

ASSESSMENT OF THERAPEUTIC NURSE-PATIENT INTERPERSONAL RELATIONSHIP AT AL-HILLA TEACHING HOSPITAL: PATIENT INPUT

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ABSTRACT

Background: Nursing is a health-care profession aimed at assisting individual, family, and community in achieving, maintaining, or regaining maximum health and quality of life. Therapeutic interpersonal relationships, which are at the heart of all healthcare exchanges, help to support the establishment of excellent clinician–patient interactions. The nurse–patient relationship requires effective verbal and nonverbal communication, and also giving care in a way that helps patients to be an active partner in achieving wellbeing.

Methods: A descriptive cross-sectional study used assessment approach with questionnaire items was conducted at AL-Hilla Teaching General Hospital in Babylon Province for the periods of October 20th, 2020 to June 24th, 2021. By convenient sample of (200) patients is selected throughout the use of nonprobability sampling approach.

Results : Participants one third of the sample age 70 (36.5%) were between (18-27) year, concerning the gender about two third 132 (66%) were male patient; on the other hand, more than one third 70 (35 %) were read and write, also there is 134 (67 %) were married, in relation to type of family more than half 101(50.5%) were living with family and 113 (56.5%) of the sample were working, regarding the economic status more than two fifth 92(46%) were having Satisfied income for some extent and more than half 116 (58 %) were resident in urban area.

Conclusion: The study sample showed that socio-demographic characteristics as: highest age group was in range of patients age (18-27), about 66% were males, 35% of subjects are able read and write. Majority of patients are hospitalized for below than one year, about 67.5% of sample have been admitted for 2 to 3 days as a first time of admission, from the total number of patients 56.5% are admitted to surgical wards. The study sample showed regarding communication concept item 1.62% poor assessment.

KEYWORDS: Assessment, Therapeutic, Nurse, Patient, Interpersonal Relationship

I. INTRODUCTION

Nursing is a health-care profession aimed at assisting individual, family, and community in achieving, maintaining, or regaining maximum health and quality of life. Nurses differ from other health-care professionals in terms of patient care, education, and scope of practice. They work in a variety of specialties and have varying amounts of prescribing authority. This historic position has created the public perception of nurses as care givers, as well as delivering care within the ordering scope of physicians. Most countries, however, allow nurse practitioners to work independently in a number of settings. Since the post war years, nursing education has shifted toward advanced and specialized qualifications, and many of the old rules and provider responsibilities have shifted as well. ^[1] Therapeutic interpersonal relationships, which are at the heart of all healthcare exchanges, help to support the establishment of excellent clinician–patient interactions. Through therapeutic interpersonal interactions, patients' experiences can be altered and enriched. Health care practitioners should therapeutically connect with patients in order to improve health-related outcomes as a result of the rising requirement to concentrate on patient-centered care.

The important aspects of methods for developing therapeutic interpersonal connections were therapeutic listening, reacting to patient emotion and unmet need, and patient centeredness.^[2] As the exchange of values and energy between two or more individuals who communicate about their responsibilities in society. This interaction is still going on, with nursing care efficacy varying from poor to good. This subjective nature necessitates the need for evidence to substantiate its assessment. In this sense, the available measurements in the literature refer to general interpersonal relationships and instruments derived from psychology, like the working alliance inventory, the relationship inventory, the Vanderbilt psychotherapy process scale, and the California psychotherapy alliance scales.^[3] Communication is required not only for the exchange of information and knowledge, but also for the interrelationship of human beings all over the world. Communication occurs in many aspects of life, including families, relationships, organizations, environment, and nations. Because communication is virtually a natural instinctive behavior for almost everyone, valuing its efficacy is easy to overlook.^[4] Health care providers (nurses) need to be educated in regard to importance communication and therapeutically interpersonal relationship through training session about that issue.

