SECTION TWO

The Nurse–Patient Relationship

CHAPTER FIVE

Establishing a Therapeutic Relationship

Lisa Kennedy Sheldon

■ CASE STUDY

Susan R. is a 38-year-old woman coming into the outpatient surgery center for a breast biopsy. She sits in the waiting room with her husband and is obviously nervous—staring unblinking at the wall, tapping her feet, and wringing a tissue in her hand. The perioperative nurse approaches Susan to introduce herself and bring her into the operation suite to prepare for surgery.

Nurse: "Mrs. R., I am Laurie Snow, and I will be the nurse working with you today. What do you like to be called?"

Patient: "Hello. Call me Sue; that's what everyone else calls me. This is my husband, Andrew."

Nurse: (She shakes hands with the patient and her husband.) "It's nice to meet both of you. Sue, I would like to explain what's going to happen today, get a little more information from you, and answer any questions that you may have about the surgery."

Patient: "Oh, thank you. I am so scared. I don't know how I am going to get through this."

Nurse: "It's common to feel nervous about surgery. My goal is to help you through today. I will explain everything as we go along and answer any questions you and Andrew may have."

Patient: "I am glad that you will be there. May my husband come with me?"

Nurse: "Of course."

Introduction

In a few moments, the perioperative nurse in the case study has accomplished a great deal toward creating a solid nurse–patient relationship. What did she do?

1. Identified herself by name.
2. Established her credentials and her role.
3. Greeted the patient by her preferred name.
4. Addressed both the patient and her husband by their preferred names.
5. Reflected and normalized the patient's response to the surgery.
6. Offered her assistance in relieving the patient's anxiety by explaining her role.
7. Acknowledged that the patient might have questions and she was there to help.

Good communication skills make the difference between average and excellent nursing care. The therapeutic relationship between the patient and the nurse

forms the foundation of nursing care throughout the spectrum of health, illness, healing, and recovery. Some nurse–patient relationships, such as the one in this example, last only a few hours; others, however, may last days, months, or even years. What is exciting about each relationship is how unique and enriching it can be for both the patient and the nurse.

The underlying principles of the therapeutic relationship are the same regardless of the length of the contact: respect, genuineness, empathy, active listening, trust, and confidentiality. The purpose of the therapeutic relationship is to support the patient, to promote healing, and to support or enhance functioning. A therapeutic relationship differs from a social relationship in that it is health focused and patient centered with defined boundaries. Peplau (1991) described the nurse's focused interest in the patient as "professional closeness."

Communication is the cornerstone of the nurse–patient relationship. The focus of communication in the nurse–patient relationship is the patient's needs—that is, patient-centered care. To meet these needs, the nurse must take into consideration multiple factors, including the patient's physical condition, emotional state, cultural preferences, values, needs, readiness to communicate, and ways of relating to others. The timing of communication is also important when working with patients. For example, teaching about a low-cholesterol diet and aerobic exercise is not appropriate during the acute phase of a myocardial infarction. The patient is not in the appropriate physical or emotional state to absorb this information regardless of its importance for overall cardiovascular health. Later, when the patient is preparing for discharge, the nurse may begin teaching about health-promoting behaviors, such as diet and exercise.

Respect: Unconditional Positive Regard

Carl Rogers, in his seminal book published in 1961, defined respect or *unconditional positive regard* as the ability to accept another person's beliefs despite your own personal feelings. Each patient's response to health or illness is a personal way of adapting to challenges. Each patient brings a lifetime of responding and coping with changes, requiring the nurse to be nonjudgmental. Each patient requires respect and acceptance as a unique human being. Acceptance does not mean approval or agreement; rather, it is a nonjudgmental attitude about the patient as a whole person. The goal is to make the patient feel comfortable and legitimize his or her feelings. For example, the nurse might not

