

THE THERAPEUTIC RELATIONSHIP NURSE/CLIENT/ FAMILY IN NURSING CARE IN A SURGERY SERVICE

Carlos Boavida Tilman*, Eduardo Grisogono Gaio, Hermínio Noronha, Artur Natalino Corte Real Araújo, Acácio Pereira Guterres, Elisa de Deus

Abstract

Introduction: *The therapeutic relationship is a relationship of help that is established for the benefit of the client, while the client/family and friends relationships aim at the satisfaction or contentment of mutual needs. The patient helps people/clients seeking help, so the therapeutic relationship is social, customercentric and directed to achieve goals.*

Thebjetivo: *Analyze the opinion of clients about the therapeutic relationship between nurse/client/ family in the surgery service of the Guido Valadares National Hospital, Dili Timor-Leste.*

Methodology: *Nbone study we opted for an exploratory, descriptive research of quantitative approach. Data were obtained through the questionnaire application, the show and 30 clients hospitalized in the men and women surgery wards. Use the sampling technique, probabilistic and by convenience sampling, also called accidental.*

Results: *We can point out by analyzing the results of the research that clients consider that nurses greet when they enter the room (90%), also explain all indications for discharge (83.34%), and in the preparation of discharge explain the care to be taken both to the client and to the family (100%). However, only (36.67%) clients reported that the nurse questions the client about their complaints and did not always show willingness to inform family (60%).*

Conclusion: *Clients hospitalized in the surgery service express a positive opinion about the therapeutic relationship between nurse/client/family, but there are some aspects that deserve attention, such as informing clients about the contraindications of medication and questioning the client about their complaints in the provision of the care inherent in the surgical process.*

Keywords: Therapeutic Relation, Nurse, Client/Family.

INTRODUCTION

Communication is a process in which people relate to each other through the exchange of information ideas and feelings¹. It is an exchange of energy, an act of sharing used to establish and maintain relationships with others in the perception and communication at work cited by Carlos & João, 2020². Communication is, therefore, an important instrument of intervention in the health area, because it is assumed as a link between the client and the nurse, being an indispensable element in the quality of re-

lationships, in the identification of the health-disease process and in the realization of good quality health care of leadership cited by Carlos & José, 2022³. In nursing it is the act of communicating that allows nurses to establish a therapeutic relationship. The therapeutic relationship is a relationship of help. The sick are the people who help customers, that is, the people who seek help. A therapeutic relationship is personal, customer-centered and directed to the achievement of certain objectives. In a therapeutic relationship, individuals seeking help bring to

the relationship their own life experiences, their intelligence, the acquired knowledge, their values, and their motivations to change⁴. Nurses bring their experience, understanding and skills. The nurse and the client can be seen as unique systems that intersect in the common ground: the therapeutic relationship nurse, client and family. Therefore, the development of communication in professions related to health sciences, namely the relationship/interrelationship between nurses, clients, and families, is a priority area of professional knowledge and should integrate health training programs. In addition to communicating with clients, nurses also have to communicate with health team members. Through this relationship, the nurse can help a person, the family and the community⁵. These models value the authentic awareness and autonomy of the person cared for, with interpersonal relationships between nurse-clients focusing on understanding the meanings of human experience. The application of these models shows positive results for both the client and the professional in several aspects. It is important to highlight the fact that the client should not only be a passive element, but should participate in their healing process, making decisions regarding his person and his treatment. This is a therapeutic relationship, since its purposes are the recovery and/or maintenance of the health of the client with good recovery conditions from a specific health treatment cited by Carlos & Eduardo, 2021⁶. The relationship between the nurse and the client can last, a few minutes as a

conversation in the waiting room, or even years for example a treatment of a chronic disease. Nurses need friendship, support, guidelines and encouragement from each other to address the many stress factors imposed by the role of nursing in their daily work cited by Carlos & Acacio, 2022⁷. The therapeutic relationship between client nurse and the family allows nurses to become effective agents of change when interacting with the family, instilling the importance of a given practice for the whole family and developing their skills, in the search for a leadership role in general health care. There are 5 levels of communication: intrapersonal, interpersonal, transpersonal, small-group and public communication. Thus, the relationships in which the nurse should improve are: Nurse/client relationship, nurse/family relationship, nurse/health team relationship. Nurses working in surgical services should give special attention to the communication and therapeutic relationship they establish with clients because the surgical process usually causes fears and anxieties in the client, so the role of nurse in their leadership is very important⁹. As a result of our personal experience in the surgical field, several questions arose. Since it is our perception that in East Timor the majority of the population is little informed about surgical processes and nurses in surgery services are often overloaded with the execution of multiple procedures and considering the importance of aspects related to communication and therapeutic relationship, the following starting question arose: What is the importance of the therapeutic relationship between nurse, client, and family in nursing care, in the surgery service of the Guido Valadares Dili Timor-Leste National Hospital?

