Spring 5-5-1964

Identification of Learning Experiences That Facilitate the Termination Process

Elizabeth Ann Hermeling Triebelhorn

University of Colorado Boulder

Follow this and additional works at: http://scholar.colorado.edu/print_theses

Recommended Citation
http://scholar.colorado.edu/print_theses/143

This Dissertation is brought to you for free and open access by University Libraries at CU Scholar. It has been accepted for inclusion in University Libraries Digitized Theses 189x-20xx by an authorized administrator of CU Scholar. For more information, please contact cuscholaradmin@colorado.edu.
IDENTIFICATION OF LEARNING EXPERIENCES THAT FACILITATE THE TERMINATION PROCESS

by

Elizabeth Ann Hermeling Triebelhorn

Diploma, Lutheran Hospital School of Nursing
Saint Louis, Missouri, 1949
Bachelor of Science, University of Missouri, 1954

A Thesis submitted to the Faculty of the Graduate School of the University of Colorado in partial fulfillment of the requirements for the Degree Master of Science
Department of Nursing
1964
ACKNOWLEDGEMENTS

This student wishes to express her appreciation for the M.S. degree by Mrs. Elizabeth Ann Hermeling Triebelhorn for their approval in the preparation of this thesis. A special thank you to Mrs. Edna Schlegel by Mr. Edward Triebelhorn for his patience and support during the time required to complete this thesis.

Opal H. White  
Marie R. Schlegel  
Date May 5, 1964
ACKNOWLEDGMENTS

This student wishes to express her appreciation to Associate Professor Opal H. White and Associate Professor Maxine Berlinger for their counseling and assistance in the preparation of this thesis.

A special indebtedness is felt by this student toward her husband, Mr. Edward Triebelhorn, for his patience and support during the time required to complete this thesis.

The problem of this study was to identify some of the learning experiences offered by selected professional nursing students in a therapeutic nurse-patient relationship that might assist the patient to work through the termination process. The normative survey method of research was used. One hundred forty-one interpersonal process recordings were analyzed by the content-analysis technique. Categories were established through a review of the literature. One hundred twenty-nine learning experiences were identified.

Fifty-three per cent of the learning experiences were interactions in which the nurse and/or patient expressed their expectations of the nurse, the patient, and the relationship. Only one per cent were interactions in which mutual goals were discussed.

Fourteen per cent of the learning experiences were interactions where independent behavior was encouraged on the basis of the patient's dependent needs. Only three per cent of the learning experiences involved the nurse's and/or the patient's expression of feelings concerning the
Triebelhorn, Elizabeth Ann Hermeling (M.S., Nursing)

Identification of Learning Experiences That Facilitate the Termination Process

Thesis directed by Associate Professor Opal H. White and Associate Professor Maxine Berlinger

The problem of this study was to identify some of the learning experiences offered by selected professional nursing students in a therapeutic nurse-patient relationship that might assist the patient to work through the termination process.

The normative survey method of research was used. One hundred fifty-one interpersonal process recordings were analyzed by the content-analysis technique. Categories were established through a review of the literature. One hundred twenty-nine learning experiences were identified.

Fifty-three per cent of the learning experiences were interactions in which the nurse and/or patient expressed their expectations of the nurse, the patient, and the relationship. Only one per cent were interactions in which mutual goals were discussed.

Fourteen per cent of the learning experiences were interactions where independent behavior was encouraged on the basis of the patient's dependent needs. Only three per cent of the learning experiences involved the nurse's and/or the patient's expression of feelings concerning the
relationship. Only three per cent were concerned with mutual planning for the post-relationship period.

No student offered an opportunity for mutual evaluation of the relationship.

This abstract of about 194 words is approved as to form and content. I recommend its publication.

Signed

Instructor in charge of thesis
# TABLE OF CONTENTS

## I. THE PROBLEM AND DEFINITION OF TERMS USED

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permission to Conduct the Study</td>
<td>16</td>
</tr>
<tr>
<td>Plans for Analyzing the Data</td>
<td>16</td>
</tr>
<tr>
<td>The Tool</td>
<td>18</td>
</tr>
</tbody>
</table>

## I. THE PROBLEM AND DEFINITION OF TERMS USED

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Problem</td>
<td>1</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Purpose of the Study</td>
<td>2</td>
</tr>
<tr>
<td>Assumptions of the Study</td>
<td>2</td>
</tr>
<tr>
<td>Limitations of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Value of the Study</td>
<td>3</td>
</tr>
<tr>
<td>Definition of Terms Used</td>
<td>4</td>
</tr>
<tr>
<td>Interpersonal Process Recording</td>
<td>4</td>
</tr>
<tr>
<td>Learning Experience</td>
<td>5</td>
</tr>
<tr>
<td>Therapeutic Nurse-Patient</td>
<td>5</td>
</tr>
<tr>
<td>Relationship</td>
<td>5</td>
</tr>
<tr>
<td>Termination Process</td>
<td>5</td>
</tr>
<tr>
<td>Organization of Remainder of Thesis</td>
<td>6</td>
</tr>
</tbody>
</table>

## II. REVIEW OF LITERATURE

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>12</td>
</tr>
</tbody>
</table>

## III. METHODOLOGY

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Method</td>
<td>13</td>
</tr>
<tr>
<td>Description of the Data</td>
<td>14</td>
</tr>
<tr>
<td>Source of the Data</td>
<td>14</td>
</tr>
<tr>
<td>Population of the Study</td>
<td>15</td>
</tr>
</tbody>
</table>
CHAPTER IV.

