

## Article

# Incorporating Peplau's Theory of Interpersonal Relations to Promote Holistic Communication Between Older Adults and Nursing Students

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With the increased life expectancy, older adults will interact with multiple health care providers to manage acute and chronic conditions. These interactions include nursing students who use various health care settings to meet the clinical practicum requirements of their programs. Nursing faculty are charged with facilitating students' learning throughout the program from basic human needs, to holistic communication, to advanced medical surgical concepts. Despite educating students on holistic communication, there remains a lack of a reliable framework to undertake the task of teaching holistic communication skills. Nursing students preparing to function as licensed practitioners need to develop appropriate knowledge to holistically care for older adults. The purpose of this article is to examine Hildegard Peplau's interpersonal relations theory as a framework to assist nursing students to understand holistic communication skills during their encounters with older adults. Peplau's theory provides nursing a useful set of three interlocking and oftentimes overlapping working phases for nurses' interaction with patients in the form of the nurse–patient relationship. Nursing education could adopt the three phases of Peplau's interpersonal relations theory to educate students on holistically communicating with older adults.

**Keywords:** *older adults; nurses (basic); educators; students; holistic*

Older adults, those who are 65 years of age or older, now account for 13% of the total United States population. As life expectancy continues to expand, older adults will access health care services more often as most have one or more chronic health conditions (Administration on Aging, 2012; Swanlund & Kujath, 2012). As this particular population continues to interact with numerous health care workers, it is important that they are understood and treated with respect and dignity. The literature demonstrates that historically this particular population has faced negative views and attitudes from the general population, health care workers, as well as nursing students (Cozort, 2008; Evers, Ploeg, & Kaasalainen, 2011; Lovell, 2006).

Nursing students preparing to function as licensed practitioners need to develop appropriate

knowledge and attitudes to care holistically for the older adult population. Many students arrive at clinical rotation sites with preconceived ideas about older adults, many from general societal ageist stereotyping. Some of these ideas include the students' own fear of aging and the instilled general population views of older adults. An additional noted barrier is the notion that skills needed for career advancement should be technical, not basic, skills, which students felt a nursing home setting did not provide for them (Gould, MacLennan, & Dupuis-Blanchard, 2012). With increased exposure to older adults during clinical rotations, nursing students

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have the opportunity to become prepared, self-assured, and knowledgeable in providing holistic care to this growing population (Henry, Ozier, & Johnson, 2011). As the older adult population continues to grow, more nurses are needed to provide holistic care to meet both the physiological and psychological changes that occur.

The literature demonstrates that historically nursing students do not choose to enter gerontological nursing after graduation (Brown, Nolan, Davies, Nolan, & Keady, 2008; Heise, Johnsen, Himes, & Wing, 2012). There are multiple factors that influence whether or not student nurses seek employment working with older adults once they become licensed practitioners. Because of their exposure to ageist societal views, student nurses often feel that these views will be a reality if they choose to work with older adults as licensed practitioners. There remains a need to educate nursing students on the opportunities working with older adults after graduation. In a study completed by Gross and Eshbaugh (2011), students had a lack of awareness rather than lack of interest working with this population. Therefore, it is suggested that student nurses be made aware of the opportunities working with older adults once they join the workforce. This awareness should possibly begin during their formal education program as a stand-alone gerontological nursing course or as part of an already existing one. Student nurses are keenly aware of the impression clinical faculty have toward older adults. Clinical faculty with negative attitudes witnessed by nursing students could be a detriment to the development of positive attitudes toward working with older adults (Gross & Eshbaugh, 2011).

Hildegard Peplau, a pioneer in the development of theory and practice of psychiatric mental health nursing, was a nurse theorist who introduced the middle-range theory of interpersonal relations. In emphasizing the nurse–client relationship, Peplau applies principles of human relations to problems that arise at all levels. Throughout the nurse–patient relationship, the nurse and patient work together to become more knowledgeable in the care process (Gastmans, 1998).

The purpose of this article is to examine Peplau's interpersonal relations theory as a framework to assist nursing students to understand holistic communication skills during their encounters with older adults.

## Ageism

Ageism is the third highest *ism* comparably to racism and sexism. The term *ageism* was originally coined by Robert Butler in 1968. Butler (1989) stated that ageism “is a systematic stereotyping of and discrimination against people because they are old” (p. 139).