Objectives

General objective: To analyze or appreciate the opinion of clients about the therapeutic relationship between nurse/client/family in the surgery service

of the Guido Valada Hospital res Dili Timor-Leste.

Specific objectives are:

1. Describe the importance of the therapeutic relationship in nursing care.
2. To identify factors that influence the therapeutic relationship between nurses and clients in nursing care.
3. To identify the clients' opinion about the therapeutic relationship between nurse and client/family in nursing care in the surgery service.

THEORETICAL FRAMEWORK

Communication emerges to us as a social phenomenon, a process of social interaction between individuals and families the reality of treatment in nursing and medicine in general who know the meaning of what is said, if it is done or thought of each professional person mentioned by Carlos & José, 2022^{3,10}. Therapeutic communication is a specialized form of conversation designed to help a client achieve certain objectives, through participation in a relationship focused on their health process client disease with professional knowledge in communication and health treatment cited by (Carlos & Eduardo, 2022¹¹. There are three elements present in all phases of the therapeutic relationship; the nurse, the client and the communication. As an element of the therapeutic relationship, the nurse is the element of help that has training skills / expertise that will facilitate the growth of the client, the client is the person who seeks help for the resolution of their problems and for their personal growth and communication is the significant interaction that is established between the two and will lead to this creation.

The therapeutic relationship is, therefore, a relationship in which the professional aims to provoke a change in the other's way of being, in this case the

client, in relation to his/her health, in order to help him/her overcome the crisis situations related to his/her health/disease process. In nursing, the use of therapeutic communication between nurses has been seen by many authors as one of the main tasks of this professional¹². To establish a therapeutic relationship, nurses need to have listening skills and demonstrate respect, empathy, authenticity and congruence to the client. Respect is a very important component in therapeutic communication and is often a facilitator of other therapeutic interventions¹³.

The nurse should therefore greet the client in a courteous manner, show availability and accept the client as he is without making value judgments. Only then can the client feel encouraged to expose their problems with the health professionals cited by (Carlos & João, 2020; Cabanal 2011)^{2,14}. Thus, in this type of relationship the nurse uses his/her knowledge to help the other to face their problems, live with other problems, accept what is not changed and make autonomous decisions about their health/disease process. Communication becomes positive and the therapeutic relationship is successfully established.

Therapeutic communication is a type of communication included in clinical communication and health communication, used by health professionals to support, inform, educate and train people in the processes of transition from health disease, and/or in their adaptation to difficulties. It includes a set of interventions carried out by health professionals that have a therapeutic potential in the process of recovery of people¹⁵. In therapeutic communication, nurses should sum up what has been said and encourage the client to seek their own solutions in a safe environment. These techniques exist to be used

as general lines of action, considering that, depending on each situation, it will be necessary to have knowledge and creativity aiming at the context and particularizing each situation. In surgery services, clients often express fear of pain, fear of anesthesia, and fear of being disfigured or disabled and, especially, fear of dying; often, they are afraid to show fear. It is therefore important to humanize more care to our clients, valuing the emotional aspects involved in the entire surgical process¹⁶. In a study conducted in Brazil, the study subjects reported anxiety and fear regarding surgery mainly related to lack of information, stating that doubts increased the level of anxiety during the postoperative recovery period. On the other hand, the same subjects reported that the presence of the nursing team and the provision of coherent information was a promoter of a high level of satisfaction and the need to be well cared for¹⁷.

The surgical process requires interaction between the health team and the clients/family, in order to provide information about its different stages. The information and clarification of doubts to the surgical client/family reduce their anxiety and fears about surgery and have a positive influence on their recovery and treatment adhering in the post-surgery period¹⁸. This aspect deserves special attention on the part of the nursing professional, because according to the same author, people in surgical situation go to the nurse to expose their anxieties and doubts and if the answer is not adequate in the first contact, the opportunity to establish the relationship is usually lost. The management of feelings is characterized, on the one hand, by the creation of a space and time that allows the expression of feelings, and on the other, by the creation of an environment that promotes security. The creation of a space and time that allows the expression of feelings is of great importance since it has therapeutic potentialities on its own, and constitutes an essential basis for the development of the relationship.