Permission to Conduct the Study ............................................................... 16

Plans for Analyzing the Data ..................................................................... 16

The Tool ........................................................................................................ 18

Summary ......................................................................................................... 22

IV. ANALYSIS OF THE DATA .................................................................... 23

Findings of the Study ................................................................................... 23

Category I: Initial Structuring of
the Relationship .......................................................................................... 23
Subgroup A ..................................................................................................... 24
Subgroup B ..................................................................................................... 25
Subgroup C ..................................................................................................... 26

Category II: Encouraging Independent Behavior According to the Dependent Needs of the Patient and the Nurse .... 27
Subgroup A ..................................................................................................... 27
Subgroup B ..................................................................................................... 28

Category III: Actual Conclusion and Mutual Evaluation of the Relationship . 29
Subgroup A ..................................................................................................... 29
Subgroup B ..................................................................................................... 30
Subgroup C ..................................................................................................... 31
Subgroup D ..................................................................................................... 31
Subgroup E ..................................................................................................... 32

Summary ......................................................................................................... 32

V. SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS .................. 35
<table>
<thead>
<tr>
<th>CHAPTER</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>35</td>
</tr>
<tr>
<td>Conclusions</td>
<td>37</td>
</tr>
<tr>
<td>Recommendations</td>
<td>40</td>
</tr>
<tr>
<td>BIBLIOGRAPHY</td>
<td>41</td>
</tr>
<tr>
<td>APPENDIX A, A Section of An Interpersonal Process Recording</td>
<td>45</td>
</tr>
</tbody>
</table>
I. Number and Per Cent of Learning Experiences Provided to Assist With the Termination Process.

The functions of the psychiatric nurse of today are more difficult to define than those of the psychiatric nurse a decade or so ago. In recent nursing publications, the therapeutic nurse-patient relationship has been described as basic to all of the functions of the psychiatric nurse. A therapeutic nurse-patient relationship is defined as follows:

Nursing care may consist of any therapeutic activity, within the professional competence of the nurse and under the direction of the physician, that is designed to help the patient to resume within the limitations of his capabilities, the role of a functioning, self-directing individual or that will help him live out the remainder of his life as comfortably and happily as possible.1

The psychiatric nursing textbooks and periodicals contain many articles concerning initiating and maintaining the nurse-patient relationship. Specific aspects of these stages have been defined and examples described.

The termination phase of the relationship is seldom a topic in periodicals and is often treated in a general

---

CHAPTER I

THE PROBLEM AND DEFINITION OF TERMS USED

The functions of the psychiatric nurse of today are more difficult to define than those of the psychiatric nurse a decade or so ago. In recent nursing publications the therapeutic nurse-patient relationship has been described as basic to all of the functions of the psychiatric nurse. A therapeutic nurse-patient relationship is defined as follows:

Nursing care may consist of any therapeutic activity, within the professional competence of the nurse and under the direction of the physician, that is designed to help the patient to resume within the limitations of his capabilities, the role of a functioning, self-directing individual or that will help him live out the remainder of his life as comfortably and happily as possible.¹

and vague manner in textbooks. What are the learning experiences that nurses might offer patients to work through the termination process? This study was designed to identify some of these learning experiences.

I. THE PROBLEM

Statement of the Problem

The problem of this study was to identify some of the learning experiences offered by selected professional nursing students in a therapeutic nurse-patient relationship that might assist the patient to work through the termination process.

Purpose of the Study

The purposes of this study were: (1) to obtain specific examples of the kind of learning experiences student nurses offered patients in working through the termination process; (2) to provide information that might be helpful to nurses in recognizing, utilizing, and evaluating learning experiences that might assist patients in working through the termination process; and (3) to provide information that might assist nursing instructors and supervisors in helping nursing students and ward personnel to better understand the problem of the termination process.

Assumptions of the Study

The two assumptions of this study were as follows:

(1) the student nurse's role includes providing the psychiatric patient with learning experiences and (2) the selected professional nursing students of this study had the ability to provide the psychiatric patients with learning experiences that might assist the patient to work through the termination process.

**Limitations of the Study**

The limitations of this study were: (1) the interpersonal process recordings used in this study were limited to those written by twelve basic professional nursing students, and (2) each of the twelve basic professional nursing students worked with only one psychiatric patient.

**Value of the Study**

The therapeutic nurse-patient relationship is a dynamic process; it is constantly changing according to the needs of the patient, the nurse, and the environmental situation. Each phase of the relationship is dependent upon the knowledge of the patient that the nurse has gained from the previous one. This dynamic approach is difficult to define, to understand and to teach until the specific aspects and principles have been identified.\(^2\)

Hofling and Leininger use the word "concluding" rather than "terminating" to describe the final phase of the nurse-patient relationship because the word termination might connote death to some people. The lack of research done on termination may well be due to the "taboo" that sociologists say exists about researching any aspect of death or the feelings connected with death.

To this writer's knowledge there is no other research study concerned with identifying the learning experiences offered to patients during the termination process.

II. DEFINITION OF TERMS USED

For this study, the following definitions were used.

Interpersonal Process Recording

The interpersonal process record is defined as the verbatim and seriatim recording, to the extent that memory will permit, of the verbal and non-verbal interaction that has occurred between the patient and the nurse (or nursing student). It includes: (1) the written record of the verbal and behavioral communication which occurred between the participants; (2) written comments identifying the

---

3 Ibid., p. 63.
feelings that were experienced and those that she infers were experienced by the patient; and (3) the nurse’s written analysis and evaluation of the meaning of the interaction and the clues to the patient’s needs.⁴ (See Appendix.)

Learning Experience

The term learning experience "refers to the interaction between the learner and the external conditions in the environment to which he can react."⁵ The student nurse is responsible for altering or structuring the environmental situation so that the patient can utilize this situation as a learning experience.