Box 5-1 Ways to Show Respect

- Introduce yourself by name and professional status and wear a name tag.
- Ask patients what they like to be called. Always begin with the formal (e.g., Mr., Ms., Mrs.), and then use the preferred name.
- Arrange for patient comfort, modesty, and privacy at all times.
- Prepare patients before doing any procedures, particularly those that involve personal space or discomfort.
- Communicate with patients in ways that demonstrate a desire to listen, understand, and help.

always understand why patients become angry but acknowledges that they usually have reasons, based on their beliefs and backgrounds, for these emotional responses. Some patients might have unhealthy habits, such as smoking or excessive drinking, that they will not change despite the nurse's best efforts at teaching health-promoting behaviors. Some patients might have difficulty maintaining their personal hygiene. The nurse's goal is to respectfully take into account the patient's symptoms, feelings, values, and beliefs, and to work with the patient to develop the goals of care (Box 5-1). Nurses demonstrate unconditional positive regard by accepting people without negatively judging their basic worth.

Genuineness

The ability to be oneself within the context of a professional role is called *genuineness*. Rogers described genuineness as *congruence*, the willingness to be open and genuine and not hide behind a professional façade. For example, as nurses develop into experts over many clinical experiences, their professional selves come into agreement with their personal selves. As a new nurse, this evolution may not be easy, especially when first starting in the clinical setting. In addition, the nurse will encounter many new patients, some with values and behaviors that the nurse does not accept or even understand. Holding back these judgments may seem less than genuine, yet there are many parts of the personal self that can be shared during nurse–patient interactions that demonstrate true concern for the patient. Genuineness is a welcome part of working in health care

because it allows the incorporation of shared humanity and authenticity into nursing care.

Here's an example of a nurse expressing genuineness and care while talking with a patient who has been trying to quit smoking:

Patient: "I have some bad news. After our last appointment, I started smoking again. I tried, really tried, but everyone at home was smoking."

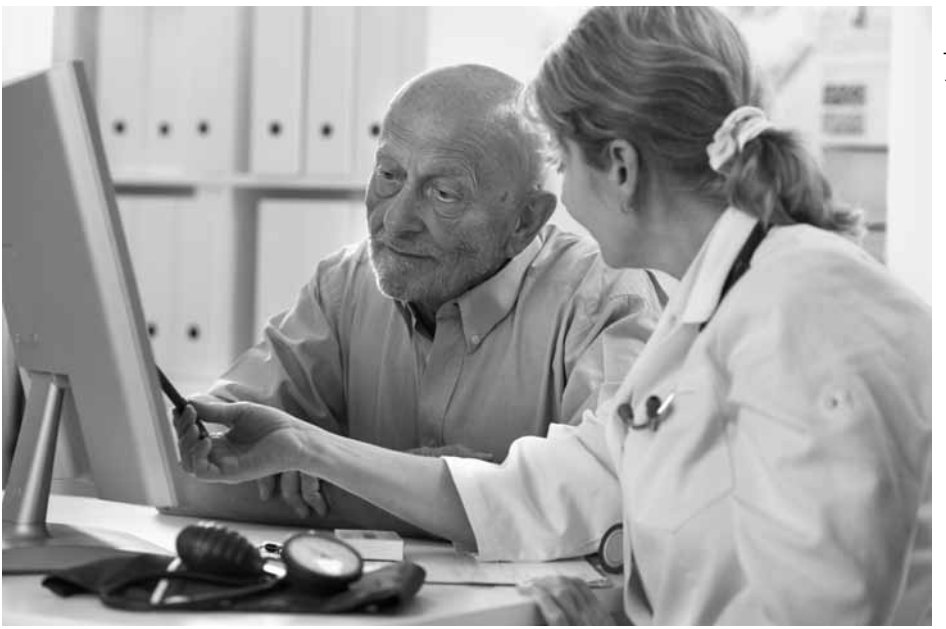
Nurse: "I am glad that you tried to quit. It's tough, isn't it? Often, people try to quit many times before succeeding. The more attempts you make to stop smoking, the more likely you will succeed. Let's talk about other strategies. Where can your family smoke that is away from you?"