Kite, Stockdale, Whitley, and Johnson (2005) and Levy and Banaji (2002) point out that older individuals are perceived less favorably than those who are younger. Part of student nurses' bias should include recognition that what their traditional thoughts are about older adults may not reflect today's norms. This is evidenced by the fact that the majority of older adults (96.4%) continue to live in household settings. Of those individuals living in household settings, 28.3% continue to live alone. A mere 3.6% reside within group quarters such as skilled nursing facilities or rest homes. In another vein, 16.2% of the older adult population continue to be employed; and there was no drop in employment status for this age-group from 2005 to 2010. With the use of technologies among Americans, 44.8% of the older adult population uses the Internet for exchanging e-mails, booking vacations, and using online banking services (West, Cole, Goodkind, & He, 2014).

Results from a study completed by Rupp, Vodanovich, and Crede (2005) demonstrated that younger individuals and men have significantly higher ageism scores than older adults and women. In 2012, baccalaureate nursing programs had an 84% occupancy rate of students younger than 30 years; likewise, the number of men obtaining nursing degrees is 14.5% (National League for Nursing, 2013). These statistics express a need for an intervention within nursing education to aid nursing students in developing appropriate means to interact and communicate holistically with older adults. The development of holistic communication skills is vital to meet the health care needs of the older adult population. Humans are holistic beings connected through mind, body, and spirit. The dissociation of any of these three factors in the nursing process negates the fundamental principles of holistic nursing practice.

The presence of ageist views and behaviors among nursing students can be an obstacle to providing holistic care to older adults. Ageist views and behaviors negate many of the concepts of holistic

nursing and place barriers between the student nurse and older adult mainly in achieving a holistic approach to care. Holistic communication is defined as “a free flow of verbal and nonverbal interchange between and among people and significant beings such as pets, nature, and God/Life Force/Absolute/Transcendent that explores meaning and ideas leading to mutual understanding and growth” (Mariano, 2007, p. 60).

Student nurses should also reflect on any ageist views and behaviors they may have to communicate holistically with older adults. Mutual understanding can aid the student nurse to begin to grasp the ideas and values of older adults. When ageist views and behaviors are put aside, the student nurse opens up a channel to begin to grow and expand on his or her knowledge of older adults. With this expansion of knowledge, student nurses can start to deconstruct the generational gap between themselves and the older adult: opening up lines for holistic communication to take place. Doing this allows the student nurse to be open to both personal growth and professional learning opportunities from the older adult. This might also help eliminate the fragmentation of holistic care by allowing the student nurse to be present and self-accepting of older adults.

### Communication Skills

Communication skills are typically introduced to nursing students in their first or second year of the program (McCarthy, O'Donovan, & Twomey, 2008). The delivery method for presenting these skills is typically within a classroom setting via lecture.

The drawback to this type of delivery method for communication skills is that the student generally does not have the chance to practice these skills prior to caring for patients in the clinical setting (Xie, Ding, Wang, & Liu, 2013). The use of other methods for teaching communication takes place in the nursing skills laboratory setting and postconference times in the clinical setting. Students are introduced to basic communication skills such as asking open-ended questions and learning about defense mechanisms and how they might be a roadblock to holistic communication (Rosenberg & Gallo-Silver, 2011). Within the education of communication skills, the student is also introduced to the concepts of empathy, active listening, the use of silence and touch, and *being there* (Potter & Perry, 2011).

Dijoseph and Cavendish (2005) reminds us that nurses can meet the spiritual needs of patients simply by *being there* or through thoughtful listening.

There is a variety of methods to present communication skills to student nurses. Some of these approaches are the use of small group exercises, role-playing, skits, case studies, and the use of simulation (O'Shea, Pagano, Campbell, & Caso, 2013). Nursing education has embraced the use of simulation as a form of teaching and learning to assist nursing faculty in the presentation and evaluation of communication techniques to their students (Kameg, Howard, Clochesy, Mitchell, & Suresky, 2010; Sleeper & Thompson, 2008).

The evaluation of communication skills is most often achieved by unit exams. This is regularly completed using multiple-choice exams to assess the students' knowledge of the presented material from previous lectures and classroom instruction. The assessment of nursing students' communication skills can also be completed in the skills laboratory setting as a stand-alone competency or part of other competency assessments, such as dressing change and urinary catheterization competency testing.

Regardless of the reason for the student nurses' interaction with the patient, there should always be some form of verbal communication between the two. The absence of communication between the patient and the student nurse is evident in the early phases of nursing education. New student nurses tend to focus on the task and are not yet comfortable with incorporating free-flowing communication between themselves and the patient. Another novel approach to fostering holistic communication between older adults and nursing students is to use postconferences as a teaching and learning opportunity.

