

IMPROVING NURSES' INTERPERSONAL RELATIONSHIP THROUGH TRANSACTIONAL ANALYSIS TRAINING (CASE STUDY: UITH ILORIN)

BY

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Abstract

The study was designed to examine the effectiveness of the Transactional Analysis Training on improving Nurses' interpersonal relationships. The sample consisted of 124 (one twenty four) nurses between the rank of Assistant Staff Nurse (ASN) and the rank of Assistant Chief Nursing Officer (ACNO). Through the use of the instrument, simple random sampling technique was used to select 124 nurses from University of Ilorin Teaching Hospital and Civil Service Hospital in Kwara State, these hospitals are government hospitals. Two instruments were used. They are Emotional Labour Scale ($\alpha=0.81$) and Emotional Intelligence Scale ($\alpha=0.80$). The samples were randomised into two experimental groups and one control group. The groups are Transactional Analysis, Self-efficacy and Control group. Hypotheses were tested at the 0.05 level of significance. Transactional Analysis Technique was found to have significantly improved the interpersonal relationships of the theme treated ($F_{(2,114)}=44,487, p<0.05$). The Transactional Analysis group obtained the highest mean score in emotional labour ($\bar{X}=170.286$), Self-efficacy mean score ($\bar{X}=164.77$), and the lowest mean score obtained by the control group ($\bar{X}=136.571$) which means that Transactional Analysis was more effective in enhancing the training of the Nurses.

Keywords: *Interpersonal relationships, Transactional analysis, Nurses, Patients*

Introduction

Some nurses have been perceived to have poor interpersonal relationships with patients in hospitals. This could affect their productivity and also inhibit psychological torture and wellness of patients. The Nurses, whether in Nigeria or Abroad have one main channel of communication in the hospital and i.e. the Patients (the sick). Nursing profession is concerned with providing care to the sick and disabled with the aim of promoting, maintaining, and restoring health (Lawler, 1991).

However, there is a wrong disputation that a Nurse needs to wear friendly look in order to be accepted by the Patients (the sick) and for them to be freer in expressing their pains and other complains. It is therefore, common to see Patients in hospitals showing great bitterness towards Nurses, not only because of their inherent dislike towards Patients but also because of the poor approach usually exhibited by some Nurses and the age-long negativism the Patients has come to associate with every Nurse they come across in the hospital, (Peplau, 1998). Jones & Johnston (2000), stated that nurses often perform and coordinate their services with physicians and other health providers. The need for nursing is universal, thus the International Council of Nurses states that the functions of nursing is fourfold; to Promote health, prevent illness, restore health, and alleviate suffering and that inherent in nursing is the respect for life, dignity and the rights of individual (Zapf & Holz, 2006; Williams, 1999).

The Nursing profession could be seen as an unbendable crisis not created by itself, but by the environment in which it operates. The unfortunate tensed relationship between the patients and the nurses, also between the Assistant Staff Nurse (ASN) and the Assistant Chief Nursing Officer (ACNO) reversed the fundamental nature of a modern Nursing profession. The movement for reform in nursing was led by Florence Nightingale in 1948, a woman of intellectual and moral power. This professionalization is certainly one strategy to cope with: difficult medical experiences, particularly death and dying (Kelly, 2000; Barnes, 1998); the pressure of making mistakes (Barnes, 1998); and the uncertainties involved in exercising medical knowledge (Barnes, 1998; Lawler, 1991).

Identified communication as a significant attribute in nursing (Ennis et al., 2013) a medium through which information, in the context of “care” is conveyed. Nurses convey nursing care to patients verbally (thorough speaking) and non-verbally (acting, showing, touching, doing, etc). Transactional Analysis is a social psychology and a method to improve communication. The theory outlines how we relate and communicate with others, and offer suggestions and interventions which will enable us to change and grow. Transactional Analysis is underpinned by the philosophy that: people can change and we all have a right to be in the world and be accepted. Transactional analysis is a tool one can use to know himself, know how to relates to others, and become more aware of one’s potentials and options. More importantly, it can be use to change one’s behaviour. Transactional analysis is a therapeutic approach by Berne (1969). A basic issue in transactional analysis is responsibility; transactional analysis confronts the individual with the fact that he is responsible for his actions: past, present and future. All disturbances and problems are considered to be the result of decisions the person has made himself.