In this short interchange, the nurse has acknowledged the patient's efforts and the difficulties involved in quitting smoking, offered encouragement, and started working with the patient to solve some of the barriers to stopping smoking.

Another way to be genuine is to show interest in the patient during daily nursing care. As time allows, ask about the patient's family, work, hobbies, or other interests. Older patients often enjoy sharing life experiences and may tell stories about important or funny events in their lives. This is not just superficial chatter. Such information allows you to understand the patient's life, priorities, and previous adjustments to challenges during the current change in health status. Encouraging patients to share their life stories shows interest in them as people and not just as diagnoses or procedures. Sometimes, these stories and experiences can be used when teaching new information.

Genuineness, even as a student or new nurse, is freeing. The first time a student experiences a conflict in congruence might be when introducing himself or herself as a student to a patient. Although it might feel difficult, student nurses should introduce themselves as students, reaffirming that although their knowledge may be limited, their interest in each patient is not. Most patients actually enjoy having a student nurse who has time to give them more attention. Even practicing nurses will have occasions when their time, knowledge, or abilities are limited. Revealing these constraints to patients does not make them "bad" nurses but rather honest ones. As long as limitations are presented with assurances of ongoing interest in the patents' needs, patients are usually understanding and may even try to be helpful.

Nurses may genuinely express some of their feelings with patients within the therapeutic relationship. For example, laughing when a patient brings in a joke



from the Internet that is appropriate and funny can be a bonding experience (see the *Humor* chapter for more on this topic). Likewise, nurses can express sympathy when patients or families are grieving lost loved ones. Using one's own personality when talking with patients humanizes the experience for patients and brings joy to the nurse's work.

Empathy

Nursing is often described as providing empathetic or compassionate care to patients. Four terms are frequently used to describe the emotional work of nursing: altruism, sympathy, compassion, and empathy.

Altruism is defined as (1) understanding the experience of another involving self-sacrifice or (2) unselfish regard and/or devotion to others. Continuing self-sacrifice by nurses may lead to emotional exhaustion and burnout (Henderson, 2001).

Sympathy is the fact or power of sharing the feelings of another and actually experiencing what another person is feeling. Sympathy may actually impair the nurse's ability to care for the patient because the nurse's emotional experience may cloud professional judgment.

Compassion is a feeling of deep sympathy or desire to understand another's experience accompanied by a desire to relieve suffering. Patient suffering may include physical symptoms such as pain, nausea, and shortness of breath; psychological symptoms such as mood, coping, and relationship issues; social problems such as family concerns, community, and financial issues; and problems within the spiritual realm such as faith and finding meaning and closure. Compassionate caring is often included in descriptions of nursing services.

Empathy is educated compassion or the intellectual understanding of the emotional state of another person. It can be described as the nurse's desire to understand what a patient is experiencing from the patient's perspective. Empathy allows nurses the ability to actually see the world from the patient's point of view without experiencing the emotional content. This intellectual understanding allows the nurse to identify the patient's concerns more clearly and intervene more specifically.

Nurses incorporate an empathetic desire to understand the patient's experience combined with a compassionate goal to alleviate suffering. There is probably a spectrum of professional empathy and compassion in nursing. While newer nurses may have a greater desire to understand the experiences of their patients, more experienced nurses tend to use their empathetic desires more efficiently to assess and understand the patient's experience, define the patient's needs, set goals with the patient, deliver appropriate interventions, and assess patient outcomes.

Trust

The establishment of trust is the foundation of all interpersonal relationships and is vitally important to the development of the therapeutic relationship in nursing. In psychoanalytic theories such as that developed by Freud, the development of a sense of trust is a primal need of all human beings (see the chapter titled *The Nurse as a Person: Theories of Self and Nursing*). On the physical, emotional, and spiritual levels, trust is essential when patients are placed in a vulnerable position in healthcare settings. Patients need to believe that nurses are honest, knowledgeable, dependable, and accepting of who they are as people. Erikson (1963) described trust as the reliance on consistency, sameness, and continuity of experiences provided by familiar and predictable things and people. Trust is a choice that a person makes, based on the need to trust others. Nurses can facilitate the process of developing trust in their patients with the behaviors described in Box 5-2.

