

Application of Peplau's Interpersonal Theory on Mr. X with History of Road Traffic Accident

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Abstract

Nursing is a healing art and an interpersonal process between the nurse, and the patients. Interpersonal competency is a key element for nurse in assisting patients and their family to regain their health and restore the well-being. Peplau's theory of interpersonal communication focuses and guides these interpersonal processes and therapeutic relationship that develops between the nurse and client. Recognizing the importance and effects of the nurses relationship with the client, professional nurse use this knowledge in proceeding through each phase of the nursing process [1].

Keywords: Peplau's Interpersonal Theory; Interpersonal Process; Nurse and Client/ Patient.

Introduction

Peplau's theory of interpersonal relations provides a useful framework for investigation clinical phenomena and guiding nurse's actions. Through this interpersonal relationship, nurses assess and assist people to:

- a. Achieve healthy levels of anxiety interpersonally and
- b. Facilitate healthy pattern integrations interpersonally, with the overall goal of fostering well-being, health and development. This relationship also provides the contexts for the nurses to develop, apply, and evaluate theory-based knowledge as well as patient characteristics and needs are well important dimensions in the process and outcomes of the relationship. The structure of the interpersonal relationship was originally described in four phases. Her theory focuses primary on the nurse-client relationship in which problem-solving

skills are developed [2].

Assumptions

1. The kind of nurse each person becomes makes a substantial difference in what each client will learn as she or he is nursed throughout his or her experience with illness.
2. Fostering personality development in the direction of maturity is a function of nursing and nursing education; it requires the use of principles and methods that permit and guide the process of grappling with everyday interpersonal problems or difficulties.
3. Nursing can take as its unique focus the reactions of clients to the circumstances of their illnesses or health problems.
4. Since illness provides opportunity for learning and growth, nursing can assist clients to gain intellectual and interpersonal competencies, beyond those that they have at the point of illness, by gearing the nursing practices to evolving such competencies through nurse-client interactions

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The Four Phases of Nurse-Patient Relationship are Orientation

- During this phase, Nurse and patient come together as strangers; meeting initiated by patient who expresses a "felt need" and seeks

professional assistance.

- The nurse helps the individual to recognize and understand his/her problem and determine the need for help

Identification

- Patient participates in goal setting; has feeling of belonging and selectively responds to those who can meet his or her needs.
- The nurse permits exploration of feelings to aids the patient in undergoing illness as an experience that reorients feelings and strengthens positive forces in the personality and provides needed satisfaction.

Exploitation

- During this phase, the patient attempts to derive full value from what he/she are offered through the relationship.
- The nurse can project new goal to be achieved through personal effort and power shifts from the nurse to the patient as the patient delays gratification to achieve the newly formed goals.

Resolution

- Occurs after other phases are completed successfully. This leads to termination of the relationship. the patient frees himself from identification with the nurse.
- The patient gradually puts aside old goals and adopts new goals.

Throughout These Phases the Nurse Functions Cooperatively with the Patient in the Roles of

- Counseling Role- working with the patient on current problems.
- Leadership role- working with the patient democratically
- Surrogate role- figuratively standing in for a person in the patient's life
- Stranger- accepting the patient objectively.
- Resource person: interpreting the medical plan to the patient.
- Teaching role- offering information and helping the patient learn [3].

Metapradigm of the Theory

Person

- An individual is made of physiological, psychological and social spheres striving towards equilibrium in life
- A developing organism that tries to reduce anxiety caused by needs

Environment

- Being and occurring in the context of the nurse client relationship
- Existing forces outside of the individual

Health

- Peplau didn't include an exact definition of health within her model.
- Peplau viewed health as "a word symbol that implied forward movement of personality and other ongoing human processes in the direction of creative, constructive, productive, personal, and community living"

Nursing

- As an educative and therapeutic relationship in which the nurse makes the client a partner in their health care and promotion
- As a significant therapeutic interpersonal process

Case Presentation

Mr.X, 50 yrs. old male admitted to ABC hospital on 01/12/2016 with alleged history of road traffic accident. At the time of admission patient had deformity of right forearm and abrasions over the face and both elbow. He was in intense pain over the right forearm. He was confused on arrival. X-ray revealed impacted fracture of the right ulna. Primary debridement and suturing over the right elbow done on 01/12/2016 and open reduction and internal fixation of right forearm done on 15/12/2016. He was started on antibiotic, Inj. Monocef 2G for 5 days.

Past Health History

He has history of acute renal failure with hypertension 2 years ago(on regular medications). He is also a known case of diabetes mellitus since 6 years on Inj.Mixtard 30/70.

Application of Interpersonal Theory in Nursing

Practice

- An article in *Current Nursing* evaluated using the theory in nursing practice
 - Assessment = Orientation phase
 - Nursing diagnosis
 - Planning = Identification phase
 - Implementing = Exploitation phase
 - Evaluation = Resolution phase

Orientation Phase

Mr.X was lying on the bed. He was conscious and oriented. Greeted him. He greeted back.He was admitted in MICU from 01/12/2016. On the first encounter dated 27/12/2016, he explained his problems and difficulties.