The purpose of this paper therefore is to discuss the effectiveness of the Transactional Analysis Training on improving Nurses’ interpersonal relationships through the functional and effective relationship among the rank and heading of the Nurses in order to improve their relationships with the Patients and between the ASN and the ACNO (i.e., the Assistant Staff Nurse and the Assistant Chief Nursing Officer respectively), as this will encourage a great challenge for the improvement of interpersonal relationships of the Nurses in Nigeria.

Literature Review

The importance of ensuring that nurses are cultured need not be overstressed. The poor attitude of the nurses to patients is a reflection of the feelings of frustration among the rank and case of the nursing profession. The level of effective communication in healthcare settings has direct impact on the quality of patient’s health recovery process and care satisfaction in the health care settings. They also show that there is possibility that nurse’s poor communication skills have been a leading factor in wrong administration of medications to patients which have in some cases lead to death (Peplau, 1992). There appears to be a close connection between the health of patients and effective communication skills of nurses.

Nurse-Patient Relationship in Peplau Theory Interpersonal Relations

Peplau, (1998) acknowledged five overlapping phases in nurse-patient relationship, with each having its own specific definable description which are orientation, working and termination. These phases are therapeutic and focus on interpersonal interactions as established in Peplau's theory of interpersonal relations. The phases include orientation, identification, exploitation, resolution, and termination.

To start with, orientation phase is important in building foundation for the therapeutic relationship, where this therapeutic nurse-patient relationship begins formally during this phase. This phase is coordinated by the nurse and involves engaging patients in their treatment, provision of explanation and information and answering of questions. On meeting a patient, the nurse introduces his or herself by name and professional status, the nurse's warmth of the welcome words during this introductory stage can promote connection between the nurse and patient. Patients can be addressed by their formal names first and then be inquired what they would prefer to be called. The nurse's major focus is the patient, therefore it is important for nurse to listen attentively to what patient says and inquire who-, what-, why-, where-forms of question to keep the patient motivated to be more opened with description of his or her stories.

Each nurse has an individuality style, so the way the information is provided to patients differs. Conversely, it is important not to overlook this part of the relationship as the exterior part of the real work. Once the patient knows what to expect and how to participate in the establishment of the relationship, anxiety levels decreases. There is need for nurse to have open mind to be able to grasp and understanding the patients' perception of the problem and the need for the treatment, and respond appropriately. A therapeutic contract ends an orientation phase. A verbal contract that explains the roles of patient, nurse and goals of relationship. The nurse may also ask if the patient has any question (Peplau, 1998, 1997).

Secondly, on identification phase, the patient and nurse work together to clarify problems and set specific goal to each problem. Health issues are acknowledged during data collection; suitable nursing interventions are built in the nursing care plan. Cordial goal setting enhances patients to be active participants in their nursing care. On this phase, nurses can help patients; discover feelings and possible fears, helplessness and anxiety regarding their situation; identify their personal strengths and resources; direct their energy towards helpful actions; all these would help patients cope with the current health concerns and actively be involved in their care Peplau (1998). Thirdly, on exploitation phase, the nurse guides patient in the use of health services. The practical work of nurse-patient relationship happens during exploitation. Alongside with the ongoing reassessment and re-evaluation, appropriate interventions to the mutually planned goals are carried out. At times, there might be possibility that, even an accurately-established intervention requires to be renewed, and new/more realistic goals to be put in place. The therapeutic relationship permits the nurse and patient to collaborate together during exploitation phase. The patient makes use of their identified strength and resources to regain command and develop solutions (Peplau, 1998, 1997).

Fourthly, resolution phase is described by Peplau as the important period of decisions when about ending a therapeutic relationship (Sheldon, 2013). The patients' old needs are re-solved

while more goals emerge. At times, deep and meaningful sharing has occurred between the nurse and patient during some challenging times. The relationship was originally established with a purpose and a time frame. For example, a per operative nurse has a short time frame with the patient who is undergoing an arthroscopy at the outpatient surgical ward. While the oncology nurse has a long-term relationship with the patient who has been diagnosed with colon cancer that might end with the patient dying. Both relationships, short and long-term partnership, demands for the end or resolution (Peplau, 1998, 1997).

