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# Relationship Ethics Between Paediatric Nurses and Patients

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*The article describes an issue of development of the pediatric nursing staff communication with patients, emphasizes the fundamental value of communication for the therapy and presents analysis of communications types, as well as nurse typology proposed by R.I. Hardi. The article demonstrates significance of a nurse's ability to understand and hear the patients out, as it positively impacts establishment of psychological contact. Patience and self-control are necessary qualities for nurses. Psychological contact is difficult to establish; this causes high emotional stress during communication with patients, especially the ones characterized by high irritability, demanding nature and/or phobic resentful temper. Thus, an essential component of efficient therapy, along with the physician's correct diagnostic and therapeutic manipulations, is personality, style and methods of work, as well as professionalism of the nurse.*

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## Introduction

People involved in communication with patients include physicians, psychologists, nurses, and community workers. R. Hardi [1-3] states there should be formed a physician-to-nurse-to-patient connection. Regardless of the profile of the healthcare institution, an analysis of nurse behavior ethics identifies the general requirements. Why should there be a contact between nurses and patients? To provide medical aid.

An efficient and conflict-free nurse-to-patient interaction requires **communicative competence and skills**, i.e. the nurse should be capable of getting on well with people, which capability is considered a system of internal resources that are needed for efficient communication in a certain set of interpersonal interaction circumstances.

If any party to this communication process lacks certain skills, the entire diagnosis and treatment process can be jeopardized. A patient unable to get on with their nurse is as undesirable as a nurse unwilling to get on with the patient.

## Communication types

Psychology distinguishes different communication types

- Disguised communication is formal. It is based on using politeness and compassion expressions as disguise. Within the framework of diagnostic and treatment-related interaction, this type of communication is manifested if either the nurse or the patient shows little interest in interaction outcomes. Mandatory prophylaxis checkup is a good example of such a situation.
- Primitive communication is used in a situation where a person approaches another person only if needed. This type of communication is used extensively within the manipulative nurse-to-patient communication. As soon as the desired outcome is reached, parties lose their interest in each other.
- Role-based formal communication dictates the content and means of communication. The knowledge of your interlocutor's social role substitutes the knowledge of their person. If the nurse chooses to resort to such communication, it may be due to her work overload.
- Business-like communication takes into account the personal peculiarities of the interlocutor, like their age, temper, and mood. It is aimed at the business interests rather than possible personal controversies. When the nurse communicates with the patient in such a manner, interaction becomes unequal, as the patient is analyzed from the point of view of the nurse's knowledge, and she takes autonomous decisions in regard to such patient without any agreement with the "person of interest".
- Spiritual communication means any problem can be addressed in a conversation, and any intimate issue can be shared. Diagnostic and treatment-related interaction should not include such contacts because it is professional-only.
- Manipulative communication is aimed at benefit-gaining and resorts to specific techniques. An example of such a technique is so-called patient hypochondrization, where the nurse hyperbolizes the seriousness of the patient's disorders and diseases when informing the patient on their status.

Today, many specialists strongly suggest that the concept of "person in pain" be excluded from the healthcare vocabulary whatsoever, and the term "patient" be used instead, because "person in pain" may cause certain psychological burden. It is therefore inadmissible to ask an inpatient "Are you in pain?" You can use their name as the vocative, it creates certain psychological comfort.

Nurse-to-patient communication is an important component of the entire treatment course, and is art of a kind. Mastering this art is a must for successful and efficient interaction.

When at an in-patient care facility, a person's life stereotypes change drastically. The person is overwhelmed with sorrow, loneliness, and angst, not only because of the disease(s) itself, but also because of homesickness, absent family members, and being far from whatever they are used to. If it is clean, cozy, neat, and orderly at the in-patient care facility, and its employees themselves look neat, patients feel more positive and relaxed, they develop respect towards healthcare staff, which generally has benevolent therapeutic effects. The nurse's facial expressions, clothing, and behavior reflect some parts of her personality. Her personal peculiarities may, for instance, help suggest how caring she is, how much attention she pays to patients, and whether she is capable of compassion.

### **Nurse-to-patient relations**

Healthcare has many foundations, one of which is the nurse's ability to understand the patient, to listen to them, to comprehend their feelings, which all in all helps get on well with any patient.

The nurse should take into account the nature of their disease, especially if it is a chronic disease that requires prolonged treatment and follow-up. These specific nature plays a significant role when establishing contacts with patients. Of course, displaying such interestedness may influence nurse-to-patient relations.

Being far from the family, inability to do their habitual professional work, and being anxious about the health status triggers various psychogenic responses in the patient when undergoing

inpatient care. Psychogenic responses may worsen the course of the main somatic disease, which further undermines the patient's state of mind. Various complaints and ethical issues arising indicate healthcare workers lack knowledge of psychology and nurse-to-patient communication skills.

The nurse should try to sense or feel the patient's anxiety, understand and estimate it, identify the grounds thereof, and react accordingly.

The nurse's personal peculiarities as well as the patient's individual features and psychic peculiarities determine whether there will be established positive psychological relations and trust in-between. And it is the healthcare worker that is responsible for such relations, so crucial for efficient treatment.