The nurse should encourage the client to verbalize their concerns and fears and should listen to it, demonstrating understanding and providing them with information that helps them to alleviate their concerns. Thus, the more the client has knowledge about its future possibilities, the better its adaptation to hospitalization and surgical process and, consequently, its recovery. Nurses should use language as a precious tool to make themselves understood and thus attaining the goal of human interaction¹⁹. The most important particularities for quality care are focused on interpersonal aspects, such as: demonstration of affection, provision of information and guidance regarding the procedures performed, and rapid attendance to requests. Being a good listener, being human towards the other and, above all, respecting and meeting their needs are essential premises in a service of chirurgic.

METHODOLOGY

The realization of our study we opted for an exploratory, descriptive research of quantitative approach. The exploratory study seeks familiarization with phenomenon, perception and discovery of ideas about the subject, describes in detail the situation and seeks to discover the relationship between the variables, considering the different aspects surrounding and involved in research or research²⁰. The population of our study consisted of the clients of the men and women surgery service of the Guido de Valadares National Hospital, Dili Timor-Leste,

2022. The sample number is 30 clients, hospitalized in the surgery service, during the period between October and November 2021 and who gave us their acceptance consent. Use the sampling technique, probabilistic and by convenience sampling, also called accidental, being the one that is obtained without any preconceived plan. The following inclusion criteria: Having hospitalization equal to or greater than 3 days, being aware, oriented in space and person time and in full use of their mental abilities and who agreed to participate in the investigation. The instrument for collecting data for the questionnaire, our questionnaire is posted by closed questions. Data analysis we will investigate or use simple descriptive statistics¹³ to the computer program SPSS (*Statistical package For The Social Sciences*) and the resultados presented in tables.

RESULT

Table I - Distribution of the age of the subjects by age group.

Age	Frequency(n)	Percentage (%)
18-27	9	30
28-38	8	26.67
39-49	7	23.33
50-60	5	16.67
61-71	1	3.33
Total	30	100

These data in Chart I indicate that the age between 18 and 71 years, and most of our sample belongs to the age group between 18 and 38 years. The mean age is approximately 36 years, with a median in the age group of 18 and 38 years. Table II - Distribution of subjects by sex.

Sex	Frequency(n)	Percentage (%)
Male	20	66.67
Female	10	33.33
Total	30	100

These data in chart II allows us to affirm that the majority are 20 men (66.67%) and women 10 (33.33%). Chart III—Distribution of subjects by type of surgery.

Tipo Cirugía	Frequency (n)	Percentage (%)
Appendicitis	7	23.33
Tibia fracture	2	6.66
Osteomyelitis	1	3.33
Femur fracture	2	6.66
Quemado	1	3.33
Peritonitis	2	6.66
Acute cholecystitis	1	3.33
Head trauma in the	4	13.33
Lipoma	1	3.33
Triode	3	10
Clavicula Fracture	1	3.33
Amaro fracture	1	3.33
Calceolarias	1	3.33
Hemorrhoids	1	3.33
Hernia	3	10
Total	30	100

The data in Table III, tell us that they belong mainly to the abdominal forum, among which stand out appendicitis 7 (23.33%), to the orthopedic we highlight the fractures, namely of the tibia, femur and

clavicle 6 (20%) according to the research result (2021).

Table IV - Distribution of subjects by length of hospital stay.

Di hospitalization	Frequency(n)	Percentage (%)
3-6	16	53.33
7-10	7	23.33
11-14	5	16.67
15-18	2	6.67
Total	30	100

The data in chart IV indicate that most subjects were hospitalized between 3 and 6 days (16; 53.33%), followed by 7 individuals with hospitalization between 7 and 10 days (7; 23.33). On average, clients were hospitalized for 8 days. Table V - Distribution of the clients' opinion on therapeutic treatment and nurse/client/family ntre.

