment process or direct communication with the patient.

The observer made a notation of the patient's observable emotional reaction to his injury. Information selected from the patient's admission record to be placed on a 3 x 5 card was the name, sex, occupation, diagnosis, the investigator's evaluation of the patient's emotional condition.³ The name was recorded for identification purposes only. Sex and occupation were recorded to ascertain if there existed a relationship between these and communication difficulties. The patient's diagnosis was recorded to determine if it affected communication and interpersonal technique. The category of nurse was also recorded to find out if the professional nurse was more therapeutic than the non-professional nurse.

³Appendix A.

III. ANALYSIS OF DATA

The interactions were analyzed as soon as possible following the verbatim recording. These data were analyzed according to Hays and Larson's criteria.

The twenty-five criteria for therapeutic techniques and nineteen for nontherapeutic techniques listed by Hays and Larson were used to analyze the data obtained for this study. Examples of how these techniques were used in actual nursing situations were given by Hays.⁴

A panel of three judges validated the writer's interpretation of the interactions for therapeutic and nontherapeutic techniques. The panel included two psychiatric nurses and a psychologist.

These data were analyzed with respect to the following areas:

- (1) Does the interaction between professional nursing personnel and emergency room patients tend to be more therapeutic than the interaction between nonprofessional nursing personnel and emergency room patients?
- (2) What interpersonal techniques are most used by nursing personnel in the emergency room?
- (3) Does the type of patient influence the therapeutic nature of the nursing interaction in the emergency room?

IV. SUMMARY

The descriptive survey method was used in this study. Observation and verbatim recording were utilized for obtaining data.

Interaction between nurse and patient were observed in the emergency room. Adult patients who required specific treatment other than

⁴Appendix B.

medication were selected for observation of interpersonal techniques. There were thirty-five interactions recorded. Data from the verbatim recordings were analyzed according to Hays and Larson's criteria of therapeutic and nontherapeutic techniques. Data were analyzed in Chapter IV.

CHAPTER IV

PRESENTATION OF DATA

The purpose of this project was to study nurse-patient interaction in the stress producing situation of a hospital emergency room. The problem was to ascertain if interpersonal techniques in the emergency room were therapeutic or nontherapeutic. For the purpose of analysis, the problem was divided into the following subproblems:

(1) Does the interaction between professional nursing personnel and emergency room patients tend to be more therapeutic than the interaction between nonprofessional nursing personnel and emergency room patients? (2) What interpersonal techniques are most used by nursing personnel in the emergency room? (3) Does the type of patient influence the therapeutic nature of the nursing interaction in the emergency room?

The descriptive survey was the method used for this study. The procedure included observation of nursing personnel and patients from the initial contact through the entire treatment process until discharge from the emergency room. During this time every verbal comment made by the patient and/or the nursing personnel was recorded verbatim in a stenographic notebook. The interactions were evaluated by Hays and Larson's criteria of therapeutic and nontherapeutic techniques.

Thirty-five interactions were recorded during this study. These were transcribed verbatim irrespective of length of conversations or relevancy of statements. Although some nurses and patients were more verbal than others, most situations provided opportunity for the use of several interpersonal techniques.

Hays and Larson's criteria were limited in their use in the emergency room situation as there was no technique listed for asking information or giving suggestions. As defined in Chapter I, a therapeutic interaction was one in which 75 per cent or more of the responses were therapeutic; any interaction that had less than 75 per cent therapeutic responses was nontherapeutic.

The therapeutic techniques not utilized in these nurse-patient interactions were: (1) offering general leads, (2) reflecting, (3) presenting reality, (4) suggesting collaboration, and (5) encouraging formulation of plan of action. Information obtained by the nurse was recorded on a pre-printed information sheet containing specific questions. These direct questions requiring direct answers limited the use of this therapeutic technique "offering general leads" which leaves the direction of the discussion almost entirely to the patient. Also, many patients who enter the emergency room may not be encouraged to verbalize because of the nature of their illnesses.

"Reflecting" was not used in the emergency room. The nurse did not direct back to the patient's questions, feelings and ideas.

"Presenting reality" and "suggesting collaboration" were not used because of the limited number of psychiatric patients seen in the emergency room. The nurses in the emergency room could have used the therapeutic technique "suggesting collaboration" if they had taken more time to identify anxiety in the patient. The therapeutic technique "Encouraging formulation of plan of action" was not used since the physician--not the nurse--presented a plan of action for the patient.

PARCHEMENT

I. INTERACTION BETWEEN EMERGENCY ROOM PATIENTS

AND NURSING PERSONNEL: THERAPEUTIC OR NONTHERAPEUTIC

Two types of nursing personnel were observed in the emergency room. Of the thirty-five interactions observed and recorded, twenty-two involved the professional nurse and the patient. The remaining thirteen nursing interactions involved the nonprofessional nurse and the patient.

The difference in the number of professional and nonprofessional nurses observed was due to the fact that the afternoon shift was staffed only with professional nurses.

Of the total of 284 responses by professional nurses, 211 (74.3 per cent) were evaluated as therapeutic; 73 (25.7 per cent), nontherapeutic.

Of the 163 responses by nonprofessional nurses, 130 (79.9 per cent) were considered therapeutic; 33 (20.1 per cent), nontherapeutic.

The total number of responses made by both professional and nonprofessional nursing personnel was 447. Of these, 341 (76.3 per cent) were therapeutic, and 106 (23.7 per cent) were nontherapeutic. (See Table I.) Of the total thirteen interactions by nonprofessional nurses, 3 (22.6 per cent) were nontherapeutic and 10 (78.4 per cent) were therapeutic. Of the total 22 interactions by professional nurses, 12 (54.5 per cent) were nontherapeutic and 10 (45.5 per cent) were therapeutic.

When individual responses were tabulated there were more therapeutic than nontherapeutic interactions, but when total interactions were considered, half of those involving professional nurses were therapeutic and half were nontherapeutic. Those interactions involving nonprofessional nurses showed all but one to be therapeutic.

TABLE I

A COMPARISON OF RESPONSES DETERMINED TO BE
THERAPEUTIC WITH THOSE DETERMINED TO BE NONTHERAPEUTIC
WITH RESPECT TO TYPE OF NURSING PERSONNEL

Type of Nursing Personnel	Therapeutic	Nontherapeutic	Totals
Professional personnel	211	73	284
Nonprofessional personnel	130	33	163
Totals	341	106	447

Professional NursePatientTherapeuticNontherapeutic

I will be with you in just a minute. (Nurse smiles and leaves to get bedpan.

Offering self

(Patient placed on a bedpan.)

See if you can go.

Accepting

I'll run some water, it may help.

O.K.

Accepting

I'll turn the water on to help you.

O.K.

Offering self

Is that helping any?

Seeking clarification.

Well it wants to, but it refuses to come.

(Patient voided and doctor examined patient)

SUMMARY:

This interaction was considered therapeutic because the nurse formulated a plan of action. She identified the physical problem, then gave emotional support by accepting the patient and offering herself when the patient needed her. However, the nontherapeutic response, "O.K." was trite but did not apparently affect the patient.

General Background Information:

Occupation: Housewife
Sex: Female
Diagnosis: Fainted at cemetery

Patient: Mrs. K. B.
Perception of Nurse Investigator: Patient very emotionally upset.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Will you sign your name, please?		Giving information	
(Nurse permitted husband to sign paper.)	Let him do it. (Patient pointed to husband.)	Accepting	
(Nurse gives patient bedpan)	May I have the bedpan?	Giving recognition	
May I have some information, please?		Giving information	
	(Patient unable to reply. Husband answers.)		
Would you like to have a glass of water?		Making observation	
	Thank you.		
(Doctor enters)			

SUMMARY: The total interaction was therapeutic because the nurse accepted the patient, identified her needs, and gave physical and emotional support. There were no nontherapeutic techniques used in this interaction.

General Background Information:

Occupation: Retired
Sex: Male
Diagnosis: Emphysema

Patient: M. R.
Perception of Nurse Investigator: Patient appears quiet but does show some anxiety over apparatus. Treatment: intermittent positive pressure.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Good morning. (Smiles.) Going to x-ray?		Verbalizing the implied.	
May I help you come in? (Assists patient.)		Giving recognition and seeking clarification.	
Get you a nice chair to sit on?		Making observation.	
Like to sit down?		Making observation.	
The nurse will be right with you.	Yes, Madam.	Giving information.	
Stay right here now.	Thank you.		Advising
That's fine. (Smiles.)			Reassuring
Did you bring your medication with you?		Seeking clarification	
	What's that? (Said as though patient did not hear.)		
You didn't bring any medication with you, sir?			Disapproval
	Oh, no.		
All right, I think I will scoot you over this way, O.K.?		Accepting	
	O.K.		

Professional Nurse

Patient

Therapeutic

Nontherapeutic

Want to keep your coat on?
It's cool in here.

Can I keep my coat on?
I want to take off my
glasses. Have all kinds
of things these days,
don't they? (Patient
referred to positive
pressure machine.)

Making an observation

Advising

Uh, humm.

We don't know what they
will do next.

Agreeing

(Giving treatment) The thing
to do is to let the machine
breathe for you.

Giving information

Did the doctor explain it to you?

Yes, but I have never
had it done before.

Seeking clarification

I'll put something in your mouth.

Giving information

Put your mouth around it.

Giving information

Just breathe in and out.

Giving information

Take real deep breaths.

Giving information

That's the way.

Accepting

It's kind of frightening at first.

Interpreting

I'm going to put this over your
nose.