Box 5-2 Facilitating Trust

- Listen carefully; patients will feel understood and cared for.
- Treat patients respectfully; patients will feel like valuable human beings.
- Be honest and consistent; patients will feel that nurses are trustworthy.
- Follow through on commitments; patients will feel that their care is predictable and dependable.
- Have an accepting attitude; patients will be more comfortable sharing information about themselves.

Confidentiality

Nurses have moral and legal obligations not to share patient information with others, except in specific circumstances. Beyond the dictates of legal statutes, it is important from the standpoint of trust that patients know that their personal information will be kept confidential. Patients will be more forthcoming and honest in their revelations and responses if they feel that their information is confidential. Nurses should arrange for privacy in the physical setting before discussing sensitive information with patients. Providing privacy may include finding an empty room or asking an ambulatory roommate to leave the room or closing a door.

Keeping patient information confidential includes not speaking in public places where information could be overheard, such as elevators and cafeterias. It also includes confidentiality with electronic information. Nurse–patient confidentiality can be breached only for the following reasons:

- Suspicion of abuse of minors or elders
- Commission of a crime
- Threat or potential threat of harm to oneself or others

For more on confidentiality, see the *Patients as People: Standards to Guide Communication* chapter.

The Nurse–Patient Relationship

The establishment of the nurse–patient relationship is a conscious commitment on the part of the nurse to care for a patient. It also symbolizes an agreement between the nurse and the patient to work together for the good of the patient.

While the nurse accepts primary responsibility for setting the structure and purpose of the relationship, the nurse uses a patient-centered approach to develop the relationship and meet the patient's needs. The nurse functions within professional, legal, ethical, and personal boundaries as described in the chapter titled *The Nurse as a Person: Theories of Self and Nursing*. The nurse also respects the uniqueness of each patient and strives to understand his or her response to changes in health. Nurses establish relationships with patients by integrating the concepts of respect, empathy, trust, genuineness, and confidentiality into their interactions.

One of the earliest nursing theorists to explore the nurse–patient relationship and nursing communication was Hildegard Peplau (1952, 1991, 1992, 1997). Peplau developed a landmark theory, the theory of interpersonal relations, which emphasizes reciprocity in the interpersonal relationship between the nurse and the patient. Peplau's theory moved thinking about nursing from what nurses do *to* patients to thinking about what nurses do *with* patients, thereby envisioning nursing as an interactive and collaborative process between the nurse and the patient.

Peplau identified five phases of the nurse–patient relationship: orientation, identification, exploitation, resolution, and termination. In Peplau's theory of interpersonal relations, these phases are therapeutic and focus on interpersonal interactions.

1. Orientation: The patient seeks help, and the nurse assists the patient to identify the problem and the extent of help needed.
2. Identification: The patient relates to the nurse from an independent, dependent, or interdependent posture, and the nurse assures the patient that he or she understands the meaning of his or her situation.
3. Exploitation: The patient uses the nurse's services and other resources on the basis of his or her needs.
4. Resolution: The patient's old needs are resolved, and more mature goals emerge.
5. Termination: The patient and the nurse evaluate the progress of the interventions toward the intended goals, review their time together and end the relationship.

Orientation Phase

Beginning the nurse–patient relationship requires unique communication skills. Every day people communicate with those around them by listening, talking,

sharing, laughing, reassuring, and caring. Nurses use these basic components of communication to establish a helping relationship. Although different from the other relationships in life such as friendships, family roles, casual contacts, community relationships, and professional alliances, relationships between nurses and patients are still a connection between people. Particular communication skills are effective for nurses when they begin these unique relationships with patients.