Therapeutic relationship between nurse/client/family	Much Important		Important		Little Important		Note
	n	%	n	%	N	%	Media
The nurse greets him when he comes into the room	27	90	3	10	0	0	2.9
The nurse smiles and is friendly	18	60	10	33.33	2	6.67	2.5
The nurse asks him about his /her judgments	11	36.67	14	46.67	5	16.66	2
The nurse asks him about when their complaints began	6	20	18	60	6	20	2
The nurse responds to his/her questions/questions or forwards to another responsible professional	20	66.67	5	16.67	5	16.67	2.5
The nurse provides information about their disease situation	22	73.34	4	13.34	4	13.34	2.5
The nurse informs him about the need to provide	21	70	6	20	3	10	2.6
Nurses obtain their consent to the provision of care	20	66.67	5	16.67	5	16.67	2.5
During nursing care, you feel comfortable	19	63.34	9	30	6	20	2.6
The nurse explains the indications of the medication	19	63.34	7	23.34	4	13.34	2.57
The nurse explains the contraindications of the medication	13	43.34	9	30	8	26.66	2.17
The nurse explains the side effects of medication and other treatments	19	63.34	6	20	3	10	2.6
The nurse explained the indications for discharge	25	83.34	5	16.67	0	0	2.83
The nurse usually talks to his/her family during the time of the visit	18	60	9	30	3	10	2.5
Whenever your family requested information the nurse showed availability	10	33.34	18	60	2	6.66	2.3
In the preparation of discharge the nurse explained to him and his family the care to be taken when he left the hospital	30	100	0	0	0	0	3

We can point out from the analysis of table V that the clients consider that the nurse greets when he enters the room, very important 27 (90%), also explains all the indications for discharge, very important 25 (83.34%), preparing the client and his family for the same also very important 30 (100%). However, only important nurse questions the client about the beginning of complaints 18 (60%), only important showed availability to inform the family 18 (60%), revealing – if, important, friendly and smiling to the client 10 (33.33%). Regarding the contraindications of medication, 8 (26.66%) clients state that nurses do not, as well as not answering their doubts 5 (16.66%), if they are uncomfortable during nursing care, which is very important 19 (63.34%). It is also verified that in relation to the statement the nurse explains the contraindications of the medication, which is not very important 8 (26.6%), according to the research result (2021).

DISCUSSION

We emphasize that the data obtained resulting from the application of a questionnaire to 30 clients hospitalized in the surgery services of a National Hospital of East Timor, express the opinion of this population, in particular, not being generalizable to other realities of the territory. Taking into account the objective of our study we found that according to the opinion of clients hospitalized in the surgery service, the nurse greets the client when he enters the room 27 (90%). However, the nurse smiles is friendly, for the client, important, it still appears in 10 (33.33%). These aspects are of great importance because the first contact often determines whether the therapeutic relationship will be established or not, to the extent that compliance is a rule of the most elementary education and shows respect for the person¹⁴. Being polite, cordial, friendly, assertive and respectful, optimistic and cheerful are qualities that clients value in nurses. (Carlos & Eduardo, 2021; Pereira and Botelho, 2014)¹². However, the nurse questions the client about the beginning of complaints, which is important 18 (60%) and showed willingness to inform families, which is important 18 (60%). These data corroborate what is expressed in the literature. The nurse needs to encourage the verbalization of the client, listen to him, be understanding and provide him/her with information that helps him/her to alleviate his/her concerns. The fears are expressed in various forms, and it is up to the professional to identify their meanings and use the appropriate strategies to minimize them. (Carlos & John, 2020; Cavalcanti and Coelho, 2007)¹⁹. In our study the statement – during the provision of care feels very important comfortable, appears in 19 (63.34%) and the statement – the nurse informs him about the need to provide care, is reported by 21 (70%), clients, however in the latter statement it is worth noting that little important arises in (3;10%). It is known that the clients expect professionals to be responsible for the reduction of suffering, anguish, pain, as well as wanting to be welcomed and supported during hospitalization and the entire surgical process, and the expectations they have in relation to care can positively or negatively influence their recovery²¹. Regarding the item, the nurse explains the contraindications of the medication, it is emphasized that according to the opinion of the clients, it is important to be extremely important in 9 (30%) and that little important is reported by 8 (26.66%) clients. Not important answers your questions arises in 5

(16.66%). These aspects need greater attention on the part of nurses because according to the literature, the greater the knowledge of the user about his/her clinical situation and care that needs better to adapt to the surgical process and consequently their adaptation to hospitalization and recovery, and the fear of the unknown can precipitate the occurrence of complications²².

In our study, the aspects related to the preparation of discharge show attention on the part of the nurse: the nurse applied the indications for discharge (83.34%), and in the preparation of discharge the nurse explained to him and his family the care to have 30 (100%). The provision of information is the basic intervention in hospital discharge planning and that clients and their caregivers are able to identify their information needs and the type of care needed after discharge, continuation of treatment by order of the responsible physician²³.

CONCLUSION

In addition to therapeutic communication and provide humanized care, it is necessary that nurses wish to be involved and believe that their presence is as important as the performance of technical procedures, since objective technical knowledge does not always work well, in the face of stressful situations, such as subjective knowledge that is reversed communication in the practice of implementation at the Guido Valadares Dili Timor-Leste National Hospital cited by Carlos & Eduardo, 2021.