Therapeutic Nurse-Patient Relationship

A therapeutic nurse-patient relationship is an interaction process between a patient and a nurse, in which the nurse offers a series of purposeful activities and practices that are useful to a particular patient.⁶

Termination Process

The termination process is the concluding phase of

---


⁶Hofling and Leininger, op. cit., p. 29.
a nurse-patient relationship. It includes the initial structuring, the identification and understanding of the needs of the patient; the identification and understanding of the needs of the nurse; and finally the utilization of all these to help the patient conclude the relationship more meaningfully.

III. ORGANIZATION OF REMAINDER OF THESIS

The remainder of this study will be divided into four chapters.

Chapter II will be concerned with a review of the literature pertinent to this study. This will include literature pertaining to the nurse-patient relationship and to the possible reason for the paucity of information on the termination of the nurse-patient relationship.

Chapter III will be concerned with the methodology used. This will include a discussion of the categorization process. 2) principles and methods of nurse-patient relation.

Chapter IV will be concerned with the analysis of the data collected.

Chapter V will be concerned with the conclusions and recommendations of this study. As far back as 1941 Rogers stated concerning the "newer concept" of psychotherapy—"It aims directly toward greater independence and integration of the individual rather than hoping that such results will accrue if the counselor assists in solving
CHAPTER II
REVIEW OF LITERATURE

The literature reviewed for this study included psychiatric textbooks, psychiatric nursing textbooks, sociology textbooks and the articles published during the last ten years in the following journals: (1) American Journal of Nursing, (2) Nursing Research, (3) Nursing Outlook, (4) Nursing World, (5) American Journal of Psychiatry, (6) American Journal of Orthopsychiatry, (7) Mental Hygiene, and (8) Psychiatry.

With the advent of the "Therapeutic Community," psychiatrists agreed that psychotherapy was not a function of the doctor alone; all persons who come into contact with the patient were also involved in the psychotherapy of the patient. In mental hospitals in the East nurses are expansion to include (1) principles and methods of psychotherapy, (2) principles and methods of nurse-patient relationship therapy and (3) social taboos concerning researching matters pertaining to death.

Psychotherapy has become the emphasis in the care of the mentally ill during the past two decades. As far back as 1941 Rogers stated concerning the "newer concept" of psychotherapy--"it aims directly toward greater independence and integration of the individual rather than hoping that such results will accrue if the counselor assists in solving the problem."
the problem.  

The increased use of psychotherapy on institutionalized patients is one of the most important and promising current aspects of psychiatric therapy. It has the potential to allow patients to work through their problems to make their readjustment to the community more meaningful and successful.

The more recent articles in the psychiatric medical journals agree that the aim of psychotherapy is to help the patient learn to behave in a more mature manner in order to live a more useful and meaningful life. The present agreement upon this newer concept of psychotherapy infers that the therapist, as a teacher, should provide the learning experiences so that the patient may grow toward his optimal level of functioning.

With the advent of the "Therapeutic Community", psychiatrists agreed that psychotherapy was not a function of the doctor alone; all persons who come into contact with the patient were also involved in the psychotherapy of the patients. In mental hospitals in the East nurses are

---


doing intensive psychotherapy with patients. As the role of the psychiatric nurse expands, the definition of the duties of the psychiatric nurse becomes more obscure. No longer does the psychiatric nurse perform only the custodial duties of restraining, protecting, controlling, subduing, and maintaining the patient.⁵ "Psychiatric nursing is primarily concerned with the vicissitudes of the patient's life in the hospital."⁶ Establishing a therapeutic relationship is the basic factor to all of the duties of the psychiatric nurse.

There is a growing realization that psychiatric nursing is not a particular nursing specialty. It is not a separate and exclusive type of nursing activity in which only the highly skilled and professional nurse may practice. Psychiatric nursing invades all fields of nursing and, indeed permeates the entire life of the modern nurse. Modern psychiatric nursing is moving out from the public and private mental hospitals into the general hospitals to the bedside of the patient.⁷

Research is needed to identify and define the various aspects of the nurse-patient relationship in order that it may be taught to the students of today. Nurses have joined the allied professions of psychology and sociology to construct instruments and methods for

---


⁶ Ibid., p. 464.

testing the attitudes and values which might create problems in a nurse-patient relationship. Studies have been conducted to better define the various aspects of psychiatric nursing. Problems involving initiating and maintaining the nurse-patient relationship are well explained and defined in the psychiatric textbooks. Examples of an effective relationship during the initial and maintenance phases are offered by the textbooks and documented by a variety of articles published in the nursing journals.

The termination phase has been overlooked or neglected by the research of the past. Only recently has the medical profession attempted to discuss the termination process at any length. One nurse prefers to use the word

8 Helen Nahm, "Research in Psychiatric Nursing," Nursing Outlook, V (February, 1957), 89; and Faye G. Abdellah, "Methods of Identifying Covert Aspects of Nursing Problems," Nursing Research, VI:1 (June, 1957), 4-23.


"concluding" rather than "terminating" to describe the final phase of the nurse-patient relationship because "terminating" infers dying.¹²

A review of sociology textbooks provided a clue to the paucity of information about termination.