Students, with guidance of clinical faculty, have the opportunity to practice and develop necessary holistic communication techniques by using examples of their interactions with older adults. Students might present an interaction they felt uncomfortable in or one that posed them a challenge and that they were unsure of how to deal with. Students and clinical faculty can also provide ideas and examples of how to perhaps deal with similar situations in future encounters. Postconference time does not always need to strictly focus on the physiological changes and disease processes of older adults but might encompass psychosocial/spiritual topics as well. This time may be spent discussing how to

provide holistic care to reinforce what is learned in the classroom. Topics may include how to incorporate holistic communication with patients while completing tasks, strategies for interacting with belligerent patients, and how to provide holistic care to the dying patient.

## Peplau's Interpersonal Relations Theory

Hildegard Peplau's name and work are prevalent throughout the psychiatric nursing community for her dedication to this nursing specialty. Despite her theory of interpersonal relations being developed in 1952, it remains relevant and useful today in not only the psychiatric setting but other areas of nursing practice as well (Peplau, 1997). Peplau's countless hours of patient contact, journal articles, and a book devoted to the care of the psychiatric patient provide practicing clinicians both within the specialty and beyond the guidance in treating this vulnerable and oftentimes stigmatized group of patients (Haber, 1999; Porr, Drummond, & Olson, 2012; Vandemark, 2006)

The interpersonal relations theory developed by Peplau is considered a mid-range, descriptive classification theory (Fawcett, 2005; McCamant, 2006). Peplau's theory is also described as being part of the interactionist school of thought. Interactionist theories are defined in the literature as those that focus on fostering connections between the nurse and the patient (Meleis, 2012). The phrase interpersonal relations is described by Peplau (1991) as "the study of what goes on between two or more people, all but one of whom may be completely illusory" (p. 14).

Peplau's theory provides the discipline of nursing a useful set of three interlocking and oftentimes overlapping working phases for the nurses' interaction with patients in the form of the nurse-patient relationship. Peplau's phases of the nurse-patient relationship have been used to teach nursing students a way to understand the occurrences within the nurse-patient dyad. Nursing education could possibly use the three phases of the interpersonal relations theory to educate students on holistically communicating with the older adult. Throughout the history of nursing, the profession has fostered the mind-set of viewing the patient as a whole.

The nursing profession prides itself with the nonsegmentation of psychological and physiological

concerns of humans. This also includes the bonding of mind and spirit in the health promotion and maintenance of the patient (McEvoy & Duffy, 2008).

Throughout the three phases of the theory, the nurses' feelings, emotions, and behaviors are taken into consideration as well as the patients'. The phases of the nurse-patient relationship are progressive and grounded in a professional as opposed to a personal relationship. It is important for the nurse to understand that this is not a casual relationship of nurse/nurse, nurse/friend, and nurse as consumer or other identified role (Peplau, 1997). The nurse brings to a professional relationship the knowledge, skills, and attitude needed to aid the patient in finding a means to resolve or deal with his or her illness. The student nurses' comprehension of effective holistic communication skills and perceptions of their ability to communicate with older adults could possibly influence their interactions with this population (Tuohy, 2003).

### Orientation Phase

The orientation phase is where the patient has a desire to obtain help with a medical concern. Within this phase, the nurse greets the patient by name and with professional title. The nurse then provides an explanation as to why they are interacting; in doing so, the nurse conveys a professional interest and is receptive to the patient. During the orientation phase, the nurse begins to understand the patient holistically, obtaining necessary data on the patient while setting the tone for further interaction. Nurses learn to function professionally and meet the needs of others by first understanding themselves (Vandemark, 2006). Peplau points out that the work for the nurse during this phase of the relationship allows for an introspective look at the nurses feelings, thoughts, and behaviors (Nystrom, 2007). Peplau posits that nurses should be cognizant of their body language and the gestures they display during nurse-patient encounters. Nurses should strive from maximum verbal and minimal nonverbal communication when interacting with patients. This is also in line with the tenets of providing holistic care, where the patients' beliefs, values, and lifestyle choices are included in the plan of care (Love, 2014). The theory of interpersonal relations encourages nurses to look past the patient's deficits and take into consideration what it might be like to be that patient (Barker, 1998). Peplau describes for us

that psychodynamic nursing implies that both the patient and the caregiver grow as an outcome of the interaction between the two (Nystrom, 2007).