Giving information

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
That really forces air in your lungs.			Interpreting
I'm going to turn it up a little.		Giving information.	
Why don't you just sit back and relax.			Advising
Are you able to just breathe in and out?		Seeking clarification	
Just try and relax.			Advising
I know it is a funny feeling.			Interpreting
Do you want to cough?		Making an observation	
Spit all the stuff out.		Giving information	
Having trouble with this?		Making an observation	
Here! I'll help you.		Offering self	
Will you hold this?		Giving information	
Hold it tight over your mouth.		Giving information	
Got it tight over your mouth?		Seeking clarification	
O.K. How's that.	Yes.	Seeking clarification	
We'll take it off for a minute.		Giving information	
Why don't you sit and rest.			Advising
I'm tired.			

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
I know you are. (Spoken with kindly attitude.)		Accepting	
Just sit and rest.			Advising
	Do I have to come again in a few days?		
Just sit and rest.			Advising
	Will I have to see the doctor?		
Do you hear the stuff in your chest?			Rejecting
Here are some Kleenex. (Tissues needed for sputum expectorated.)		Making an observation	
Just sign here for what was done.			Introducing unrelated subject.
I'll help you to sign.	My wife will sign.		Disagreeing
I got information from your wife.	Any more information?		
Oh, yes.	Are they out there now?	Giving information	Rejecting
	She has the pocketbook.		
Yes. Is the car out back?	Is that all for now?	Seeking clarification	
(Nurse helps patient get up. Patient leaves)	I don't drive. I'll get out after I get up.		

SUMMARY: The total interaction was considered nontherapeutic because the nurse failed to recognize the patient's need for emotional support. Because of his age she assumed he was dependent upon her for direction so advised and interpreted his feelings. The therapeutic technique used provided the patient with the information needed to receive an adequate treatment.

General Background Information:

Occupation: Student

Sex: Male

Diagnosis: Laceration on back of head

Patient: J. H.

Perception of Nurse Investigator: Patient does not seem upset.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Area on the back of your head?	Yes.	Verbalizing the implied.	
Just sit down. (Offered a chair to the patient.)		Accepting	
I know it.	I'm kind of wet. (Patient had been swimming.)	Accepting	
What doctor do you usually go to? Doctor X?		Seeking clarification	
Are you warm enough? (Patient appeared chilled.)	Yes.		Testing
Do you want a pillow for your head?	Sure.		Testing
Why don't you put your head down flat? (Patient insisted on sitting up.)	O.K.		Advising

SUMMARY: This interaction was nontherapeutic because the nurse failed to recognize the ability of the patient to make a valid judgment. However, the nurse was therapeutic in accepting the patient; therefore, helping him to be comfortable in the emergency room.

General Background Information:

Occupation: Laborer

Sex: Male

Diagnosis: Laceration of right hand.

Name: Mr. F. G.

Perception of Nurse Investigator: Patient unable to communicate easily.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
O.K.			Making stereotype comment and reassuring
Soak hand in pan.	O.K.	Giving information	
O.K.			Stereotype comment and reassuring
Lay down.		Giving information	
Please put your feet up. (Pointed)		Giving information	
O.K. (Nurse gives hypodermic. Treated patient as object.)			Rejecting
Okay-Doky.			Stereotype comment

SUMMARY:

The nurse in this interaction assumed that the patient was unable to speak English and failed to provide a therapeutic relationship with this patient. It is essential to explain procedures to patients. According to the definition, this interaction was considered nontherapeutic. However, the one therapeutic technique used was giving information that provided the patient with the facts he needed to assist in his treatment.

General Background Information:

Occupation: Housewife
Sex: Female
Diagnosis: Abdominal pain

Patient: Mrs. T. S.
Perception of Nurse Investigator: Patient does not appear in acute distress, but is concerned over pain.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Hi!	Hi!	Giving recognition	
Were you in here the other day?	Yeah.	Seeking clarification	
What do you have?	(Silence.)		
Did the nurse take care of you?	Well, temporarily.	Seeking clarification	
Come over here and sit down. (Motioned)		Giving recognition and accepting	
Why don't you take your gown off?	O.K. I never had anything like this before.	Giving information.	
Trouble before?	Not like this. Can you imagine...?	Restating	
O.K.			Making stereotype comment
Why don't you just sit down?			Introducing unrelated topic
Lay down so you can rest.		Making an observation	
Don't you want a blanket?	Don't feel like it.		Requesting explanation.
There are some in the storeroom.	O.K.	Making an observation	

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Want it around your shoulders... like this? (Nurse walked out of the room and nurse returned.)		Encouraging evaluation	
Doctor will be right down.	O.K. Thank you.	Giving information	
Yes.	Dr. F. still in the hospital?	Giving information	
Sign here so he can look at you.		Giving information	
Yes. (Nurse takes blood pressure.)	Right here?	Verbalizing the implied	
O.K.	What was it?		Stereotype comment
92.		Giving information	Reassuring
Is it usually like this?			Requesting explanation
(Doctor enters and nurse leaves.)	I don't know what it is. Everybody says it is all right.		

SUMMARY: This interaction was considered nontherapeutic. The nurse failed to meet this patient's emotional need for support. She used the term "O.K." to answer the patient's questions. This reply failed to answer the patient's questions and was meaningless. The nurse failed to observe clues indicating this patient's anxiety. However, the therapeutic techniques used "giving information" and "seeking clarification" assisted the patient in feeling accepted and to know the nurse was trying to understand her.

General Background Information:

Occupation: Housewife
Sex: Female
Diagnosis: Injured ankle-sutured

Patient: Mrs. G. A.
Perception of Nurse Investigator: Patient appears anxious.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Would you like to sit here for a few minutes, and put your leg up there?		Giving information	
Would you like to come here and get on the table?		Giving information	
Just put your leg up. (Nurse glances sympathetically at injured ankle.)		Giving information	
Have you had a cold?		Accepting	
Do you have your own doctor?			Unrelated topic
Excuse me, dear. I'll be right back. (Nurse leaves room.)	No.	Seeking clarification	
(Later) Would you like to sign for treatment, please?		Giving information	Stereotype comment
This is just some water with cleanser in it.		Giving information	
Just bend your leg.	It's probably clean. I've been on the beach so long.	Giving information	

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
(Nurse smiled.) Oh, yes.		Agreeing	
The salt water does make you feel clean.		Restating	
	Does it need stitching?		
Yes.		Giving information	
We have a very nice doctor on call.			Introducing new topic and defends.
The doctor will tell us more later.	Does it need stitching?		Rejecting
Was the water warm swimming today?			Introducing new topic
How warm is very warm?	Yes, very warm.		Challenging
That is cold to me.	About 62 degrees.		Disagreeing
(Later) Leave your foot in the water.	Oh, yes.	Giving information	
What did you say you stepped on, a rock or something? (Patient has not expressed anything to this effect.)		Encouraging description	
	My surf board. I waited an hour before I looked at it; then I realized it was bleeding.		
Yes, it looks like it's been bleeding a little bit.		Verbalizing the implied and giving information	
O.K.			Stereotype comment

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Just put your foot here.		Giving information	
Turn a little so that your ankle is up.		Giving information	
(Nurse smiled.) You have a nice tan.			Giving approval
Have you ever been x-rayed here before?		Seeking clarification	
	No.		
How long has it been since you have had a Tetanus?		Seeking clarification	
(Doctor enters and nurse leaves.)	About one year.		

SUMMARY: The nurse failed in this interaction to be therapeutic because she was unable to lessen the patient's anxiety that was expressed verbally many times. The nurse's rejection of the patient was indicated by her refusal to answer the patient's questions directly and inappropriately changing the topic that the patient wished discussed. This interaction was considered nontherapeutic. The nurse, however, used the therapeutic technique "giving information" that provided for the patient the facts she needed in this interaction.

General Background Information:

Occupation: Housewife
Sex: Female
Diagnosis: Kidney infection

Patient: Mrs. G. V.
Perception of Nurse Investigator: Patient does not appear
anxious or in acute distress.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
May I ask you for your signature, please?		Giving information	
Have you just been nauseated?	O.K.	Focusing	
Do you just have abdominal pain?	Oh, no. I have had five major operations since February.	Focusing	
(Nurse walked away.)	No. He says kidney infection. Try that for a change. I wonder if that's it. Thank you very much.		Rejecting

SUMMARY: According to the definition, this interaction was considered therapeutic in that she used techniques that assisted the patient in defining her immediate problem. The nurse used a nontherapeutic technique "introducing an unrelated topic" which did not apparently disturb the patient.

General Background Information

Occupation: Unknown
Sex: Male
Diagnosis: Near drowning

Patient: Mr. A. S.
Perception of Nurse Investigator: Patient conscious, but
groggy and very frightened.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Turn your head over, honey.*		Giving information	*Stereotype comment
Relax			Advising
How old are you?	Twenty-two.	Seeking clarification	
You swallowed quite a bit of water.		Giving information	
Live down here?	Did I?		Unrelated topic
Terrible, isn't it?	No. Oh, boy.		Interpreting
	I never want to see water again. Let me hold my head a minute.		
Drink the water. (Nurse inserts Levine tube for suction.)			Rejecting
That is a horrible feeling to swim in.			Interpreting
You still feel cold.		Observation.	
	Yes. (Patient is shivering.)		
What town do you live in?	Winnipeg.	Seeking clarification	
Oh, no.			
What town down here?		Seeking clarification	Disapproval

Professional Nurse

Patient

Therapeutic

Nontherapeutic

Try and cough up fluid. (Levine tube down.)

Covina.

Giving information

May I have some water?

Sure.

Agreeing

Wait until the doctor gets off the phone. I'll check.

Voicing doubt.

What is your last name?

Seeking clarification

Do you want to sign here?

A. S.

Giving information

(Patient hesitates to sign.)

Is your hand all right?

Voicing doubt

O.K. (Stated in matter of fact way.)