Only sex has been subject to as great a silence in our society and in recent years we have begun to break through the sexual conspiracy in earnest. Strong as the resistance to scientific social study of sex was, the resistance to scientific social study of death is even greater for sex signifies life whereas death certainly does not.¹³

Elliott states that in the case of death there is a . . . heavier load of taboo and resistance than in the case of sex—if proper sex education is important, delicate and subtle, then so is proper death education.¹⁴

The completion of a nurse-patient relationship is the "death" of the relationship. Research is needed to define this phase of the relationship so that it can be taught to the students of today. "Like a master architect, the successful teacher must have a thorough knowledge of the details essential to his work."¹⁵ Only by defining


the role of the psychiatric nurse and the aspects of the nurse-patient relationship can the psychiatric nurse instructor help the student nurse learn so that she may help the patient learn.

**METHODOLOGY**

I. SUMMARY

A review of literature revealed little information concerning the learning experiences needed to assist the patient with the termination process. The fact that termination of the relationship is an important part of the relationship was supported by psychiatric and psychiatric nursing textbooks. The fact that providing learning experiences to assist with the termination process is a part of the nurse's role was also supported by the literature reviewed.


CHAPTER III

METHODOLOGY

This study was concerned with the current practices of assisting patients with the termination process. "Normative survey method is directed toward ascertaining the prevailing conditions." The method of research utilized in this study was the normative-survey method.

I. THE METHOD

The normative-survey research method is focused upon interest in the general practices and conditions. This method will not determine the reasons for or the results of the existing practices; it will ascertain the typical or normal conditions of practice.

The advantages of the normative survey method were that it provided the investigator with (1) data about prevailing conditions and (2) an opportunity to use a variety of techniques and procedures. The disadvantages were

---


that (1) it was not suited to testing or revealing fundamental laws in a pure form and (2) the data provided were not easy to interpret and were dependent upon the categories established by the investigator. A consideration of the advantages and disadvantages of this method determined that the normative-survey method of research was the most appropriate method for this study.

II. DESCRIPTION OF THE DATA

Source of the Data

The interpersonal process recordings of twelve basic nursing students were the source of raw data utilized in this study. An interpersonal process recording is a verbatim and seriatim recording of the verbal and non-verbal interaction between a nurse and a patient. The process recording included (1) a record of the behavioral and verbal interactions, (2) a description of the feelings of the nurse and the patient concerning the interaction and (3) identification and evaluation of the meanings of the interaction. Interpersonal process recordings provided data which could be studied and restudied.

---

as often as necessary.

Direct observation might have altered the nurse-patient interaction. A questionnaire might have elicited a response based upon "what should be done" rather than "what would be done." Interviews might have elicited a similar response based upon a cue given by the investigator.

The completeness of the interpersonal process recording was dependent upon the student nurse's memory, her ability to make inferences from the recorded data, and her writing ability.

Population of the Study

The interpersonal process recordings of twelve senior professional student nurses were used. These process recordings were written during the student's clinical psychiatric nursing experience. Six of these student nurses were from a collegiate school of nursing and received their clinical experience at a university hospital; the other six students were from a hospital school of nursing and received their clinical experience at a state hospital. The


7 Ibid., p. 186.
faculty for both groups were members of the same university.

The students selected were students who received the letter grade "B" for their psychiatric nursing experience. Limiting the selection in this manner made the group more homogenous. A discrepancy in the level of performance meriting such a grade would be expected because different instructors graded the students; therefore, the range of performance levels meriting a letter grade "B" might vary.

The differences in the educational backgrounds of each group of six students were used as a selection criterion to broaden the population and to offer the investigator an opportunity for comparison.

Permission to Conduct the Study

The psychiatric nursing coordinator of the collegiate school of nursing granted permission to use the interpersonal process recordings of the twelve student nurses. The anonymity of the student and of the patient was protected by disguising names and other identifying circumstances when excerpts from the original data were given.

Plans for Analyzing the Data

The intent of this study was to examine the interpersonal process recordings of twelve student nurses in order to identify the learning experiences offered to patients in the termination process. "Content analysis is a
research technique for the objective, systematic, and quantitative description of the manifest content of communication."8 Content analysis was the technique chosen for analyzing the data of this study.

Content analysis methods have increased in scope and usage within the past two decades. Investigation of the various aspects of psychotherapy are particularly well suited to an analysis of this kind.9

The objectivity of content analysis is increased if (1) the categories are clearly defined, (2) all relevant material is classified, and (3) a quantitative procedure is utilized to provide a measure of emphasis and/or comparison.10 The validity of this method of analysis would be dependent upon the appropriateness of the categories.11 The reliability of this method of analysis would be dependent upon the clarity of definition of the various categories.12 The theme unit for categorization was chosen because it is most appropriate for studies of meanings and

---

10Ibid., p. 204.
12Ibid., p. 575.
of the relationship among meanings. The theme unit is defined as that portion of a recording which contains a complete interaction.13

The Tool

The following explanation of the termination process is a summary of the information included in three psychiatric nursing textbooks and one psychiatric textbook.14

The termination phase of the therapeutic nurse-patient relationship is essential; the plans for termination should be an integral part of each phase of the relationship.15

In the initial phase of a therapeutic nurse-patient relationship the primary emphasis is placed upon mutual attempts to know each other. During this phase the nurse and the patient come to an understanding of the role of the nurse, the role of the patient, and the nature of the relationship.

13 Ibid., p. 508.


15 Hofling and Leininger, op. cit., p. 64.
relationship. Adequate role definition and relationship definition are an integral part of the termination process.

In the continuing phase of the relationship the primary emphasis is placed upon the increased understanding of the patient's needs and problems, the nurse's needs and problems, and an attempt to utilize this understanding to help the patient move toward recovery. The dependency needs of both the patient and the nurse are of prime importance to the termination process. The nurse learns to recognize the degree of dependency that the patient manifests as well as the behavioral expressions of these dependency needs. The nurse uses the same careful scrutiny of her own dependent needs and her own behavioral expressions of these needs. Utilization of this knowledge provides essential criteria for deciding when and how to begin the termination process.