As described by Peplau, the relationship formally begins during the orientation phase. The nurse sets the tone for the relationship by greeting the patient properly: "I am Laurie Snow and I will be the nurse taking care of you during the day today." The nurse in the case study introduced herself by name and professional status. The tone and warmth of the words during this exchange can promote connectedness between the nurse and the patient. Often a handshake is an appropriate component of the introduction, but this will vary by cultural setting and acuity of the clinical situation. Patients are addressed by their formal names first and then asked what they prefer to be called. Establishing rapport might begin with talking about clinically relevant topics, such as health issues and concerns, or it may begin with more social discourse about the weather, parking, or office surroundings. Patients begin interacting in their usual patterns, and nurses both direct and follow the patients' comments to establish rapport and trust. Nurses foster trust by being consistent in both their words and actions. This consistency conveys dependability and competence. The orientation phase is important in developing a foundation for the therapeutic relationship.

After the greeting phase, the nurse clarifies the purpose and nature of the relationship. This includes providing information about the appointment or interview, describing the nurse's role, helping the patient provide pertinent information, and describing the goals of the relationship. Each nurse has a personal style, so the delivery of this information will vary by person. It is important not to overlook this part of the relationship as a superficial aspect of the "real work." Establishing the purpose and goals of the relationship is fundamental not only to the delivery of care but also to the evaluation of the relationship and outcomes during the termination phase. Also, anxiety levels decrease when the patient knows what to expect and participates in the establishment of the relationship. The nurse seeks to promote trust and reduce anxiety by being genuine, respectful, and informative. Receptive body language and active listening help patients feel more comfortable and remain focused during the next phase.

Data collection also occurs during the orientation phase. Collecting data for the nursing assessment requires active participation from the patient to identify health status and functioning. The nurse needs an open mind to understand the patient's perception of the problem(s) and the need for treatment. What might seem apparent to the nurse may not be the patient's view of the situation. For example, the nurse could begin with a general question, "What brought you into the hospital today?" or "What kind of assistance can we provide for you?" While more specific questions on the nursing assessment might provide a focus for the initial data collection, it is important for the nurse to take the time to listen—really hear—the patient's needs and expectations. This prevents disappointment during and at the end of the relationship if care did not proceed as the patient anticipated. The nurse can correct misinformation and clarify the situation before actual interventions begin.

The orientation phase ends with a therapeutic contract. While not usually a formal document, the verbal contract explains the roles of the nurse and patient and the goals of the relationship. From the case study, the nurse concludes the initial meeting with the patient by saying, "Sue, I will be with you during your breast biopsy, from now until you go home. I will start with a brief questionnaire. Then I will explain what will happen today. Before I begin, do you have any other questions at this time?"

Identification Phase

The working segment of the relationship begins with the identification phase. The nurse and patient work together to identify problems and set specific problem-oriented goals. Health problems are identified during data collection, and appropriate interventions are developed in the nursing care plan. Mutual goal setting allows patients to be active participants in their care. Nurses can also help patients explore feelings about their situation, including fear, anxiety, and helplessness, and direct their energies toward actions. Identification of personal strengths and resources may help patients cope with the current health problems and actively participate in their care. In the case study, the patient later expressed fear about pain during the breast biopsy. The nurse said, "Sue, you are concerned about pain during the breast biopsy. I will talk with the surgeon about medications during the procedure. I will also be with you during the biopsy in case you have any questions or you begin to feel uncomfortable."

Exploitation Phase

During the exploitation phase, the nurse assists the patient in using health services. The active work of the relationship happens during exploitation. Interventions appropriate to the mutually planned goals are carried out with ongoing reassessment and reevaluation. Sometimes, even well-planned interventions need to be reviewed, and new, more realistic goals need to be established. The therapeutic relationship allows the nurse and patient to work together during the exploitation phase. The patient uses identified strengths and resources to regain control and develop solutions.