II. METHODOLOGY

A quantitative descriptive cross-sectional study used to assess the therapeutic relationship between a nurse and a patient at Al-Hilla Teaching Hospital in Babil Governorate. The study was conducted from the period of October 20th, 2020 to June 24th, 2021. A convenient targeted sample of (200) patients were selected through the use of a sampling method, patients who were admitted to the wards of Al-Hilla Teaching Hospital / Babel Governorate. The study was conducted at Al Hilla Teaching Hospital, which receives inpatients who admitted for the purpose of receiving health care as a tertiary health care institution with general specialties Medical Wards, Surgical, Ophthalmology and E N T in Babil Governorate.

The questionnaire was used as a method for collecting data containing the following:

Part I: Contains information about socio-demographical characteristics which consists of (5) item. (Age, Gender, Level of Education, Social Status, Economic Status)

Part II: Contains items about clinical data which is composed (4) items.

Part III: It consists of (44) items, and sub items is divided into (5) sections of the elements of the relationship between the nurse and the patient

The Reliability Questionnaire is concerned with the consistency and dependability of the research instrument. Determination of internal consistency reliability of the questionnaire is based on computation of alpha cronbach's correlation coefficient.

III. RESULTS

Table1: Demographic Variables

Variable	Rating	F	%
Age/ years	18-27	73	36.5
	28- 37	48	24.0
	38-47	36	18.0
	48- 57	25	12.5
	58-67	14	7.0
	More than 68	4	2.0
Gender	Male	132	66.0
	Female	68	34.0
Level of education	Unable to read and write	32	16.0
	Able to read and write	70	35.0
	Primary school graduate	28	14.0
	Secondary school graduate	32	16.0
	Deploma	20	10.0
	Collage and above	18	9.0
Marital status	Single	50	25.0

	Married	134	67.0
	Widowed	8	4.0
	Divorce	5	2.5
	Separated	3	1.5
Type of family	Extended	101	50.5
	Nuclear	99	49.5
Occupation	Working	113	56.5
	Not working	79	39.5
	Retired	8	4.0
Economic status	Satisfied	72	36.0
	Satisfied to some extent	92	46.0
	Un satisfied	36	18.0
Resident	Urban	116	58.0
	Rural	84	42.0

Shows that more than one third of the sample age 70 (36.5%) were between (18-27) year, concerning the gender about two third 132 (66%) were male patient; on the other hand, more than one third 70 (35 %) were read and write, also there is 134 (67 %) were marige, in relation to type of family more than half 101(50.5%) were living with family and 113 (56.5%) of the sample were working, regarding the economic status more than two fifth 92(46%) were having Satisfied income for some extent and more than half 116 (58 %) were resident in urban area.

Table 2:Distributions of the Study Samples by their clinical information (N=200).

Variable	Rating	F	%
Duration of disease	(1-11) Months	160	80.0
	More than 1 year	40	20.0
	Total	200	100.0
Hospital departments	Medical word	3	1.5
	Surgical word	113	56.5
	Ophthalmology	51	25.5
	E N T	33	16.5
	Total	200	100.0
Duration of admission	2-3 days	135	67.5
	4 days or above	65	32.5
	Total	200	100.0
Number of admission	1st time	135	67.5
	2 nd and above	65	32.5

Shows that more than three quarter 70 (36.5%) of the sample's clinical data duration were (1-11) months, concerning the Hospital departments more than half 113 (56.5%) were admitted in surgical words, in relation to duration of admission more than two third 135 (67.5 %) were stayed 2-3 days, regarding the number of admission less than three quarter 135(67.5%) were one admission.

Table 3: Assessment of the overall scores in the nurse- patient interpersonal relationship (N=200)

interpersonal relationship items	Intervals	Frequency	Percentage%
Interaction concept	Good	117	58.5
	Moderate	74	37.0
	Poor	9	4.5
Total		200	100.0
Communication concept	Good	110	55.0
	Moderate	83	41.5
	Poor	7	3.5

Total		200	100.0
Transaction concept	Good	51	25.5
	Moderate	115	57.5
	Poor	34	17.0
Total		200	100.0
Role concept	Good	99	49.5
	Moderate	67	33.5
	Poor	34	17.0
Total		200	100.0
Stress concept	Good	52	26.0
	Moderate	137	68.5
	Poor	11	5.5
Total		200	100.0

show that less than two third 117 (58.5%) were having a good interaction concept while more than half 110(55%) were having a good communication concept, concerning to transaction concept, the result show that 115(57.5%) were having a moderate transaction concept; on the other hand, less than half 99(49.5) were having a good role concept, and finally more than two third 137(68.5%) were having a moderate level of stress concept.