In the concluding phase of the relationship the emphasis is placed upon the nurse's utilization of the knowledge and experience gained in the previous phases to guide the patient toward more independent behavior. The time allowed for this concluding phase is dependent upon the readiness of both the patient and the nurse. Expression of the feelings concerning termination is encouraged and the reactions to termination are worked through. The final step in the termination process is accomplished by assisting the patient to explore possible plans for his
The preceding discussion of the termination process was used to establish the categorization schedule to be used in the analysis of the interpersonal process recordings. Three major groups of learning experiences that would assist a patient with the termination process were: (1) initial structuring of the relationship, (2) encouraging independent behavior according to the dependent needs of the patient and the nurse, and (3) actual conclusion and mutual evaluation of the relationship. Each of the three major divisions were subdivided to describe the nurse behavior that might accomplish the learning experience.

The categorization schedule formulated in this way was as follows:

Category I: Initial structuring of the relationship.

Subgroup A. The nurse encourages and/or allows the patient the freedom to express his expectations of himself, the nurse and the relationship.

Subgroup B. The nurse explains and/or clarifies her expectations of the patient, herself, and the relationship.

Subgroup C. The nurse promotes problem solving to establish mutual
goals for the patient, the nurse, and the relationship.

**Category II:**

**Encouraging independent behavior according to the dependent needs of the patient and the nurse.**

**Subgroup A.** The nurse utilizes her recognition of the dependency needs of the patient to help the patient move toward independence; for example, need for assistance with physical needs, with approval, and with relating to others.

**Subgroup B.** The nurse utilizes her recognition of her own dependency needs to allow the patient the freedom to move toward independent behavior.

**Category III: Actual conclusion and mutual evaluation of the relationship.**

**Subgroup A.** The nurse provided the patient with an opportunity to express his feelings about the relationship.

**Subgroup B.** The nurse expressed her feelings about the relationship.
Subgroup C. The nurse assisted the patient to recognize his behavioral reaction to the termination of the relationship.

Subgroup D. The nurse provided the patient with an opportunity to mutually evaluate the relationship.

Subgroup E. The nurse provided an opportunity for mutual planning for the period following the termination of the relationship.

III. SUMMARY

The normative survey method of research was utilized in this study. Interpersonal process recordings of twelve student nurses provided the raw data; this data was analyzed by the content-analysis technique. Categorization was developed by reviewing the literature about termination of the nurse-patient relationship.
CHAPTER IV

ANALYSIS OF THE DATA

The categorization schedule described in Chapter III was used to analyze the data of the interpersonal process recordings. The recordings were reviewed and the learning experiences coded according to the categories listed. The total number of learning experiences for each major group as well as the total for each subgroup comprised the content of the analysis. No attempt was made to determine the success of any interaction because this study was concerned only with identifying the learning experiences offered to assist patients with the termination process.

I. FINDINGS OF THE STUDY

A total of one hundred fifty-three interpersonal process recordings were investigated. One hundred twenty-nine learning experiences that would assist the patient with the termination process were coded. Each major group and each subgroup were discussed separately and examples of learning experiences were listed under each subgroup.

Category I: Initial Structuring of the Relationship

Of the total one hundred twenty-nine learning experiences, thirty-six, or forty-three per cent were classified under this category.
experiences coded, thirty-six, or forty-three per cent were classified under this category.

Subgroup A. The Nurse Encourages and/or Allows the Patient the Freedom to Express His Expectations of Himself, the Nurse, or the Relationship. Twenty-four, or nineteen per cent of the total learning experiences were interactions in which the nurse allowed the patient to express his expectations of himself, the nurse, and the relationship. The students who worked with very regressed patients tended to allow the patient to non-verbally express his expectations by following the patient through his particular ward routine and by being of assistance as the need arose. The students who worked with the more overt patients tended to encourage verbal expression by asking the patient specific questions.

Examples of the learning experiences classified in this subgroup were:

Interaction: On the first day of the relationship the student attempted to explain how long she would be with the patient and why. The patient asked specific questions which the student answered concisely. The student then added, "If you have any other questions about this, please feel free to ask me."

Interaction: During the initial two days of the relationship the student attempted to explain why she would be with the patient and for how long. She encouraged the patient to express herself with such statements and questions as "We can use our time any way you like." "Would you like me to walk
Interaction: During the initial phase the patient had questioned the student as to why he had been chosen by her. She answered honestly and no more discussion ensued. Two weeks later the patient again asked why he had been chosen; the student responded honestly and then encouraged the patient to discuss how he felt about having been chosen.

Subgroup B. The Nurse Explains and/or Clarifies Her Expectation of the Patient, Herself, and the Relationship.

Thirty, or twenty-three per cent of the total number of learning experiences were interactions in which the nurse explained and/or clarified her expectations of the patient, herself, and the relationship. The students who worked with extremely regressed patients tended to do very little verbalizing of their expectations, except in terms of time limits or behavior limits. The students who worked with the less regressed patients tended to verbalize more freely as to their expectation of the patient and the relationship.

Interaction: The student was working with a withdrawn patient who verbalized very little. She talked to the patient...
about the nurse who had just completed a one-to-one relationship with her. The patient indicated understanding so the student structured her relationship by saying, "I'm going to be with you each day like Miss D-- has been. I'll spend some time with you each day."

Interaction: The student was working with a very regressed patient. She explained her role to the patient by establishing a routine of behavior with the patient and consistently following that routine. She aided this non-verbal behavior by saying, "I'll be with you at breakfast"; "I'll see you at lunch"; "I'll be here to tuck you in at bedtime."