(Patient leaves.)

SUMMARY:

This interaction was considered nontherapeutic because the nurse did not meet this patient's emotional needs. It is very important to include the emotional needs as well as meeting the physical needs even though it is a critical situation. The nurse, however, made an observation which resulted in her relieving his discomfort. Making an observation is therapeutic.

General Background Information:

Occupation: Retired
Sex: Male
Diagnosis: Bleeding ulcer

Patient: Mr. J. M.
Perception of Nurse Investigator: Patient appears anxious about his condition, i.e., Angina condition rather than ulcer.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Are you high enough, Mr. M.? (Nurse adjusts head rest.)		Seeking clarification	
Will you take your shirt off?	Yes, I'm just fine.	Giving information	
Do you want it off?	Please.		Interpreting
Have you been vomiting blood?	Yes. I also have an Angina condition.	Focusing	
Were you here in the hospital?	No, it was in Portland, Oregon. I just didn't want to take a chance this time.		Rejecting
Take your T-shirt off, please.			Rejecting
Will you undo your trouser?			Rejecting
Are you warm enough?		Making an observation	
I want to take your blood pressure.	Yes.	Giving information	
No. What is it usually?	Is it low?		Stereotype comment

Professional Nurse

Patient

Therapeutic

Nontherapeutic

It is usually pretty normal. Lost so much blood the last time, I had to be transfused.

(Doctor enters.)

SUMMARY:

This interaction was generally nontherapeutic. The nurse did not accept this man as a complete human being. She did not recognize his feelings of anxiety. The nurse rejected this patient by refusing to discuss the patient's angina condition when he desired to discuss this problem with her. However, the nurse used the therapeutic technique "focusing" which enabled the patient to describe his illness.

100% COTTON FIBER
USA
PERMANENT
Dynamized

General Background Information:

Occupation: Laborer
Sex: Male
Diagnosis: Conjunctivitis

Mr. J. T. C.
Perception of Nurse Investigator: Patient does not seem to be in acute physical distress, but seems to have some anxiety.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
What happened?	I don't know. Something blew in my eye.	Giving broad opening	
Do you have a family doctor?	No, Madam.	Seeking clarification	
Were you at work?	Yes, Madam.	Focusing	
Do you live down here?	No, I live in Olive.	Seeking clarification	
Explain what happened. Were you just working and a foreign body just flew in your eye?	Yes, it was a foreign matter.	Encouraging description	Interpreting
Which eye is it?	Right eye.	Seeking clarification	
(Later) I was wondering if I could see the information sheet when you are through. (Nurse appeared afraid of patient.)	I'm easy to get along with. It happened yesterday.		Rejecting
It happened yesterday?	Yeah, one is always getting dirt in your eyes. I went home and tried to wash it out and couldn't.	Restating	

Non-Professional Nurse

Patient

Therapeutic

Nontherapeutic

What time yesterday?

Placing the event in
time

About two p.m.

Good-bye, Mr. C.

Rejecting (appeared
frightened of
patient)

Good-bye.
(Patient leaves)

SUMMARY:

According to the definition, this interaction was therapeutic. The nurse permitted the patient to describe his injury. However, the rejection the patient received by the nurse's tone and voice apparently caused him to be defensive.

General Background Information:

Occupation: Housewife
Sex: Female
Diagnosis: Cut finger

Patient: Mrs. A. S.
Perception of Nurse Investigator: Patient does not seem to be anxious.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Do you have a family doctor?		Seeking clarification	
Can I see it?	Not up here. It feels rather like a deep cut and bothers me.		Challenging
Let me call the doctor on call.		Giving information	
Please sit here.		Giving information	
We are going to soak it.		Giving information	
May I take your purse?		Giving information	
Will you please put your hand in?	At least it is dark red blood. It looks healthy anyway.		Rejecting
Isn't he cute?	I just saw that little boy.		Stereotyped comment
He was a good patient.	He didn't seem to be crying.		Giving approval
Will you sign here so the doctor can take care of you.		Giving information	
Are you allergic to anything?	No.	Seeking clarification	

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Did you just do that?		Placing the event of time.	
	Yes.		Interpreting
Do you want to lay down? (Nurse desired to give injection.)			
	Oh. Will I get a reaction to this?		
Not this.		Giving information	
Hold the cotton ball there for a minute, please.		Giving information	
O.K.			Stereotype comment
Thank you.			Approval
Yes. I think he is going to give you a card, dear.*	Is that all?	Giving information	*Stereotype comment
Bye-bye.	Thank you very much.		
	(Patient leaves.)	Giving recognition	

SUMMARY: This interaction was generally nontherapeutic. The nurse made trite expressions and didn't really communicate with this patient. The nurse challenged the patient by her approach to her problem. She also rejected her as she did not sense her need to discuss her bleeding finger. The nurse, however, was able to utilize the technique "giving information," which provided facts that the patient needed in this situation.

General Background Information:

Occupation: Unemployed
Sex: Male
Diagnosis: Injured foot

Patient: Mr. R. H.
Perception of Nurse Investigator: Patient appeared retarded.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Fell on some glass on the beach, hon?			Interpreting and stereotype comment
You don't know whether it was glass or what?			Interpreting
Does it hurt badly?		Giving recognition	
Does it still hurt?	Yeah.	Focusing	
But it did at first?	No.	Seeking clarification	
Do you have your own doctor in the area?		Seeking clarification	
Put your foot in there.		Giving information	
(Checks foot soaking; frowning) Now just step on your heel and get up (pointed) where we can sew it up.		Giving information	
	(Doctor enters)		

SUMMARY: Seventy-five per cent of the responses were therapeutic in this interaction. The total interaction was generally therapeutic. However, the nurse did not seem to be aware that this patient was apparently retarded. After the nurse was unable to get an adequate response from the patient, she should have sought information from the relative who accompanied this patient. However, the therapeutic techniques utilized were "giving information" and "seeking clarification."

General Background Information:

Occupation: Housewife
Sex: Female
Diagnosis: Fractured ankle

Patient: Mrs. E. L.
Perception of Nurse Investigator: Patient seemed anxious.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Who's your doctor?		Seeking clarification	
Dr. X.	Dr. X.	Restating	
Have you called him?		Seeking clarification	
How did you do this?	No.	Encouraging description	
	What? Well, we were moving some lead pickets and they tipped.		
Dr. X is out of town. He is referring his calls to Dr. Y and Dr. Z.		Giving information	
		Giving information	
Do you know either one?		Seeking clarification	
Are you allergic to any drugs?	Dr. Y.	Seeking clarification	
If you have had a rash you would remember it.	I don't remember.		Disagreeing
No, not in here.	Can I smoke in here?		
	(Concerning injection) I have to speak to my son in case this injection is funny, is it?	Giving information	
Not instantaneously.			Belittling feelings expressed

Professional Nurse

Patient

Therapeutic

Nontherapeutic

You need this injection, don't you? (Stated impatiently by nurse.)

May I just write down something, O.K.?

Advising

You are having pain, you look uncomfortable.

I don't know if I do or not.

Interpreting

You look as though you are.

Well, yes, but not that much.

Disagreeing

O.K., Mrs. E. L. (Gives injection.)

Stereotype comment

Have you ever had an x-ray in this hospital?

Seeking clarification

Yes. I feel as though I am going to sleep.

Yes, it would. The swelling may be compressing the nerve.

Accepting and giving information

(Doctor enters to render further service.)

SUMMARY:

According to the definition, this interaction was nontherapeutic. The nurse failed to explain the injection to the patient. The patient was anxious concerning the injection and indicated by her hesitant manner that an explanation was necessary. The nurse was able, however, to use the therapeutic technique, "encouraging description"; this enabled the patient to describe her injury.

General Background Information:

Occupation: Boat skipper
Sex: Male
Diagnosis: New cast to be applied
to fractured leg

Name: Mr. J. C.
Perception of Nurse Investigator: Patient seems cheerful
and comfortable.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Hello.		Giving recognition	
I don't think I do.	Do you have me down?	Giving information	
Oh, yes I do. J. C.		Giving information	
I should think so. (Spoken in non-judgmental way.)	I want a new cast because this one is wearing out.	Accepting	
Yes, this one is dirty.		Giving recognition	
Where were you injured?	I forgot to wash it. (Spoken in joking way.)	Seeking clarification	
	Costa Mesa. You don't have a good memory. I gave you this information last night. I don't feel so good this morning.		
What is wrong?		Exploring	
Where do you live, in Costa Mesa or Newport?		Seeking clarification	
Where?	On Center Street.		Unrelated topic

Professional Nurse

Patient

Therapeutic

Nontherapeutic

Sign here. You have to sign when we do something for you.

Giving information

I don't know why they sent two checks.

Sometimes they send two separate bills.

Giving information

They didn't mail me a bill last time. They must have sent it to the insurance company. Does the doctor know that I am here?

No, I will call him and find out.

Giving information

(Doctor enters to change cast.)

SUMMARY:

This interaction was therapeutic because the nurse before asking numerous questions recognized and accepted the patient. This acceptance of the patient created an atmosphere that was therapeutic. The nurse was then able to meet his needs and perhaps lessen his anxiety concerning the procedure of changing the cast. Rapport was established. The nurse did, however, introduce an "unrelated topic" that apparently did not affect the relationship.