Additionally, on termination phase, it refers to the termination of professional relationship between the nurse and patient. The termination phase is often overlooked due to the fact more emphasis is placed on the health diagnosis and treatment, but endings are a time of review and growth (Sheldon, 2013). No matter how brief, the proper endings of a therapeutic relationship can be valuable time for both the nurse and the patient to check the achievement of their goals and review their time together. The nurse makes use of summarization skills to evaluate the progress of the care intervention towards the established goal. Such review can boost a perception of achievement and closure for both parties. Emotions are normally part of ending relationships. Caring attitude from nurse, shared experiences particularly in a long-term relationship may bring about sadness and uncertainty. Termination of therapeutic-relationship can stimulate feelings of past experiences of lost relationships. Recognition of these feelings that arise is charitable to the dissolution of depression and learning healthy techniques to deal with ending and feeling of loss, the nurse and patient identify possible unmet goals and some cases may require referral and follow-up care. The therapeutic nurse-patient relationship between the nurse and patient will end with a completeness and satisfaction that is reward-ing for both the nurse and the patient (Sheldon (2013) and Peplau (1997)).

Methodology

The study employed a pretest-posttest, control group, quasi-experimental design with a 3x3x2 factorial matrix. Simple random sampling technique was used to select 124 nurses from University of Ilorin Teaching Hospital and Civil Service Hospital in Kwara State. These hospitals are government hospitals. Two instruments were used. They are Emotional Labour Scale ($\alpha=0.81$) and Emotional Intelligence Scale ($\alpha=0.80$). The samples were randomised into two experimental groups and one control group. The groups are Transactional Analysis, Self-efficacy and Control group. Hypotheses were tested at the 0.05 level of significance. Data were analysed using the descriptive statistics and analysis of covariance. Copies of the rating scale were administered to 124 nurses in the hospital, this to find out their entry behaviours. The subjects were later randomly selected into two groups which are Experimental and Control groups. It involves eight weeks training; one hour daily contact session twice a week for the experimental groups while the control group was met in the first and eighth week of the contact period. The groups are Transactional Analysis, Self-efficacy and Control group. Hypotheses were tested at the 0.05 level of significance.

Results

The findings of this study with reference to the hypothesis are discussed here. The results presented in Table 1 shows that, there was a significant main effect of treatments on emotional labour of Nurses ($F_{(2,114)}=44,487$, $p<0.05$). The Transactional Analysis group obtained the

highest mean score in emotional labour ($\bar{X} = 170.286$), Self-efficacy mean score ($\bar{X} = 164.77$), and the lowest mean score obtained by the control group ($\bar{X} = 136.571$) which means that Transactional Analysis was more effective in enhancing the emotional labour of the Nurses.

Table 1:
Summary of Post-test Emotional Labour of Participants by Treatment, Gender and Emotional Intelligence

Source variation	Sum of Squares	df	Mean Square	F	P	
Covariates	376.227	1	376.227	3,575	0.061	NS
Treatment	9362.477	2	4681.239	44.487	0.000	S
Gender	0.974	1	0.974	0.009	0.924	NS
Emotional Intelligence	3.245	1	3.245	0.031	0.861	NS
Trt * Gender	57.773	2	28.887	0.275	0.760	NS
Trt * Emotional Int	155.364	1	155.364	1.476	0.227	NS
Gender * Emot. Int.	36.910	1	36.910	0.351	0.555	NS
Treatment * EI * Gender	0.990	1	0.990	0.009		
Residual	11995.994	114	105.228			
Total	37912.992	124				

R Square = 0.684 (Adjusted R Square = 0.659).

Table 1: shows a significant effect of treatment on the emotional labour of the participants ($F_{(2,114)}=44.487$; $p<0.05$). This means that there is significant difference in the emotional labour score of Nurses in the transactional analysis. It reveals that the transactional analysis group obtained the highest adjusted post-test mean score in emotional labour ($\bar{x} = 170.286$). This is followed by the self-efficacy strategy group ($\bar{x} = 164.77$) while the lowest score was obtained by the control group ($\bar{x} = 136.571$). To this end, transaction analysis was more effective in enhancing emotional labour of the Nurses

Table 2: Duncan Post Hoc Test on Transaction Analysis

Treatment	N	\bar{x}	Treatment 1	2	3
1 Transactional Analysis	49	170.286	170.29	*	*
2 Self-efficacy	40	164.775	*	164.78	*
3 Control	35	136.571	*	*	136.5

From Table 2:

From Table 2, all the 3 possible pairs are significantly different at $p<0.05$. Specifically, there is a significant difference between the pairs of:

- (1) Transactional Analysis and Self-efficacy
- (2) Transactional Analysis and Control
- (3) Self-efficacy and Control

Therefore, all the 3 pairs contributed to the significant effect observed for treatment on Nurses' emotional labour.