Interaction: The student explained to her hypomanic patient that she would be working with her for the next three weeks. The patient responded with, "I don't want any goddamn student." The student responded, "I'll be here and we can do what you want--". The patient then demanded that the student make her bed. The student allowed the patient to be demanding for several days before she set reasonable limits upon the patient's demands of her.

Subgroup C. The Nurse Promotes Problem Solving to Establish Mutual Goals for the Patient, the Nurse, and the Relationship. Only two, or one per cent of the total learning experiences were classified as interactions in which the student nurse promoted problem solving to establish mutual goals. The students usually tended to have a question and answer period, but in two instances mutual goals were discussed.
Interaction: The student had spent two days attempting to structure with the patient. On the third day the student asked the patient to sit down with her. She proceeded to explain when she would be there and for what length of time. She encouraged the patient to express his feelings.

Patient: "You mean we can do anything—like go for walks". Nurse: "Yes if that's what you want to do."

This type of discussion continued and finally the patient stated, "I can ask you to talk to me or walk with me anything, depending upon how I feel." The student agreed saying, "I'm here to help you in whatever way I can."

Category II: Encouraging Independent Behavior According to the Dependent Needs of the Patient and the Nurse

Of the total one hundred twenty-nine learning experiences coded, twenty-two, or seventeen per cent were classified under this category.

Subgroup A. The Nurse Utilizes Her Recognition of the Dependency Needs of the Patient to Help the Patient Move Toward Independence. Eighteen, or fourteen per cent of the total learning experiences were classified as interactions in which the nurse utilized her knowledge of the dependency needs of the patient to help the patient move toward independence. There were a greater number of learning experiences offered on the basis of a recognition of the need for assistance with personal care than any other dependency need. The following examples are typical
of the kinds of learning experiences offered to patients in this category.

**Interaction:** The student was working with a withdrawn schizophrenic girl who tended to be untidy. She routinely encouraged the patient to get dressed, comb her hair, and brush her teeth. She always stood by but allowed the patient to do her own personal care, praising her for it as it was being done.

**Interaction:** A shy boy always responded to group activity such as song fests with reluctance. The student encouraged him to join in and then complimented him upon his interaction. In her "inference column" of her interpersonal process recording she noted "he does so much better when he is praised."

**Interaction:** This shy boy was finding relating to other patients very difficult. The student helped him to explore the reasons for this. Patient: "I always feel so--like I fade into the background." Nurse: "I haven't noticed that. You seem to get along very well with the other patients--you have a nice personality."

**Interaction:** The student was working with a very regressed patient who showed increased anxiety around other patients. The student assisted the patient by sitting with her on the fringe of the group. She helped her move from smaller to larger groups by sitting with her for increasingly longer periods of time.

**Subgroup B. The Nurse Utilizes Her Recognition of Her Own Dependency Needs to Allow the Patient the Freedom to Move Toward Independent Behavior.** Only four, or three per cent of the total learning experience were interactions...
in which the nurse utilized her recognition of her own dependency needs to allow the patient to move toward independent behavior. The students often recognized that in some way they had "blocked" the interaction but could not identify that the cause of the "blocking" was their own dependency needs.

Interaction: The student had had a very difficult day with the patient. She had attempted to set limits on her behavior. The patient had responded with overt rejection. In the inference column of the interpersonal process recording, the student noted that she had reacted to the rejection by "pushing" too hard and expecting too much. On the following day the student allowed the patient more freedom in choosing their mutual activity. The patient responded by staying with the student and participating in some recreational therapy with her.

Category III: Actual Conclusion and Mutual Evaluation of the Relationship

Of the total one hundred twenty-nine learning experiences coded, fifty-one, or forty per cent were classified under this category.

Subgroup A. The Nurse Provided the Patient With an Opportunity to Express His Feelings About the Relationship. Nineteen, or fifteen per cent of the experiences were interactions in which the nurse provided the patient with an opportunity to express his feelings about the relationship.
In most instances the student elicited the response of the patient by stating her own feelings about the relationship. The students who worked with very regressed patients were unable to elicit verbalized feelings. The students did seem to be able to recognize the non-verbal response of the patient to the ending of the relationship. Examples of this learning experience were:

Interaction: The nurse was unable to terminate as she had planned because the patient was suddenly transferred to another ward. After helping the patient move to the new ward she verbalized to the patient how much she would miss her. The patient took the student's hand (something she had never done before) and said, "I'm going to miss you, too, Miss G— good luck with your nursing—you make a fine nurse."

Interaction: The student again told the patient that she would be leaving that day and expressed her feelings toward the relationship. The patient became quite seductive; the student responded with calm limit setting. The patient said "You really do trust me." His seductive behavior decreased, he walked her to the door, said good-bye and thanked her.

Subgroup B. The Nurse Expresses Her Feelings About the Relationship. Twenty-five, or twenty per cent of the learning experiences were interactions in which the nurse expressed her feelings about the relationship. In most instances the student merely expressed how much she had enjoyed the patient and how much she enjoyed working with him. A typical example was:
Interaction: The student had discussed her leaving with the patient. He had questioned her about the exact time of her leaving and she had answered. She added "There is no other patient I would rather spend my time with, you have been a wonderful friend and I've enjoyed all the things we have done together. I am going to miss you when I leave."