General Background Information:

Occupation: Retired
Sex: Male
Diagnosis: Emphysema

Patient: Mr. M. R.
Perception of Nurse Investigator: Patient appears uncomfortable.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Good Morning. (Smiled.) How are you today?		Giving recognition	
Would you like to sit in a chair?		Accepting	
Oh, that is O.K.*	I don't want to take the chair from them.	Accepting	*Making stereotyped comment.
I have to move you over a little closer. (Nurse helps.)		Giving information	
Will you take your glasses off?	I am having an awful time breathing anyway.		Rejecting
Did you cough up a lot of sputum?		Seeking clarification	
Take a deep breath; let it in and out.	Yes, after I got over the weakness.	Giving information	
You are going to come back Monday until you have positive pressure six times.		Giving information	
This takes a lot out of you. (Observes patient is out of breath.)		Making observation	
	Yes, it does. Will you get my daughter?		

Professional Nurse

Oh, sure. Your daughter is gone
around to get the car.

Patient

(Patient assisted to
car.)

Therapeutic

Accepting and giving
information

Nontherapeutic

SUMMARY:

The nurse was able to establish rapport with this elderly gentleman. She knew him from a previous visit to the emergency room. Her acceptance of him and her explanation as to what she was doing when giving him the intermittent positive pressure enabled him to be more at ease and receive benefit from the treatment. This interaction was considered therapeutic. However, the nurse made one "stereotyped comment" that was apparently accepted by the patient.

100% COTTON FIBER
PARQUETT
U.S.A.
Parquett

General Background Information:

Occupation: Police officer
Sex: Male
Diagnosis: Dizzy, passed out

Patient: Mr. A. L.
Perception of Nurse Investigator: Patient seemed somewhat
anxious.

<u>Nonprofessional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Will you sit here, please.		Accepting and giving information.	
Do you have a doctor in this area?		Seeking clarification	
Do you want to see the doctor here?	I really don't.	Focusing	
Do you have any allergies to any drugs?	O.K.	Seeking clarification	
What time did this happen?	No.	Placing the event in time and sequence.	
11:10 a.m.	About 11:10 a.m.	Restating	
Warm enough? (Patient appeared cold.)	Yes.	Making an observation	
A basin? (Nurse gives a basin to patient.)	Yes. May I have a basin?	Restating	
Are you right handed? (Nurse gives injection in left arm.) This will help your vomiting.		Seeking clarification	Making stereotyped comment

<u>Nonprofessional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
(Silence.)	Do you think it will do any good? What is my blood pressure?		Rejection
It is normal.		Giving information	
Are you having any pain?	I feel rather numb.		Unrelated topic
It isn't a very good feeling	No, I feel just numb.		Interpreting
How are you doing?	No, it isn't.	Exploring	
	I feel sicker and weaker than a cat.		Unrelated topic
Would you like another pillow?	Thank you.	Giving information	
Take some deep breaths through your nose.		Seeking clarification	
Do you feel any better since you have had that injection?	What was it?		
I can't tell you, but it was something for your nausea.		Giving information	
Take some deep breaths.		Focusing	
Are you vomiting again?		Focusing	
Are you having pain?		Restating	
Feel a lot better?	I feel a lot better.	Focusing	
Do you feel dizzy?	Yeah.	Focusing	
Are you having cramps?	No.	Focusing	
(Doctor enters.)	No.		

SUMMARY:

This interaction was considered therapeutic because the nurse first accepted the patient, then asked for the information that was needed to treat the patient. After giving her assistance she returned and inquired how the patient was improving and tried to find out why he didn't feel any better. However, the nurse rejected the patient at one point in the interaction by failing to answer the patient's question. The patient was concerned about his condition and seemed upset.

General Background Information:

Occupation: Engineer

Sex: Male

Diagnosis: Foreign body in nose (fish hook)

Patient: Mr. D.

Perception of Nurse Investigator: Patient appeared nervous and talkative.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Do you have your own doctor in the area?		Seeking clarification	
We will have one of our doctors look at you, O.K. ?*	Oh, no, I'm lucky.	Seeking clarification	*stereotype comment
	Oh, yes. Charge it to the fishing pavilion. Talk to the man that brought me up here.		
Why, does he know what happened?			Challenging
	No, but he will pay for it.		
Where did this first happen?		Seeking clarification	
Balboa Island?	Balboa.	Seeking clarification and verbalizing the implied	
	Yes, Balboa pavilion.	Giving information	
Will you sign so we can treat you?			
Is it D.?		Seeking clarification	
Who is your nearest relative?	Yes, it is D.	Seeking clarification	
	My wife. She is a nurse.		
She is? (Said dubiously)			Challenging
Do you have allergies?		Seeking clarification	

Non-Professional Nurse

Patient

Therapeutic

Nontherapeutic

Yes, penicillin.

Why don't you sit down?

Advising

I'll get the people for you.

Giving information

Do you feel O.K.?

Seeking clarification

Will you come with me, Sir?

Sure.

Offering self

Will you sit here for a minute.
(Nurse assisted patient from
stretcher to chair. An ambulance
stretcher entered with patient
who had been in a severe acci-
dent.) They are bringing some-
one else in.

Giving information

(Nurse leaves.)

SUMMARY: This interaction was generally therapeutic, mainly because the nurse assisted the patient to explain about his illness, then accepted him and offered herself. Although the nurse challenged the patient by the intonation of her voice, the patient appeared mildly upset.

General Background Information:

Occupation: Unknown
 Sex: Male
 Diagnosis: Gunshot wound in right
 cervical area. Attempted suicide.

Patient: Mr. H. C.
 Perception of Nurse Investigator: Patient in shock and
 depressed.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Will you tell me your name?		Seeking clarification	
How do you spell your name?	G....	Seeking clarification	
How old are you?		Seeking clarification	
Are you married?	54.	Seeking clarification	
Where do you live?	No.	Seeking clarification	
Do you live with a friend?	Huntington Beach.	Seeking clarification	
What is his name?	Yes.	Focusing	
Will you lift up your head?	G.....	Giving information	
	(Doctor enters to suture laceration.)		

SUMMARY: There were three therapeutic techniques used in this interaction: "seeking clarification," "focusing" and "giving information." This interaction was considered therapeutic. The patient's depression also prevented him from talking freely. Very little communication took place. This interaction might have been interpreted differently if the patient were able to respond verbally.

General Background Information:

Occupation: Electronic Technician
Sex: Male
Diagnosis: Injured arm

Patient: Mr. T. B.
Perception of Nurse Investigator: Patient in no acute distress.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Did you get hurt any other place? Were you knocked down?		Focusing	Interpreting
	Yes, I was knocked down, but I was not hurt any other place.		
Please sign here so we can treat you.		Giving information	
Were you hurt just a while ago?		Placing the event in time	
	A little while ago.		
About 12:45?		Focusing	
	Yes, about one half hour ago.		
Were you knocked to the ground?		Seeking clarification	
Any unconsciousness?	Right	Focusing	
Put your hand in so I can soak it.	No.	Giving information.	
	O.K. Is it alright to smoke?		
No, it isn't.		Giving information	
I must wash it out because it might get an infection.	O.K.	Giving information	

Non-Professional Nurse

Patient

Therapeutic

Nontherapeutic

This probably does not feel good
but we want to get the dirt out.

Defending

Is that all?

Yes.

Giving information

This arm won't stiffen,
will it?

It may very well.

Giving information

(Patient leaves)

SUMMARY: The nurse was therapeutic in this situation mainly because she tried to find out the details of Mr. T. B.'s illness and she took time to explain a procedure to him. The nurse tried to interpret the patient's experience. This technique is nontherapeutic but it did assist this patient to describe his injury.

General Background Information:

Occupation: Teacher

Sex: Male

Diagnosis: Laceration of finger

Patient: Mr. D. B.

Perception of Nurse Investigator: No acute distress noted.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Stick it in here.		Giving information	
Is it too hot?		Seeking clarification	
(Nurse cooled water.)	Yes.	Accepting	
O.K.			Making stereotyped comment
Put it in the water.		Giving information	
Do you have a doctor in the area?		Seeking clarification	
Oh, no.	San Diego. Is that near enough?		Disagreeing
The doctor is coming down to fix your hand.		Giving information	
Are you a veteran?		Seeking clarification	
Oh, no.	Are you a horse? I saw that large needle. Were you going to stick me with it?		
Sometimes it does hurt.	Will it hurt?	Giving information	
	It hurt the last four times.	Giving information	

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
O.K.			Making stereotyped comment
You are all done.		Giving information	
	O.K. Thank you.		
You don't feel dizzy, do you?		Seeking clarification	
Can you drive home?			Rejection
I hope you can drive home safely.			Giving approval
	(Patient leaves.)		

SUMMARY: According to the definition this interaction was considered nontherapeutic. The nurse used meaningless expressions and failed to explore the patient's ability to operate a motor vehicle when it was necessary. However, the nurse used the therapeutic techniques, "giving information" and "seeking clarification." These techniques enabled the nurse to communicate freely in this interaction. Her acceptance of the patient made it easier for the patient to cooperate with the nurse.