Resolution Phase

Ending a therapeutic relationship requires a period of resolution that Peplau aptly named the resolution phase. Some of the most satisfying parts of a nurse's job are caring relationships with patients. Often, very meaningful sharing has taken place between the patient and the nurse during some challenging times. The relationship was originally established with a purpose and, frequently, a time frame. For example, the perioperative nurse at an outpatient surgical center has a short time frame for the relationship with the patient who is undergoing arthroscopy. In contrast, the oncology nurse has a long-term relationship with the patient with recurrent colon cancer that might end with the patient dying. Each relationship, both the short-term and the long-term partnership, requires preparation for the end or resolution.

Termination Phase

Endings are a time for review and growth. The termination phase is often overlooked because of the emphasis in health care on diagnosis and treatment. The ending of the therapeutic relationship, no matter how brief, can be a valuable time for the patient and the nurse to examine the achievement of their goals and review their time together. The nurse uses summarization skills to evaluate the progress of the interventions toward the intended goals. This review can bring a sense of accomplishment and closure for both parties.

Emotions are part of ending relationships. Caring attitudes and shared experiences, especially in long-term relationships, may result in sadness and ambivalence at the end of a nurse–patient relationship. Termination of a relationship can awaken feelings of loss from previous relationships. Acknowledgment of the feelings that

arise is helpful in dissipating sadness and learning healthy skills for dealing with endings and loss. The termination phase is also the time when unmet goals are identified by the nurse and patient that may require referral and follow-up care.

Patients and nurses respond in a variety of ways to ending relationships. Each brings his or her prior experiences of endings and losses and often some ambivalent feelings. When the end is approaching, patients might regress, become anxious, act more superficially with the nurse, or become more dependent. The nurse might detach, spending less time with the patient in preparation for termination of the relationship. Any and all of these responses are within the realm of normal. As the end becomes inevitable, the nurse and the patient might even develop feelings of anger and/or abandonment. Nurses and patients can and should talk about ending their relationship, taking time to reminisce about the goals accomplished, the moments shared, and even the sadness at ending the relationship if that is the case. All these feelings are normal responses to the ending of a relationship, even a professional one. Nurses should not avoid the discomfort they feel during these discussions because the relationship was well worth the time. The therapeutic relationship between the nurse and patient will finish with a completeness and satisfaction that is rewarding for both the nurse and the patient.

Setting Boundaries

When establishing the nurse–patient relationship, the purpose and goals of the relationship are set by certain social parameters. Boundaries are important, both legally and ethically, and help to establish the roles of the nurse and the patient, including the nature of the relationship. This therapeutic relationship is a professional relationship revolving around the patient's needs. Objectivity is an important attribute when assessing the patient's needs and providing competent and professional care. Being a compassionate nurse means using an empathetic approach but not being so emotionally close to a patient that impaired objectivity and judgment compromise patient care. Setting boundaries for appropriate topics and conversations allows nurses to effectively function in their roles.

Some specific strategies for maintaining professional boundaries include the following:

- Clearly define the roles in the relationship and who can participate.
- Establish clear boundaries between yourself and others.

- Recognize that different cultures and ethnic groups may have varying rules for interactions.
- Develop self-awareness regarding your responses to the needs of others.

Self-awareness allows nurses to understand which emotions, responses, and needs are their own and which are the needs of others. It also allows nurses to recognize the signs of emotional exhaustion, burnout, and over-involvement with patients and find ways to ventilate and rejuvenate themselves. Self-awareness fosters a balanced use of the professional and personal selves, thereby establishing congruence in the professional role.

For example, Bob is a nurse in an outpatient internal medicine practice who has been working with an elderly woman, Mrs. R., for the last 5 years. He has cared for Mrs. R. during many stressful episodes of angina and has also been involved in her life during the recent loss of her husband at the local hospice house. This patient even reminds the nurse of his grandmother. One day, Bob observes Mrs. R. being given advice by another nurse in the office with which he does not agree. Rather than wait for a private moment to discuss the issue with his coworker, he interrupts the conversation, corrects the other nurse in front of Mrs. R., and gives the patient what he feels is better advice. This episode breached at least two tenets of good communication. First, a nurse should not correct a coworker in front of a patient; such an action is disrespectful to the coworker. Second, this encounter may make the patient feel that some workers in the office may not be competent, creating worry and distrust. Perhaps Bob felt possessive or concerned about Mrs. R.'s care beyond the level of professionalism and objectivity. Caring for patients can often blur the boundaries between professional behavior and emotional responses. Through self-awareness, the nurse would have been better able to differentiate between compassionate care and over-involvement with a patient that endangers the ability to provide competent, professional, collegial, and objective care.