**Subgroup C. The Nurse Assists the Patient to Recognize His Behavioral Response to the Termination of the Relationship.** Four, or three per cent of learning experiences were interactions in which the student assisted the patient to recognize his behavioral responses to the termination of the relationship. The students who worked with the very regressed patient could not offer this learning experience to their patients. Only two of the students who worked with the less regressed patients offered this learning experience to their patient. An example follows:

Interaction: The patient had repeatedly rejected the student by leaving her, being away, and/or forgetting to see her. One morning the student told the patient she wanted to see him after breakfast. She insisted that he postpone his game to talk to her. They talked about his resistance and the reasons for it. They came to a mutual resolution that they would schedule a time for the lost meetings which would be agreeable to both.

**Subgroup D. The Nurse Provides the Patient with an Opportunity to Mutually Evaluate the Relationship.** There were not any learning experiences in which the nurse
provided the patient with an opportunity to mutually evaluate the relationship.

TABLE I

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>The Nurse Provides an Opportunity for Mutual Planning for the Period Following the Conclusion of the Relationship.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Three, or two per cent of the learning experiences were interactions in which the nurse provided an opportunity for mutual planning for the period following the conclusion of the relationship. The students who worked with the regressed patients were unable to provide the learning experience for their patients. Only two students were able to provide an opportunity for mutual planning for the future of their patient. An example was:</td>
</tr>
<tr>
<td></td>
<td>Interaction: On two separate occasions the student encouraged the patient to discuss the advantages of living with one relative or another. The student encouraged the patient to express his fears and problems and then helped him explore possible solutions.</td>
</tr>
</tbody>
</table>

II. SUMMARY

From the one hundred fifty-one interpersonal process recordings investigated, one hundred twenty-nine learning experiences were identified.

Forty-three per cent of these learning experiences were categorized as a part of the initial structuring.

Twenty-three per cent of these learning experiences were interactions in which the nurse expressed her expectations.
<table>
<thead>
<tr>
<th>Learning Experience Category and Subgroup</th>
<th>Number</th>
<th>Per Cent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I. Initial Structuring</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Patient Discusses Roles and Relationship</td>
<td>24</td>
<td>19</td>
</tr>
<tr>
<td>B. Nurse Discusses Roles and Relationship</td>
<td>30</td>
<td>23</td>
</tr>
<tr>
<td>C. Mutual Discussion of Roles and Relationship</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>II. Encouragement of Independent Behavior</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Nurse Encourages Independent Behavior According to Patient's Dependent Needs</td>
<td>18</td>
<td>14</td>
</tr>
<tr>
<td>B. Nurse Encourages Independent Behavior According to Her Own Dependent Needs</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td><strong>III. Conclusion of Relationship</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Nurse Encourages Patient to Express Feelings About Relationship</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>B. Nurse Expresses Feelings About Relationship</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>C. Nurse Assists Patient to Recognize His Behavioral Reaction to Termination</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>D. Mutual Evaluation to Relationship</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>E. Mutual Planning for Post Termination Period</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>129</td>
<td>100</td>
</tr>
</tbody>
</table>
of the nurse, the patient and the relationship. Only one per cent were interactions in which mutual goals for each were established.

Fourteen per cent of the learning experiences were interactions in which the nurse encouraged independent behavior according to the dependent needs of the patient and the nurse. Only three per cent were interactions in which the nurse utilized her recognition of her own dependency needs to help the patient move toward independence.

Forty per cent of the total learning experiences were categorized as actual conclusion and/or mutual evaluation of the relationship. Twenty per cent of these learning experiences were interactions in which the student nurse expressed her feelings concerning the relationship.

No student offered the patient learning experiences to mutually evaluate the relationship.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

I. SUMMARY

The problem of this study was to identify some of the learning experiences offered by selected professional nursing students in a therapeutic nurse-patient relationship that might assist the patient to work through the termination process.

The purposes of this study were: (1) to obtain specific examples of the kind of learning experiences student nurses offered patients in working through the termination process, (2) to provide information that might be helpful to nurses in recognizing, utilizing, and evaluating learning experiences that might assist patients in working through the termination process, (3) to provide information that might assist instructors and supervisors in helping nursing students and ward personnel to better understand the problem of the termination process.

A review of literature revealed little information concerning the learning experiences needed to assist the patient with the termination process. The fact that termination of the relationship is an important part of the
relationship was supported by psychiatric and psychiatric nursing textbooks. The fact that providing learning experiences to assist with the termination process is a part of the nurse's role was also supported by the literature reviewed.

The normative survey method of research was used in this study. Interpersonal process recordings of twelve professional student nurses provided the raw data; six of these students were from a collegiate school of nursing and six were from hospital schools of nursing.

The data were analyzed by the content-analysis technique. The categorization schedule was developed through a review of literature on the termination process.

From the one hundred fifty-one interpersonal process recordings investigated, one hundred twenty-nine learning experiences pertaining to the termination process were identified.

Forty-three per cent of these learning experiences were categorized as a part of the initial structuring. Twenty-three per cent of these learning experiences were interactions in which the nurse expressed her expectations of the nurse, the patient, and the relationship. Only four per cent were interactions in which mutual goals for each were established.

Fourteen per cent of the learning experiences were interactions in which the nurse encouraged independent
behavior according to the dependent needs of the patient and the nurse. Only three per cent were interactions in which the nurse utilized her recognition of her own dependency needs to help the patient move toward independence.

Forty per cent of the total learning experiences were categorized as actual conclusion and/or mutual evaluation of the relationship. Twenty per cent of these learning experiences were interactions in which the student nurse expressed her feelings concerning the relationship.

There were not any learning experiences offered by the student to assist the patient to mutually evaluate the relationship.

II. CONCLUSIONS

The conclusions of this study were based upon the kind of learning experiences that were identified as well as the percentage that were classified under the various categories.