General Background Information:

Occupation: Machinist
Sex: Male
Diagnosis: Laceration of foot

Patient: Mr. J. B.
Perception of Nurse Investigator: Patient appears very
anxious and frightened.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Will you take a seat here for a minute?		Giving information	
What happened to your foot?	(Patient appears in severe pain.)	Encouraging description	
It is hurting quite a bit, isn't it?		Verbalizing the implied	
May I put your cigarette out, please?	Yes.	Giving information	
Will you come in here?	Yes.	Giving information	
The doctor will see you soon.		Giving information	
Were you working when this happened?		Focusing	
About ten minutes ago?	About 20 minutes ago. Do you have any idea about how long this will take?	Placing the event in time	
About an hour.	Don't touch it.	Giving information	
Would you rather leave it like it is?		Seeking consensual validation	

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Try to put your head back.	Yes, please, because it is very painful.	Giving information	
Take some deep breaths and relax.		Giving information	
Are you allergic to anything, Sir?		Seeking clarification	
How about your hip, does it hurt also?	Not that I know of.	Focusing	
I see you have a bruise.	Yes, it does.	Making an observation	
All right, Sir, I'm going to give you this injection.		Giving information	
It will help your pain shortly.		Giving information	
Have you ever been x-rayed here before?		Seeking clarification	
It will take a little time for the medication to take effect.	No.	Giving information	
Try and relax.			Advising
What type of lawn mower?		Focusing	
One of those old fashioned types?	It was an old one.	Seeking clarification	
Do you think you can soak it now?	It took the sole off my left shoe.	Seeking clarification	
O.K.	Yes, I will try.	Accepting	
Just bend your knee and put your foot in.		Giving information	Making stereo-typed comment

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Yes. Soaking it will be quite painful.	The water is hot.		Interpreting
It wasn't as bad as you thought.			Interpreting
Put your foot back in.		Giving information	
Are you fairly comfortable?		Making an observation	
Things like that can happen.	I don't see how it happened.		Belittling feelings expressed
I did, too.	I forgot to ask the doctor if I may have a glass of water.		Rejecting
I'm going to wash your hip off, too.		Giving information	
Oh, yes.	I'm nervous. How do they set this? Do they numb your foot?		Rejecting
In case you were going to surgery, I wouldn't want to give you any water.	I can't see why I can't have any water.		Rejecting
	(Patient leaves for x-ray)		

SUMMARY:

The nurse was able to be of therapeutic value to this patient because she lessened his anxiety by making available facts the patient needed to lessen his anxiety and encouraging him to describe what happened to him. She accepted him by her verbal and nonverbal communication. This interaction was considered therapeutic. However, the nurse used the non-therapeutic technique "advising" when she advised the patient to relax. The patient was unable to relax.

General Background Information:

Occupation: Retired
Sex: Male
Diagnosis: Emphysema

Patient: Mr. M. R.
Perception of Nurse Investigator: Patient anxious to get treatment

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Why don't you take your jacket off?			Advising
I'll get you a chair.		Accepting	
Yes.	Shall I come in here?	Accepting	
	The doctor adjusted the machine and it really works. It really works. The last time I didn't get much medicine. I'll take these old glasses off.		
Just breathe real steady, Mr. R.		Giving information	
Just sit back and relax.			Advising
Are you exhaling all right? (Nurse observed medication was not evaporating.)		Making an observation	
Don't forget your glasses.	Yes. (Patient ready to leave)	Making an observation	
We will see you. (Nurse assists patient.)		Accepting	

SUMMARY:

This interaction was generally therapeutic. The nurse accepted the patient in a tangible way. He was less apprehensive concerning his treatment. However, she used the nontherapeutic technique "advising" which did not apparently affect their relationship.

General Background Information:

Occupation: Carpenter
Sex: Male
Diagnosis: Burn

Patient: Mr. R.
Perception of Nurse Investigator: Patient appears quiet.

<u>Nonprofessional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Will you turn around and soak your arm?		Giving information	
	It's not hot but feels uncomfortable.		
What time did it happen? (Nurse added water to make it comfortable.)		Placing the event in time	
	May I have a drink of water?		
Let it soak for a little longer.			Introducing unrelated topic and rejecting
Just let it soak a little longer. We'll be with you in a few minutes.		Restating Giving recognition	
Getting tired of waiting?		Making an observation	
O.K.			Stereotyped comment
Put your hand in the towel.		Giving information	
	(Doctor enters to render further service.)		

SUMMARY: The nurse was therapeutic in that she recognized the patient, was aware of his needs and used other therapeutic techniques that assisted the patient to express himself. Because 75 per cent of the responses were of this nature, the interaction was considered therapeutic. However, the nurse introduced an unrelated topic and rejected the patient by not giving him the water he requested. The patient seemed slightly upset after his request was denied but more concerned over his burn.

General Background Information:

Occupation: Physician
Sex: Male
Diagnosis: Sebaceous cyst

Patient: Mr. J. M.
Perception of Nurse Investigator: Patient appeared undisturbed.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Have you had that very long?		Seeking clarification	
	Oh, yes. About six years. May I have another pillow please?		
Is this enough?			Disapproving
	Another please. This one is not high enough.		
Is this alright now?		Seeking clarification	
	(Patient nodded.)		
We certainly have a good patient.			Approval
Would you like to sit down for a few minutes? (Patient appeared tired.)		Making an observation	
	No, thank you. Good-bye. (Patient left.)		

SUMMARY: The nurse was generally nontherapeutic in this interaction in that she expressed both approval and disapproval of this patient's behavior. Although the nurse made an observation that the patient was tired and offered him a chair, the patient left and did not sit down.

General Background Information:

Occupation: Carpenter
Sex: Male
Diagnosis: Wounded Hand

Patient: Mr. G. C.
Perception of Nurse Investigator: Patient seemed a little
anxious about bleeding

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
May I help you?	Can you help me?	Offering self	
How long have you had that on?	About 30 minutes. (Tourniquet around arm)	Making an observation	Rejecting
Let's take it off.		Giving information	
How did you hurt yourself?	In a skill saw. Is it pretty deep?	Focusing	
Yes.		Giving information	
Where do you live?	Huntington Beach.	Seeking clarification	
Is it still bleeding?	Yes.	Seeking clarification	
Let me take a look at it.		Making an observation	
Just put your hand in.		Recognition	
Can you turn your hand?		Seeking clarification	
If it is too uncomfortable I will put some more water in.		Making observation	
Do you have any allergies to any known drugs?	O.K.	Seeking clarification	

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Were you working when this happened?		Focusing	
This thumb is really bleeding bad.	Yeah.	Making an observation	
(Nurse called doctor but he was not in his office.) Could you wait one half hour?		Seeking clarification	
Would you like us to call another doctor?	Wait for what?	Giving information	
Another doctor.		Giving information	
O.K.	No, I want this fixed so I can go back to work.	Accepting	
It should be clotting in a few minutes.		Giving information	
O.K.	But it is not.		Stereotyped comment
I'll look at it.		Accepting	
Let me see it.		Accepting	
O.K.	It is still bleeding.		Stereotyped comment
Put it back in the water.			Rejecting
It is not bleeding too bad.			Disagreeing
	Is that for me? (Large 20 cc. syringe)		

Professional Nurse

Patient

Therapeutic

Nontherapeutic

That is to put novocaine in so that you won't feel anything.

He might. (Words spoken in sarcastic way.)

No, you really shouldn't.

You have a bleeder there.

Yes.

I'm going to wrap it up.

It should.

What is he going to do, cut it off?

Can I smoke in here?

Oh, yes. It is really bleeding. Is he going to stitch that up or something?

Will that stop the bleeding?

(Doctor entered and nurse left.)

Giving information

Giving information

Giving information

Giving information

Belittling feelings expressed

Disapproval

Rejecting

SUMMARY:

The nurse was considered therapeutic in this interaction in that she accepted the patient, observed any unusual findings. The interaction was generally therapeutic. However, the nurse used the stereotype comment "O.K." several times in this interaction. This comment was meaningless to the patient but did not appear to upset him. She showed disapproval by not letting the patient smoke and she did not tell him why. This appeared to irritate him slightly.

General Background Information:

Occupation: Housewife

Sex: Female

Diagnosis: Pregnant (Abdominal pain)

Patient: Mrs. X

Perception of Nurse Investigator: Patient appears in distress;
may be in early labor.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Come around this side. (Nurse helps patient.)		Accepting and giving recognition	
Slip these shoes off.	O.K. I'm too short.	Giving information	
Take shorts off.		Giving information	
Lay down.		Giving information	
(After doctor examines patient) You're not ready to go now?	I'm not sure. He said something about tonight or tomorrow.		Interpreting
	(Patient left.)		

SUMMARY: The nurse was considered therapeutic in that she accepted the patient and assisted her. Although the nontherapeutic technique, "interpreting," was used, this did not apparently affect this patient.

General Background Information:

Occupation: Salesman

Sex: Male

Diagnosis: Dizzy

Patient: Mr. W. C.

Perception of Nurse Investigator: Patient seems very anxious and apprehensive

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Do you want to lay down?	No, I am afraid I will be dizzy.	Giving recognition	
Were you in the sun?	I was on the boat and my head, face and arms went to sleep.	Focusing	
Did your elbow go to sleep?	Yes.	Seeking clarification	
Do you still feel dizzy?	I feel as though I am going to pass out.	Seeking clarification	
(Nurse remains nonverbal.)			
(Nurse gives injection.) It is a relaxant.		Giving information	
If we knew we could do something about it.	Can you explain further?		Defending
That is an unusual ring.	I feel faint.		Unrelated subject
This will be a nice rest for you, take it easy.	(Patient left.)		Reassuring and rejecting

SUMMARY:

The nurse was considered nontherapeutic in that she failed to recognize the patient's need for emotional support. The nurse rejected the patient by not finding out how he felt and "introducing an unrelated topic" when the patient was still concerned about his illness. However, the nurse used the therapeutic technique "giving information" that provided the facts the patient needed in this situation. She focused on a point that helped the nurse to understand the patient's illness. The patient was able to describe his illness.

General Background Information:

Occupation: Carpenter
Sex: Male
Diagnosis: Foreign body in eye

Patient: Mr. R. S.
Perception of Nurse Investigator: Patient appeared at ease.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Did you do this at work?	Yes, usually it will wash out but it didn't.	Seeking clarification	
Did you wash your eye?	Yes, surprising how a little piece can make a big hurt.	Seeking clarification	
Right.		Accepting	
What kind of trouble are you having in your eye?		Focusing	
	At first I had acid in my eye. They didn't relieve the pressure and I developed Glaucoma.		
Everything alright?	Thank you. Good-bye.		Reassuring
	(Patient left.)		