- His first complaint was about severe pain on the right forearm due to fracture of the right ulna.
- He is not able to do his activities of daily because of the severe pain
- He said that he wanted to come out of this helpless situation as soon as possible

The Problems Identified by his Nurse was

- He has severe pain over the right arm.Pain score- 8/10
- He was anxious and worried about his present condition.
- He is unable to do his activities of daily activities due to severe pain.

Identification Phase

Mr.X and his nurses identified his actual and potential problems through various sessions of interactions.According to the identified problems specified diagnosis were framed:

1. Acute pain related to tissue trauma, as evidence by persistent score of 8/10 on pain scale of 10
2. Impaired physical mobility related to loss of integrity of bone structure,movement of bone fragments, soft tissue injury and prescribed movement restrictions as evidenced by inability to purposefully move and inability to bear weight.

3. Imbalanced nutritional status less than body requirement related to anorexia as evidenced by poor oral intake.
4. Risk for infection related to surgical wound.
5. Activity intolerance related to fracture as evidenced by bed-rest and need assistance to do ADL.
6. Risk for peripheral neurovascular dysfunction related to vascular insufficiency and nerve compression secondary to application of casts.
7. Disturbed sleeping pattern related to hospitalization as evidenced by sunken eyes and verbal reports.
8. Ineffective therapeutic regimen management related to lack of knowledge regarding muscle atrophy, exercise program as evidenced by questions about long-term effect of immobilization.
9. Anxiety related to disease condition as evidenced by facial expression and anxious talks.
10. Risk for complications related to application of cast.

Exploitation Phase

- Planned care of action will be implemented
- Communicates with the patient regarding intervention and its rationale.Patient clarifies his doubts regarding procedure.
- Active participation of patient in self-care activities
- Aids him in exploiting all avenue of help and progress is made towards the final step

Resolution Phase

- Termination of professional relationship
- Evaluation of accomplishment of patient's need will be briefed by the nurse.
- Patient will gradually put aside the old goals and adopt new goals
- The patient frees himself from identification with nurse.
- The nurse and patient engage in planning for discharge and potential needs for transitional care.

Table 1:

Assessment (Orientation phase)	Nursing Diagnosis	Planning (Identification phase)	Implementation (Exploitation Phase)	Evaluation (Resolution Phase)
Mr X expresses pain in the right forearm. Regarding pain discussion was made to assess the severity and the type and duration of pain. Also the measures to reduce pain were discussed.	Acute pain related to tissue trauma as evidenced by persistent score-8/10 on pain scale of 10.	Goal setting was done with patient Mr.X will have reduction in pain as evidenced by his verbalization of reduction in pain response. *Provide non-pharmacological intervention (e.g.Diversion therapy) *Support area with extra pillow to allow the normal alignment and to prevent strain.	1. Carried out plans mutually agreed upon 2. Provided non-pharmacological measures like diversion therapy. (music ,newspaper to read) 3. Used pillow to support the fracture arm 4. Encouraged him to express his feelings 5. Administered analgesic (Inj.Tramazac 50mg)	Mr.X Was free to express problem of pain. He expressed that he got slight relief from pain.
Mr.X has cast over his right forearm and is unable to do any activities with right arm. The need for immobilization and restricted movement of right forearm.	Impaired physical mobility related to loss of integrity of bone structure movement of bone fragments, soft tissue injury and prescribed movement restrictions as evidenced by inability to purposefully move and inability to bear weight.	Goal setting was done with patient *Patient will have improved physical mobility as evidenced by participating in self-care within the limits. *Provide active and passive exercises to all the extremities to improve the muscle tone and strength. *Make the patient to perform the breathing exercise which will strengthen the respiratory muscle.	1. Carried out plans mutually agreed upon. 2. Provided active and passive exercises to all the extremities 3. Made the patient to perform breathing exercise 4. Provided positive reinforcement to the patient. 5. Assisted him in completion of his ADL.	Mr.Narayankutty was free to express problems regarding difficulty in mobilizing. He expressed satisfaction when he was able to meet his ADL.
Mr.X need assistance to get down from bed. Discussion regarding activity tolerance was done Discussed measures to solve the problems	Activity intolerance related to fracture as evidenced by bed rest and need assistance to do ADL.	Goal setting was done along with patient *Client will achieve and maintain self-care activities with assistance of care giver or within his limits *Keep all articles within his reach *Frequent visits to the patient to enquire needs *Assist the client in doing his ADL.	1. Carried out plans mutually agreed upon. 2. Keep articles within reach of the patient. 3. Frequent visit was made to enquire needs. 4. Assisted him in completion of his daily activities. 5. Provided positive reinforcement.	Mr.X was free to express problems of activity tolerance He was able to maintain good activity tolerance level at the end of 5 days.

Reference

- Alligood MR, Tomey AM. Nursing Theory: Utilization & Application, 3rd edition. Missouri: Elsevier Mosby Publications; 2002.
- Brunner and Siddarth's. Textbook of Medical Surgical Nursing, 11th edition, New York, Volume I, Lippincott Williams and Wilkins publishers, 2008.
- Lewis M Sharon and Collner. Textbook of Medical Surgical Nursing, 7th edition. St.Louis Washington, CV Mosby Comp Publications: 2006.
- George JB. Nursing Theories: The Base for Professional Nursing Practice, 5th edition, New Jersey: Prentice Hall: 2002.