Archives of Psychiatric Nursing xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Capturing the Interpersonal Process of Psychiatric Nurses: A Model for Engagement☆

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ARTICLE INFO

Article history:
Received 15 June 2017
Revised 4 August 2017
Accepted 6 August 2017
Available online xxxx

Keywords:
Inpatient psychiatric nursing
Therapeutic engagement
Peplau

ABSTRACT

Staff members' engagement with patients is a critical element of inpatient psychiatric care, essential to safety, the hospitalization experience and the development of a culture of care. Currently broad concerns exist around the amount of time inpatient psychiatric nurses expend in patient engagement and the quality of these interactions. In this paper we present a model of engagement that clarifies necessary skills to support the engagement process. The model is based on Peplau's theory of interpersonal relations, patients' ideas on healing elements of psychiatric hospitalization and research on inpatient therapeutic relationships. We are currently using this model for a web-based teaching/learning course to cultivate interpersonal engagement, and to explicate how through operationalizing their inpatient role, nurses support patients in the development of their mental health and well-being.

The interpersonal process is a core feature of psychiatric nursing practice (D'Antonio, Beeber, Sills & Naegle, 2014). Currently, this interpersonal core of practice seems to be slipping away-evident in the broad concerns around the amount of time inpatient psychiatric nurses expend in patient engagement and the quality of these interactions (Cutcliffe, Santos, Kozel, Taylor, & Lees, 2015; McAndrew, Chambers, Nolan, Thomas, & Watts, 2014). Nurse-patient interaction studies support this concern; they document that inpatient nurses spend a great deal of time in administrative roles, communication with agencies, paper work and relatively little in one-to-one interaction with patients (McAllister & McCrae, 2017; Seed, Torkelson, & Alnatour, 2010; Sharac et al., 2010). Multiple dynamics feed this role pattern, such as the numerous responsibilities nurses hold around maintaining a safe environment, being the center of interdisciplinary communications, and being the key individuals to coordinate care and move patients through the system (Cleary, 2004; Delaney & Johnson, 2014; Fourie, McDonald, Connor, & Bartlett, 2005; Humble & Cross, 2010). In addition, the ever-changing and sometimes chaotic milieu of inpatient units demand that nurses continually prioritize and integrate into their ongoing work the emerging milieu and patient issues that call for action (Deacon, Warne, & McAndrew, 2006; Hummelvoll & Severinsoon, 2001)

Patients' accounts of their psychiatric hospitalization confirm the consequences of treatment in an environment where staff is pulled in many directions. When discussing their inpatient experience, patients frequently report the lack of meaningful conversations with staff, often sensing that nurses are too busy, focused on tasks or wanting to maintain distance (Moyle, 2003; Stenhouse, 2011; Stewart et al., 2015). On the extreme end, patients' report staff interactions that are de-humanizing (Thibeault, Trudeau, d'Entremont, & Brown, 2010). Indeed, research indicates that during hospitalization psychiatric patients' report experiencing stigma, de-humanization, and humiliation (Lilja & Hellzen, 2008; Nugteren et al., 2016; Shattell, Andes, & Thomas, 2008).

Nurses themselves are concerned. They want to engage with patients but barriers of time and opportunity seem difficult to surmount (Cleary, Hunt, Horsfall, & Deacon, 2012;

Rose, Evans, Laker, & Wykes, 2015; Shattell et al., 2008). Yet they see the relationship as critical and an important part of their role (Cleary et al., 2012; Humble & Cross, 2010; Scanlon, 2006) and involvement with patients as a meaningful part of their work (O'Brien, 1999). Moreover, in the action of treating patients with respect, addressing needs and prioritizing the relationship, nurses see themselves as fulfilling an essential element of their role which is integral to nursing practice (Gabrielsson, Sävenstedt, & Olsson, 2016).