Self-Disclosure

Self-disclosure is a tricky topic for many students and even practicing nurses. While they want to appear professional and not divulge personal details or feelings, they often find themselves being asked personal questions by patients. Professors often encourage students to keep the focus of interactions on the patients and their needs. The reality of nurse–patient relationships is often more

complex, however, and nurses may be at a loss to firmly define personal and professional boundaries. Spontaneous questions during routine care require nurses to respond sincerely. When is self-disclosure appropriate, and how much personal information should a nurse reveal?

Patients might ask questions about personal details about the nurse, such as "Where are you from?" or "Do you have any children?" These questions might be used by patients to find common ground for conversation or to make them more comfortable with their revelation of personal details. Whatever the reason, both students and practicing nurses need to establish, first, that the patient is the focus of their time together. Then, as time or the relationship permits, the sharing of other information may be appropriate. However, intimate details about the nurse are never shared with the patient. When in doubt, the nurse should ask another trusted colleague, practicing nurse, or professor about a particular patient question prior to responding. It is always within the nurse's bounds to say, "I don't think that question is relevant to your care. Let's focus on you …"

Summary

The nurse–patient relationship is the cornerstone of nursing care throughout the spectrum of health, illness, and recovery. The establishment of this relationship is facilitated by the nurse and is patient centered and goal oriented. While some aspects of this relationship follow predictable steps, other parts may be complicated by patient expectations and the intricacies of interpersonal communication. Awareness of the nurse's role sets the boundaries of the relationship, but within these bounds are limitless possibilities for communication that may be both therapeutic and enriching for both parties.

Case Study Resolution

The nurse, Laurie, stayed with Sue throughout the breast biopsy and recovery. While Sue was recovering from her sedation, Laurie went to the waiting room to talk with Andrew to let him know that Sue was finished with the procedure and doing well. When Sue was ready for discharge, Laurie spoke with both her and her husband to explain the discharge instructions and follow-up care. The couple seemed relieved to have the procedure over and were anxious about the pathology results. Laurie gave them her name and phone number in case they had any questions once they returned home.

EXERCISES

ESTABLISHING THE RELATIONSHIP

Break into groups of three, with one person assuming the role of the "patient," one the "nurse," and one the "observer."

- "Nurse": Establish the relationship.
- "Patient": Assume the role in the scenario.
- "Observer": Give feedback on the establishment of the nurse–patient relationship and the verbal and nonverbal communication.

Take turns playing each role with the three following scenarios.

1. The patient is a 20-year-old single mother who is bringing her 2-month-old baby in for a series of immunizations. The nurse works full time in the pediatricians' office but not always with the same pediatrician.
2. The patient is a 38-year-old male arriving in the ambulatory surgical center for an arthroscopy. The nurse will be with the patient both preoperatively and postoperatively.
3. The patient is a 28-year-old woman, grava 1 para 0, arriving in the maternity ward in early labor. The nurse will be with the patient during this shift and tomorrow on the evening shift.

Evidence-Based Article

Belcher, M., & Jones, L. K. (2009). Graduate nurses experiences of developing trust in the nurse–patient relationship. *Contemporary Nurse, 31*(2), 142–152.

In this qualitative study, seven new graduate nurses were interviewed about their experiences developing trust in nurse–patient relationships. The nurses described rapport as needing to be developed before trust can be established in these relationships. The authors recommend teaching communication skills to increase rapport and the identification of effective strategies to provide care when rapport is not achieved in the relationship.

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