SUMMARY: According to the definition, the nurse was considered therapeutic in this situation in that she accepted the patient as an individual and tried to understand the discomfort he was having with his eye. Although the nurse used the nontherapeutic technique "reassuring" the patient did not respond to her comment.

General Background Information:

Occupation: Student
Sex: Male
Diagnosis: Near drowning

Patient: M. L.
Perception of Nurse Investigator: Patient appeared somewhat lethargic.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Do you live down here?	Yes.	Seeking clarification	
You did swallow a lot of water.	Yes.	Giving information	
Are you warm enough?	(Patient nodded yes)	Making an observation	
How are you feeling? (Nurse held patient's hand.)		Accepting	
Are you wishing you can get up.	No.		Interpreting
Are you comfortable?	Yes.	Seeking clarification	
(Doctor entered.)			

SUMMARY: The interaction was considered therapeutic. By holding the patient's hand, the nurse gave indication of her reception of the patient. However, the nurse used a nontherapeutic technique "interpreting"; the patient disagreed with the nurse but did not seem affected by the comment.

General Background Information:

Occupation: Student
Sex: Male
Diagnosis: Cut glass in foot

Patient: G. S.
Perception of Nurse Investigator: Patient appeared not very apprehensive

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Did this happen at your residence?		Seeking clarification	
It must be nice out today.	Yes.		Stereotyped comment
You may put your other leg down.		Giving information	
That's phisoheh, a cleaner.	What is that my foot is in?	Giving information	
It is a cleaner to cleanse wounds.	Is it a soap?	Giving information	
Was the water pretty cold today?			Stereotyped comment
Would you like this book to look at to help you pass the time away?		Making an observation, giving information and accepting	
Can you put your foot out? I'm going to clean it a little bit.		Giving information	
It is medicated green soap.	What is that stuff?	Giving information	
Keep your eyes closed.		Giving information	
I'm not hurting you too much, am I?			Interpreting
What is this?	Oh, no.	Encouraging comparison	

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Is it from a surfboard also?	That is another scar from another accident.	Exploring	
When are you going to learn.	Yes.		Disapproval
Was the water warm?	I don't know, this happened last summer.		Stereotyped comment
Real warm?	Yes.		Probing
Let me wrap something around you.		Offering self	
Good-bye.	O.K.	Recognition	
	Bye-bye. Thanks very much.		
	(Patient left.)		

SUMMARY: This interaction was considered nontherapeutic. The nurse used "stereotype comments" in this interaction. Behind the nurse's automatic responses may be stereotyped attitudes toward a patient. The nurse probed unnecessarily for an answer to a question which was unrelated to his illness. By the nurse's interpreting the patient's feelings and showing disapproval she rejected the patient. By the nurse using therapeutic technique "encouraging comparison" she enabled the patient to compare a scar received in an accident with another scar present. She also offered herself and gave the patient recognition. The patient did not appear to respond to her recognition after she disapproved of his behavior.

General Background Information:

Occupation: Bricktender
Sex: Male
Diagnosis: Back injury

Patient: Mr. T. W.
Perception of Nurse Investigator: Patient seemed slightly irrational.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Where are you having pain?	In my back.	Focusing	
Were you lifting something heavy?	130 pounds.	Exploring	
Were you on a scalpel?	Yes.	Seeking clarification	
Did you fall off the scalpel?	No.	Focusing	
Yes, just outside.	Is my partner around?	Giving information	
Take some breaths.	I can hardly breathe.		Belittling feelings expressed
Is your home around here?	Yes.	Seeking clarification	
What is your address?	(Patient gives address)	Seeking clarification	
Are you warm enough or do you want something over you?	(Patient appears pale.) I am alright.	Making an observation	
I can move the stretcher over so you can talk to your wife.	Yes, I would like to see her face. She is going to scream like a scaled cat. She will only see the dollar flashing.	Making an observation	

Non-Professional Nurse

Patient

Therapeutic

Nontherapeutic

(Nurse remained silent.)

Using silence

Do you know the muscles
that go to your left
shoulder?

You have muscles that go every-
where.

Belittling
feelings

(Doctor entered and
nurse left.)

SUMMARY:

The nurse was therapeutic in that she assisted the patient to tell about his back injury and she observed him and assisted him when he was uncomfortable. The interaction was therapeutic. The nurse in two instances belittled the feelings expressed by the patient. He appeared somewhat confused after she made her comments.

General Background Information:

Occupation: Broker
Sex: Male
Diagnosis: Seizure

Patient: Mr. P. H.
Perception of Nurse Investigator: Patient seems very apprehensive.

<u>Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Sit there and I'll stand in back of you.	I'm sick to my stomach.	Offering self, giving recognition and accepting	
..... hospital.	What hospital is this?	Giving information	
No, we do not.	Do you take the place of a doctor?	Giving information	
(Nurse remained silent.)	What is it?		Rejecting
We will find out.	What happened?		Reassuring
You were in front of the water company and passed out.	Will you tell me how I got in here, I'd like to know?	Giving information	
Are you having pain now?		Seeking clarification	
In your stomach?		Focusing	
(Twenty minutes later) Feeling better?	I feel like I have to throw up.		
	Yes.		

Professional Nurse

Patient

Therapeutic

Nontherapeutic

Yes, we check it often.

Are you taking my blood pressure again?

Giving information

Well, there's a first time for everything.

This never happened before.

Stereotyped comment

I wasn't driving?

No, you were in the building.

Giving information

(Doctor appeared and examined patient.)

SUMMARY:

The nurse was generally therapeutic in this interaction mainly because she saw the need for this gentleman to orient himself to his environment and helped him to do so. However, the nurse rejected the patient in one instance by answering the patient's question abruptly. This did not apparently affect the patient.

General Background Information:

Occupation: Toolmaker
Sex: Male
Diagnosis: Wrenched back

Patient: Mr. D. K.
Perception of Nurse Investigator: Patient appeared quiet.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
May I help you?		Giving recognition and offering self	
Were you working when this happened?	I've got something in my back.	Focusing	
Why don't you lay down, or would you be more comfortable sitting up?	Yes.	Seeking clarification	
Did this happen at work?	This is O.K.	Exploring	
Just what did happen?	Yes	Encouraging description	
	I was lifting something that was not too heavy and I hurt my back.		
Exactly where is it?	It is from the knee to the lower back.	Focusing	
This happened today, right?	Oh no, yesterday.	Placing event in time	
Yesterday?	Yes.	Restating	
But it did happen at work.		Focusing	
The doctor will be down in about ten minutes.		Giving information	

Non-Professional Nurse

Patient

Therapeutic

Nontherapeutic

Why don't you lay down?

No, they will come and get you.

You can come in here and sit if you like.

Are you sure you don't want to lay down?

Can I go now?

No, I feel fine.

(Patient leaves.)

Giving information

Giving information

Seeking clarification

Advising

SUMMARY:

According to the definition, this interaction was considered therapeutic. The nurse asked specific questions which assisted the patient to explain his injury. She also accepted the patient by giving the patient recognition and offering herself to help the patient. However, she used a nontherapeutic technique by advising the patient to lay down, in which he did not comply.

General Background Information:

Occupation: Student
Sex: Male
Diagnosis: Laceration of face

Patient: Mr. C. N.
Perception of Nurse Investigator: Patient somewhat anxious.

<u>Non-Professional Nurse</u>	<u>Patient</u>	<u>Therapeutic</u>	<u>Nontherapeutic</u>
Are you cold, honey?*	Yes.	Making an observation	*Stereotyped comment
I'll get you another blanket.		Offering self	
How did this happen?	It happened at Doheny	Seeking clarification	
This morning?	Yes.	Placing event in time	
What time?	About 8:15.	Seeking clarification	
Do you have a family doctor?	Yes, Dr. B.....	Seeking clarification	
Are you allergic to any drugs?	Not that I know of.	Seeking clarification	
You were hit with a surfboard.		Seeking clarification	
Was it your surfboard?	Yes.	Focusing	
Is it beginning to hurt now?		Seeking clarification	
I'm going to wash you.	Is it cut way down there?	Giving information	Rejecting
No. That is just blood.		Giving information	

(Doctor entered.)

SUMMARY:

The interaction was considered therapeutic. The nurse accepted the patient by offering herself and seeking to clarify points that the patient stated that were not clear to the nurse. However, the nurse used a nontherapeutic technique "making a stereotyped comment" which may convey hostility. The patient made no obvious response.

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The following table (Table II) indicates the use of therapeutic and nontherapeutic interactions. A therapeutic interaction was one in which 75 per cent or more of the responses were therapeutic. Any interaction that had less than 75 per cent therapeutic responses was nontherapeutic.

III. DOES THE PROFESSIONAL NURSE-PATIENT RELATIONSHIP PROVIDE A MORE THERAPEUTIC INTERACTION THAN THE NON-PROFESSIONAL NURSE?

Of the 341 therapeutic responses made by both professional and nonprofessional nurses, 211 (or 74.3 per cent) were made by the professional nurse and 130 (or 79.9 per cent) of the therapeutic responses were made by the nonprofessional nurse. Of the 106 nontherapeutic responses, 73 (or 25.7 per cent) were made by the professional nurses and 33 (or 20.1 per cent) were made by nonprofessional nurses.

The chi square technique was chosen for analysis of these data involving the variables of professional and nonprofessional nurses with therapeutic and nontherapeutic techniques. A chi square statistic of 1.703 was obtained which reflected no significant difference between professional nurses and non-professional nurses in their use of interpersonal techniques in the emergency room.