Therefore, the purpose of this paper is to re-vitalize the interpersonal engagement concept to inpatient psychiatric nurses and to present a model that we developed, which is based on Peplau's theory of interpersonal relations and research on inpatient therapeutic relationships. We define interpersonal engagement as the process needed to grasp and validate the patient's experience. The field of interpersonal neurobiology provides useful language for the concepts we include related to attunement, grasping the meaning of the behavior and deciphering patient narratives (Delaney & Ferguson, 2014). Through our model, we clarify the necessary skills that we are currently using for a web-

☆ This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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http://dx.doi.org/10.1016/j.apnu.2017.08.003
0883-9417/

Please cite this article as: Delaney, K.R., et al., Capturing the Interpersonal Process of Psychiatric Nurses: A Model for Engagement, *Archives of Psychiatric Nursing* (2017), http://dx.doi.org/10.1016/j.apnu.2017.08.003

based teaching/learning course to cultivate interpersonal engagement, and to once again elevate its visibility in psychiatric mental health nursing practice. We conclude with an overview of the steps in the process, skills involved, and how each fits within interpersonal engagement.

REVITALIZING THE CONCEPT OF INTERPERSONAL ENGAGEMENT: MINDING THE GAPS

Given the concerns and situational factors that seemingly push nurse-patient interaction to the side, the core idea remains that interpersonal engagement is an essential element of inpatient care, not only for the patient experience and the development of a compassionate culture of care (McAndrew et al., 2014; Molin, Graneheim, & Lindgren, 2016), but also for safety on the unit (Kontio et al., 2014; Polacek et al., 2015). If indeed the focus on engagement has been diminished on inpatient units, how should the specialty restore its interpersonal core? Some suggestions in the literature are to institute protected engagement time (Dodd et al., 2017); clarify and address engagement barriers (Moreno-Poyato et al., 2016) and provide additional interpersonal training for novice nurses (Lees, Procter, & Fassett, 2014). Training is our focus.

What have been the efforts directed at interpersonal training of inpatient psychiatric nurses? Certainly the nurse-patient relationship has been written about and explained over the last fifty years (e.g. O'Brien, 2001; Stockmann, 2005). This is particularly true of Peplau's stage model (orientation, working and termination) (Forchuk, 1994). To be sure, the stage model is an important concept, however, it does not fully explicate the interpersonal process, which can be thought of as the way energy and information flow between two persons. This process also considers not just nurse-patient interactions but also the sometimes less-than-conscious reactions of the nurse that then influence his/her verbal and nonverbal responses (Delaney, Perraud, & Carlson-Sabelli, 2008). Thus what comes to the fore in examining the interpersonal process is *how nurses are thinking, sensing and responding to patients* as they attempt to forge engagement (Delaney & Ferguson, 2014), elements of engagement that can be missed when one focuses only on the stages of the nurse-patient relationship.

Aspects of interpersonal engagement can also be overlooked in the popular convention of describing the therapeutic relationship in terms of particular qualities (e.g. respect, positive regard) (Dziopa & Ahern, 2009), which is often seen as synonymous with the pursuit of therapeutic engagement (Cutcliffe et al., 2015; Lees et al., 2014). We believe this convention misses an important element of interpersonal engagement. Operating on the interpersonal level one moves beyond attitudes, qualities and even tangible communication skills to consider how *nurses' internal experiences impact their capacity* to empathize and maintain a non-judgmental, compassionate stance during the encounter. Nurses' responses to patients can be based on taken-for-granted frames of reference that nurses carry with them. Encouraging self-reflection on these responses facilitates the nurse to shift his/her focus to the patient as a person and his/her needs (Cruz, Caeiro, & Pereira, 2014), instead of the nurse and his/her needs. This reflective stance facilitates grasping the meaning of the behavior *to the patient*, a common understanding of a situation, which then initiates a mutual learning process (Edwards, Jones, Carr, Braunack-Mayer, & Jensen, 2004). In developing our learning course, we mind the gaps in interpersonal engagement learning and enliven elements of the process, particularly the role of nurses' responses during interactions, personal knowledge and reflection.