Discussion

Research work on Nurses and their health care giving services in Nigeria is still an elementary work which could be improved upon. This present study amplifies the previous study on the effectiveness of Transactional Analysis and Self-efficacy strategies on emotional labour of Nurses in Kwara State, Nigeria. There is a significant main effect of treatment and Transactional Analysis was better compared to Emotional Intelligence. This finding is in line with Hammed (2000), and Thompson (2002) who revealed that Transactional Analysis was found to be effective in enhancing interpersonal relationship of workers and society respectively.

In contrast, Gesell and Wolosin (2004) and Rathert and May (2007) found that when disrespecting and communicating poorly with Patients, it contributes to increasing the patients' stress, which can have negative effect on the cardiovascular and endocrine systems. This findings also supports the findings of Ashforth & Humphrey (1993) which revealed that the longer a person is in the job, the more likely that they will surface act as part of their job, smiling without really being happy this can ruin communication. The findings have clearly shown that if Nurses' emotional labours are enhanced, definitely, they will be able to manage effective interpersonal relationships with patients. However, the findings are contrary to the findings of Mann (2004) which found that most feeling rules are usually unwritten as in the case of 'manner' so communication is not clear. The findings confirm the findings of Ashforth & Humphrey (1993) found that employee has a set of feeling rules by which they operate interlectually, whilst the customers have an expectation of good services like trustworthiness, courtesy, approachability and understanding. The effectiveness of the Transactional Analysis might be as a result of the ability of the technique to enhance the emotional labour of the Nurses.

The employee's behaviour requires 'emotional labour' (Hochschild, 1990) where the front-line employee, has to either conceal or manage actual feelings for the benefit of a successful service delivery. The implication is not necessarily of gender equality or mutual benefit but of satisfaction for the customer and profit for the management. This finding is in support of Strasen, (1992) who describes sex role socialization as "instrumental" for men and "expressive" for women. The characteristics of instrumental socialization include the ability to compete, aggressiveness and ability to lead and to wield a power to accomplish tasks. Expressive socialization includes learning to nurture, to be affinitive and to be sensitive to the needs of others (Ostell, 1996).

The findings confirm the finding of Segal, (2002) which revealed that emotional intelligence plays an important part in forming successful human relationships and that though emotional labour is important in establishing therapeutic Nurse–Patient Relationships; it carries the risk of 'burnout' if prolonged. The findings is in line with Thorndyke (1920) which revealed that emotional intelligence has its roots in the social intelligences and revealed that intelligence was of value in human interactions and relationships. However, to succeed in effective health care giving services the Patients need to be legally responsible while the Nurse's/ Patient Relationships should be considerably distinguished.

Conclusion

The main objective of this study was to establish the effects of improving the Nurses' Interpersonal Relationships through Transactional Analysis Training. The personal characteristics of patients and nurses are the major key factors influencing the effective communication between nurses and patients in healthcare settings. There has only been very little confirmation to expatiate the role of environment in the nurse-patient communication and interaction.

Recommendations

1. Nurses integrate skills and knowledge in providing care for client through the process of the nurse-client relationship: orientation, identification, exploitation, and resolution phase. They are enabled by this relationship to provide effective nursing interventions for the clients and their families.
2. There is need to develop positive emotions to face challenge where they arise and also educates the nurses on the need to always be kind and caring even in the presence of difficult patients.
3. More studies could be done about the means to improve effective communication and more training to create awareness about barriers to effective communication in related to nursing intervention, because of the very busy schedule of nurses in majority of healthcare settings, they become less aware of the problem of ineffective professional communication style.
4. More training can be implemented to; educate nurses about communication barriers; equip them with effective communication skills and strategies and thereby enhance their receptivity to patient's signal.