Whether treatment is going to be efficient depends on whether the patient believes in their recovery, which in its turn is closely related to how much trust they put in the physician and the unit's healthcare workers. Whether the patient will trust the nurse depends on the first impression, made by her facial expressions, gestures, vocal tones, conversational manner, and looks. The nurse earns the patient's trust if she is calm, confident, but not arrogant, if her behavior is perseverance and determination combined with delicacy and truly human compassion. The patient should understand that healthcare workers are interested not only in diagnostics, but also in their personality. Healthcare workers should therefore eliminate every psychological barrier when getting on with the patient, earn their trust by showing compassion and heartiness.

If the patient notices the physician-to-nurse relations are strained, or the nurse makes inappropriate remarks during the checkup and does not follow the physician's instructions properly, the patient may develop distrust towards such healthcare workers.

The nurse's activities should comply with specific requirements of patience and self-control. This is due to significant emotional stress that emerges when communicating with patients, and is also due to increased irritability, phobic or resentful temper, and exigence. If the patient's health status does not improve, various possibilities of disease progress should be taken into account. Sometimes, humor is appropriate, but should contain no taunt, irony, or cynicism. It should be noted that some patients are intolerant to humor, even if best-intended. They perceive it as disrespect and humiliation.

## **Nurse Performance Appraisal**

The work of nurses is "rich in situations", it has its own dynamics and controversies. Healthcare peculiarities can be found not only in external working conditions, but also in its meaningful significance for a person's fate. It is such an industry where there are no insignificant details, no actions, experience, or attitudes left unnoticed. Whatever happens, even such a small detail as human compassion, is as much important as a major lifetime deed. Conscience and fairness, generosity and kind-heartedness, nobility and attention, grace and politeness in everything that concerns the patient's quality of life should be considered daily behavior standards.

Healthcare worker's performance quality is not just about the totality of their personal peculiarities, it is an organic union thereof that is based on the practical skills of finding answers for what to do and how to do it. A healthcare worker's performance quality and culture are related to the way they work. If you choose the profession of physician, it should be your vocation, and your patients should feel your compassion, comprehension, and universal assistance in saving their lives and health.

Even if the nurse is getting on well with the patient, and their relations show positive further development, they can be worsened by some negative emotional peculiarities of the nurse like her anger or, vice-a-versa, aloofness with little to no emotional response. If the patient thinks the nurse is a "bad person", her authority can be jeopardized. This is the case where she makes negative remarks on her colleagues, and patients can notice it, or where she is arrogant towards

her subordinates or an sycophant towards her superiors, where she displays no self-criticism, etc. As a result, the patient may think this nurse is a bad specialist, too.

Psychological studies show patients believe not only the nurse's appearance plays a major role, but also the psychology of how she communicates with patients. Unfortunately, people undergoing in-patient care are often dissatisfied with nurse-to-patient communication, they often face the indifference, carelessness, and even obduracy on the part of nurses.

It is the personal characteristics of nurses that play a significant role in relations with patients. The qualities of a good nurse include, in descending priority order, attentiveness, promptness, and tolerance. You can also add kind-heartedness, tranquility, communicability, and care to the above list. Nurses being indifferent and careless towards patients' troubles are one of the reasons why the latter are dissatisfied with healthcare quality.

Communication is extremely important for humanity, for it enables the development of life quality, culture, and arts. It is through communication that accumulated experience and knowledge is transmitted through generations.

When at a hospital, or an outpatient facility, or any other healthcare institution, the patient needs to communicate constantly with physicians and nurses. How strong is the impact of such communication on the course of disease, and how healthcare workers can improve the patient's status?

Of course, you can simply say it all depends on the drugs and therapies the physician prescribes, and the nurse is responsible for the procurement and organization thereof, but this is not enough for full recovery. Important is the right mood, which depends on the psychic and emotional state of the patient, which in its turn is affected by healthcare staff's attitude. If a conversation with the nurse leaves the patient content and pleased, this is the first step towards recovery.

In day-to-day situations, people often mention "good" or "correct" attitude towards patients. On the contrary, they also mention "heartless", "bad" or "cold" attitude towards persons in pain. Also note that various complaints and ethical issues not only indicate the lack of psychology knowledge and communication skills on the part of nurses, but may also be due to their social roles. For the patient, their subjective and personal experience of disease and treatment thereof is always the point of focus and interest. But the nurse should make sure this discrepancy in attitude does not evolve into a stronger and deeper conflict that may jeopardize nurse-to-patient relations and in this way create barriers for medical aid provision, thus worsening the overall treatment efficiency. Attitude discrepancy can be dealt with by being attentive towards the patient combined with trying to better understand what concerns the patient, what is it they think and are worried about.