Only one per cent of the total learning experiences were those in which the student provided an opportunity during the initial structuring for problem solving to establish mutual goals for the patient, the nurse and the relationship. Only two per cent of the total learning experiences were interactions in which the student provided the opportunity to mutually plan for the period following the conclusion of the relationship. There were not any
learning experiences offered to patients for the mutual evaluation of the relationship. Five of the patients were so regressed that they would not have been able to do problem solving, but the other seven appeared to have the potential to problem solve. These findings seemed to indicate that the basic student nurse needs assistance in understanding and utilizing problem solving techniques. It appears that basic students do not understand the role of the patient in an interpersonal process relationship. The importance of encouraging the patient to take an active part in his treatment should be emphasized. Perhaps if the basic student received greater encouragement to take an active part in planning and evaluating her own learning experiences; she would be able to help the patient take a more active part in planning and evaluating the patient-nurse relationship.

Only three per cent of the total learning experiences coded were those in which the student utilized her recognition of her own dependent needs to encourage the patient to move toward independent behavior. The student often alluded to her own dependent needs in the inference column of her interpersonal process recording but seldom could identify her feelings as such. It would seem that basic nursing students have difficulty in identifying their own behavior. Perhaps this indicates a need to assist the student to better define her role and to better understand
the therapeutic use of self. If the student would better understand herself and her role, she would probably be able to better understand the role of the patient and of the relationship.

The students who worked with the very regressed patients tended to do little structuring in the initial phase of the relationship. The students who worked with the more mature patient tended to do most of the structuring in terms of specifics, like time and behavior limit setting. These findings might indicate that the basic student needs assistance in better understanding the structuring process. It would seem that basic students also need a clearer explanation of the needs of the regressed or non-verbal patient in terms of verbalized structuring and/or explanation of the role of the nurse, patient and relationship.

In each of the forty-four examples of a learning experience in which the patient and/or student expressed their feelings about the relationship, the feelings expressed were positive. The student usually blatently stated her positive feelings and the patient would then almost mimic these feelings. It would seem that the expression of negative feelings is not accepted as a part of the student's expectations of a one-to-one relationship. Or is it too uncomfortable to express negative feelings because of the fear of retaliation? This might be an area in which the student should be encouraged; she should be
supported in the fact that she might have negative feelings in response to the patient or the relationship.

III. RECOMMENDATIONS

The recommendations which were made on the basis of this study were: (1) that a follow-up study utilizing the same technique be considered to provide information concerning the validity and reliability of this study; (2) that further research be done concerning the reaction of basic students to patients who are regressed and non-verbal; (3) that further research be done to explore the student's concept of her role as a psychiatric nurse, especially concerning the expression of negative feelings; and (4) that basic nursing instructors and/or nursing supervisors research methods of helping the student recognize and identify her own dependent needs and behavioral reactions to such.
BIBLIOGRAPHY

A. BOOKS


BIBLIOGRAPHY

A. BOOKS


B. PERIODICALS

Abdellah, Faye G. "Methods of Identifying Covert Aspects of Nursing Problems," *Nursing Research,* VI:11 (June, 1957), 4-23.


C. UNPUBLISHED MATERIALS


Today I began structuring my relationship with Jane. After breakfast I found Jane pacing up and down the long hall. I started walking with her.

<table>
<thead>
<tr>
<th>Comments</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Nurse and Patient</strong></td>
<td></td>
</tr>
<tr>
<td>S.N.: &quot;Good morning Jane. What are you doing?&quot;</td>
<td>She seemed eager for company.</td>
</tr>
<tr>
<td>Patient: &quot;Walking.&quot;</td>
<td></td>
</tr>
<tr>
<td>S.N.: &quot;May I walk with you?&quot;</td>
<td></td>
</tr>
<tr>
<td>Patient: &quot;Walking the clock like in jail.&quot;</td>
<td></td>
</tr>
<tr>
<td>S.N.: Do you feel like a jail?</td>
<td></td>
</tr>
</tbody>
</table>

She seemed to be making a joke of this, but I wanted to see if she was really serious.

A Section of An Interpersonal Process Recording

She gave no answer to this and so we were now approaching the day-room, I suggested that we sit down. She said she wanted to play cards, and the rest of our contact this morning was during the game. She acted in this game very similarly to the one I previously described—getting up for water or a cigarette after each game. She also smoked in the same manner.

When I came back from lunch, I went to the cafeteria and as Jane was alone at her table, I went over and sat with her.
Introduction: Today I began structuring my relationship with Jane. After breakfast I found Jane pacing up and down the long hall. I started walking with her.

<table>
<thead>
<tr>
<th>Comments</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Nurse and Patient</td>
<td>Analysis</td>
</tr>
<tr>
<td>S.N.: &quot;Good morning Jane. What are you doing?&quot;</td>
<td>She seemed eager for company.</td>
</tr>
<tr>
<td>Patient: &quot;Walking.&quot;</td>
<td></td>
</tr>
<tr>
<td>S.N.: &quot;May I walk with you?&quot;</td>
<td>She seemed to be making a joke of this, but I wanted to see if she was really serious.</td>
</tr>
<tr>
<td>Patient: &quot;Walking the block like in jail.&quot;</td>
<td></td>
</tr>
<tr>
<td>S.N.: &quot;Do you feel like this is a jail?&quot;</td>
<td></td>
</tr>
</tbody>
</table>

She gave no answer to this and as we were now approaching the dayroom, I suggested that we sit down. She said she wanted to play cards, and the rest of our contact this morning was during the game. She acted in this game very similar to the one I previously described—getting up for water or a cigarette after each game. She also smoked in the same manner.

When I came back from lunch, I went to the cafeteria and as Jane was alone at her table, I went over and sat with her.