Table 4: Relationship between overall assessment level of Interpersonal relationship and patients demographic data

Socio-demographical data	Overall Interpersonal relationship			Chi-Square Tests			
	Good	Moderate	Poor	X ²	DF	P-value	Assess
Age							
18-27	15	43	15	8.63	10	0.567	N.S
28- 37	8	26	14				
38-47	8	23	5				
48- 57	2	16	7				
58-67	3	9	2				
More than 68	2	2	0				
Gender	Good	Moderate	Poor	X ²	DF	P-value	Assess
Male	20	76	36	9.28	2	0.01	Sig
Female	18	43	7				
Level of education	Good	Moderate	Poor	X ²	DF	P-value	Assess
Unable to read and write	6	47	17	27.17	10	0.002	Sig
Able to read and write	8	16	8				
Primary school graduate	12	12	4				

Secondary school graduate	7	22	3				
Diploma	2	15	3				
Collage and above	3	7	8				

Continue

Socio-demographical data	Overall Interpersonal relationship			Chi-Square Tests			
Marital status	Good	moderate	poor	X ²	DF	P-value	Assess
Single	8	36	6	9.05	8	0.338	N.S
Margie	26	73	35				
Widowed	2	5	1				
Divorce	2	3	0				
Separated	0	2	1				
Type of family	Good	Moderate	Poor	X ²	DF	P-value	Assess
Extended	23	53	25	4.22	2	0.121	N.S
Nuclear	15	66	18				
Occupation	Good	Moderate	poor	X ²	DF	P-value	Assess
Working	18	67	28	3.53	4	0.472	N.S
Not working	19	46	14				
Retired	1	6	1				
Economic status	Good	Moderate	poor	X ²	DF	P-value	Assess
Satisfied	14	39	19	2.58	4	0.630	N.S
Satisfied to some extent	19	56	17				
Un satisfied	5	24	7				
Resident	Good	moderate	poor	X ²	DF	P-value	Assess
Urban	25	65	26	2.69	4	0.609	N.S
Rural	13	54	17				

shows that there is a significant relationship between overall assessment level of interpersonal relationship and some demographic data at $p \leq 0.05$, concerning (gender and level of education). Except with (age, marital status, type of family, occupation, economic status and residen) that there is a no significant relationship with overall assessment level of interpersonal relationship at $p \leq 0.05$.

Table 5: Relationship between overall assessment level of Interpersonal relationship and patients clinical data.

Clinical data	Overall Interpersonal relationship			Chi-Square Tests			
Duration of disease	Good	Moderate	poor	X ²	DF	P-value	Assess
(1-11)Months	29	96	35	0.40	2	0.815	N.S
More than 1 year	9	23	8				

Hospital departments	Good	Moderate	poor	X ²	DF	P-value	Assess
Medical word	0	2	1	4.14	6	0.65	N.S
surgical word	26	64	23				
Ophthalmology	9	31	11				
E N T	3	22	8				
Duration of admission	Good	Moderate	poor	X ²	DF	P-value	Assess
2-3 days	24	79	32	1.96	4	0.034	Sig
4 days or above	14	40	11				
Number of admission	Good	Moderate	poor	X ²	DF	P-value	Assess
1 st time	32	75	28	6.03	2	0.049	Sig
2 nd and above	6	44	15				

shows that there is a significant relationship between overall assessment level of interpersonal relationship and some clinical data at $p \leq 0.05$, concerning (duration of admission and number of admission). Except with (duration of disease d and hospital departments) that there is a non-significant relationship with overall assessment level of interpersonal relationship at $p \leq 0.05$.

IV. DISCUSSION

Discussion of Socio-demographic Characteristics of the nurses.