References

- Ashforth, B. E. & Humphrey, R. H. (1995). Emotion in the workplace: A reappraisal. *Human Relations*. 48: 97-125.
- Barnes, E., Ashforth, B. E. & Humphrey, R. H. (1998). *Face to Face with Distress: the Professional Use of the Self in Psychosocial Care*. Oxford: Butterworth-Heinemann.
- Bello, O. (2017). *Effective communication in Nursing Practise: A Literature Review*, Bachelor's Thesis Degree Programme in Nursing.
- Benner, P. & Wrubel, J. (1989). *The Primacy of Caring*. Addison-Wesley, London.
- Berne, E. (1961). *Transactional Analysis in psychotherapy: A Systematic Individual and Social Psychiatry*. New York: Grave Press.
- Ennis, G., Happell, B., Broadbent, M. and Reis-Searl, K. (2013). The Importance of Communication for Clinical Leadership in Mental Health Nursing: The Perspective of Nurses Working in Mental Health. *Mental Health Nursing*. Volume 34, No. 11. Pp. 814-819.
- Gesell, S. B, Wolosin, R. J. (2004). *Inpatients ratings of care in five common clinical conditions*. Quality management in health care.
- Hammed, T. A. (1999). *Fostering Interpersonal Skill among selected Bank workers through Assertiveness Training and Transactional Analysis*. PhD Thesis, University of Ibadan.
- Hochschild, A. R. (1990). *The managed heart: The commercialization of human feeling*. Berkeley, CA: University of California Press, 180-203.

- Jones, M.C. and Johnston, D.W. (2000). A critical review of the relationship between perception of the work environment, coping and mental health in trained nurses and patient outcomes. *Clinical Effectiveness in Nursing* 4:74–85. *resource management*. vol. 10: 31-72. Greenwich, CT: JAI Press.
- Kelly, D., Ashforth, B. E. & Humphrey, R. H. (2000). Death, dying and emotional labour: problematic dimensions of the bone marrow transplant nursing role? *Journal of Advanced Nursing*, 32: 952–960.
- Kerfoot, J. R. (1996). The accuracy of nurse anesthetists in estimating the amount of blood in surgical sponges.
- Lawler, J. (1991). *Behind the Screens: Nursing, Somology and the Problem of the Body*. London: Churchill Livingstone.
- Ostell, A. (1996). Managing dysfunctional emotions in organisations. *Journal of Management Studies*. 33. pp. 525-557.
- Peplau, H. E. (1997). *Theory of interpersonal Relations*. Nurse Science Quarterly.
- Peplau, H. E. (1998). Nursing Science *Interpersonal relations: A theoretical framework for application in nursing practice*. Quarterly, 5, 13-18.
- Rathert, C. & May, D.R. (2007). *Health care work environments, employee satisfaction, and patient safety: Care provider perspectives*. *Health Care Management Review*, 32(1), 1-10.
- Segal J. (2002). Good leaders use emotional intelligence. Emotionally intelligent leadership is a skill that can be learned and taught throughout life. *Health Progress* 83(3), 44–46. Key publications.
- Segal, J. (2002). Good leaders use emotional intelligence. Emotionally intelligent leadership is a skill that can be learned and taught throughout life. *Health Progress* 83(3), 44–46. Key publications.
- Sheldon, L. K. (2013). *Establishing a Therapeutic Relationship Communication for Nurses: Talking with Patients (third edition)*. Jones & Bartlett Learning.
- Strasen, L. (1992). *The Image of Professional Nursing*, JB Lippincott Company, Ph, 7-13
- Thompson, C. (2000). A conceptual treadmill: the need for ‘middle ground’ in clinical decision-making theory in nursing. *Journal of Advanced Nursing* 30, 1222–1229.
- Thorndike, R. K. (1986). "Intelligence and Its Uses", Harper's Magazine 140, 227-335.
- Williams, A. (2001). A literature review on the concept of intimacy in nursing. *Journal of Advanced Nursing* 33:660–667.
- Zapf, D. H. M. (2006). On the positive and negative effects of emotion work. *European Journal of Work and Organisational Psychology*, 15: 1–28.
- Zapf, D. (2001). Emotion work and psychological well-being. A review of the literature and some conceptual considerations. *Human Resource Management Review*, 12:237-268.