LITERATURE ON NURSE-PATIENT RELATIONSHIPS THAT INFORMS INTERPERSONAL ENGAGEMENT TRAINING

Peplau believed that the interpersonal process was the core of psychiatric nursing practice (D'Antonio et al., 2014). She saw the interactions between nurses and patients as an "interpersonal field" where the nurse mindfully responds to individuals' manifestations of the dilemmas they face or reactions to their current health status. Critical to the response was the identifiable connections, bonds or patterns of the interchange; *the tangible product of the interaction*, centered in the patient's needs, the nurse's response and the exploration of those needs (Peplau, 1997). This interpersonal process demanded not just attention to the patient but nurses' "unflinching self-scrutiny and total honest assessment of their behavior in interactions with patients" (Peplau, 1997, p. 162). In Peplau's framework, the primary work of nurses resides within these interactions, the evolving interpersonal process and with nurses' use of empathy and presence to grasp patients' meaning systems and assist them in piecing together their illness experiences (Delaney & Ferguson, 2011). As Peplau explained, this demands an exclusive focus on the patient which the nurse uses to get to know the patient's view of self and his/her predicament - the way it looks to the patient- so that the patient can see it too (Peplau, 1989a).

Peplau had much to say about patient's response patterns and the nurse's role in responding and interpreting them (Peplau, 1989b). As explained by Beeber and Bourbonniere (1998) during interactions with patients the nurse focuses on deciphering and understanding interpersonal patterns, a group of acts (thoughts, feelings or actions) that have distinctive and similar features. The similar qualities of particular thoughts/behaviors/feelings make them recognizable to the nurse who comes to understand the context for the development of a pattern. Then the nurse identifies and names it (thus raising the patient's awareness of the pattern) and works with the patient to envision adaptions that would lead to greater well-being. In recent years the nature of these patterns have been re-envisioned, most notably by Wheeler (2011) who integrated concepts of the interpersonal neurobiology into the core tenets of the relationship (connection, narrative and anxiety management). Wheeler's model not only looks at the progress of the relationship in a new light but also marks the process of healing as the increasing integration of neural circuitry or adaptive information processing. Thinking of the interpersonal process in terms of its neurobiological underpinnings gives us language to depict the often intangible "being with" components of the relationship (Delaney & Ferguson, 2014).

There is a considerable literature on models mapping nurses' work within the therapeutic relationship (e.g. O'Brien, 2001). The nurse-patient relationship in the Peplau framework, as it unfolds on the inpatient arena, has been examined most prominently by Forchuk who conducted a series of investigations around how nurses form relationships; its stages and association to outcomes (see review in Stockman, 2009). Over the years additional models for the therapeutic relationship have been introduced, such as focusing on comforting interactions (Morse, Havens, & Wilson, 1996). In line with the emphasis on patient-centered care, current models view the relationship in terms of engagement and active participation in treatment (Tetley, Jinks, Huband, & Howells, 2011). A recent review of the literature on therapeutic relationships in acute care settings distilled the importance of patient-centeredness, therapeutic listening and responding to the patient's emotions/needs as critical relationship strategies, lending support to the key elements of our engagement model (Kornhaber, Walsh, Duff, & Walker, 2016).

There is also a considerable body of literature on the attitudes and skills that are the scaffold of a therapeutic relationship (Moreno-Poyato et al., 2016). An integrated review of 31 studies on the therapeutic relationship summarized nine main constructs or attributes of the nurse patient relationship in psychiatric/mental health nursing practice

Box 1
Dziopa & Ahern's nine attributes of a therapeutic relationship.

Understanding and empathy	Promoting equality
Individuality	Demonstrating respect
Providing support	Demonstrating clear boundaries
Being there/being available	Demonstrating self-awareness
Being genuine	

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