Professional and nonprofessional nurses have a close association in the emergency room. There was a probability that the nonprofessional nurse imitated the techniques utilized by the professional nurse. This was enhanced by the overlapping of nursing duties in the emergency room. The patient might not have been able to discriminate between the status

TABLE II
SUMMARY OF DATA FROM THIRTY-FIVE INTERACTIONS

Pt. No.	Type of Nurse	Occupation	Sex	Diagnosis	Percentage of Therapeutic Responses
1	Prof.	Student	F	Back injury (med.)	92
2	N-Prof.	Housewife	F	Fainted (med.)	100
3	N-Prof.	Engineer	M	Foreign body in nose (med)	75
4	Prof.	Unemployed	M	Attempted suicide (med.)	100
5	N-Prof.	Elec. Technician	M	Injured arm (surgery)	84
6	N-Prof.	Toolmaker	M	Injured back (med.)	93
7	Prof.	Boat Skipper	M	Fractured leg (surgery)	91
8	Prof.	Retired	M	Emphysema (med.)	65
9	N-Prof.	Police Officer	M	Dizzy (med.)	79
10	Prof.	Carpenter	M	Lacerated hand (surgery)	86
11	N-Prof.	Bricktender	M	Back injury (med.)	83
12	Prof.	Student	M	Lacerated foot (surgery)	70
13	Prof.	Student	M	Near drowning (med.)	55
14	Prof.	Housewife	F	Pregnant (med.)	83
15	Prof.	Machinist	M	Lacerated foot (surgery)	75
16	N-Prof.	Carpenter	M	Foreign body (med.)	60
17	Prof.	Broker	M	Seizure (med.)	72
18	N-Prof.	Carpenter	M	Burn (med.)	75
19	N-Prof.	Housewife	F	Kidney infection (med.)	75
20	N-Prof.	Laborer	M	Conjunctivitis (med.)	81
21	Prof.	Housewife	F	Abdominal pain (med.)	70
22	Prof.	Teacher	M	Lacerated finger (surgery)	68
23	Prof.	Retired	M	Emphysema (med.)	77
24	Prof.	Unemployed	M	Lacerated foot (surgery)	75
25	Prof.	Housewife	F	Fractured ankle (surgery)	64
26	N-Prof.	Student	M	Lacerated face (surgery)	75
27	Prof.	Retired	M	Emphysema (med.)	81
28	Prof.	Housewife	F	Lacerated finger (surgery)	60
29	Prof.	Physician	M	Sebaceous cyst (surgery)	62
30	N-Prof.	Housewife	F	Injured ankle (surgery)	70
31	Prof.	Salesman	M	Near drowning (med.)	83
32	Prof.	Retired	M	Bleeding ulcer (med.)	50
33	Prof.	Salesman	M	Dizzy (med.)	50
34	Prof.	Laborer	M	Lacerated hand (surgery)	42
35	N-Prof.	Student	M	Lacerated head (surgery)	57

of the professional and non-professional nurse and therefore might have responded similarly to both. In addition, the motivation in the choice of nursing service and the innate ability of both professional and non-professional nurses might have been similar. This would have made a difference with interpersonal techniques less significant.

Interpersonal Techniques Used Most by Nursing Personnel in the Emergency Room

The criteria of therapeutic techniques suggested by Hays and Larson were used in the analysis of these data.

The therapeutic techniques most frequently used in the emergency room by nursing personnel were: (1) giving information (124, or 36.8 per cent of the total responses), (2) seeking clarification (84, or 24.6 per cent of the total responses), (3) focusing (32, or less than one per cent of the total), and (4) accepting (32, or less than one per cent of the total).

"Giving information" was the technique used most frequently because the nurse assisted in allaying the fears of the patient and building his trust. It was felt that if this technique were eliminated, the numerical difference between therapeutic and nontherapeutic responses would have been significantly narrowed. In addition, it was felt that this technique is probably less therapeutic than the other therapeutic techniques.

"Seeking clarification" was used because it was necessary to clarify vague statements made by the patients.

The therapeutic technique of "focusing" was utilized as it assisted the nurse to identify the specific complaint from a myriad of complaints.

The therapeutic technique of "accepting" was used to show that a nurse-patient relationship was in effect at the time of interaction.

The most used nontherapeutic technique was "rejection" (26 times out of the 163 nontherapeutic responses). The nurse rejected the patient by her tone of voice, by refusing to answer his questions and by introducing an unrelated topic.

"Interpreting" was used by the nurse 15 times out of the 163 nontherapeutic responses. The nurse was trying to tell the patient the meaning of his experience.

"Making a stereotyped comment" was used 14 times of the 163 nontherapeutic responses. The nurse often used stereotyped comments to protect her ego.

The Effect of Type of Patient on the Interaction

The patients seen in the emergency room differed in sex, occupation and diagnosis. Although the techniques gave no opportunity for patients to express their feelings, assessment was made of the effect of these factors in establishing a therapeutic interaction. The total interactions were considered in assessing the above mentioned factors of sex, occupation and diagnosis. For the purpose of this study, the percentage of therapeutic responses was obtained for each interaction. All interactions ranged from 40 per cent to 100 per cent.

A therapeutic interaction was one in which 75 per cent or more of the responses were therapeutic. Any interaction that had less than 75 per cent therapeutic responses was considered nontherapeutic.

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Sex. A comparison of responses determined to be therapeutic with those determined to be nontherapeutic with respect to patient's sex was completed. The chi square statistical test was applied to the data. A chi square of .5048 was obtained, showing that difference in sex was not significant as related to the use of therapeutic and non-therapeutic responses by the nurse.

Occupation. To find out if there was a relationship between occupation and the use of therapeutic techniques, occupations were grouped into three professional, two skilled and one unskilled labor. There was one retired person whose previous status was unknown. A comparison of responses determined to be therapeutic with those determined to be nontherapeutic with respect to occupation was completed. The chi square statistical test was applied to the data. A chi square of .9028 was obtained. By this result was shown that the difference in occupation was not significant as related to the use of therapeutic and nontherapeutic responses by the nurses. (See Table III.)

Since the nurse was unable to choose the sex, diagnosis, or type of occupation, the nurse had learned to work successfully with the individual and use interpersonal techniques without regard to sex, occupation and diagnosis.

The sample size was small for professional and unskilled groups and may not have been large enough to provide a valid conclusion.

Diagnosis. A comparison of responses determined to be therapeutic with those determined to be nontherapeutic with respect to patient's diagnosis was completed. The chi square statistical test was

TABLE III

COMPARISON OF RESPONSES DETERMINED TO BE THERAPEUTIC
WITH THOSE DETERMINED TO BE NONTHERAPEUTIC
WITH RESPECT TO OCCUPATION

Occupation	Therapeutic	Nontherapeutic	Totals
Unskilled	4	6	10
Skilled	12	9	21
Professional	2	2	4
	—	—	—
Totals	18	17	35

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applied to the data. A chi square of 2.34041 showed that difference in diagnosis was not significant as related to the use of the therapeutic and nontherapeutic responses by the nurse.

IV. SUMMARY

The thirty-five interactions were analyzed according to Hays and Larson's criteria of therapeutic and nontherapeutic techniques. The percentage of the total therapeutic techniques was 76.3 per cent of the total. The percentage of nontherapeutic techniques was 23.7 per cent.

The chi square statistical test was used to determine if the professional nurse-patient interaction provided a more therapeutic interaction than other nursing personnel and if the difference between professional nurses was due to chance.

The interpersonal techniques used most in the emergency room were giving information, seeking clarification, focusing, and accepting. There was no significant relationship between the use of therapeutic techniques and sex, occupation, and diagnosis of the patient.

CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY OF STUDY

The purpose of this project was to assess nurse-patient interaction in the stress situation of a hospital emergency room. The problem was to ascertain if interpersonal techniques in the emergency room were therapeutic or nontherapeutic.

In addition, the following subproblems were studied: (1) Does the interaction between professional nursing personnel and emergency room patients tend to be more therapeutic than the interaction between nonprofessional nursing personnel and emergency room patients?

(2) What interpersonal techniques are most used by nursing personnel in the emergency room? (3) Does the type of patient influence the therapeutic nature of the nursing interactions in the emergency room?

The descriptive survey was the method used in this study. Data were gathered by actual observation and verbatim recording of nurse-patient interactions in the emergency room.

It was hypothesized that the interpersonal techniques of the nurse in the emergency room were nontherapeutic.

Literature was reviewed to formulate a basis for developing a criterion for this study. Hays and Larson's criteria of therapeutic and nontherapeutic techniques were used for this study. These twenty-five therapeutic techniques and nineteen nontherapeutic techniques included verbal and nonverbal communication. Examples of how these techniques were used in actual nursing situations were given.

Information selected from the patient's admission record and placed on a 3 x 5 card was: name, sex, occupation and diagnosis. The investigator's perception of the patient's emotional condition was recorded. The name was recorded for identification purposes only. Sex and occupation were recorded to ascertain if a relationship existed between these and the use of interpersonal techniques. The diagnosis was also recorded to find out if there was a relationship between diagnosis and the type of interpersonal techniques used.

Fifty hours were spent observing nurse-patient interactions in the emergency room. Thirty-five patients with varied diagnoses were observed. Twenty-two of these interactions were between professional nurses and patients; thirteen were between nonprofessional nurses and patients. A panel of three judges validated these data using Hays and Larson's criteria for therapeutic and nontherapeutic techniques. The panel included two psychiatric nurses and a psychologist.

II. CONCLUSIONS

The total of therapeutic responses was 76.3 per cent. The total of nontherapeutic responses was 23 per cent. It was concluded that interpersonal techniques used in the emergency room of the selected hospital by nursing personnel numerically were more therapeutic. These findings indicate that nursing interactions in the emergency room were therapeutic and do not bear out the hypothesis.