The results of the demographical data of study sample show that highest percentage were less than fifty among patients with age group ranged between (18-27). Many patients younger in age may experience some type of health conditions and that require admission to the health care facility. While found that the study age group were within the older and represented (31-50) years old. [5].

In regard to the gender variable. The results of the study shows that the highest percentage of the study sample gender was among male patients and represents (66.0%). This result may determine a reality that male are more exposed to different health conditions due to work, their presence outside their houses and might be because of different stress circumstances, they may some therapies, operations and health care needs. These results corresponding with the result of study conducted by [6]. in order to measure the satisfaction of patients related the communication of nursing team in different phase of hospital admission in university general hospital in Italy, they found that (61.0%) of study sample were males.

Relative to level of education and occupation, more than one third 70 (35 %) were only read and write and about 56.5% are working respectively. This finding agree with what reported by [7]. presented that more than (36%) of sample had ability to read and write without owing certificate degree. However, about 32% of sample of study were student in terms of they do not work. [8] using a linear regression model, have shown that educational status has significant predictors of therapeutic communication implementation Concerning marital status the researcher found that the majority of the participants (67.0%) were married This finding agree with that was reported by [9] in that almost half of respondents (51.6%) were male and 80% were married.

Discussion of distribution of the Study Sample by their clinical data

The majority of patients (80%) are below than one year in the active condition of disease. Concerning the Hospital departments more than half 113 (56.5%) were admitted in surgical words, duration of admission is more than two third 135 (67.5%) were stayed 2-3 days as well as they are admitted for hospital for first time. In this kind of distribution of the current study's samples according to the clinical area that involve duration of disease and admission, hospital wards, and number of admission [10] mentioned in this study that almost one quarter of patients (23.7%) had been hospitalized for 3-6 months while (22.2%) hospitalized for a period ranged from 1 to three months. Furthermore, the number of previous hospitalization revealed that (35.6%) of samples had 3 times of hospitalizations and (20.2%) stated that they did hospitalize for four times. In addition to all what mentioned,[11](Afaya et al., 2017) stated in their study that more than half of number of patients who are admitted for first time,

thus these findings come with what the current study found. This finding disagree with what reported by [12] 642 patients (55%) were hospitalized in medical and 520 (45%) in surgical departments. 798 patients (68%) were treated for the medical disease and 364 patients (32%) for surgical, respectively.

The overall responses in the nurse- patient interpersonal relationship

It was clear that most domains in this study as interpersonal relationship are good in related to interaction concepts (58.5%), communication concept (55%), role concept (49.5%) while transaction concept (57.5%) and stress concepts(68.5%) were having a moderate rate. stated in their study about overall interpersonal relationship. Therapeutic interpersonal relationships and its domains that invested in health care within the acute care setting require health care providers to develop and sustain their ability to initiate relationships that are geared toward best practice. The development of a therapeutic interpersonal relationship requires reflective practice and knowledge of how these influence relationships and innovative and creativity about this kind of relationship. Therefore, the process of interpersonal relationship is critical to the basis of all practice in terms of building trustful relationship between nurses and patients for achieving an optimum nursing care, this kind of relationship depending on aforementioned domains lead to constructing helping relationships, purposeful relationships, nurse–client relationships, and therapeutic alliances that need communication and effective interaction, and coping with stress

V. CONCLUSION

The study sample showed that socio-demographic characteristics as: highest age group was in range of patients age (18-27), about 66% were males, 35% of subjects are able read and write, more than fifty percent are married, half of sample lived in extended family and working, about 58% live in urban area, and 46% of participants are satisfied to some extent. Majority of patients are hospitalized for below than one year, about 67.5% of sample have been admitted for 2 to 3 days as a first time of admission, from the total number of patients 56.5% are admitted to surgical wards. The study sample showed regarding communication concept item 1.62% poor assessment. Regarding transaction concept , it is concluded that there was poor results. Both gender and level of education of patients had a significant association with interpersonal relationship, in contrary to age, marital status, occupation, type of family, resident, and economic status that are non-significant to interpersonal relationship.

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