This is where the art of collecting anamnesis data is important. From the standpoint of psychology, it is a directed conversation that is aimed at collecting anamnestic data and is unnoticeable to people around. When such data are obtained, the patient should believe it is a well-minded and good-natured interlocution. This requires delicacy, especially when it comes to identifying the state of mind and the presence of psychological traumas, which play an important role in the disease progression. Patients should be interviewed with due account of their educational and intellectual development level, profession and other circumstances; meaningless utterances and pampering the patient's mindless whims and demands, if any, should be avoided.

There can be no standard patient conversation form. Any situation requires appropriate inventiveness and creativity. Special attention should be paid to parents and their children.

Therefore, the quality of nurse performance depends not only on her professional skills and conscientiousness; of importance are the deontological aspects of staff performance, their psychology knowledge when communicating with pediatric patients and their parents (or whoever substitutes their parents). It should be noted that the nurse's qualifications and experience are pre-requisite for positive psychologic relations and trust to be established between healthcare staff and patients.

## **Nurse as physician's assistant**

Provision of high-tech, advanced medical aid is a priority for today's healthcare. State-of-the-art healthcare requires qualified and advanced nurse performance, where the nurse is not just the physician's assistant, but is also responsible for the safety and comfort of complex multifaceted interventions. The nurse's behavior differs under the conditions of a high-tech inpatient facility as compared to primary care provision. It is first of all about the prestige of high-tech clinics and salaries of the staff thereof.

Thus, the expanding and deepening knowledge base of today's healthcare results in increasing the significance of specialization as well as in establishing different fields of healthcare, which are targeted at certain disease classes depending on the site, etiology, and treatment techniques. It may be noted that specialization can also be dangerous, as your "view" of the patient may be narrowed.

The nurse is the physician's qualified and skilled assistant, wherever the physician works. She follows the physician's instructions, but if the latter is absent, it is she who should save the patient under life-threatening conditions like an acute recrudescence, trauma, etc. The nurse should also perform different diagnostic and treatment-related procedures, like temperature measurements, injections, bandaging, vaccine administration, assisting doctors when performing surgery and treatment manipulations, administer doctor-prescribed drugs, follow up the status and well-being of patients, massage them and care after them.

Her duties depend on where she works. There are as many nurse specializations as there are healthcare fields. There exist outpatient nurses, visiting nurses, specialized unit nurses, ward nurses, surgery nurses, diet nurses, massage nurses, school and kindergarten nurses, and social care nurses.

The nurse should know the name and purpose of drugs, disinfection rules and techniques, injection and vaccine administration rules, rules of bandaging, rules of patient care, main concepts of professional ethics and deontology, medical and pedagogic psychology. She should also be capable of performing medical manipulations. She should have all the secondary education knowledge of biology, botany, anatomy, chemistry, and physics. Medical psychology can help equalize these aspects of specialization thanks to synthetic comprehension of the patient's personality and body.

## **Personal peculiarities of nurses**

Qualification is but a tool, the effects of which depend in their strength on the nurse's personal peculiarities.

From this standpoint, there can be identified the following personal peculiarities of nurses. R.I. Hardi describes six types of nurses based on how they perform.

- **Routinist nurse.** Purely mechanical, "automatic" performance of her duties is very characteristic of her. Whatever she is tasked with, it will be done with unusual scrupulousness, accuracy, thoroughness, and skill. She does whatever is needed to care after patient, but she does not care, because it is automated work that is not combined with compassion. Such a nurse can wake a patient up only to give them a somnifacient.
- **A nurse that plays a role learned by heart.** Such nurses intend to play a certain role, aimed at perfection. If they go beyond the admissible limits, they lose all their immediacy and reveal insincerity. They pretend to be altruistic benefactors purely by acting skills. But their behavior is unnatural.
- **A "nervous" nurse.** An emotionally unstable person prone to neurotic responses. They are often irritable and quick-tempered, they can be very rude. You can often see such a nurse in a sullen state of mind, her face reflected resentment caused by innocent patients. They are very

hypochondriac, they are afraid of infectious and "severe" diseases. They often refuse to do various tasks because they "can't" lift heavy objects or their "feet ache". These nurses are often very distracting and have a negative impact on patients.

- Manly and strongly-willed nurse. You can recognize her by her gait. She is very perseverant, determined, she does not tolerate any disorderliness. She is often not flexible enough and can even be rude towards patients; under favorable conditions, she is good at organizing things.
- "Maternal" type nurse. These nurses showcase maximum care and compassion. Their work is an inherent component of their very lives. They can, and manage to, do everything. To take care after patients is their vocation. True humanism and altruism permeates their personal life as well.
- "Specialist" nurse. Thanks to their specific personal peculiarities and special interests, these nurses often perform specific job. They devote their lives to complex tasks, like working at special laboratories. They are zealous about their specialization.

Under the conditions of treatment, there exist several types of nurse-to-patient communication, and to a large extent, it depends on the specialist which type of communication will be established. But in any case, you should follow a certain strategy to deserve your patient's trust. Therefore, the nurse's personality, working style and techniques, her skills of nurse-to-patient communication, and her attitude are important not only for treatment, but also for nurse-to-patient psychological communication.

## **CONFLICT OF INTEREST**

The authors of this article have declared absence of reportable financial support / conflict of interest.

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