The use of interpersonal techniques was compared with professional and nonprofessional personnel. The findings were that the difference between the two groups of nurses was not significant by the chi square

technique. It was concluded that when individual responses were tabulated there were more therapeutic than nontherapeutic interactions, but when total interactions were considered half of those involving professional nurses were therapeutic and half were nontherapeutic. Those interactions involving nonprofessional nurses showed all but one to be therapeutic.

The interpersonal techniques used most frequently in the emergency room were "giving information" which was 37 per cent of the total therapeutic responses made, and "seeking clarification" which was 24 per cent of the total therapeutic responses made.

The use of therapeutic and nontherapeutic techniques were compared with the patient's sex, diagnosis, and occupation. The findings in each of the three categories showed that the relationships that existed between the use of interpersonal techniques and the patient's sex, occupation and diagnosis were not related significantly to the use of therapeutic techniques used by professional and nonprofessional personnel. This might have been due to the fact that in this study the nurses did not know the patient's occupation or diagnosis prior to communication with the patient.

III. RECOMMENDATIONS

The following recommendations were made for further study of communication in hospital emergency rooms:

1. That a study in the emergency room be done to determine if nurses recognize their own limitations in communicating with others.
2. That a similar study be done in the emergency room to include professional student nurse-patient relationships.
3. That a similar study be done to compare the use of therapeutic and nontherapeutic techniques by basic degree and diploma students.

4. That a similar study be done using a larger sample.
5. That a similar study be done in a different type of hospital serving different population groups.
6. That a similar study be done that did not include the gathering of information for the patient's admittance record.

The following recommendations were made for studies in nursing education:

7. That criteria be developed for evaluating nurse-patient communication that is adaptable to the emergency room.
8. That the importance of nurse-patient interaction be emphasized in communication courses for students of nursing.
9. That professional nurses receive some in-service education regarding nurse-patient interaction in the stress-producing situation in the emergency room.

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APPENDICES

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APPENDIX A

INFORMATION ON 3 x 5 CARD

APPENDIX A

INFORMATION ON 3 x 5 CARD

USED IN COLLECTING DATA

Name _____ Diagnosis _____

Sex _____ Perception of Investigator: _____

Occupation _____

APPENDIX B

**HAYS AND LARSON'S CRITERIA OF THERAPEUTIC
AND NONTHERAPEUTIC TECHNIQUES**

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APPENDIX B

HAYS AND LARSON'S CRITERIA OF THERAPEUTIC
AND NONTHERAPEUTIC TECHNIQUES*

<u>Therapeutic Techniques</u>	<u>Examples</u>
1. Using silence	
2. Accepting	Yes. Uh hmm. I follow what you said. Nodding
3. Giving recognition	Good morning, Mr. S. You've tooled a leather wallet. I notice that you've combed your hair.
4. Offering self	I'll sit with you a while. I'll stay here with you. I'm interested in your comfort.
5. Giving broad openings	Is there something you'd like to talk about? What are you thinking about? Where would you like to begin.
6. Offering general leads	Go on. And then? Tell me about it.
7. Placing the event in time or in sequence	What seems to lead up to...? Was this before or after...? When did this happen?
8. Making observations	You appear tense. Are you uncomfortable when you...? I notice that you're biting your lips. It makes me uncomfortable when you...
9. Encouraging description of perceptions	Tell me when you feel anxious. What is happening? What does the voice seem to be saying?
10. Encouraging comparison	Was this something like...? Have you had similar experiences?

*Joyce Samhammer Hays and Kenneth Larson, Interacting with Patients (New York: The Macmillan Company, 1963), pp. 21-23 and 36-37.

Therapeutic TechniquesExamples

11. Restating

PATIENT. I can't sleep. I stay awake all night.

NURSE. You have difficulty sleeping.

PATIENT. The fellow that is my mate died at war and is pending me yet to marry.

NURSE. You were going to marry him, but he died during the war.

12. Reflecting

PATIENT. My brother spends all my money and then has the nerve to ask for more.

NURSE. This causes you to feel angry.

PATIENT. Do you think I should tell the doctor...?

NURSE. Do you think you should?

13. Focusing

This point seems worth looking at more closely.

14. Exploring

Tell me more about that.

Would you describe it more fully?

What kind of work?

15. Giving information

My name is...

Visiting hours are...

My purpose in being here is...

I'm taking you to the...

16. Seeking clarification

I'm not sure that I follow.

What would you say is the main point of what you said?

17. Presenting reality

I see no one else in the room.

That sound was a car backfiring.

Your mother is not here; I'm a nurse.

18. Voicing doubt

Isn't that unusual?

Really?

That's hard to believe.

19. Seeking consensual validation

Tell me whether my understanding of it agrees with yours.

Are you using this word to convey the idea...?

20. Verbalizing the implied

PATIENT. I can't talk to you or to anyone. It's a waste of time.

NURSE. Is it your impression that women are domineering?

Therapeutic TechniquesExamples

21. Encouraging evaluation What are your feelings in regard to...
Does this contribute to your discomfort?
22. Attempting to translate
in feelings PATIENT. I'm dead.
NURSE. Are you suggesting that you
feel lifeless? or
Is it that life seems without meaning?
- PATIENT. I'm way out in the ocean.
NURSE. It must be lonely. or
You seem to feel deserted.
23. Suggesting collaboration Perhaps you and I can discuss and
discover what produces your anxiety.
24. Summarizing Have I got this straight?
You've said that...
During the past hour you and I have
discussed...
25. Encouraging formulation
of a plan of action What could you do to let your anger
out harmlessly?
Next time this comes up, what might
you do to handle it?

Nontherapeutic TechniquesExamples

1. Reassuring	I wouldn't worry about...
Everything will be all right.
You're coming along fine.
2. Giving approval	That's good.
I'm glad that you...
3. Rejecting	Let's not discuss...
I don't want to hear about...
4. Disapproving	That's bad.
I'd rather you wouldn't...
5. Agreeing	That's right.
I agree.
6. Disagreeing	That's wrong.
I definitely disagree with...
I don't believe that.
7. Advising	I think you should...
Why don't you...?
8. Probing	Now tell me about...
Tell me your life history.
9. Challenging	But how can you be President of the
United States?
If you're dead, why is your heart
beating?
10. Testing	What day is this?
Do you know what kind of a hospital
this is?
Do you still have the idea that...?
11. Defending	This hospital has a fine reputation.
No one here would lie to you.
But Dr. B. is a very fine psychiatrist.
I'm sure that he has your welfare in
mind when he...
12. Requesting an explanation	Why do you think that?
Why do you feel this way?
Why did you do that?
13. Indicating the existence
of an external source	What makes you say that?
Who told you that you were Jesus?
What made you do that?

Nontherapeutic TechniquesExamples

14. Belittling feelings expressed

PATIENT. I have nothing to live for.
I wish I were dead.
NURSE. Everybody gets down in the dumps.

15. Making stereotyped comments

Nice weather we're having.
I'm fine, and how are you?
It's for your own good.
Keep your chin up.
Just listen to your doctor and take part in activities--you'll be home in no time.

16. Giving literal responses

PATIENT. I'm an Easter egg.
NURSE. What shade? or
You don't look like one.

PATIENT. They're looking in my head with television.
NURSE. Try not to watch television. or
With what channel?

17. Using denial

PATIENT. I'm nothing.
NURSE. Of course you're something. Everybody is something.

PATIENT. I'm dead.
NURSE. Don't be silly.

18. Interpreting

What you really mean is...
Unconsciously you're saying...

19. Introducing an unrelated topic.

PATIENT. I'd like to die.
NURSE. Did you have visitors this weekend?

LOMA LINDA UNIVERSITY

Graduate School

A STUDY OF INTERPERSONAL TECHNIQUES

IN THE EMERGENCY ROOM

by

Malcyé Wisdoma Bush

An Abstract of a Thesis

in Partial Fulfillment of the Requirements

for the Degree of Master of Science

in the Field of Nursing

October, 1963

ABSTRACT

The purpose of this study was to assess nurse-patient interaction in the stress-producing situation of a hospital emergency room. The problem was to ascertain if interpersonal techniques in the emergency room were therapeutic or nontherapeutic.

The following subproblems were studied: (1) Does the interaction between professional nursing personnel and emergency room patients tend to be more therapeutic than the interaction between nonprofessional nursing personnel and emergency room patients? (2) What interpersonal techniques are most used by nursing personnel in the emergency room? (3) Does the type of patient influence the therapeutic or nontherapeutic interaction of the nursing personnel in the emergency room?

The descriptive survey was the method used in this study. Fifty hours were spent in the emergency room observing and recording interactions between nursing personnel and patients. The procedure included following the nursing personnel involved and the patient from the initial contact through the entire treatment process and until time of discharge. During this time every verbal comment made by the patient and/or the nursing personnel was recorded verbatim in a stenographic notebook. The interactions were evaluated by Hays and Larson's criteria of therapeutic and nontherapeutic techniques.

Thirty-five interactions were observed in this study. These interactions involved a professional nurse and a patient in twenty-two nursing situations and a nonprofessional nurse and a patient in thirteen nursing situations.

The findings of this study revealed that when individual responses were tabulated, there were more therapeutic than nontherapeutic interactions, but when total interactions were considered, half of those involving professional nurses were therapeutic and half were nontherapeutic. Those interactions involving nonprofessional nurses showed all but one to be therapeutic.

There was no difference in the use of therapeutic and nontherapeutic techniques by professional and nonprofessional nurses by the chi square technique when individual responses were tabulated.

The interpersonal techniques used most frequently in the emergency room were giving information and seeking clarification. The patient's sex, occupation and diagnosis were not related significantly to the use of therapeutic techniques used by professional and nonprofessional personnel in the emergency room.

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