In particular, the nurse/a and client relationship aims to help the patient achieve and maintain an optimal level of health and presupposes active involvement and accountability of the patient for the care for which he or she is targeted.

REFERENCES

1. Petter, P. (2005) *Nursing Fundamentals*. 5th edition, Rio de Janeiro: Guanabara Koogan.
2. Carlos Boavida Tilman, João Soares Martins, Manuel Mausiri, et al. *The Perception of Population and Health Professionals regarding the National immunization Program of Timor-Leste*. Health Systems and Policy Research, ISSN 2254-9137 Vol.7 No.1:2 2020. www.imedpub.com published date May 11, 2020.
3. Carlos Boavida Tilman, José Ximenes da Conceição, Maria Manuela da Conceição Alves, et al. (2022). *The Leadership of The Head Nurse and The Motivation of Nurses in The Pediatric Service of The National Hospital Guido Valadares Dili Timor-Leste*, Nursing Primary Care, 2022; 6(4): 1-7.
4. American Nurses Association (2006) *Standards of clinical nursing practice*, Kansas City. Mo. The American Nurses Association.
5. Smeltzer, C., Bare, G. (2010). *Medical - Surgical Nursing Treaty*. 8th ed. Rio de Janeiro: Guanabara Koogan.
6. Braga, R. (2013). *The therapeutic relationship*. Portuguese Journal of General and Family Medicine. 29 (3): 146-147.
7. Carlos Boavida Tilman, Acácio Guterres Pereira, José Ximenes da Conceição, et al. (2022). *Stress in Practical Teaching of Nursing Students at the National University Timor Lorosae*. Nursing Primary Care, 2022; 6(4): 1-6.
8. Bridges A., Leitão, I., Ramos, I. (2008). *Therapeutic communication in Nursing: an essential instrument of care*. Brazilian Journal of Nursing, 61 (3), 312 - 318.
9. Iron Hand, A. (2009). *On the Pedagogy Route*.

Lisbon: Colibri Editions.

10. Peplau, H, (2005), *Interpersonal relations in nursing*, New York: McGraw- Hill.
11. Lucena, A. O de Gois, M. (2009). *The communication process in the care of the client submitted to ecostress: some reflections*. *Rabucha Enferm.*, 20, (n. ESP), 37-48.
12. Pereira, P., Botelho, M. (2014). *Personal Qualities of nurses in the Therapeutic Relationship in Health Mental*. *Thinking Nursing*, 18 (2), 61 - 73.
13. Rilhe, J. (2004). *Communication in Nursing*. 4th ed. Loures: Lusoscience, Technical and Scientific Editions Lda.
14. Cabanal, L. (2011). *Interrelation of his Professional of Infirmary with el Paciente*. Barcelona: Add Doma.
15. Sequira C. (2014). *Therapeutic communication in mental health*. *Portuguese Journal of Mental Health Nursing*. (12), 6-8.
16. Silva, W., Napata, S. (2005). *Communication: a perceived need in the preoperative period of surgical patients*. *Brazilian Journal of Nursing*, 58(6), 673-676.
17. Raera, A., & Braga, E. (2011). The importance of communication during the postoperative recovery period. *Rev. Esc. They're sick*. USP,45 (3), 632-637.
18. Morales, C., Alexandre, J., Prim, S., Amante, L. (2014). *Preoperative communication from the perspective of patients undergoing bariatric Surgery*. *Text & Context Nursing*, 23(2), 347-355.
19. Cavalcanti, A., Coelho, M. (2007). *Language as a tool for the care of nurses in cardiac surgery*. *Esc. Anna Nery Rev. Sick.* ,11(2), 220-226.
20. Fortin, M. (2009). *The Investigation Process*. 4ªed. Loures: Lusociência, Edições Técnicas e Científicas Lda.
21. Lopes M. (2005), *Clients and nurses: building a relationship*. *Rev. Esc. Enferm. USP*, 39(2):220-8.
22. Stefanelli, M. (2013). *Communication with the patient: theory and teaching*. 2. ed. São Paulo: Robe.
23. Verona B., Blender M. (2008) *Fundamental nursing*, Lisbon: Lusodidacta.

Citation: Carlos Boavida Tilman, et al. THE THERAPEUTIC RELATIONSHIP NURSE/CLIENT/ FAMILY IN NURSING CARE IN A SURGERY SERVICE. *AJMCR*. 2022; 1(1): 1-9.