Christiaens, Abegglen, and Gardner (2010) describes the advice given to student nurses by expert holistic clinicians. There are four areas in which students can be successful in providing holistic nursing care to patients. These areas include caring for self, person-centered care, use of touch, and being committed to lifelong learning.

The use of touch is most beneficial in this phase as it demonstrates warmth and openness and a genuine sense of caring and compassion toward the patient. Students are oftentimes reluctant to touch patients outside of physical examinations and interactions for procedures where touch is necessary. The use of therapeutic touch must be taught by nurse educators and practiced by student nurses in order to gain confidence to allow this to become second nature with their daily interactions with patients.

As the orientation phase progresses, the patient continues to ask and respond to questions with the nurse in hopes of feeling secure within their interactions. Throughout this phase, the nurse assists the patient to a comfort level by helping him or her understand his or her health concerns. The nurse uses professional knowledge and skills along with a holistic approach to help the patient resolve his or her health concerns (Gastmans, 1998).

Within the orientation phase, the student nurse meets the older adult for the first time. This may be an anxiety-provoking event for both the older adult and the student nurse. The student nurse may be unaware of what the outcome of this patient encounter will be, and the older adult may be anxious at allowing care by a stranger. A key goal in this phase for the nursing student is to gain the patient's trust in a short period of time (Rosenberg & Gallo-Silver, 2011).

### Working Phase

This is the phase where the key work takes place as the patient begins to understand their reactions to illness (Senn, 2013). During the working phase, the nurse functions in different roles, including teacher, interviewer, counselor, recorder/observer, and mediator (Peplau, 1991). We are reminded by Peplau that despite nurses having numerous roles, their primary responsibility is to be the provider of physical care.

This phase is generally noted as the assessment period and a time when the patient may feel vulnerable at being undressed and examined by a stranger. Nursing students should remember that older adults oftentimes feel vulnerable when undressed around strangers. It is important that students remember to keep the patient's body parts covered unless they are assessing that particular area of the body. Respect and maintenance of privacy will allow for further trust within the nurse-patient dyad.

Klagsbrun (2001) describes two essential elements for holistic communication. First, active listening allows for the patient to experience a deeper connection with the nurse, where the nurse reflects back what the patient says. Second, focusing is described as helping the body become more self-aware of its sensations experienced at the time. Nursing students would benefit from learning and practicing these techniques to foster holistic communication between themselves and their patients. Holistic communication between the older adult and the student nurse must continue to be dynamic and interactive. An example of this might be the student nurse explaining to the patient what he or she is doing and eliciting a response from the patient. Nurses must portray a professional and respectful rapport with the patient so the patient does not feel ashamed, humiliated, or embarrassed (Peplau, 1992). Also in this phase, the patient concentrates on their response to the illness and develops an understanding of what their existing health condition requires of them (Fawcett, 2005).

Within the working phase, there are two other categories titled the *identification* and *exploitation* subphases. Throughout the working phase, the nurse and patient continue to know and respect each other as people who have similar and different opinions with regard to perceiving and responding to events.

To assist the patient in problem-solving health concerns, the nurse offers his or her professional education and skills. The nurse at this point takes on the role of resource person in providing the patient with needed information to aid the patient in better understanding his or her health status (Fawcett, 2005; Forchuk, 1991).

### Termination Phase

This is the phase where the patient is preparing for discharge and the nurse and patient review what

has been accomplished during their time together. The role of the nurse in this phase is to assist the patient to devise actions that will allow for the patient to return to a normal productive life with fulfilling relationships and social activities (Fawcett, 2005). The limited knowledge base that students have while in nursing school should not be a deterrent in assisting with discharge teaching. Students may provide beneficial discharge instructions on topics such as medication side effects, fall precautions reminders, and the importance of keeping scheduled medical and psychological follow-up appointments. The termination phase allows the nurse to reflect back on the care provided and to understand that the knowledge gained from this experience might be used in future patient interactions (Feely, 1997).

## Conclusion

The use of Peplau's interpersonal theory as a framework to assist in educating nursing students about holistic communication is a novel idea. The theory with its three interweaving phases can aid as a framework for structuring classrooms, postconferences, and skills laboratory presentations on components of providing holistic care and communication. As nursing continues to embrace a holistic paradigm, it is important for educational programs to strive within course work to include teachings that are inclusive of mind, body, and spirit. There is a call for nurses to become introspective and reflective of their practice. Through the fostering of holistic practice, nurses will have an increased ability to process the feelings, thoughts, and emotions they may have toward their patients.

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